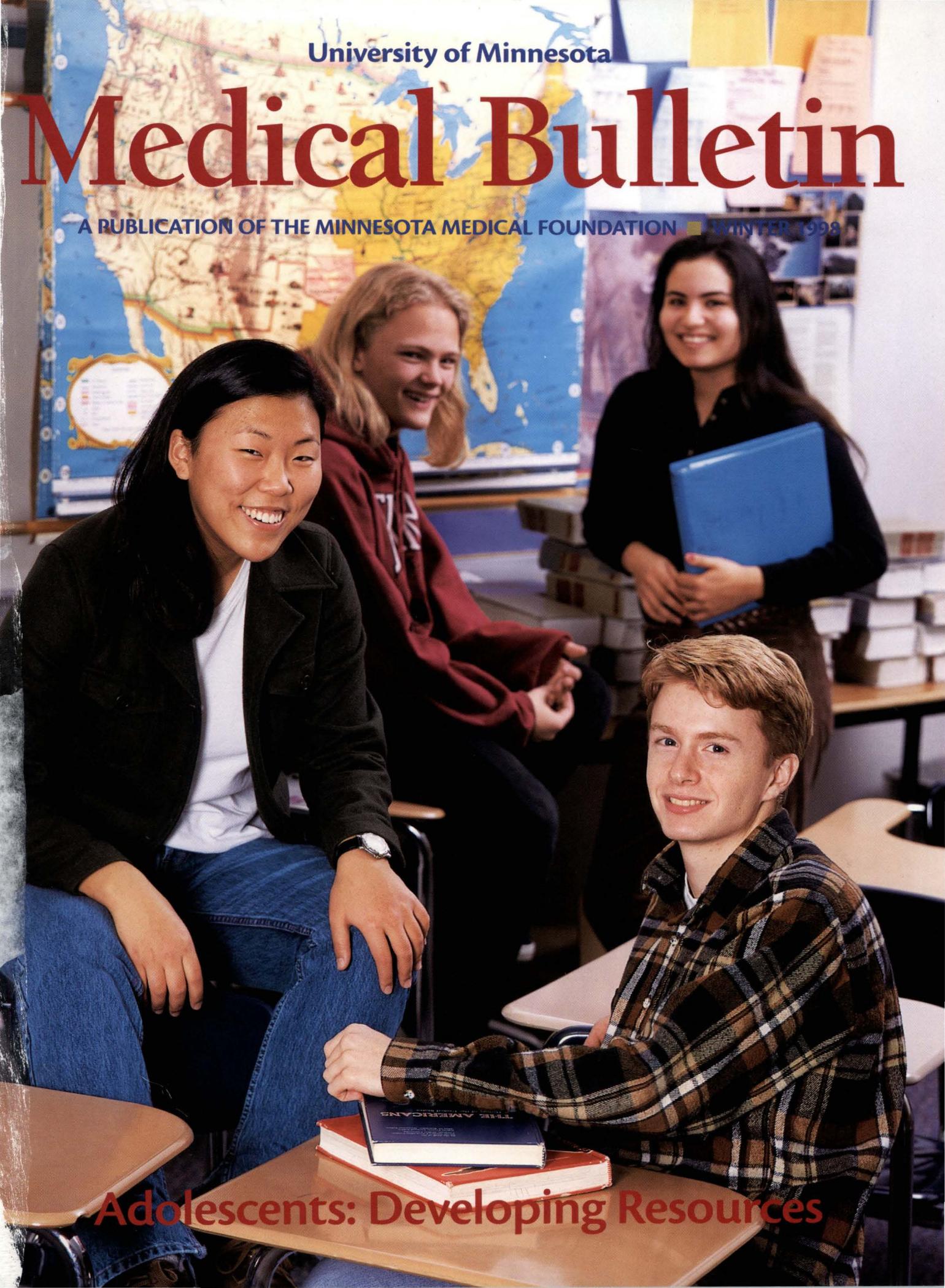


University of Minnesota

# Medical Bulletin

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Adolescents: Developing Resources

**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.**

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**On the cover:**

Teens like Katie (left), Wayzata High School, and Kristina (top right), University of Minnesota, contribute to University adolescent health goals through the Adolescent Advisory Board. They are pictured with Wayzata High School students Kevin (right) and Ryan (top left). Photo by John Noltner.



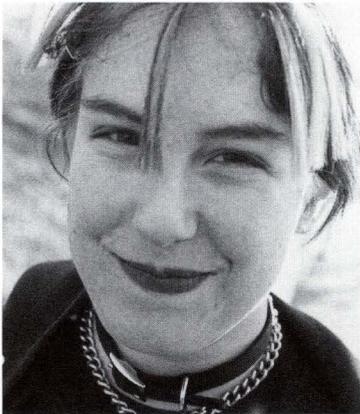
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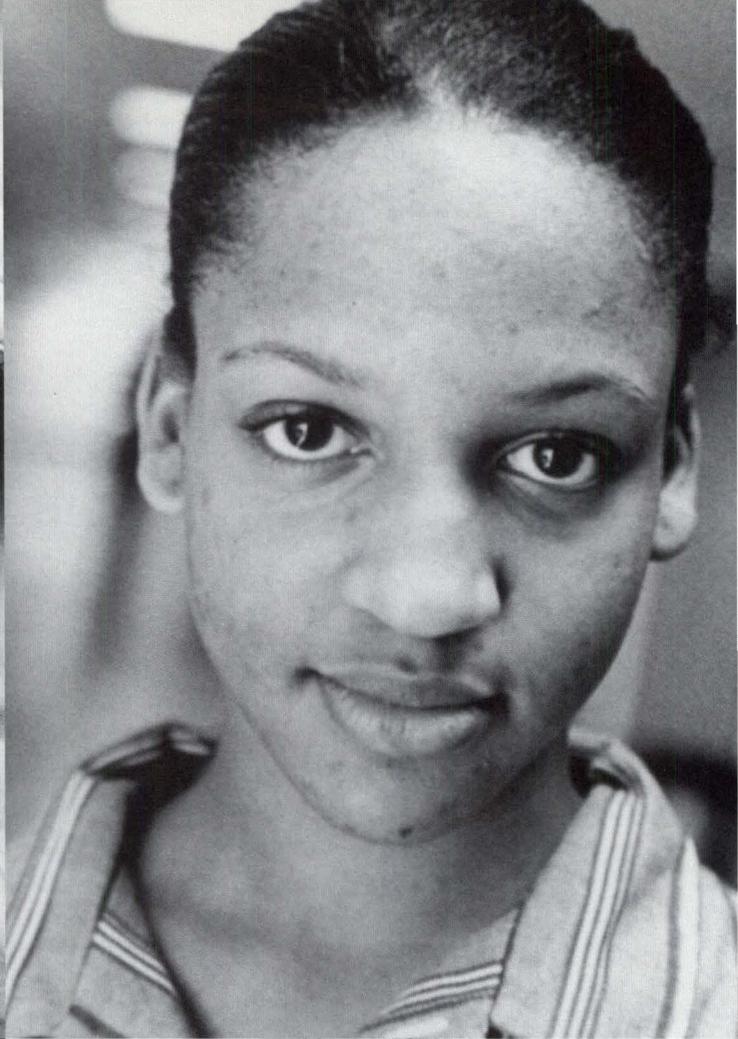
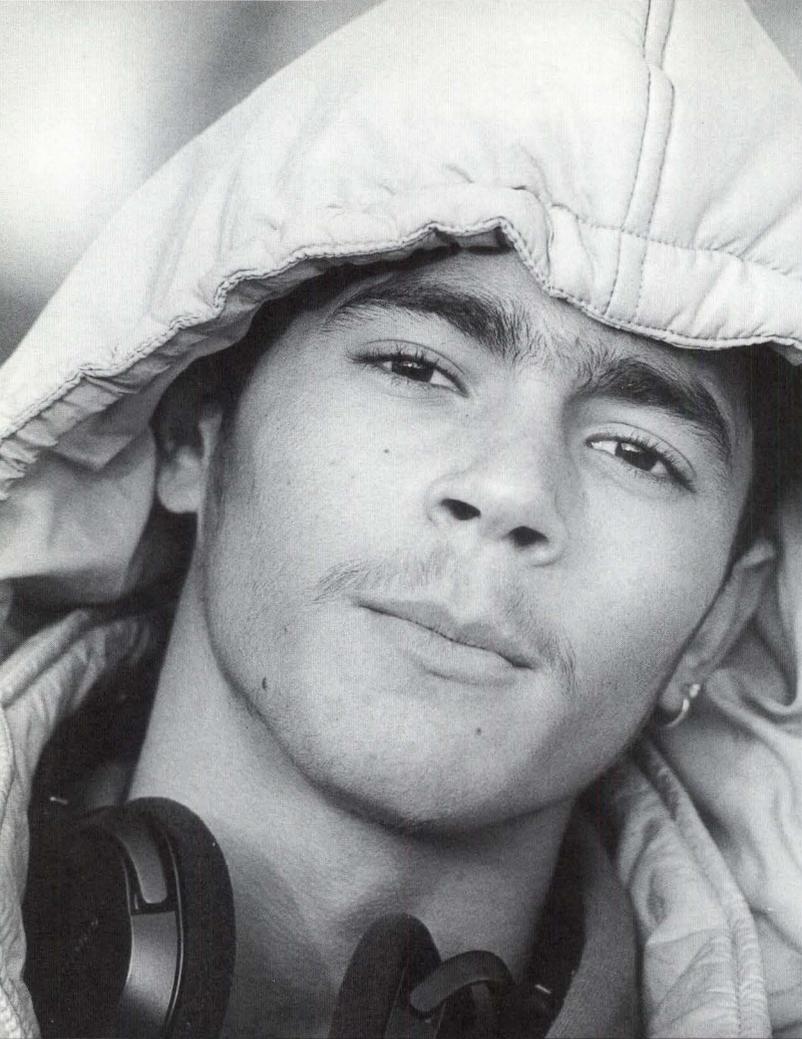
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# Adolescents:

University of Minnesota  
research teams are working to  
improve adolescent health  
and well-being.

by Jodi Ohlsen Read

Student photos by John Noltner

## Developing Resources



## Teenagers.

The very word brings up vivid images and impressions, often including risky behaviors — sex, drugs, violence. But a group of University of Minnesota researchers is helping shift that

stereotype. “We view young people as resources to be developed, not as problems to be solved,” says Dr. Michael Resnick, Division of General Pediatrics and Adolescent Health, principal author of the first report on findings of the National Longitudinal Study on Adolescent Health (the Add Health project).

The University of Minnesota participated in the school-based study of the health-related behaviors of U.S. adolescents, which produced an enormous bank of information.

But, this is not just a simple listing of adolescent behaviors. “This country does not need another report card on adolescent health,” says Resnick.

“What this country needs is an analysis that tells us what protects and promotes the health and well-being of kids. In other words, our team was interested in the study of protective factors.”

The study was mandated by the U.S. Congress in the National Institutes of Health Revitalization Act of 1993 in response to growing concern about the health and well-being of adolescents. Approximately 90,000 children in grades 7 through 12 were surveyed about their lives. In a second phase, more than 20,000



### Add Health is big news

The National Longitudinal Study on Adolescent Health attracted media attention throughout the nation. Feature articles appeared in numerous newspapers and magazines, including the *New York Times*, the *Wall Street Journal*, the *Washington Post*, and *Newsweek*. Several national television news programs also covered the story, including CBS Evening News, ABC World News, and CNN.



Dr. Michael Resnick

**Teenagers who reported feeling closest to their families were least likely to engage in risky behaviors.**

in-home interviews were conducted, with data recorded on lap-top computers. Next, 15,000 adolescents were interviewed in follow-up home interviews. The result is a wealth of data that will be used by numerous researchers to study multiple areas of adolescent life and health.

The University of Minnesota team of investigators was given the specific task of

that happen in the real world that either pull kids back from the abyss or push them over the edge? And most importantly, what are the things that we can do something about?"

### Protecting our kids

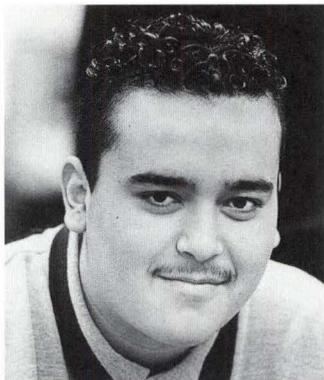
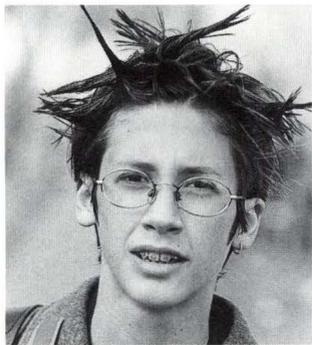
To uncover more specific information about what affects adolescent health, the analysis focused on three domains: What is known about the family, the school, and individual factors that is protective? The areas were examined in terms of the risky adolescent behaviors — emotional health and suicide, tobacco use, alcohol use, and marijuana use. They also focused on interpersonal violence, early sexual involvement, and history of pregnancy.

"We chose categories that really represented some of the most substantial areas related to adolescent health that we could identify in this set of data," says Resnick. "Now, what can we say about family, school, and individual factors that are really going to guide programs and policies and practices in the future?"

### Making changes

The findings show several specific ways that families, schools, and individual factors do make a difference in the lives of youth. Parent behavior shapes health outcomes — when a parent is physically present in the home at key times, youth are less likely to use cigarettes, alcohol, and marijuana, and are less likely to be emotionally distressed. And, perceived high expectations for school success result in lower levels of emotional distress and discourage use of cigarettes and participation in violent behavior. Reducing access to cigarettes, alcohol, and marijuana in the home also decreases use. Similarly, easy access to guns in the home increases the chance that the youth will act violently.

School environment also affects adolescents. If the students feel part of the school, feel that teachers treat them fairly, and feel close to people at school, they have better emotional health and lower levels of risky behaviors. And, part-time jobs can affect adolescents' behavior — more than 20 hours per week during the school year is associated with increased levels of emotional distress, substance use, and earlier sexual activity.



analyzing the huge volume of data, providing a big picture with a focus on health. The resulting report generated significant national media attention and revealed some interesting factors in adolescent health. For example, a strong connection with parents is the most powerful influence on the health of U.S. teenagers. This is contrary to the commonly held belief that once children become teenagers, peers have more influence than families.

Those teenagers who reported feeling closest to their families were the least likely to engage in risky behaviors. Many other factors also emphasized the importance of connectedness — in the family, at school, and in the community.

These are just a few of what Resnick and others call protective factors. "What I mean by protective factors is this," he explains, "What are the events, what are the life experiences, what are the things

# escents

“These are the kinds of things, not just antibiotics and vaccines, that affect adolescents’ health. It is the combination of biological, psychological, and social threats to young people’s health,” says Resnick.

Now that these adolescent needs have been identified, how will parents, teachers, and communities implement the necessary changes? How can risky adolescent behaviors be changed?

So far, many attempts at altering teenage behavior have not been very successful. “Most of the interventions have failed,” says Dr. Robert Blum, director, Division of General Pediatrics and Adolescent Health. “There are very few successful problem prevention programs — few successful pregnancy prevention programs, drug abuse prevention programs, or violence prevention programs. I think the reason is because they don’t take into account the dynamics between these issues and the related factors. This study allows us to look at and tease apart the many dynamics in adolescents’ lives — something we’ve never been able to do before.”

## Improving adolescent health

A combination of efforts among families, schools, and communities appears to be crucial to success in modifying adolescent behavior, and consequently improving adolescent health. “Here in Minnesota there is a very sophisticated understanding that the factors that jeopardize the educatability of our kids are the same factors that jeopardize their health,” says Resnick. “People in the health care sector and in the education sector need to talk to each other. There must be a coming together. We know from our initial analysis that kids who are failing in school are disproportionately involved in almost every one of the risky behaviors that we looked at. But that connection between academic risk and health risk is not automatically made.

“The good news is that we can intervene early in a way that not only focuses on education needs but hopefully can prevent involvement in the risky behaviors later on in the adolescent years,” he says.

## Elegant solutions

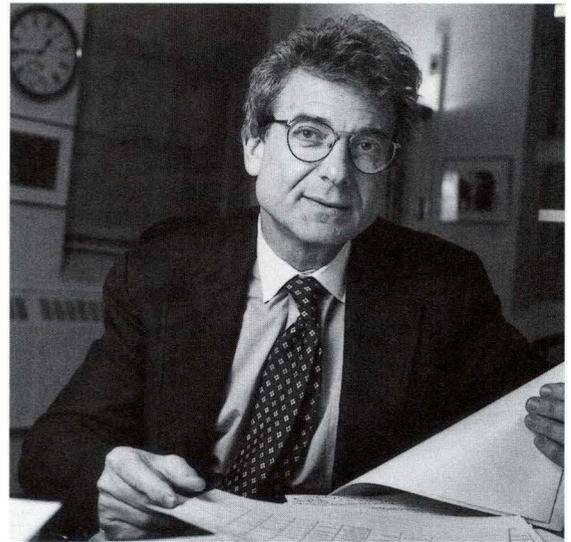
With its many resources, the University seems the perfect place for beginning to tackle some of the complex problems that

young people face. “Health and social needs of young people are so complex and so interwoven that no one discipline or one group has a monopoly on the skills or the theories or techniques that promote the health and well-being of this population,” says Resnick. “In fact, when we bring multiple perspectives to bear, we can create elegant solutions to complex problems.”

Already, several interdisciplinary, inter-school collaborations are underway at the University, including the newly funded Konopka Institute for Best Practices in Adolescent Health — a collaborative initiative of the Schools of Medicine, Nursing, and Public Health. Named after Gisela Konopka, D.S.W., professor emerita of the University of Minnesota and a pioneer well-known for her landmark work with adolescents and communities, the Institute will focus on pregnancy prevention, violence prevention, and substance abuse prevention in a youth development framework.

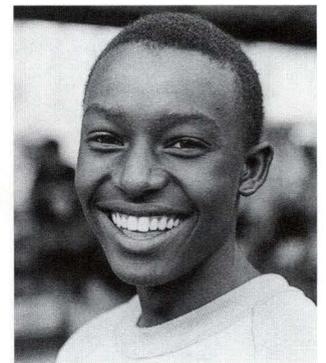


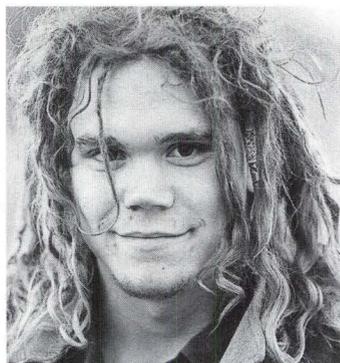
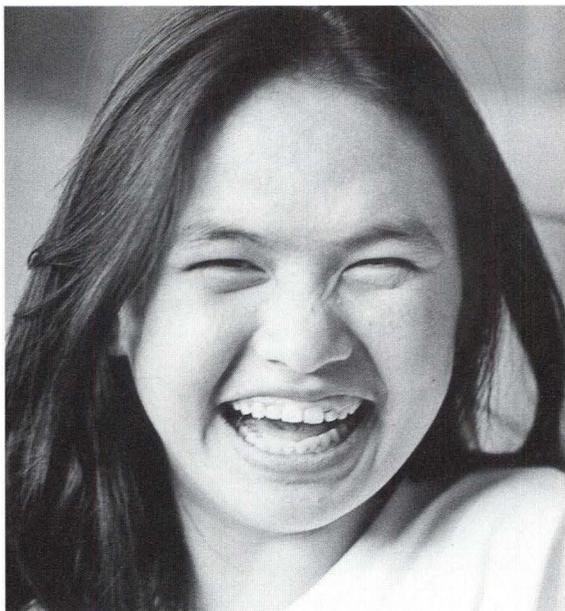
“We are very excited about the establishment of the Konopka Institute,” says Blum. “This is really the first time there is a deliberate mechanism set up for translating some of what has been learned about adolescent health. This is a mechanism for formatting and distributing the information to



Dr. Robert Blum

With its many resources, the University seems the perfect place to tackle some of the complex problems that young people face.





may not have any future plans, and they are very ambivalent about whether or not they get pregnant," says Resnick, director of the Teen Pregnancy Prevention Research Center. "Rather than wait for the system to kick in when that kid tests positive, we will be testing and evaluating this intervention in a number of metropolitan area clinics. Prime Time will use the principles of health/youth development to help them discover their own potential.

"Adolescence is the prime time of a kid's life. We believe if these at-risk kids address how they're doing in school and work, what they're doing with their leisure time, and how they are involved in their community, they will grow in competence and confidence. They will have a way of gaining identity and an anchoring point in their lives. We think that this youth development strategy to pregnancy prevention will be the cutting edge of future pregnancy prevention," he says.

### Spreading the word

The Konopka Institute and Prime Time are some examples of how the University is spreading its knowledge. "Part of the University's obligation as a land grant institution is to not only research subjects but also to provide understandable, useful interpretations of those results to the community," says Resnick. "And, part of our explicit goal in undertaking this first paper from the National Longitudinal Study on Adolescent Health was to influence the nature of discourse that goes on in this country about adolescent health."

The University's involvement in interpreting and implementing results from the Add Health study will continue for some time. "There are probably going to be three to five hundred researchers planning their agendas from this research, which should produce a tremendous amount of new information. But that, in turn, needs to be translated to the public," says Blum.

"It is our belief that the Add Health study will contribute very meaningfully for years and years to the programs, policies, and practices that affect the health and well being of kids," adds Resnick. "I look forward to our team being in the thick of it for a good, long time." ■

people who develop programs, write policy, those who have the greatest impact on the lives of young people in Min-

nesota. This is really the application of the research. It is a way of taking the research and using it to make a positive difference and helping communities adopt the changes."

One program connected with the Institute is the "Prime Time" pregnancy prevention strategy. Conducted through the National Teen Pregnancy Prevention Research Center of the Division of General Pediatrics and Adolescent Health and the Konopka Institute, Prime Time will focus on sexually active adolescents who initially receive a negative pregnancy test. These youth are at high risk for becoming pregnant within one to two years.

Until now, this group has not been treated as a high-risk population compared to those who received positive pregnancy test results. Prime Time will invite those who receive negative tests to participate in the program, where they will have opportunities to work with an adult, their parent(s), and a peer educator to address various areas of their lives (school, community involvement, relationships, etc.).

"Preliminary research shows that kids who test negative for pregnancy are at very high risk for pregnancy. That's because a lot of those kids may not be doing well in school,



### More on adolescent health

Detailed results are described in the article, "Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health," *Journal of the American Medical Association*, September 10, 1997, and explained in a monograph, *Reducing the Risk: Connections that Make a Difference in the Lives of Youth*. For copies of the monograph, write Add Health, c/o Burness Communications, 7910 Woodmont Ave, Suite 1401, Bethesda, Maryland, 20814.

The report and monograph are the results of the collaborative efforts of a team from the Schools of Medicine, Nursing, and Public Health, including Michael D. Resnick, Ph.D., Robert Wm. Blum, M.D., Ph.D., Trish Beuhring, Ph.D., Renee E. Sieving, Ph.D., Marcia Shew, M.D., M.P.H., Marjorie Ireland, Ph.D., and Linda H. Bearinger, Ph.D., M.S.

# Screening for Life

Colorectal cancer could be reduced by up to 70 percent, which translates into a savings of 38,500 lives a year in the United States alone. **by Elaine Cunningham**

**T**he message is simple: Screening for colorectal cancer saves lives.

It is a message Dr. David Rothenberger, associate director for clinical research and programs at the University of Minnesota Cancer Center, wants every physician to heed.

It is a message Dr. Jack Mandel, professor and head of the Division of Environmental and Occupational Health in the University's School of Public Health, proved when his research on colorectal screening was published in 1993.

Yet, it is a message that hasn't been heard clearly. Less than 20 percent of the population is currently being screened.

Why? Rothenberger and Mandel agree on the answer to that question: lack of awareness among physicians, health care groups, and patients.

"Up until quite recently, colorectal screening was controversial because there was no evidence that it worked," explains Mandel. "Now, we have proof it works. It can reduce mortality by one third. We need to get professionals, especially primary care physicians, to buy into screening and start recommending it. We need to get managed care organizations to offer it."

To help educate these groups, Minnesota Gastroenterology, Colon Rectal Surgery Associates, and physicians from the



**Members of the Minnesota Colorectal Cancer Initiative (L-R, standing) Dr. Jack Mandel, holder of the Mayo Chair in Public Health; Jill Cordes, nurse coordinator; and Gavin Watt, systems analyst. (L-R, seated) Tim Church, co-investigator; Deb Engelhard, study coordinator; and Mindy Geissner, biostatistician.**

University of Minnesota have formed the Minnesota Colorectal Cancer Initiative. The goals of the group are to increase awareness about nationally accepted colorectal cancer screening guidelines, to identify people at high risk for colorectal cancer by providing a personal risk assessment, to make information about colorectal cancer prevention available to family members who may be at increased risk, and to create a familial colorectal cancer registry. This voluntary data base of colorectal cancer patients and their family members will

# Screening for Life

help researchers evaluate how well prevention and treatment efforts are working.

“My colleagues and I have seen too many patients with advanced cancer who could have been identified through routine screening or by looking at their family history,” says Rothenberger. “Our frustration led to this initiative.”

## Second-highest cancer killer

Colorectal cancer strikes 135,000 people each year in the United States, and kills more than 55,000 of them. Only lung cancer kills more. Men and women have nearly the same risk of

contracting the disease. It usually strikes after age 50, with a higher incidence among those who have a family history of the disease.

Most colorectal cancers begin as precancerous polyps that take nearly 10 years to turn cancerous. By removing these polyps in an early stage, they may never return and the cancer may never form. If polyps do turn cancerous, early detection and removal can greatly increase survival rates. Research shows five-year survival rates at 95 percent in cases detected early but only 2.5 percent in advanced cases.

Colorectal cancer screening guidelines, which have now been adopted by several national health organizations, divide the population into average, moderate, and high-risk categories. Everyone over age 50 should be screened. Four different screening tests — fecal occult blood test, flexible sigmoidoscopy, barium enema, and colonoscopy — may be used based upon risk. In families

with a history of cancer, genetic counseling may be recommended and genetic testing may be offered (see chart on p.10). Some of the screening tests identify cancer in an early stage, while others can identify pre-cancerous polyps before symptoms occur. Most can be performed in the doctor's office or outpatient clinic.

“With screening we have the means to significantly reduce both the incidence and mor-

tality of colorectal cancer,” says Mandel.

“Colorectal cancers are, for the most part, preventable with good screening,” adds Rothenberger. “And screening will cut mortality faster than I ever can by operating. Simply put, it works.”

## The research that led the way

Colorectal cancer screening does work. Mandel and a team of researchers proved it with a groundbreaking study that they began in 1975. More than 46,000 men and women between the ages of 50 and 80 from throughout Minnesota participated in the study. One third of the participants were invited to use a home fecal occult blood test on six stool samples each year. A second group used the same testing protocol every other year. The third group used no screening methods. When blood was detected in the samples of individuals in the first two groups, the patients underwent colonoscopy. If polyps were discovered, they were removed.

**M**andel published the results of his study in 1993. He showed that by using fecal occult blood testing every year, colorectal cancer mortality was decreased by 33 percent. By using it every other year, mortality was reduced by 20 percent.

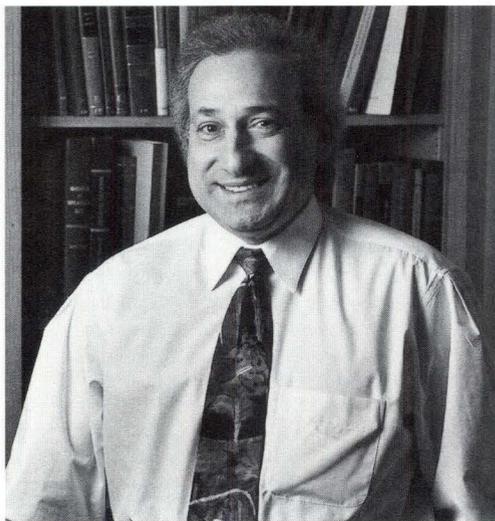
Although the study is complete, Mandel and his colleagues continue to seek data from participants. They want to see if participants follow through with the screening and what effect this persistence has on mortality. They also want to find out if the participants who had precancerous polyps removed during the study experience a decrease in the incidence of cancer.

Since Mandel published the results of this study, two larger European studies have confirmed his findings.

But, says Mandel, “Ours was the first study to prove that screening for colorectal cancer works. As a result it got enormous publicity and heightened people's interest in screening, subsequently leading to discussions for putting national screening guidelines in place.”

It also led to broader discussions about ways to screen for colorectal and other cancers. Currently, the National Institutes of Health are funding a 10-center study involving 150,000 people to evaluate screening for prostate, lung, colorectal, and ovarian cancer.

The University of Minnesota is the largest



Above, Dr. David Rothenberger. Below, Dr. Jack Mandel.

## The MCCI Registry

of the 10 centers involved in the study and will have 25,000 people enrolled. Mandel and the School of Public Health are collaborating on the project with the Virginia Piper Cancer Institute at Abbott Northwestern Hospital. The Piper Institute has built a clinic to use for patient evaluation during the study, which is funded through 2008.

**I**n this study, men will be screened for prostate, lung, and colorectal cancer and women will be screened for ovarian, lung, and colorectal cancer. The colorectal screening test being evaluated is flexible sigmoidoscopy. Yet another study being developed will look at the effectiveness of using colonoscopy as a screening test.

"In essence by using colonoscopy to screen patients, you'd be cutting out the middle process (fecal occult blood and flexible sigmoidoscopy testing)," says Mandel. "So, the patient would undergo fewer procedures. However, colonoscopy is more costly and there are some minor risks to consider."

Whatever the debate, the importance of these new studies, says Mandel, is proving that other screening tests are also effective in reducing the incidence and mortality of colorectal cancer. Flexible sigmoidoscopy and barium enemas, for example, are better than the fecal occult blood tests for identifying polyps, which if removed can significantly reduce the incidence of colorectal cancer. Proving the effectiveness of these tests may silence any remaining critics of the screening guidelines.

In addition to studies to evaluate the effectiveness of colorectal cancer screening tests, studies have also been completed to determine the cost/benefit ratio of these tests.

"There are several good mathematical models showing that in average risk adults any of the four screening tests are cost effective," says Rothenberger. "In fact, they are more cost effective than breast cancer screening."

Breast cancer screening was debated for 20 years before it reached the level of acceptance that it has today, Mandel points out. For colorectal cancer screening, he hopes it won't take that long.

"From the cost benefit point of view, all the tests are about comparable," he concludes. "All have benefits. There are none that are perfect."

### Screening that works

In the past year, three different groups have issued guidelines for colorectal cancer screening

**W**hen the Minnesota Colorectal Cancer Initiative (MCCI) was formed at the beginning of 1997, its goal was not just to educate physicians and health care organizations about screening. One of its primary goals was to identify high-risk patients and create a voluntary registry of those patients and their relatives. The idea behind the registry is, in part, to gather data on how well prevention and treatment efforts are working. But, the intent is also to provide an easy way for patients and their doctors to notify family members of the risk associated with their family history and educate them about the recommended prevention procedures, which in some cases may include genetic counseling and the option of genetic testing.

At the heart of the registry is Rothenberger's belief that physicians have an obligation to their patients with colorectal cancer and to the patients' families to inform them about their increased risk factors and to get them the most up-to-date information on prevention, screening, and treatment.

Rothenberger illustrates his point with one of his own colorectal cancer cases. The patient was a woman in her 30s who had advanced colorectal cancer. It had already spread to her liver and she subsequently died. Several other members of her family had had cancer and/or noncancerous polyps. This family history *clearly* indicated a high risk and she should have been offered screening more frequently and at a younger age than someone without such a history.

"Those family members had been treated by good doctors right here in our community," says Rothenberger. "The doctors properly advised their patients on treatment and probably told them that their relatives, such as my patient, should be screened. But how many patients went home and told their relatives, and what information was delivered? My patient was unaware she was at high risk. There is no easy system to contact family members. That's one of the reasons we need the registry."

According to Rothenberger the ideal registry would work like this: An individual would be examined in a doctor's office. As a matter of routine, the doctor would take a family history. If a colorectal cancer risk factor is noted, the patient would be eligible to enroll in the registry. If the patient consented, family history would be verified, a risk assessment would be performed, and information on prevention and screening would be sent to the individual. In addition, this same information could be sent to the patient's doctor if permission was granted to do so. Finally, permission to contact family members would be sought and the process would start again for each family member.

Rothenberger admits that there are some barriers to getting the registry up and running. Protecting a patient's confidentiality is a problem, as is the risk of losing insurance coverage for those who might have a genetic predisposition to cancer. But, he knows the registry is heading in the right direction. "This is an open process and all physicians, clinics, patients, and citizens of Minnesota can participate in and benefit from this initiative. Individuals who are aware that they have a familial risk of colon cancer," he says, "can take measures to decrease that risk."

If doctors take better note of family history, if the registry can provide easier access to the appropriate information, and if the screening guidelines are followed in all risk categories, Rothenberger believes the incidence of colorectal cancer could be reduced by as much as 70 percent. That translates to a savings of 38,500 lives a year in the United States alone.

For further information on the Minnesota Colorectal Cancer Initiative, call Mary Ahrens, genetic counselor for the Familial Cancer Clinic at 625-2134.

# Screening for Life

— The American Cancer Society, the U.S. Preventive Services Task Force, and a task force originally convened by the Agency for Health Care Policy Research. Although the three sets of guidelines vary slightly, the basic recommendations for everyone over age 50 include: giving patients annual take-home fecal occult blood tests and using sigmoidoscopy for a partial exam of the colon every five years, or administering a barium enema x-ray exam of the lower digestive tract every five to 10 years, or doing a colonoscopy every 10 years. A digital rectal examination is done with the flexible sigmoidoscopy, barium enema, or colonoscopy examinations.

Individuals who have a family history of colorectal and other cancer(s) are at increased risk and may benefit from earlier and more frequent screening. A hereditary cancer risk evaluation is needed to determine appropriate

guidelines to follow. Also, genetic counseling should be offered if it appears that a familial cancer syndrome may be present. Genetic testing may be an option for some people.

“These guidelines do two unique things,” says Rothenberger. “They provide risk stratification and they give screening choices.”

**T**he basic screening tests recommended for average-risk patients are fairly simple and most physicians could perform them with minimal additional training, according to Rothenberger. Patients, however, may balk at having the tests done.

“There is a reluctance to talk about colorectal cancer that we are just starting to get over,” he says. “And there is a lot of unnecessary fear out there about the screening tests.” For the most part, he explains, testing may be uncomfortable, but it is not painful.

A major hurdle to screening — insurance reimbursement — may be about to tumble. Effective January 1, 1998, Medicare will reimburse for screening tests in average-risk patients. Most private insurance companies should follow Medicare’s lead. In addition, according to Rothenberger, Allina is instituting a pilot project to better implement colorectal screening for its patients.

“We have the ability with what we know today to make a greater impact on colorectal cancer than on any other cancer,” says Mandel. “We know the importance of a diet high in fruits and vegetables in preventing this cancer. We know exercise plays a role.”

Primary intervention factors such as these, along with screening and removal of polyps, can save lives. “We need to work together with public health professionals and primary care physicians to implement prevention in the population,” he continues.

“We need to get physicians to document family histories and treat individuals according to risk,” says Rothenberger. To physicians he points out, “This is not controversial. Screening should be done in all patients. We should *always* take into account family history as well as personal history. Screening is cost effective and cheaper than surgery or chemotherapy. And, we have a moral and ethical obligation to do something in families with colorectal cancer to help them understand their risk.”

The message is clear. ■

## Screening guidelines for those at different risk levels

### Those 50 and older average risk:

- Annual stool blood tests
- Sigmoidoscopies (partial colon exams) every five years.
- Barium enemas and X-ray exams of lower digestive tract every five to 10 years.
- Colonoscopy (full colon exams) every 10 years.

Individuals who have a sibling, parent, or child with colorectal cancer or polyps should follow the same procedures for those of average risk, but start at age 40.

### Those at “increased risk” — individuals with pre-cancerous polyps:

- A colonoscopy three years after the initial exam, or sigmoidoscopy.

### Individuals with a family history of colorectal cancer among multiple close relatives across generations:

- Receive genetic counseling and consider genetic testing, preferably at a young age.
- Colonoscopies every one or two years starting between age 20-30; and every year after age 40.

### Individuals with a family history of an inherited disease called familial adenomatous polyposis:

- Receive counseling and consider genetic testing. Those found to be gene carriers should get sigmoidoscopy annually, starting at puberty.

### Individuals with a history of colorectal cancer:

- A colonoscopy or sigmoidoscopy within one year of cancer detection and removal. If normal, follow up in three years, and then every five years.

### Individuals with a history of extensive inflammatory bowel disease:

- Consider colonoscopy every one to two years.



# Dr. Nellie Barsness:

**Paving the Way for Women Physicians in Minnesota**

In 1898, Nellie Barsness began her medical studies at the University of Minnesota. One hundred years later, the financial burdens of four University of Minnesota medical students are significantly lessened because of her legacy — the Dr. Nellie N. Barsness Scholarship in support of women medical students.

“Dr. Nellie,” as she was called by her patients, was a pioneer from her early days in Minnesota’s Pope County through her long career as a physician. She died in 1966 at age 92, and the *Pope County Tribune* wrote: “In the death of Dr. Nellie N. Barsness, one of the most colorful careers of a Pope County native came to a close. In spite of her advanced years, it was only a short time ago that she completely retired as a doctor. Her active and keen mind never failed her, and to the end she kept up with local and world events.”

The third of nine children, Nellie was born in 1873 in Barsness Township not far from Glenwood and St. Cloud, Minnesota, on a homestead named for her father and his two brothers. She attended rural schools and began teaching at age 17 to earn money for the long medical education ahead.

Much later Dr. Barsness would write in her memoirs: “In the fall of 1898 I entered the Medical School of the University of Minnesota. I knew that there was a place for women physicians because there were women and girls who neglected their health. In June 1902 I received my diploma,

**by Jean Murray**

Doctor of Medicine. At that time some considered being a doctor a man's job. If my father was a little embarrassed about my choosing a medical career, he lived to be grateful."

**D**r. Barsness interned at Luther Hospital in St. Paul, opened her own office also in St. Paul, and was admitted to the Luther Hospital staff in electrotherapeutics. "This was something new," she writes, "so I went to Chicago to take a course in the subject. X-ray was then used on bones and gradually became used in treatments." She also attended the first x-ray conference held in Niagara Falls in 1904.

A desire for new experiences and new knowledge, as well as a deep compassion for those in need, led Dr. Barsness to France when the United States entered World War I. Women physicians were not accepted by the United States Medical Corps, but they were welcome in the French Army. She worked first as an ophthalmologist in a hospital near the front lines, treating soldiers whose eyes had been affected by gas, and was decorated by the French Minister of War for her work under extremely hazardous conditions.

After the Armistice, as a member of the Women's Overseas Hospital Unit organized by the National Suffrage Association, she conducted a clinic in Nancy, France, in a hospital for women and children. She later was transferred to Rheims to work in an American hospital for wounded French soldiers and civilians.

The *Pope County Tribune* wrote in a June 12, 1930, article about Dr. Barsness: "In May 1919, she became associated with a temporary hospital in stricken Rheims. This was at the time when the refugees were returning to what had once been their homes and most of these people were undernourished, infected because of unsanitary conditions, or injured by unexploded shells lying around in the debris."

In her writings Dr. Barsness remembers, "Then for a few days before leaving for home we visited the clinics in Paris, where the mutilated soldiers were rehabilitated. It was an unbelievably horrible sight. We can but marvel with deep gratitude at the scientific art that can give life again to these innocent victims."

Soon after returning to the United States, a tragedy occurred in the Barsness family. The husband of Nellie's sister Thilda was killed in an accident, leaving the young widow with a four-month-old son, Harry Simmonds. Christmas of 1919 was a sad one for many reasons, writes Dr. Barsness. "Somehow I seemed to sense a sadness among the people. Many families felt the effects of the war. Others were tortured by a severe influenza epidemic. Physicians and nurses were overworked and hospitals were overcrowded. The possibility of more wars gave one a sense of insecurity. Parents looked at their small boys and wondered."

In early 1920 Thilda and little Harry came to St. Paul to make their permanent home with Dr. Barsness. She became a second mother to the little boy, and had a profound influence on his life. Later, upon the death of his mother, Nellie Barsness formally adopted Harry Simmonds.

Dr. Barsness accepted a position as part-time physician at the Women's State Reformatory in Shakopee. She writes, "Minnesota State Women's Clubs were instrumental in building the Women's Reformatory at Shakopee. Before that time women were kept at the same prison as men in Stillwater. I made weekly trips. All were examined on admittance and prescribed the proper treatment. The inmates had good care and were taught to work on the farm as well



**"Through her labors  
and her triumphs,  
younger generations of  
women physicians have  
been inspired."**

as in the reformatory.”

She worked constantly for the improvement of health conditions in the state, and also to increase and improve her own knowledge. In addition to her work at the reformatory, she assisted in examining new female students at the University of Minnesota, was physician examiner for several insurance companies, and was state health director for the Women’s Christian Temperance Union. She did post-graduate work in Berlin, Vienna, New York, and Chicago, studying otolaryngology, ophthalmology, and dermatology to help her in her general practice:

Upon completing 50 years as a physician in 1952, Dr. Barsness received numerous honors from the medical profession. She received the Minnesota Medical Association’s Fifty Year Club Certificate for 50 years of practicing medicine — the first woman in the state so honored. She was also named the MMA’s “Woman Doctor of the Year.”

The *Journal of the American Medical Women’s Association* wrote in a tribute: “Through her labors and her triumphs, younger generations of women physicians have been inspired. Her accomplishments stimulate and encourage progressive interest for young and old alike; her honors reflect honor on all women physicians.”

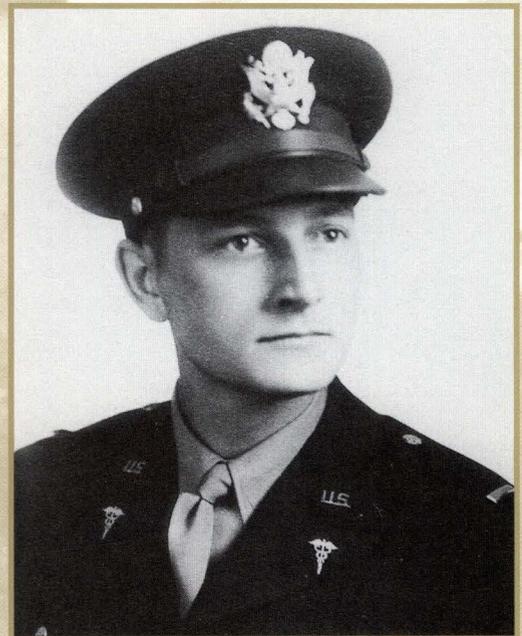
**A**nd the *Pope County Tribune* wrote: “Dr. Barsness has been so busy taking care of the many patients that constantly fill her waiting rooms that she hasn’t had time to grow old and is still very active as a doctor. Her list of patients includes many who have had her as a family doctor for years, even through many generations. She is one of the best-loved doctors that can be found in any community. She has given more than medicine and treatment to her patients in that she has given of herself — her understanding and her gift of being able to give people hope and encouragement to go on facing the tribulations of life. Few people in this age have given more to humanity than she has.”

Dr. Barsness inspired many young people to enter the field of medicine, including her adopted son Harry Simmonds. He received his M.D. from the University of Minnesota in 1943, and after completing his internship entered the U.S. Air Force and served as a transport surgeon on a hospital ship. He was recalled to service in the Korean conflict, where he was a flight surgeon specializing in the care of jet pilots. After leaving military service, Dr. Simmonds established a practice in Prior Lake, Minnesota, and later in St. Paul.

Dr. Simmonds had a lifetime devotion to Dr. Nellie Barsness, and following her death in 1966 he created a picturesque cemetery park near Glenwood to honor his aunt and mother. On Dr. Nellie’s monument are 1,500 sculptured letters relating to her medical achievements during 60 years of practice.

Thirty years later, upon his own death in 1996, Dr. Simmonds honored Dr. Nellie Barsness in a way that would continue her legacy far into the future. The Simmonds estate provided \$1 million to the Minnesota Medical Foundation to establish scholarships for women medical students at the University of Minnesota Medical Schools in the Twin Cities and Duluth. The first four scholarships were presented this past fall.

Today, approximately half of the medical students at the University of Minnesota are women, thanks to those like Dr. Nellie Barsness who led the way. They carry on her courage, her compassion, and her commitment. ■



Top photo, Dr. Nellie Barsness Scholarship recipients (L-R) Sarah Bromeland, Lori Albright, and Kimberly Fitch with Gail Barsness, daughter of Marv and Jean Barsness, at right. Above, Dr. Harry Simmonds. Photo, page 12, Dr. Barsness in the service in World War I.

# Celebration & Anticipation

**The Minnesota Medical Foundation holds its 59th Annual Meeting, featuring University President Mark Yudof.**

**M**ore than 300 people attended the Minnesota Medical Foundation's 59th Annual Meeting, held October 27 at the Minneapolis Golf Club.

Barbara Forster, chair of the board of trustees, and Brad Choate, president and CEO of the Foundation, thanked guests for their generosity during the past year, when more than 14,500 donors committed \$31 million in support of health-related education and research at the University. The gifts enabled a record number of research projects to be funded and a record number of scholarships to be presented to medical students.

Scholarship recipient Kathryn McFarland spoke to the audience about the critical importance of scholarships to medical students, and Dr. Rainer Gruessner gave a slide presentation depicting pioneering surgical procedures at the University.

University President Mark Yudof was the featured speaker,

focusing on three themes: 1) The University's Academic Health Center has long played and will continue to play a major role in the health and welfare of this state; 2) the Academic Health Center — including the Twin Cities Medical School, the Duluth School of Medicine, and the School of Public Health — is vital to achieving many of his goals as president; and 3) the Academic Health Center will be expected to continue its efforts to expand public/private partnerships.

Yudof said, "The Academic Health Center benefits all Minnesotans because of its

educational, research, and outreach services; the state's economy because of the technologies and applications that are created here and that translate into thousands of jobs and billions of dollars in direct and indirect economic returns; and people from around the nation and the world who seek diagnoses, therapies, and treatments of an international health care leader.

"Historically," Yudof noted, "the Academic Health Center has been a leader across any number of fields. We intend to maintain such prominence. The key questions are which areas offer the most promise and how do we ensure our leadership across the breadth of related disciplines."

In talking about his goals, Yudof said, "Our health care programs are nationally ranked. However, to be an overall top-ten university requires even more. We have to build upon our strengths in the biomedical fields and strive for leadership in the emerging fields of cellular and molecular biology.

"We have already taken several major steps in that direction, including the opening of the Basic Sciences/Biomedical Engineering building on the Minneapolis campus and the



**Above, University of Minnesota President Mark Yudof. Right, Minnesota Medical Foundation President & CEO Brad Choate.**





Above, Dr. Rainer Gruessner. Below, scholarship recipient Kathryn McFarland.

initiation of plans to reorganize the molecular and cell biology initiatives of the Medical School, College of Biological Sciences, and Institute of Agriculture, Natural Resources, and Human Ecology." Yudof mentioned the enthusiastic support of Governor Arne Carlson for the \$733 million capital bonding request that includes the construction of a Molecular and Cell Biology Institute on the site of the present Jackson, Owre, and Millard buildings.

Looking to the future, Yudof said, "Our success increasingly depends on our further development of relationships with friends, supporters, and partners. We have to try new models of collaboration, such as the merger with Fairview Hospital. We must be user-friendly and approachable, as shown by the recently created Private Sector Research Service Program that provides 'one-stop shopping' for corporations interested in joint activities with the AHC and Medical School faculty and researchers."

Yudof concluded by saying, "I appreciate and applaud the support of the Minnesota Medical Foundation. You and others have helped make Minnesota a global Mecca for medical and health care." ■

## New board members welcomed

Foundation President and CEO Brad Choate announced that eight individuals have joined the Foundation's board of trustees. The board is comprised of approximately 40 members, including leaders in the medical community, decision makers from the corporate community, and faculty of the University of Minnesota's Academic Health Center. The board is charged with the overall guidance of the Foundation in accomplishing its mission of supporting the advancement of health-related education, research, and service at the University of Minnesota.

New board members are:

**Paul Citron**, vice president of Science and Technology, Medtronic, Inc. Citron came to Medtronic from the University of Minnesota in 1972, where he was a research fellow in the Department of Neurology.

**Norman A. Cocke III**, senior vice president and CFO, Chronimed, Inc., a healthcare services company. He was previously senior vice president and CFO of National Computer Systems, Inc.

**Daniel E. Cohen, M.D.**, chair, CEO, and treasurer of CNS, Inc., a medical technology company co-founded by Cohen in 1982. The company is maker of Breathe Right nasal strips. Prior to founding CNS, Cohen was a clinical instructor in the Department of Neurology at the University of Minnesota.

**Kenneth W. Crabb, M.D.**, obstetrician/gynecologist in St. Paul and clinical associate professor, University of Minnesota Medical School. Crabb is also a founding member of the Jacobs Institute of Women's Health.

**Beth Erickson**, owner and president, Beth Anderson & Associates, a business that markets Minnesota wild rice. Erickson has been involved in the home economics area for a number of years, and started the Taste section in the *Minneapolis Star Tribune*.

**Reatha Clark King, Ph.D.**, president and executive director, General Mills Foundation. King is also in charge of the company's \$30 million citizenship and charitable giving program. She previously served as president of Metropolitan State University in the Twin Cities.

**Ronald J. Peterson, M.D.**, obstetrician/gynecologist and managing partner, John A. Haugen Associates. Peterson is also president of Abbott-Northwestern Physician Hospital Organization.

**James P. Stephenson**, attorney and chair of the Management Committee, Faegre & Benson, LLP. Stephenson is listed in *The Best Lawyers in America* and *Leading Minnesota Attorneys*.

### Minnesota Medical Foundation officers for 1997-98 are:

Chair, Barbara L. Forster, chair of the board of directors, Heritage Bank Corporation; vice chair, Sally A. Anderson, senior vice president of Kopp Investment Advisors; treasurer, Robert D. Sparboe, president and CEO of Sparboe Companies; and secretary, Judith F. Shank, M.D., president of Metropolitan Dermatology.

## New drug shows promise for compulsive gamblers

A new drug could help compulsive gamblers overcome the pathological urge to gamble, according to a preliminary study by **Dr. Suck Won Kim**, associate professor of psychiatry. Kim, who specializes in researching excessive urges, discovered that the unidentified drug restores the chemical balance in the areas of the brain responsible for human urges and pleasure, and lessens the desire to gamble. The drug, which has FDA approval for other uses, has not been used in this capacity before.

Kim has tested the drug on 20 patients suffering from uncontrollable urges to gamble, shop, and steal. He is currently looking for additional compulsive gamblers to participate in another study.

If the additional research confirms his initial results, it will be the first time compulsive gambling has been successfully treated with drugs.

## University researchers confirm danger of secondhand smoke

A study led by **Dr. Stephen Hecht**, professor of laboratory medicine and pathology and the Wallin professor of cancer prevention at the Cancer Center, proved for the first time in a "real-life" setting that nonsmokers can absorb a carcinogen found only in tobacco smoke.

Hecht and his team analyzed urine samples from nine non-smoking Canadian veterans hospital employees who worked in designated smoking areas. NNAL-Gluc, a derivative of the carcinogen NNK, which is formed from nicotine and found only in tobacco smoke, was present in all nine samples. Tests on control urine samples, taken from laboratory workers who weren't exposed to secondhand smoke, did not contain the carcinogen.

Hecht, who presented the results of the study at the American Chemical Society's national meeting, said this showed that nonsmokers who work in smoke-filled environments do absorb the tobacco carcinogen.

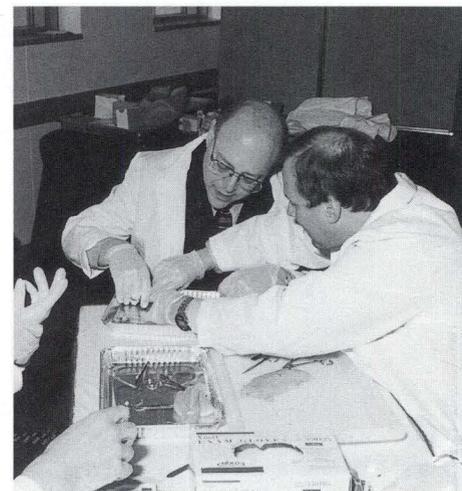
Hecht's research will make it possible to determine how much exposure individuals have had to carcinogens. These findings could translate into another group of potential plaintiffs in lawsuits against tobacco companies, said **Dr. John Kersey**, head of the University of Minnesota Cancer Center and holder of the Children's Cancer Research Land Grant Chair in Pediatric Oncology.



*Dr. Stephen Hecht*

## Academic Health Center Day celebrates Yudof inauguration

New University President **Mark Yudof** was treated to a day-long celebration in honor of his inauguration in October. The event, hosted by the Academic Health Center, was centered in the Basic Sciences/Biomedical Engineering building. Fifty-four exhibits representing AHC research and education programs, including the Minnesota Medical Foundation, were displayed. Exhibits ranged from human brains, acupuncture massage, and cancer prevention to the Rural Physicians Associate Program, gene therapy, and virtual reality. Guests included 600 high school students and business and community leaders, as well as AHC students, faculty, and staff.



*President Mark Yudof practiced suturing at the AHC day celebration.*

Later in the afternoon, Yudof attended a presentation on the future of academic health centers by **Dr. Ciro Sumaya**, Department of Health and Human Services. Sumaya spoke of the difficulties faced by academic health centers nationwide and of the government's interest in providing assistance to ensure their future. Guests returned to the Basic Sciences/Biomedical Engineering building for a reception, where Yudof expressed his thanks for the celebration and pledged to support the AHC, Senior Vice President **Frank Cerra**, and the deans.

## New technique brings University researchers to the forefront of gene therapy

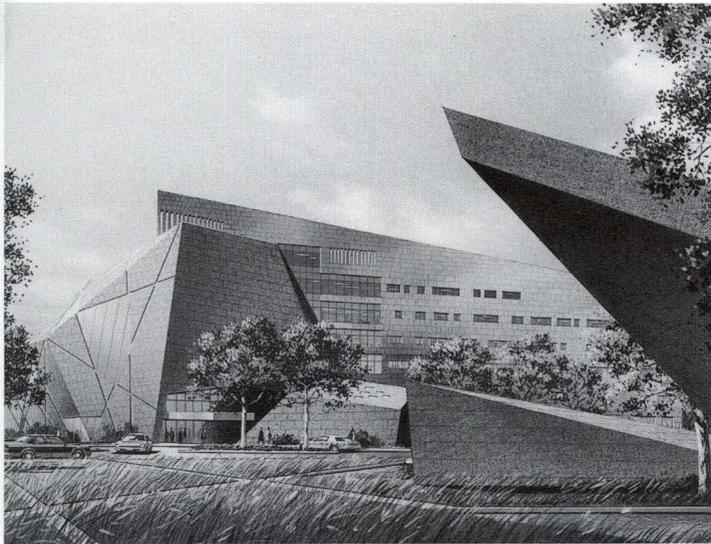
University researchers have rebuilt a 15 million-year-old gene that will be incorporated into a new DNA delivery system that could revolutionize the field of gene therapy. The reconstructed DNA segment, dubbed "Sleeping Beauty," could eventually be used to transport normal genes into cells containing the defective genes responsible for diseases like hemophilia or cancer.

**Zsuzsanna Izsvack** and **Zoltan Ivics**, post-doctoral students of **Dr. Perry Hackett**, professor of genetics and cell biology, recreated the DNA segment. The segment, called a transposon, has the ability to carry a normal gene past a cell's natural barriers and attach it to the chromosomes found in the cell's nucleus. This method of adding DNA to a chromosome is much more efficient than previous methods, such as

using a retro virus to introduce new genetic material to a cell.

Izsvck and Ivics first discovered the transposon in salmon DNA. They removed the mutations from the gene, gradually restoring it to the way it was 15 million years ago. The reconstructed transposon was then tested successfully on human and animal cells in petri dishes.

The research shows promise in areas other than gene therapy as well. For instance, Hackett foresees being able to use the transposon to reproduce a human protein product in another medium, such as cow or goat milk.



## Groundbreaking held for Gateway Center

Groundbreaking for a \$35 million University of Minnesota alumni and visitors center began with an official ceremony on November 7. To be situated at the corner of University Avenue and Oak Street, the new Gateway Center will be an entry point that welcomes visitors, showcases University history, and honors distinguished faculty and alumni.

The building will be composed of three main elements: Memorial Hall, the Heritage Gallery, and an office block that will house the University Regents and the building owners — the Minnesota Medical Foundation, the University of Minnesota Foundation, and the University of Minnesota Alumni Association. Designed by internationally known architect Antoine Predock, the building will feature granite, wood, and copper and evoke the traditions and spirit of Minnesota. Completion is scheduled for late summer 1999.

## Med students have access to cutting-edge technology

The new Medical School Computer Lab, which officially opened on November 14, offers students the latest in medical education software. Equipped with 14 computers, both IBM and Macintosh, and eight laptop docking stations, the lab supports programs such as Stedman's Medical Dictionary and A.D.A.M. Interactive Anatomy.

"It's an incredible collection of technology," says second-year medical student **Bob Zajac**. "It also shows commitment from the Medical School, which is something students want to see."

In addition to the detailed images and medical information, the lab offers self-test and word processing programs, Internet software, and interactive CD roms. Students in the lab are able to experience rare medical phenomena via computer simulation. "The cardiology CD allows me to hear heart sounds that I otherwise might never hear," Zajac says.

In another University facility, students can use virtual reality to learn how the human body functions. In August, the University signed an agreement with Prosolvia, Inc., a Swedish software company, to create a virtual reality medical competence center on campus. Both the University and Prosolvia have invested \$1 million in the center, which opened in September. The lab will be open to students, physicians, and residents.

## Cancer Center receives \$1.5 million to study leukemia in Down's syndrome children

Researchers at the University of Minnesota Cancer Center received a five-year, \$1.5 million grant from the National Cancer Institute to investigate whether children with Down's syndrome (whose genetic abnormality puts them at increased risk for developing leukemia) share similar risk factors with other children who develop the disease.

"Because children with Down's syndrome begin life with this genetic abnormality, acquiring the additional genetic defects that bring about leukemia may occur more readily," says **Dr. Julie Ross**, assistant professor of pediatric epidemiology and clinical research. "Studying disease development in these children provides a unique opportunity to investigate risk factors, perhaps suggesting new places to look for leukemia-causing agents."



# Philanthropy

## Scholarships & Grants

### New scholarships established

Scholarship support is a top priority for the Minnesota Medical Foundation. In the past fiscal year (July 1, 1996 - June 30, 1997), a record 299 students received scholarships. In fall 1997, seven new scholarships were awarded.

#### **Dr. Nellie N. Barsness Scholarship**

Established by bequest of Harry N. Simmonds, M.D., a graduate of the Medical School, Class of 1943, in honor of his adoptive mother, Nellie N. Barsness, M.D., a graduate of the Medical School, Class of 1902.

#### **Dr. Arlen Brodin Scholarship**

Established by Mrs. Gisela Brodin to honor the life work and memory of her husband, Dr. Arlen Brodin, a graduate of the Medical School, Class of 1966.

#### **Cassius Ellis Scholarship**

Established in memory of Cassius M.C. Ellis, M.D., assistant dean at the Medical School and clinical professor of surgery, by his family.

#### **Martin C. and Jean M. Mata Scholarship**

Established by bequest of Jean M. Mata.

#### **Paul R. Nelson, M.D. and Margaret Nelson Scholarship**

Established by Paul R. Nelson, M.D., a graduate of the Medical School, Class of 1943, and his wife, Margaret.

#### **Walter O. Sohre and Virginia Gillespie Sohre Scholarship**

Established by a gift from the Virginia Gillespie Sohre Trust.

#### **Dr. Harold C. and Kathryn Harris Stratte Scholarship**

Established by a gift from Georgia Stratte Smith in memory of her father, Harold C. Stratte, a graduate of the Medical School, Class of 1920.

### Foundation approves grants

At their summer meetings, the Minnesota Medical Foundation Research and Special Grants Committees approved awards totalling \$269,212 — \$118,812 for research projects and \$150,400 for equipment purchases.

#### SUMMER FACULTY RESEARCH GRANTS

include: **Linda Burns, M.D.**, Department of Medicine, Cancer; **Gregory Connell, Ph.D.**, Department of Pharmacology, Parasitology; **Christopher Gomez, M.D., Ph.D.**, Department of Neurology, Neurological Disease; **Jane Little, M.D.**, Department of Medicine, Blood Disorders; **Virgil Mathiowetz, Ph.D.**, Occupational Therapy Program, Multiple Sclerosis; **Kevin Mayo, Ph.D.**, Department of Biochemistry, Cancer/Cardiovascular; **Linda McLoon, Ph.D.**, Department of Ophthalmology, Neuro-ophthalmology; **Ronald Messner, M.D.**, Department of Medicine, Rheumatology/ Autoimmunity; **Angela Panoskaltis-Mortari, Ph.D.**, Department of Pediatrics, Cancer; **Gundu Rao, Ph.D.**, Department of Laboratory Medicine and Pathology, Coronary Artery Disease; **Daniel Romero, Ph.D.**, Department of Pharmacology, Cancer; **Amy Skubitz, Ph.D.**, Department of Laboratory Medicine and Pathology, Cancer; **Scott Sorensen, M.D.**, Department of Medicine,

Infectious Disease; **Scott Spohnheim, Ph.D.**, Department of Psychiatry, Schizophrenia; **Daniel Vallera, Ph.D.**, Department of Therapeutic Radiology, Leukemia; **Li-Na Wei, Ph.D.**, Department of Pharmacology, Genetics; and **Ben Zimmerman, Ph.D.**, Department of Pharmacology, Hypertension.

#### SUMMER FACULTY EQUIPMENT GRANTS

include: **Stephen L. Archer, M.D.**, Department of Medicine, Pulmonary; **Robert J. Bache, M.D.**, Department of Medicine, Cardiovascular; **Timothy W. Behrens, M.D.**, Department of Medicine, Autoimmune Disease; **Colin R. Campbell, Ph.D.**, Department of Pharmacology, Cancer; **David N. Cornfield, M.D.**, Department of Pediatrics, Pediatric Cardiovascular; **Susan A. Keirstead, Ph.D.**, Department of Ophthalmology, Optic Nerve Injury; **Kenneth M. McDonald, M.D.**, Department of Medicine, Cardiovascular; **Robert F. Miller, M.D.**, Department of Physiology, Infrared Microscopy; **Helen L. Reeve, Ph.D.**, Department of Medicine, Cardiovascular; **Jean F. Regal, Ph.D.**, Department of Pharmacology, Asthma; **Paul Sammak, Ph.D.**, Department of Pharmacology, Cancer/Immune Disorders; **Christine H. Wendt, M.D.**, Department of Medicine, Lung Injury;

(continued)

# Philanthropy

## Grant Recipient

### Minnesota Medical Foundation grant recipient: Kumar G. Belani, M.D.

**L**aparoscopic surgery is quite common, especially in adults. Even infants and young children undergo this procedure, where the abdomen is inflated with carbon dioxide (CO<sub>2</sub>) and surgical instruments are introduced through a small abdominal incision. The continuous injection of CO<sub>2</sub> keeps the abdominal wall away from internal organs, allowing the surgeon to operate using laparoscopic surgical instruments with special cameras. But, there may be ways to make this surgery safer for infants and children.

The amount of CO<sub>2</sub> used and the way it is administered may greatly affect the risks of laparoscopic surgery. If the gas is administered at too high a flow rate or pressure, the results can be dangerous. And, if the gas is accidentally injected into a vein instead of the abdomen, consequences can be fatal unless the surgeon is immediately notified of the error.

Kumar G. Belani, M.D., Department of Anesthesiology, received a \$9,300 grant from the Minnesota Medical Foundation to study the interoperative risks of laparoscopic surgery in piglets. "We (Drs. Belani, John Reichert, David Beebe, Jeff Folwer, and Kaoru Nagao) hope to find out more about the effects of different CO<sub>2</sub> pressures and flow rates, and volumes of CO<sub>2</sub> in a piglet model," says Belani.

The system currently used to determine correct pressure and flow rate seems to work quite well in children and infants. "However, there hasn't been as much experience yet in infants and young children. And, what if the



Kumar G. Belani, M.D.

surgery is going to take longer and they need to leave the abdomen distended for a longer time, or what if they accidentally get into a vessel — those situations can be dangerous," says Belani. "We are trying to effectively define what happens with normal insufflation (inflation of the abdomen) in the peritoneum and observe the

changes in blood pressure and gas exchange. We will contrast this with intentional intravenous injection. This may provide us vital information for intravenous monitoring. We will also try to assess the stress response of this surgery procedure in the piglet model.

"This information may increase the safety of this surgical procedure. Hopefully we will be able to suggest proper insufflating pressures and flow rates and signs to watch for indicating improper insertion of the instrument. It is all about increasing the safety of the children in the operating room — not just here but everywhere they are cared for."

(Grants, from page 18) and **George L. Wilcox, Ph.D.**, Department of Pharmacology, Infrared Microscopy.

At their fall meetings, the Minnesota Medical Foundation Research and Special Grants Committees approved awards totalling \$152,210 — \$78,910 for research projects and \$73,300 for equipment purchases.

**FALL FACULTY RESEARCH GRANTS** include: **Kumar G. Belani, M.D.**, Department of

Anesthesiology, Infant Laparoscopy; **Marilyn E. Carroll, Ph.D.**, Department of Psychiatry, Drug Abuse; **Benjamin L. Clarke, Ph.D.**, Department of Biochemistry and Molecular Biology, Autoimmunity; **Stanley L. Erlandsen, Ph.D.**, Department of Cell Biology and Neuroanatomy, Cardiovascular; **Michael E. Georgieff, Ph.D.**, Department of Pediatrics, Child Development; **Apostolos P. Georgopoulos, M.D.**, Department of Psychiatry, Mental Retardation; **Linda K. Hansen, Ph.D.**,

Department of Laboratory Medicine and Pathology, Liver Cell Proliferation; **Hani Midani, M.D.**, Department of Neurology, Nervous System/Genetics; **Merry Jo Oursler, Ph.D.**, Medical Microbiology and Immunology, Osteoporosis; **Julie A. Ross, Ph.D.**, Department of Pediatrics, Cancer; and **James Y. Wang, Ph.D.**, Department of Pediatrics, Liver Disease.

**FALL FACULTY EQUIPMENT GRANTS** include: **Craig A. Henke, M.D.**, Department of Medicine, Pulmonary Disease;

**Alfred J. Fish, M.D.**, Department of Pediatrics, Diabetes; **Harvey L. Sharp, M.D.**, Department of Pediatrics, Liver Disease; **Whitney D. Tope, MPhil., M.D.**, Department of Dermatology, Skin Cancer; and **David A. Zarkower, Ph.D.**, Institute of Human Genetics, Sex Reversal/Cancer.

# Philanthropy

## Thanks

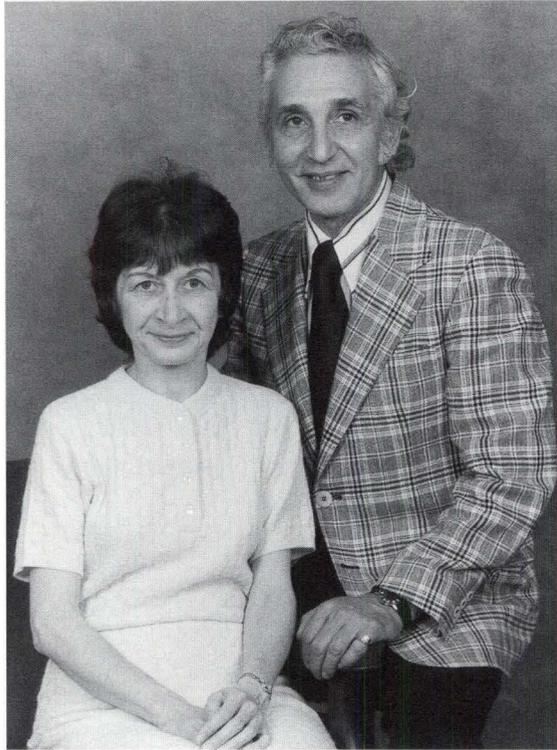
### Thanks for Giving: Jean and Martin Mata

**J**ean Mata had a dream, and she worked throughout her life to turn that dream into reality. Her goal was to raise \$1 million to donate to a cause that would help make the world a better place, and following her death in 1996, that goal was realized. Because of the generosity of Jean and her husband, Martin, the Martin C. and Jean M. Mata Scholarship has been established through the Minnesota Medical Foundation — and many talented medical students with financial need will benefit.

Jean grew up on a farm near Valley City, North Dakota. According to her brother-in-law Pat Mata and his wife, Barbara, she was determined not to marry a farmer and stay on the farm. Jean wanted to travel and see the world, but her finances ran out shortly after her arrival in the Twin Cities. However, employment first at Braniff Airlines and later Western Airlines would eventually enable her to fulfill her dreams of travel.

Martin Mata's travels were of a different sort. He spent 30 consecutive months in military service in the South Pacific, but was forced to return to the Twin Cities following the removal of his kidney in a Quonset hut.

Jean was working two jobs in Minneapolis, at Sears and as a hat check girl in a downtown club, when the two



Jean and Martin Mata

met. They married and stayed in the Twin Cities — Marty working as a clothing salesman and Jean as a reservation agent for the airlines. Martin Mata died of cancer in 1978 at age 52.

Jean Mata was always a very conservative, frugal person, shopping at garage sales and using coupons in order to save money. "She started with nothing," says Pat Mata, "and eventually reached her goal of \$1 million. She worked hard and she made it." Jean died at age 66. She had suffered first from multiple sclerosis and later Crohn's disease and cancer.

The first Martin C. and Jean M. Mata Scholarships were given in November to five medical students. The impact of the Mata's generosity will be felt far into the future, as the scholarship recipients complete their educations and become practicing physicians, teachers, and researchers.



Martin C. and Jean M. Mata Scholarship recipients (L-R) Derek Beyer, Eric Anderson, and Robert Auger. At right are Barbara and Pat Mata. Second from left, in back, is Dr. Greg Vercellotti.

### Thanks for Asking

**Q:** Charitable trusts sound complicated, expensive, and difficult to manage. Is there an easy solution?



Gary G. Hargroves

Most charitable trusts are established to do four things:

- 1) provide a lifetime income to one or more income beneficiaries;
- 2) make a charitable gift;
- 3) avoid capital gains tax on the sale of an appreciated asset or solve another

financial, estate, income, or tax problem; and 4) provide current-year tax savings through a charitable deduction.

We are pleased to announce the Minnesota Medical Foundation "standard" charitable remainder trust.

We have removed most of the complexity and cost of setting up and managing such trusts while providing excellent service and investment returns. We have accomplished this by limiting some of the options while still providing the flexibility needed by most donors. Key features include:

**Income:** income to beneficiaries ranges from 5 to 7 percent with 5.5 percent being the preferred rate of payment

**Investment options:** growth, balanced, income

**Minimum gift:** \$100,000

**Funding:** cash, stocks, bonds, mutual funds

If you would like information about how a **standard charitable remainder trust** may provide an income to you and/or others, make a charitable gift, and reduce taxes, please call Gary G. Hargroves at the Minnesota Medical Foundation, 612-625-1440 or 800-922-1663.

### Foundation welcomes new staff

**Deborah Mueller Awonuga** has been appointed prospect research manager. She has served the Foundation as a research and data specialist for the past 18 years.



Deborah Mueller Awonuga

**Julie Crews Barger** has been named director of alumni relations and special events (see Alumni section).



Marlene J. Guzman

**Marlene J. Guzman** has been appointed director of development for the School of Public Health and director of corporate and foundation relations. She was previously director of institutional advancement for the St. Paul Academy and Summit School. Guzman earned a bachelor's degree from the University of Hawaii, Honolulu, and master's degrees from the University of Denver and St. Lawrence University.



William L. Heiman

**William L. Heiman** has been named director of development for the Department of Medicine. He was executive director of Variety Children's Association for the past six years. Prior to his position with Variety, Heiman served as deputy executive vice president of the American Heart Association, Minnesota Affiliate.

**Sandy Landberg** has been named executive director of Variety Children's Association. Before joining the Foundation, she was director of annual gifts for Children's Health Care Foundation. She received her B.S. degree in human ecology from the University of Minnesota.



Sandy Landberg



Stephanie Oskie

**Stephanie Oskie** has been appointed assistant director of planned giving. She was previously the director of the Keystone Program at the United Way of Minneapolis Area. Oskie received her bachelor's degree from the University of Florida.

**Marda Winnick** has been named director of development for the University of Minnesota Cancer Center. Prior to joining the Foundation, she served as director of major gifts and planned giving for Twin Cities Public Television (KTCA). Winnick received her bachelor's degree from the University of Minnesota and her master's degree from California State University, Northridge.



Marda Winnick

# Philanthropy

## Helping Others

### Helping Others Support Health-Related Education, Research, and Service

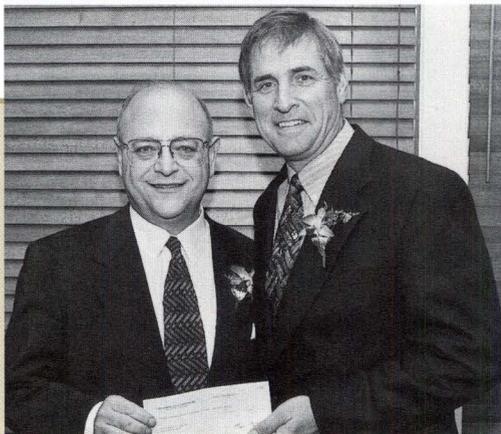
#### Working to improve hearing

The International Hearing Foundation improves the lives of those suffering with ear disorders by supporting research at the University of Minnesota Otopathology Lab. This year the Foundation donated two research grants totaling \$20,000. In September, the International Hearing Foundation also presented the third \$20,000 Paparella Award for Distinguished Contributions in Clinical Otolaryngology to Dr. Howard House of the House Ear Institute in Los Angeles, California.

At the annual Matt Blair Celebrity Golf Tournament, IHF raised more than \$50,000. Some of the funds will be used to send the seventh team of physicians to Senegal, Africa, in January. Funds will also be donated to complete the Carrion School for the Deaf Project in Santiago, Chile.

IHF also donated 30 hearing aids to needy children, as well as to several elderly patients that were referred to the Foundation.

For more information about the International Hearing Foundation, call 612-339-2120.



Cal Simmons, right, member of the Minnesota Medical Foundation's executive committee and chair of the Dayton's Challenge, presents University President Mark Yudof with a check for \$450,000, representing the first installment of a \$1.5 million commitment to establish the Children's Cancer Research Fund/Lehman Family Chair in Pediatric Cancer Center Research. The chair has been established through the generosity of Tom Lehman and his family and proceeds from the Dayton's Challenge Golf Tournament.

For more information about the Children's Cancer Research Fund, call 612-893-9355.



#### Merle and Fern Loken Professorship

At a Nicollet Island Inn reception in November, Dr. Merle and Fern Loken, pictured with Dr. R. William Thompson, were honored for the establishment of the Merle and Fern Loken Endowed Professorship in Radiological Science.

#### Former patient leaves \$300,000 for eye research

Thanks to a generous bequest of former patient Myrtle W. Swanson, Department of Ophthalmology faculty have been able to significantly advance research into the causes and treatment of vision problems. After Myrtle Swanson died, the Vision Foundation was informed that her will included a charitable bequest to the Department of Ophthalmology of more than \$300,000. She simply asked that the gift be used for the "medical research of blindness."

Myrtle Swanson's gift made it possible to fund some of the most urgent needs of the department, including the support of several research projects: gene therapy for Scheie keratopathy; the development of a novel therapeutic approach to treat proliferative vitreoretinopathy (PVR), a complication of retinal reattachment surgery leading to the loss of vision; and a study to prevent blinding inflammatory eye diseases through a treatment based on feeding the antigens that cause the inflammation.

For more information about the Vision Foundation, call 612-625-9613 or 1-800-922-1MME.

# Philanthropy

## Helping Others

### Second Annual Golf Classic "fore" Diabetes Research

Planning is underway for the second annual Golf Classic "fore" Diabetes Research. This year's event will again be held at Midland Hills Country Club on June 15, 1998. Last year the Classic raised more than \$170,000 to support the efforts of the Diabetes Institute. The tournament was organized by friends and members of the Salmen family. Robert Salmen received a pancreas and kidney transplant in 1995.



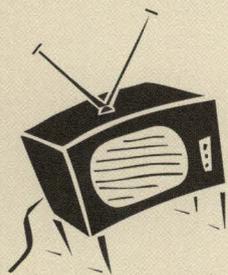
### New Diabetes Institute Founders Circle members

The Diabetes Institute for Immunology and Transplantation welcomes five new members of the Institute Founders Circle, who have made at least a \$10,000 commitment in support of the Institute's mission: Denise Higgins, Lions Club of Duluth, Dr. William Krossner, Joseph Michela, and Prime Design, Inc.

For more information on the research, fund raising, or volunteer opportunities of the Diabetes Institute, please call 612-626-2101.

### Health Talk & You Winter schedule

**H**ealth Talk & You, a weekly call-in show broadcast live on Minnesota public television supported in part by the Minnesota Medical Foundation, has announced its winter schedule of programs. They include:



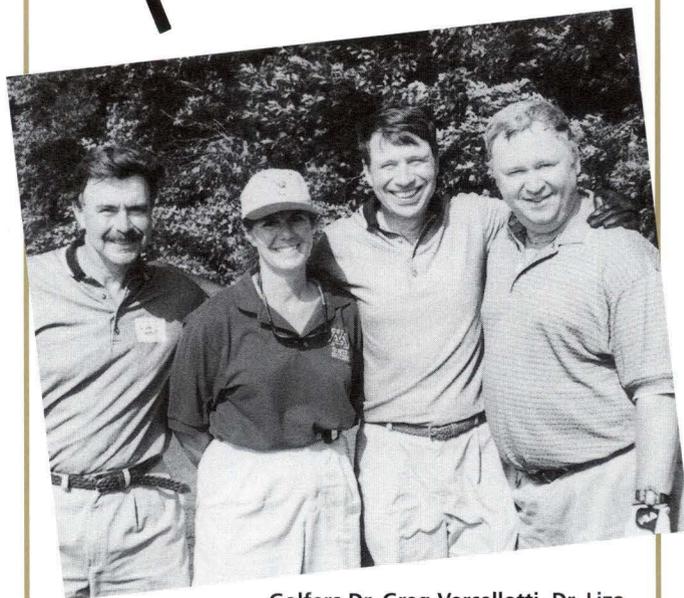
January 20:	<b>Parkinson's Disease</b>
January 27:	<b>Back Pain</b>
February 3:	<b>Coronary Artery Disease</b>
February 10:	<b>Kidney Disease</b>
February 17:	<b>Abdominal Pain</b>
February 24:	<b>Dental Health</b>
March 3:	<b>Bladder Problems</b>
March 10:	<b>Eating Disorders</b>
March 17:	<b>Violence: Causes &amp; Prevention</b>
March 24:	<b>Dizziness</b>
March 31:	<b>Smoking Related Cancers</b>

For more information about dates and times for your area, contact University Media Resources at 612-626-0047.



MINNESOTA MEDICAL FOUNDATION

## Golf Classic



Golfers Dr. Greg Vercellotti, Dr. Liza Arendt, Dr. Tom Mackenzie, and Dave Mona at the 1997 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 event 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.

# connections

## MEDICAL ALUMNI SOCIETY

### What's Inside?

- Dean Al Michael's column
- MAS Board
- Mentoring program expands
- New alumni relations staff
- News on the web
- Residents Away From Home
- News from UMD
- Reunions planned
- Awards announced
- Alumni Gifts
- Class notes
- In memoriam

### Alumni feedback

The new *Alumni Connections* section will include **Alumni Feedback**. Information published will be based upon feedback the Medical Alumni Society board receives from University of Minnesota Medical School alumni. The board looks forward to your letters, e-mails, or phone calls. Thank you in advance for taking the time to share your thoughts or suggestions. Please direct your comments to the MAS board through Julie Crews Barger, Office of Alumni Relations, 612-624-9161 or MAS@main.mmf.umn.edu.

## MAS President's Report

We would like to introduce you to a new section of the *Medical Bulletin* written exclusively for alumni of the University of Minnesota Medical Schools. We've chosen to call it *Alumni Connections*. This name reflects our view that the Medical Alumni Society's role should be to facilitate the reciprocal, mutually beneficial relationship between the Medical Schools and you, their alumni — to make vital, useful connections. From issue to issue, this section will be easily identifiable to everyone looking for alumni news. A freestanding issue of *Alumni Connections* will be published each fall to keep you apprised of important developments both at the Medical Schools and in the alumni relations program.

Many changes have occurred at the University. There is a new president, a new dean of the Twin Cities Medical School, a new partnership between the University and Fairview Health System, and new leadership at the Minnesota Medical Foundation. There will soon be a new dean at UMD as well.

At this unique, exciting juncture in the life of the Medical Schools, we have a special opportunity to reassess our level of activity as a group and to play an active role as our Medical Schools move confidently into the future. As a board, we have decided it is imperative that we seize this opportunity by revitalizing as a group and calling upon you, our alumni, for increased participation. We will be contacting some of you directly to enlist your participation in this effort; however, we hope that you



Wayne Liebhard, M.D., '83

will contact us first. We want to inject our alumni activities and communications with a real sense of purpose and enthusiasm. Your support is vital to realizing these objectives.

The members of the Medical Alumni Society board are listed on page 25. Please contact any one of us through the Office of Alumni Relations with your suggestions for future initiatives or to volunteer your service in implementing these changes. Any concerns or ideas you relate to us will be discussed at our quarterly meetings, attended by board members as well as the dean. We will also address some of the issues that arise through this forum in a future section of *Alumni Connections* called Alumni Feedback. This section reflects this topic's status as an important board priority and a standing agenda item at our meetings.

Our Medical Alumni Society e-mail address is MAS@main.mmf.umn.edu. Julie Crews Barger, the director of alumni relations at the Minnesota Medical Foundation, can be reached at 612-624-9161.

Thank you for your active support in this exciting time of growth. I look forward to working together to build a stronger, more vital Medical Alumni Society.

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

# Alumni Connections

## MAS board needs your input

The University of Minnesota Medical Alumni Society board represents alumni of the Medical Schools in the Twin Cities and Duluth and seeks to build and promote the reciprocal, mutually beneficial relationship that exists between the Medical Schools and their graduates. The group is made up of alumni who meet quarterly to address concerns and develop programming that will serve alumni, students, and the University's Medical Schools.

Some of the programs MAS has sponsored include Reunion Weekend, the Mentoring Program, Residents Away from Home, and the Diehl Award. These strong programs will continue; however, new initiatives are also being considered in an effort to further enhance the alumni relations program. Your input and feedback are welcomed as the MAS board maps its course for the 1997-98 year. You can contact any member of the board through the Office of Alumni Relations at MAS@main.mmf.umn.edu or 612-624-9161.

### Medical Alumni Society Board

Wayne D. Liebhard, M.D., '83,  
President

H. Mead Cavert, M.D., '50

M. Elizabeth "Peggy" Craig, M.D., '45

Patrick J. Flynn, M.D., '75

Joyce L. Funke, M.D., '50

Stanley Goldberg, M.D., '56

Dorothy J. Horns, M.D., '76

Fred A. Lyon, M.D., '57

Eugene Ollila, M.D., '75

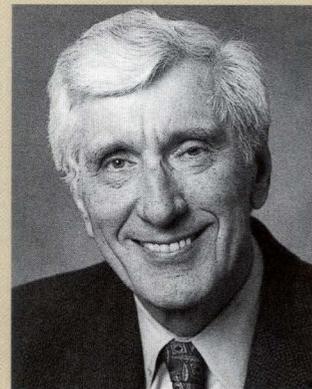
Richard Simmons, M.D., '55

Judith R. Smith, M.D., '65

## Dear alumni:

The walls of the ivory tower are coming down, and in their place will soon be shiny new bridges linking the University of Minnesota Medical School with communities throughout the state.

The Medical School is entering an exciting new era of change, guided by a vision whose cornerstone consists of building relationships and partnerships with every sector of our community. The Medical School and the physicians, students, former students, patients, citizens, companies, and health care organizations who play a critical role in Minnesota health care will all benefit from working closely together. These groups will be critical to our growth and continued excellence in teaching, research, and patient care.



Alfred F. Michael, M.D.

To help me as we embark on these new adventures, I have invited representatives from many sectors of the community — including alumni like yourself — to participate in a series of roundtable discussions designed to gather their perceptions about our Medical School. Armed with a new action plan and the information gleaned from these sessions, I will take the good news about our Medical School on the road, highlighting exciting developments in research, education, and clinical practice, and showcasing the work of the many physicians and others throughout the state who have graduated from this institution.

I will soon be appointing a permanent Community Advisory Committee made up of citizens and representatives of the medical community who will counsel me on an ongoing basis about enhancing the value of the Medical School to the citizens of our state. Your own Medical Alumni Society board of directors will advise me on community relations from the perspective of our graduates.

We are looking forward, especially given the fact that the past few years have been especially trying for the Medical School. The allegations of unprofessional and unethical conduct by a small fraction of the people associated with our Medical School were extremely unfortunate. As dean, I reassure you that policies and mechanisms are now in place to ensure that similar problems will not arise in the future. Let's work to put these events behind us and continue to move forward to regain the respect, trust, and admiration so well deserved by the Medical School and its outstanding faculty.

Yes, times are changing at the University of Minnesota Medical School. As alumni, your support and involvement have never been more important. I welcome your thoughts on our new mission of community involvement and look forward to hearing from you.

Alfred F. Michael, M.D., Dean  
University of Minnesota Medical School,  
Twin Cities

# Alumni Connections

## Welcome new alumni relations staff

**W**e would like to introduce you to our alumni relations staff. Please join us in welcoming the most recent addition to our group, **Julie**



**Julie Crews Barger**

**Crews Barger**, director of alumni relations and special events for the Minnesota Medical Foundation. Julie develops and manages the alumni relations pro-

gram for the University of Minnesota Medical School and manages special event activities. She brings more than five years of university fund-raising experience to the position. Most recently she served as senior associate director of annual giving at Northwestern University in Evanston, Illinois. She received her bachelor of arts degree from Northwestern University.

If you attended the spring or fall reunions, you have already met **Sara Jean Dougherty**, associate director of

annual giving and alumni relations. Sara Jean joined the Foundation in November 1996. She was previously an account executive at Westmoreland Larson Webster, Inc. in Duluth, Minnesota. She received her bachelor of arts degree from



**Kristin Thayer**

St. Thomas University and previously worked at Personnel Decisions International.

Please feel free to contact Julie, Sara Jean, or Kristin by calling 612-625-1440 or 1-800-922-1663.



**Sara Jean Dougherty**

Montana State University.

Many of you have probably also spoken with **Kristin Thayer**, alumni relations and annual giving assistant. Kristin received her

## Mentoring program expands

**T**he matching process is well underway between University of Minnesota Medical School alumni and current medical students for the Medical Alumni Society's 1997-1998 Mentoring Program. This year, though, there's a new twist.

The program will still match practicing physicians with current University of Minnesota Medical School students, as it has successfully done for the past three years. This year, however, the medical students involved will be second- and third-year students, and the program will place an emphasis on specialty selection.

Associate Dean Helene Horwitz says, "Second- and third-year students are beginning to explore various specialty interests as applied to schedule planning and ultimately the residency application process during their fourth year. Access to practicing physicians in areas of interest provides students with the opportunity to learn about the day-to-day issues facing these physicians. This information is extremely helpful in defining the choices they will have to make."

While initial matches have been made, interested alumni are encouraged to join the program at any time. Matches will continue to be made on a rolling basis, as students' interests are piqued in new areas throughout the year. With each student potentially seeking multiple matches, a substantial number of alumni volunteers who represent a broad group of specialties are needed.

To sign up for the program or inquire about further details, contact Julie Crews Barger (612-624-9161 — [j.barger@main.mmf.umn.edu](mailto:j.barger@main.mmf.umn.edu)) or Sara Jean Dougherty (612-625-6136 — [s.dougherty@main.mmf.umn.edu](mailto:s.dougherty@main.mmf.umn.edu)) in the Office of Alumni Relations.



## Find alumni news on the web

**V**isit our updated web site and try out the new features in Alumni Services. The new format invites your on-line updates and allows you to view recent class notes and scan archive listings of class notes. For the latest University-related news, check out the links under Who We Are. Please tell us how you like the changes and if there are other features you would like to see. <http://www.med.umn.edu/mmf>

# Alumni Connections

## News from UMD

**G**reetings to all alums who began their medical school experience in Duluth. All is well in the North, and we have welcomed the new class as we celebrate our 25th anniversary. It seems only a short time ago that the charter class of 24 eager students began their studies in Duluth. That group was invited back for the weekend of October 3 and 4, along with many of the original faculty and staff, to celebrate the institution's unparalleled successes over the past quarter century.



**Jim Boulger, Ph.D.**

In September of 1972, the University of Minnesota, Duluth, School of Medicine opened with very specific goals: to increase the number of physicians who would enter family medicine and practice in rural/non-urban areas in Minnesota. As is probably well known, the UMD School of Medicine has achieved these goals to a degree that was not considered feasible by many of the school's supporters in 1972. Since its inception, more than 53 percent of all UMD students have selected residencies and careers in

family medicine; during this same period of time, the national average was approximately 12 percent. Fifty-one percent are practicing in communities that are non-urban/suburban with populations less than 30,000.

The students accepted to UMD are still bright and eager, just as they were 25 years ago. Their education remains of extremely high quality by any measure, even though the content of the curriculum is markedly different than it was 25 years ago. Students continue to work actively in the community with family physicians during the two years in Duluth, and other specialists in the community remain very supportive of the students and the institutional goals. In short, even with the tremendous number of changes that have occurred, the basic character of the school is unchanged. We remain, as one of our Iowa colleagues put it, the "user-friendly medical school."

Change is our only constant. Dr. Ron Franks, dean since October 1, 1988, accepted a position as vice-president and dean of the James Quillen Medical School at East Tennessee State in Johnson City, Tennessee, effective last September 1. We wish Ron well, and thank him for his many significant contributions to the School of Medicine over the past eight-plus years. Dr. Rick Ziegler is serving as interim dean as we conduct a national search for a permanent replacement for Ron. If you have any suggestions or nominations, please let me know and I will pass them on to the search committee.

Keep in touch.

**Jim Boulger, Ph.D.**  
**Director of Alumni Relations**  
**University of Minnesota, Duluth**  
**School of Medicine**

## Residents Away From Home aids students

**M**any of you, as graduates of the University of Minnesota Medical Schools, remember your residency search and the myriad costs associated with that effort. This year's fourth-year students are about to begin that same process and will soon encounter the same financial challenges you experienced.

For several years now, alumni of the Medical Schools have been making the financial obstacles of a residency search a little less daunting for University of Minnesota medical students through the Residents Away From Home program. They have offered this bit of relief by housing medical students in their homes when these students are away from the Twin Cities for residency interviews.

Students can save hundreds of dollars by avoiding the expense of a hotel on these site visits. Beyond that, though, students appreciate the opportunity to meet a graduate of their medical school, and alumni enjoy the experience as well. Students can benefit from the perspective of alumni, who have not only been through the same experience but who know the area, and perhaps even the hospital, quite well. Through their interaction with a student, alumni can acquaint themselves with life at the University of Minnesota Medical Schools as it exists today. This is of particular interest to graduates who have not been able to make it back to campus in recent years.

Alumni volunteers in all areas of the country are needed to meet the needs of the many students who are interviewing. Please call the office of Alumni Relations today at 612-624-9161 to help a medical student at this important juncture in his or her career.



# Alumni Connections

## Alumni Gifts

In fiscal year 1997 (July 1, 1996 to June 30, 1997) alumni contributed a total of \$6.3 million in cash and future gift commitments to the Minnesota Medical Foundation in support of health-related education, research, and service at the University of Minnesota. The percent of class giving figures are based on the number of class members who are reachable.

### Class of 1926

1 donor; \$100  
17% participating

### Class of 1929

1 donor; \$1,000  
20% participating

### Class of 1930

2 donors; \$125  
20% participating

### Class of 1931

7 donors; \$1,325  
54% participating

### Class of 1932

7 donors; \$100,975  
35% participating

### Class of 1933

2 donors; \$475  
18% participating

### Class of 1934

8 donors; 1,010  
30% participating

### Class of 1935

5 donors; \$835  
24% participating

### Class of 1936

10 donors; \$11,445  
36% participating

### Class of 1937

17 donors; \$38,077  
47% participating

### Class of 1938

21 donors; \$4,485  
38% participating

### Class of 1939

20 donors; \$65,934  
41% participating

### Class of 1940

16 donors; \$175,552  
35% participating

### Class of 1941

22 donors; \$2,685  
40% participating

### Class of 1942

17 donors; \$2,906  
31% participating

### Class of 1943

47 donors; \$16,331  
38% participating

### Class of 1944

25 donors; \$15,443  
27% participating

### Class of 1945

27 donors; \$6,893  
36% participating

### Class of 1946

59 donors; \$42,436  
37% participating

### Class of 1947

32 donors; \$20,512  
48% participating

### Class of 1948

27 donors; \$4,382  
42% participating

### Class of 1949

22 donors; \$1,660  
37% participating

### Class of 1950

30 donors; \$11,185  
45% participating

### Class of 1951

27 donors; \$16,324  
35% participating

### Class of 1952

29 donors; \$13,999  
30% participating

### Class of 1953

33 donors; \$5,245  
34% participating

### Class of 1954

38 donors; \$4,120  
36% participating

### Class of 1955

34 donors; \$14,313  
36% participating

### Class of 1956

46 donors; \$15,177  
44% participating

### Class of 1957

37 donors; \$21,345  
37% participating

### Class of 1958

34 donors; \$3,964  
34% participating

### Class of 1959

31 donors; \$10,910  
30% participating

### Class of 1960

47 donors; \$10,804  
44% participating

### Class of 1961

35 donors; \$5,820  
34% participating

### Class of 1962

45 donors; \$54,555  
39% participating

### Class of 1963

50 donors; \$12,853  
42% participating

### Class of 1964

45 donors; \$30,467  
36% participating

### Class of 1965

56 donors; \$11,560  
39% participating

### Class of 1966

50 donors; \$14,635  
38% participating

### Class of 1967

42 donors; \$12,995  
28% participating

### Class of 1968

52 donors; \$22,565  
35% participating

### Class of 1969

58 donors; \$8,780  
37% participating

### Class of 1970

71 donors; \$13,295  
40% participating

### Class of 1971

59 donors; \$7,185  
34% participating

### Class of 1972

57 donors; \$28,905  
27% participating

### Class of 1973

65 donors; \$10,453  
34% participating

### Class of 1974

81 donors; \$12,821  
33% participating

### Class of 1975

56 donors; \$9,326  
24% participating

### Class of 1976

78 donors; \$16,679  
35% participating

### Class of 1977

84 donors; \$13,452  
35% participating

### Class of 1978

93 donors; \$16,314  
33% participating

### Class of 1979

90 donors; \$17,227  
33% participating

### Class of 1980

74 donors; \$13,438  
29% participating

### Class of 1981

92 donors; \$15,400  
33% participating

### Class of 1982

92 donors; \$14,965  
35% participating

### Class of 1983

102 donors; \$15,251  
38% participating

### Class of 1984

89 donors; \$12,196  
35% participating

### Class of 1985

86 donors; \$15,829  
32% participating

### Class of 1986

84 donors; \$11,753  
31% participating

### Class of 1987

86 donors; \$11,944  
35% participating

### Class of 1988

72 donors; \$6,257  
28% participating

### Class of 1989

74 donors; \$9,000  
33% participating

### Class of 1990

57 donors; \$5,273  
25% participating

### Class of 1991

48 donors; \$3,415  
22% participating

### Class of 1992

51 donors; \$7,674  
23% participating

### Class of 1993

43 donors; \$2,205  
19% participating

### Class of 1994

44 donors; \$1,770  
21% participating

### Class of 1995

50 donors; \$1,450  
22% participating

### Class of 1996

47 donors; \$1,545  
21% participating

### Class of 1997

21 donors; \$525  
10% participating

# Alumni Connections

## Diehl Award nominations invited

**W**ayne Liebhard, M.D., '83, invites nominations for the Harold S. Diehl Award. The award will be presented at the Medical Alumni Society's Reunion Weekend, June 4-6, 1998.

Given in honor of the University of Minnesota Medical School's fifth dean, Harold Sheely Diehl, M.D., the award is presented to an individual who has made outstanding professional contributions throughout his or her career. The Diehl Award has been presented to 74 people since its inception in 1962.

Qualifications for nomination are:

1) Preferably a graduate of the University of Minnesota Medical School; 2) Not currently engaged in an academic capacity; 3) Outstanding contributions to the Medical School, the University, the alumni, and the community; and 4) Relatively long experience in the field of medical service or a related field.

Nominations should be received by March 1, 1998, and should be sent to: Wayne Liebhard, M.D., Chair, Harold S. Diehl Award Committee, Box 193, 420 Delaware St. SE, Minneapolis, MN 55455-0392.

Nominations should include supporting documents and references to assist the committee in its deliberations. Questions may be referred to the Medical Alumni Society at the Minnesota Medical Foundation, 612-624-9161.

## Alumni Recognition Award inaugurated

**N**ominations are being accepted for the inaugural presentation of the Medical Schools' Alumni Recognition Award. The Medical Alumni Society Board announced the award's creation last spring as a companion to the traditional Diehl Award which honors alumni for lifetime achievement.

By contrast, the Alumni Recognition Award will recognize alumni for their outstanding accomplishments over the past five years.

Selection for the award will be based on exemplary achievements in the community or field of medicine, or for outstanding service to the University of Minnesota Medical Schools. Nominations will be accepted through March 1, 1998, with the award ceremony to be held during Reunion Weekend, June 4-6. Written nominations should be mailed to: Medical Alumni Society, Minnesota Medical Foundation, Box 193, 420 Delaware Street SE, Minneapolis, MN 55455-0392.



## Mark your calendar for 1998 reunions

**P**lanning for the 1998 Medical School reunions is underway! Members of the classes of 1938, 1943, 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1988, and 1993 should mark June 4-6, 1998, on their calendars for a weekend of celebration in the Twin Cities.

In an effort to enhance the already successful Medical School reunion program, there will be a change in the format of this year's Saturday evening activities. In response to alumni feedback, Saturday night will begin with a reception for all guests followed by individual class dinners in separate facilities. This is an exciting development for the reunion program, and we know class members will enjoy having more time together.

The weekend's festivities will also include a Friday night dean's reception and dinner at the University's Weisman Museum, as well as commencement ceremonies, campus facilities tours, and many other opportunities to spend time with classmates while participating in reunion programming. Members of the Classes of 1938, 1943, and 1948 will be invited to the Half Century Club luncheon. If you graduated more than 50 years ago, and are not a member of one of these classes but are interested in attending the luncheon, please contact the Office of Alumni Relations. We welcome your participation in this special event.

If you have any questions about the 1998 Spring Reunion Weekend or would like to serve as a reunion volunteer for your class, please contact the Office of Alumni Relations at 612-625-6136.

# Alumni Connections

## Class Notes

**1947**

**Dr. Marvin Siperstein**, Kentfield, California, was awarded a University of Minnesota Outstanding Achievement Award at the VA Medical Center in San Francisco in September. The award, the highest given by the University's Board of Regents, recognizes unusual distinction in a chosen field. Siperstein, a professor of medicine at the University of California at San Francisco, is considered a pioneer in cholesterol and diabetes research.

**1951**

**Dr. John Anderson**, Blue Earth, Minnesota, recently wrote the book *Bypass: A Healthy Heart Without Surgery*, available from Barclay House publishing. The book details the development, success, and cost of heart surgery and describes a lifestyle which could be an alternative to bypass surgery.

**1956**

**Dr. Stanley Goldberg**, Minneapolis, was awarded an honorary fellowship to the French College of Surgeons in October. He also received an honorary fellowship from the Royal College of Physicians and Surgeons of Glasgow, Scotland, in November.

**1958**

**Dr. Miriam McCreary**, St. Paul, received the Physician of the Year award from the staff and board of directors of Planned Parenthood of Minnesota/South Dakota in October. McCreary works at both the Planned Parenthood clinic and a private practice in St. Paul. The award is given to a doctor who demonstrates excellence in patient care and a commitment to the mission of Planned Parenthood.

**1960**

**Dr. Jim Fett**, Aberdeen, Washington, retired from the Indian Health Service after 20 years of practice. During his career, Fett practiced in the Democratic Republic of Congo, Thailand, the Caribbean, and Pierre, South Dakota. He was also the medical director of the Albert Schweitzer Hospital in Haiti. He has completed four assignments with the Indian Health Service.

**Dr. Wendell Geary**, Kal Bar, Indonesia, and his wife, Marjorie, a nurse, are practicing at the Bethesda Mission Hospital in West Borneo. The hospital began in 1965 as a temporary facility staffed with two doctors and three nurses. Now at a permanent location, the hospital has six doctors and 120 beds. The Gearys are currently the only remaining missionaries at the hospital, but they will be joined by their son, **Dr. Paul Geary**, Class of 1991, and his family in January. He presently practices internal medicine in Fridley, Minnesota.

**1967**

**Dr. Kenneth Muckala**, Tulsa, Oklahoma, has been named senior vice president for the Sioux Valley Hospitals and Health Systems, a 22-hospital system based in Sioux Falls, South Dakota.

**1970**

**Dr. Tom Scott**, Bloomington, Minnesota, has been awarded a Bush Medical Fellowship to study the needs of gay and lesbian youth and to develop skills in adolescent behavioral health, family therapy, teaching, and public policy. He is general pediatrician and consultant in developmental and behavioral pediatrics with the Health Partners Medical Group.

**1975**

**Dr. Robert Hoyer**, Plymouth, New Hampshire, received a Community Access to Child Health (CATCH) grant in November. The grant was awarded by the American Academy of Pediatrics and funded by Wyeth-Ayerst Laboratories. Hoyer is one of only four pediatricians in New Hampshire to recently receive a CATCH grant. He used the grant to establish the Whole Village Family Resource Center in Plymouth, the first center in the state to house 13 health and social service agencies in one facility.

**1982**

**Dr. Deborah Wexler**, St. Paul, accepted the Centers for Disease Control and Prevention's annual Partners in Public Health award on behalf of the Immunization Action Coalition. Wexler is the founder and executive director of the Coalition, which the CDC recognized as "a coalition of health care professionals and concerned citizens whose efforts were instrumental in achieving high levels of routine infant hepatitis B immunization."

**1986**

**Dr. Leeann Rock**, Mount Airy, Maryland, passed an exam given in June by the American Board of Pathology for added qualification in cytopathology.

**1992**

**Dr. Ronald Brace**, Fayetteville, North Carolina, is serving in Bosnia with other U.S. Army units from Ft. Bragg, North Carolina. Brace, an Army captain, will be stationed in Bosnia for nine months.

# Alumni Connections

## In Memoriam

**CINDY J. BIX, M.D.**, Class of 1983, Los Angeles, died October 24 at age 40. She specialized in internal medicine. She completed her residency at Columbia Presbyterian Medical Center, and her post-graduate fellowship in oncology/hematology at Sloan-Kettering Medical Center. She is survived by her parents, Helen and Harold, and her brother and sister.

**PAUL S. BLAKE, M.D.**, Class of 1943, Minneapolis, died May 23 at age 78. A Minneapolis neurosurgeon, Blake was a former member and past president of the Hennepin County Medical Society. He received numerous awards, including the Mount Sinai Hospital Distinguished Service Award. He retired from private practice in 1984.

**KENNETH E. BRAY, M.D.**, Class of 1934, Baton Rouge, Louisiana, died May 30. He is survived by his wife, Florence. Memorials are preferred to the Minnesota Medical Foundation's Kenneth Bray and Florence Little Bray Scholarship Fund.

**SUN HWAN CHI, M.D.**, Class of 1969, St. Louis Park, Minnesota, died March 7 at age 59. Chi was born in Seoul, Korea, and became an American citizen in 1963. He began a practice in Dubuque, Iowa, in 1974 after completing his radiology residency at the University of Minnesota. Chi was in the Minnesota Air National Guard for 18 years, and retired from the United States Air Force Reserves as a Major. He is survived by his wife, Esther, and two children. Memorials can be sent to the University of Minnesota Medical School Scholarship Fund at the Minnesota Medical Foundation.

**RUDOLF C.H. ENGEL, M.D.**, Class of 1949, Portland, Oregon, died April 19 at age 92. Engel was born in Bonn, Germany, and moved to Oregon in 1952. He was an emeritus professor of pediatrics at Oregon Health Sciences University. He also taught and conducted research at universities in Germany, Sri Lanka, Minnesota, and Oregon. He is survived by two sons and two daughters.

**GARTH ENGLUND, M.D.**, Class of 1955, Fort Collins, Colorado, died November 29. He was board certified in clinical and anatomic pathology, and completed his pathology residency at the University of Colorado Medical Center. Englund founded the blood bank at the Poudre Valley Hospital in Fort Collins, and served as medical director of the blood center from 1979 to 1994. The blood bank was renamed the Garth Englund Blood Center in his memory.

**LAURENCE D. HILGER, M.D.**, Class of 1936, St. Paul, died July 5. Hilger was a general surgeon with a practice in St. Paul. He was a member of the Ramsey County Medical Association, the American College of Surgeons, the American Medical Association, and the Western Surgical Association. He is survived by one daughter and one son.

**FRANK E. JOHNSON, Sr., M.D.**, Class of 1943, Minneapolis, died October 25 at age 79. Johnson was the founder of the Children's HeartLink program, which provides free heart surgery to underprivileged children from other countries. A specialist in cardiovascular and thoracic surgery, Johnson was the first surgeon in Minnesota to perform

open-heart surgery in private practice. He was president of both the Minnesota Medical Association and the Hennepin County Medical Society and was chair of the Minnesota Medical Foundation's Planned Giving Committee. He is survived by his wife, Beryl, two daughters, and a son.

**ALLEN S. JUDD, M.D.**, Class of 1945, Darwin, Minnesota, died November 14 at age 77. Specializing in pathology, he practiced at St. Mary's Hospital in Minneapolis for 34 years. He was a veteran of the U.S. Army. He is survived by three daughters and two sons.

**HAROLD J. LAWN, M.D.**, Class of 1934, of St. Paul, died July 14 at age 84. He was a former Northwestern University professor of psychiatry. During World War II, he was chief of neurology and psychiatry at Fort Knox, Kentucky, and a lieutenant colonel. Memorials are preferred to the Minnesota Medical Foundation.

**J. BENJAMIN LUND, M.D.**, Class of 1942, Mankato, Minnesota, died November 28 at age 83. He was the acting chief of the medical staff at the Minnesota Security Hospital in St. Peter, Minnesota, and chief of psychiatry and neurology at the Veterans Hospital in St. Cloud. Lund, along with a colleague in a private practice, was one of the first doctors to offer psychiatric care in rural areas. During World War II, he served for two years as an Army doctor in Germany and England. He is survived by his wife, Florence, three sons, and three daughters.

# Alumni Connections

**RAYMOND EARL LYONS, M.D.**, Class of 1984, St. Louis, died July 10. Lyons specialized in nuclear medicine and neurology. He is survived by his wife, Eugenie, two daughters, and one son.

**JENNINGS C.L. PETELER, M.D.**, Class of 1946, Minnetonka, Minnesota, died October 28 at age 75. He was one of the founders of the Minneapolis Clinic of Neurology and Psychiatry. He is survived by his wife, Nancy, two sons, and two daughters.

**RICHARD H. PICHA, M.D.**, Class of 1931, Pompano Beach, Florida, died November 18 at age 90. He specialized in surgery. He is survived by his wife, Helen, one son, and one daughter.

**JAMES L. PURDIE, M.D.**, Class of 1956, Forest Lake, Minnesota, died November 1 at age 67. He specialized in radiology. He is survived by his wife, Jeanne, two sons, and two daughters.

**ALBERT E. RITT, M.D.**, Class of 1932, St. Paul, died June 5 at age 89. Both a doctor and a banker, Ritt was previously chairman, chief executive officer, and president of Midway National Bank. He also served on the boards of Miller, Midway, and St. Joseph's hospitals, and was president of the Ramsey County Medical Association. Ritt was also a founding member of the Minnesota Academy of General Practice. He is survived by his wife, Angela, two daughters, and one son.

**HORACE G. SCOTT, M.D.**, Class of 1928, Edina, Minnesota, died October 4 at age 93. He specialized in surgery. He is survived by one daughter and one son.

**LESLIE G. SEEBACH, M.D.**, Class of 1937, Columbia Heights, Minnesota, died November 23 at age 85. He specialized in general and family practice. He was commissioned as a lieutenant in the Navy Medical Corps during his residency at Ancker Hospital in St. Paul, and was stationed in the Pacific during World War II. He retired from the Navy in 1963 as a captain. After returning to his hometown of Red Wing, Minnesota, he ran a hotel for a number of years before accepting a position with the University of Minnesota's Cancer Detection Center. He also worked in the state hospital system. Seebach is survived by his former wife, Marjorie, three sons, and four daughters.

**ROBERT JOHN SIAS, M.D.**, Class of 1975, Bloomington, Minnesota, died in July at age 47. He specialized in dermatology, practicing primarily at the Health Partners Fairview University Medical Center in Minneapolis. He is survived by his wife, Connie, and three daughters.

**ELLIOTT SPRINGER, M.D.**, Class of 1952, Altadena, California, died August 22 at age 70. He specialized in diagnostic radiology. He is survived by his sister, Barbara.

**CHARLES P. THOMPSON, M.D.**, Class of 1953, Plymouth, Minnesota, died November 8 at age 69. Thompson started and co-operated the Medical Center Pharmacy in Crystal, Minnesota, from 1953-1971. He was co-owner and chief executive officer of the New Hope Nursing Home, known today as the North Ridge Care Center, from 1966 until his retirement in 1995. He is survived by his wife, Mary Jane, and five children.

**RICHARD C. TUCKER, M.D.**, Class of 1949, Minneapolis, died July 16 at age 75. He specialized in radiology. He founded the Radiology Department at North Memorial Hospital, and served as its chief until his retirement in 1983. Tucker was also a clinical instructor at the University of Minnesota Medical School. He is survived by his wife, Margaret, one daughter, and one son.

**CHARLES H. WATKINS, M.D.**, Class of 1928, Riverside, California, died November 9 at age 98. He specialized in hematology with an emphasis in leukemia and hemolytic anemias, and taught at the University of Minnesota and the Mayo Foundation. He was also a senior consultant at the Mayo Clinic in Rochester. Watkins entered active service in the U.S. Naval Reserve Medical Corps in 1942, and later became chief of medical staff at the naval hospital in Corona, California. He was named commanding officer of the Mayo Clinic medical unit of the Naval Reserve. Watkins joined the Riverside Medical Clinic in 1967 as a hematologist and consultant, and remained there until 1976. He is survived by his wife, Geraldine, and two daughters.

# Minnesota Medical Foundation

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