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# Vanderbilt Medicine

SUMMER 2010

Spotlight  
on graduate  
medical  
education

# Picture-perfect ending

Top: Fiona Fang, M.D., left, and classmate Bryan Hartley, M.D., pose for photos at VUSM's graduation. Below: Fred Ochieng', M.D., Maria Carlo, M.D., and Daniel Matthews, M.D., celebrate together prior to commencement on Alumni Lawn. For more graduation photos, please see back page.



JOE HOWELL



JOE HOWELL

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## :: on the cover

Fourth-year general surgery resident Kyla Terhune, M.D., leads the resident boot camp, just one of the innovative GME programs offered at Vanderbilt.



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JOE HOWELL

BY JEFF BALSER, M.D., PH.D.  
Vice Chancellor for Health Affairs

Perhaps more than any other lifelong pursuit, being a physician inescapably impacts your persona—as a parent, a spouse, a family member, a friend. Being a physician reflects how you think, and how you live.

When it came time for me to address the 2010 graduates of the Vanderbilt University School of Medicine, the thought of medical professionalism and what that means to those of us who pursue a career in medicine was on my mind.

I advised the graduates to seek balance in their lives, and gave them a warning that I hope they each took to heart: that the doctor's duty to put patients first cannot devolve into unidimensional existence.

Abraham Flexner, whose work defined the modern concept of what a medical school should be in America, nearly 100 years ago, said this:

“The medical profession is a social organ created not for the purpose of gratifying the inclinations or preferences of certain individuals, but as a means of promoting health, physical vigor and happiness...”

I reminded our graduates that it is not just our cures and our diagnoses that our patients seek – more often than not, it is our humanity that lifts them up and gives them comfort. Osler said, “Treat not the disease the patient has, but the patient with the disease.” This kind of medicine – what I dare say is truly personalized medicine – can really only be provided by a healthy physician with his own life in balance.

This issue of *Vanderbilt Medicine* contains great examples of some of the

many facets of medical professionalism at Vanderbilt.

The cover story on the way medical residents are trained now, including guidance on how to balance the stringent requirements of the profession with living a life that extends outside the walls of the hospital, is an example of the way that professionalism is being redefined and encouraged.

What could be a better example of caring for patients and meeting their needs than the story of two Vanderbilt physicians who, 35 years ago, spearheaded the founding of Alive Hospice?

What could be a better example of reaching out to bring better health care to more people than the effort to bring underrepresented minorities and women into the medical profession?

One of the new leaders in thinking about professionalism in medicine is Dr. Herbert Swick, a noted author and authority on the subject. He notes: “Physicians respond to societal needs, and their behaviors reflect a social contract with the communities they serve.”

A great case-in-point of this aspect of medical professionalism is Carole Bartoo's story about the efforts of Robert Miller, M.D., to identify a lung disease affecting Iraq and Afghanistan war veterans. The actions of Dr. Miller show the medical profession at its best—solving problems and fighting for patients.

By virtue of their profession, physicians occupy a high place in society, and Vanderbilt physicians are among the elite of the profession. But only by seeking balance in our own lives can we truly reach our potential as physicians, and, more importantly, as human beings. **VM**

News and happenings at Vanderbilt University Medical Center

## VU offers help to employees through flood-assistance plan

Nashville and Middle Tennessee continue to recover from the historic storms and massive flooding that took place May 1 and 2, and Vanderbilt University remains focused on helping members of the Vanderbilt community cope with their personal losses.

Days after the flooding occurred the University quickly implemented a faculty, staff and trainee needs assessment survey to gather information that helped the University gauge what response would be most beneficial. It proved to be a vital tool in helping impacted employees.

As of mid May, 67 employees reported that their residence was totally destroyed in the flood; 286 reported that their residence was currently uninhabitable but salvageable; and another 510 reported having a livable residence with damage exceeding \$5,000. The survey also asked about transportation, dependent care, food needs, etc.

Though overall damage at VUMC was minimal compared with the losses experienced by others, the Medical Center experienced the storm's wrath and responded quickly and appropriately.

As the historic rains fell, water began to intrude the basements of The Vanderbilt Clinic and the Monroe Carell Jr. Children's Hospital at Vanderbilt. VUMC went on orange alert for internal and external flooding and the Emergency Operations Center opened in Medical Center North.

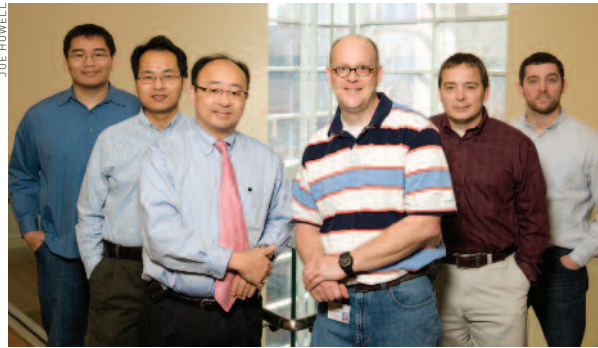
Children's Hospital sterile processing had to be relocated and clinics located in the basement of TVC were damaged, but VUMC remained fully operational. Three clinics were affected by the TVC basement flooding: Radiation Oncology, Neurology and Pulmonology. **VM**

- LESLIE HAST

### WEB LINK

For coverage of the flood's impact on Vanderbilt employees, please visit the June issue of House Organ at [www.mc.vanderbilt.edu/houseorgan](http://www.mc.vanderbilt.edu/houseorgan).

The study team includes, from left, Joshua Ho, Jijun Hao, Ph.D., Charles Hong, M.D., Ph.D., Corey Hopkins, Ph.D., Craig Lindsley, Ph.D., and R. Nathan Daniels.



## Zebrafish make waves in drug development

Fish embryos may seem an unlikely resource for investigators searching for new drug candidates. But a team of Vanderbilt investigators has combined the tools of medicinal chemistry and zebrafish biology to identify compounds that may offer therapeutic leads for bone-related diseases and cancer.

The findings, reported in *ACS Chemical Biology*, support using zebrafish as a novel platform for drug development.

In 2007, Charles Hong, M.D., Ph.D., and colleagues first described using zebrafish embryos to screen for compounds that interfere with signaling pathways involved in early development – pathways known to play roles in a variety of disease processes.

They discovered the compound "dorsomorphin" and demonstrated that it blocked BMP (bone morphogenetic protein) signaling, which has been implicated in anemia, inflammatory responses and bone-related disorders.

But in examining dorsomorphin further, the investigators found that it had other "off-target" effects – it also blocked the VEGF (vascular endothelial growth factor) receptor and disrupted zebrafish blood vessel development, a process called angiogenesis.

"Off-target effects contribute to side effects and limit the therapeutic potential of small molecule signaling inhibitors," said Hong, assistant professor of Medicine and Pharmacology.

Now, the investigators have used their zebrafish drug discovery screen as a drug development/optimization tool.

Medicinal chemists Craig Lindsley, Ph.D., and Corey Hopkins, Ph.D., used the dorsomorphin "backbone" as a starting point to synthesize many different analogs – subtly different dorsomorphin-like compounds.

Then Hong and his team tested these compounds for their effects on zebrafish embryonic development. They found that the two effects of dorsomorphin could be separated: some of the new compounds were selective BMP inhibitors and some were selective VEGF inhibitors.

One of the VEGF inhibitors even outperformed an existing VEGF inhibitor that was being developed for cancer therapy (blocking angiogenesis cuts off the "supply lines" for a growing tumor) but was pulled from development during a Phase III trial. **VM**

- LEIGH MACMILLAN

## Risks of non-prescription contact lenses revealed

Rita Coffee never thought a \$25 pair of cosmetic contact lenses could potentially cost her something far more valuable – her eyesight.

After experiencing severe pain, burning, swelling and discharge from her left eye, the 47-year-old Nashville resident came to Vanderbilt University Medical Center.

Coffee had developed an infectious corneal ulcer caused by her contact lens. Coffee is among a growing number of new cases – consumers who purchase contact lenses without a prescription.

“It is illegal to distribute contact lenses without a prescription,” said Mark Ewald, M.D., the ophthalmologist treating Coffee. “It is very important to have a prescription for any kind of contact lens because improper use can lead to infection and other complications.

“Even though many people wear contact lenses with a high amount of satisfaction and problem-free use, there are risks. It is vital that users have regular eye exams and a proper fitting at the time of lens distribution.”

Coffee bought hers at a local beauty supply store, but people can get them online too.

“But I did not know I needed a prescription to buy them and the clerks didn’t tell me that either,” she said.

In a matter of 24 hours, she developed an ophthalmologic emergency.

VEI specialists say the use of decorative/cosmetic contact lenses is widespread and should not be viewed as a beauty accessory.

“Contact lenses are one of the safest forms of vision correction,” said Jeff Sonsino, O.D., assistant professor at VEI. “The lenses themselves are not dangerous. But people need to understand there are risks, and the best way to avoid some of these problems is to visit an eye doctor. Patients who wear contact lenses for any use need to be monitored.” **VM**

– JESSICA PASLEY

## Gene signature may improve colon cancer treatment

A gene signature, first identified in mouse colon cancer cells, may help identify patients at risk of colon cancer recurrence, according to a recent study by Vanderbilt-Ingram Cancer Center researchers.

The findings, published in *Gastroenterology*, could also help personalize treatments for colon cancer by identifying patients most likely to benefit from chemotherapy.

Using a mouse colon cancer cell line, R. Daniel Beauchamp, M.D., chair of the Section of Surgical Sciences, and colleagues first identified 300 genes that showed distinct patterns of expression related to their ability to invade into a gel-like matrix, a test that reflects the aggressiveness of cancer cells.

Statistical analysis, led by Yu Shyr, Ph.D., helped refine the initial set of 300 genes into a set of 34 genes that were most closely associated with metastasis and death in a set of human colon cancer samples from Vanderbilt patients.

In a larger patient population, they found that patients with the “poor prognosis” signature – the expression pattern seen in highly invasive mouse cells – were five times more likely to have a cancer recurrence than those with a “good” prognosis signature.

The most interesting finding, Beauchamp says, is the ability of this gene signature to identify the patients most likely to benefit from chemotherapy.

Among stage III patients with a “poor” prognosis signature, those who had received chemotherapy had a 36 percent cancer-related death rate. Those who did not receive chemotherapy had an 86 percent death rate.

“That tells us that patients with the [‘poor’ prognosis signature] probably benefited from chemotherapy,” Beauchamp said. “And [patients with a ‘good’ prognosis signature] appeared to get no benefit from chemotherapy.”

“This really feeds right into personalized cancer medicine...in identifying sub-groups of patients that will benefit from one treatment versus another treatment modality, trying to target those patients that are most likely to benefit...and not exposing patients who are less likely to benefit with potentially toxic treatments,” Beauchamp said.

“Ultimately this should lead to more individualized therapy for cancer patients.” **VM**

– MELISSA MARINO



R. Daniel Beauchamp, M.D., left, in the lab with colleagues Natasha Deane, Ph.D., and Joshua Smith, M.D.



**At Match Day, School of Medicine fourth-year student Karl Bezak jumps into the arms of his father, Karl W. Bezak, after learning he's headed for Weill Cornell Medical Center.**

## Match Day provides long-awaited answers

The largest graduating class in Vanderbilt University School of Medicine history delivered big results on Match Day in March as 116 fourth-year students matched with some of the country's top residency programs.

Match Day, the culmination of a yearlong process that connects students with medical centers and hospitals across the country through the National Residency Match Program (NRMP), is a longstanding tradition filled with joy, excitement, accomplishment, occasional dejection and lots of nerves.

Twenty-eight members of the 2010 class are staying at Vanderbilt for their residency.

Match Day is generally known as the 'first day of the rest of your life' for students like Annie Antar, who coincidentally also had the first day of her life at Vanderbilt when she was born here on Nov. 12, 1980. Antar is one of 14 Medical Scientist Training Program (MSTP) students who graduated in May. The MSTP program prepares M.D./Ph.D. students for faculty and research positions of leadership in biomedical sciences.

Antar, who is going to Johns Hopkins Hospital for internal medicine, said interviewing at the country's leading medical centers has proved to her how well Vanderbilt prepares its students and supports them throughout the process.

Five couples matched together, including Dan Spratt and Ellie Gordon, who married on May 2.

They are heading to Spartanburg, S.C., for a transitional year before moving to New York, where Dan is pursuing radiation oncology at Memorial Sloan-Kettering while Ellie is working to become a dermatologist at NYU School of Medicine.

Their chosen fields are among the most competitive for residency slots and to match together is particularly difficult.

They met during their first year of medical school and wed on May 2. "We are each others' biggest fans. It's been great to go through this together," Spratt said. **VM**

- CRAIG BOERNER AND CAROLE BARTOO

### WEB LINK

Please visit [www.mc.vanderbilt.edu/vanderbiltmedicine](http://www.mc.vanderbilt.edu/vanderbiltmedicine) for a slide show about Match Day.

### Acetaminophen aids kidneys after muscle injury

An international research team led by investigators at Vanderbilt University Medical Center reported in the *Proceedings of the National Academy of Sciences* that acetaminophen (the active ingredient in Tylenol) prevented oxidative damage and kidney failure after muscle injury in a rat model. The findings support further investigation of the drug's effects in patients with severe muscle injuries.

The researchers demonstrated in extensive *in vitro* studies that acetaminophen blocks the redox cycling of myoglobin and hemoglobin and prevents the oxidation of lipids (fatty molecules that are targets of oxidative damage).

They also showed in the rat model of rhabdomyolysis-induced renal failure that acetaminophen decreased lipid oxidation and reduced the formation of myoglobin crosslinked to other proteins, extremely toxic entities.

Acetaminophen administered before or after the skeletal muscle injury in the rat model prevented oxidative injury to the kidneys, improved renal function and reduced renal damage. And importantly, the effective acetaminophen concentrations in the rat matched normal therapeutic concentrations in humans.

Kevin Moore, M.D., Ph.D., and his colleagues at the University College London Medical School conducted the rat model studies.

Acetaminophen also may prevent tissue damage in other conditions in which oxygen-carrying heme proteins (myoglobin and hemoglobin) are released from cells, including heart attacks, malaria and sickle cell disease.

Roberts points out that soldiers at risk of suffering muscle injuries from gunfire or explosive devices may benefit from acetaminophen as well. But first, controlled studies in humans are needed to confirm that acetaminophen prevents tissue damage and that it's safe. **VM**

- LEIGH MACMILLAN

## VUSM ranked among nation's top schools

Vanderbilt University School of Medicine is once again included among the nation's top medical education programs according to *U.S. News and World Report's* annual tabulation of graduate education programs and health disciplines released in June.

In the new 2011 edition of "America's Best Graduate Schools," VUSM stands alone at 15th out of 126 accredited U.S. medical schools, achieving an overall score of 66 to move ahead of the University of California-San Diego. Last year, the two schools were tied at 15th.

Not all graduate education programs and health disciplines are re-ranked every year, though *U.S. News* does include its most recent rankings of all programs in each year's issue of "Best Graduate Schools."

Included in this year's Schools of Medicine ranking, VUSM had four programs listed among the nation's best in the Specialties category. Rankings for the Specialty categories are determined by medical school deans and senior faculty. VUSM's programs in Internal Medicine (12), Pediatrics (20), AIDS (18) and Primary Care (42) all made the list in their respective categories.

*U.S. News* ranks schools with an overall score as determined by marks in 10 individual categories — peer assessment, assessment score by residency directors, undergraduate GPA and MCAT scores, acceptance rate, NIH research grants, research grants per faculty member, faculty/student ratio, out-of-state tuition and fees, and total enrollment.

Several other Vanderbilt programs were ranked in this latest edition of America's Best Graduate Schools, including: Peabody School of Education — 1st  
Vanderbilt School of Law — 17th  
Owen Graduate School of Management —  
Schools of Business — 36th  
Vanderbilt School of Engineering — 37th. **VM**

- DOUG CAMPBELL

## Children's Hospital set for major expansion

Vanderbilt University plans to build an expansion to the Monroe Carell Jr. Children's Hospital at Vanderbilt.

This first-phase expansion will add additional acute, neonatal intensive care and medical-surgical beds, and also allow for increased space to house a growing number of physician scientists who care for Middle Tennessee's youngest patients.

Since its opening in February 2004, patient occupancy has remained consistently high at Children's Hospital. Pressure to meet the growing needs of the region's children requires a first-stage project for hospital expansion, which will quickly bring on additional bed space, and initiate a strategy for broader future expansion needs.

As part of this multi-phase, multi-year expansion project, with an estimated total cost of \$250 million, this initial Phase 1 expansion will involve \$25 million to \$30 million in construction costs, and will consist of a 30,000-square-foot addition on the Northwest corner of the hospital, across from the Vanderbilt-Ingram Cancer Center. The expansion will be built atop the Children's Hospital's Emergency Department.

Architectural and engineering drawings are under way, and construction is planned for fall, pending approval from the University's Board of Trust. In addition, \$20 million in programmatic investments are planned with the first-phase expansion.

Surrounding a patient-friendly atrium, the additional neonatal, acute care and medical-surgical beds will be adjacent to, and extend, the existing patient care areas on the building's fourth through eighth floors.

The expansion will also increase capacity to accommodate premature babies born at outlying hospitals who are then transferred to Children's Hospital.

Additionally, the new space will allow Children's Hospital to expand its Pediatric Bone Marrow Transplantation Program, as well as its Cardiac Surgical Intensive Care and Congenital Heart Disease Programs. Currently, Children's Hospital is the only hospital in Middle Tennessee to offer these services.

As part of the hospital's expansion, programmatic enhancements aimed to target three areas of childhood disease prevalent throughout Middle Tennessee — prematurity, childhood cancer and childhood heart disease — will be incorporated into the new space. **VM**

- NANCY HUMPHREY



**Phase 1 of the Children's Hospital expansion will consist of a 30,000-square-foot addition on the Northwest corner of the hospital.**



# Exercise, Tea Ease Breast Cancer Depression

BY DAGNY STUART

With a diagnosis of cancer comes a range of emotions from fear and anxiety to depression. Research shows that depression may reduce a patient's quality of life, increase the length of hospital stays and affect compliance with cancer therapy.

There is some good news. Breast cancer patients who exercise and drink tea on a regular basis may be less likely to suffer from depression than other patients, according to a Vanderbilt study published in the *Journal of Clinical Oncology*.

The study examined 1,399 women enrolled in the Shanghai Breast Cancer Survival Study in China. Each woman was interviewed about her exercise and diet habits six months following a breast cancer diagnosis. The women were interviewed again approximately 18 months after diagnosis and they also reported on their depressive symptoms. Twenty-six percent of the women reported depression during the follow-up survey: 13.4 percent had mild depression and 12.6 percent had clinical depression.

"We found that all types of exercise decreased the risk



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for clinical depression," said Vanderbilt-Ingram Cancer Center's Xiao Ou Shu, M.D., Ph.D. "Women who exercised for two or more hours per week, and those who expended more energy during exercise were less likely to have depression than women who did not exercise."

Those patients who increased their exercise level during the follow-up period were 42 percent less likely to report overall depression. However, quitting exercise or reducing exercise was not related to increased depression.

Women also were questioned about their tea-drinking habits and investigators estimated the amount of tea consumed.

"Tea consumption after diagnosis was inversely associated with the risk for mild

depression," said Shu. "Lifetime tea consumption also was inversely related to depression. This is the first epidemiologic evidence that tea consumption may be associated with lower risk for depression among breast cancer survivors, although this was not a pre-specified hypothesis. This inverse association was independent of other risk factors for depression."

Since this study was conducted among Chinese women living in Shanghai, the type of tea most commonly consumed was green tea. Tea and its constituents contain high levels of caffeine and catechin polyphenols, which have demonstrated antioxidant, anticarcinogenic and anti-inflammatory properties.

The study is ongoing and will allow the investigators to

evaluate how depression changes over time and to assess the long-term effects of exercise and tea consumption on depression among breast cancer survivors.

The study was led by Shu, professor of Medicine, in collaboration with investigators from the Shanghai Institute of Preventive Medicine. Xiaoli Chen, M.D., a post-doctoral fellow, was first author of the study. The research was supported by grants from the Department of Defense Breast Cancer Research Program and the National Cancer Institute. Other investigators include Wei Lu, M.D., Ph.D., Ying Zheng, M.D., M.P.H., Kai Gu, M.D., Zhi Chen, M.D., Ph.D., and Wei Zheng, M.D., Ph.D., M.P.H. **VM**

# GLOBAL



## HEALTH ROOTS RUN DEEP

WRITTEN BY **LESLIE HAST**  
PHOTOGRAPH BY **DANIEL DUBOIS**

Doug Heimburger, M.D., MD '78, entered the global health field about four years ago, but it was a calling that developed over two centuries in his family.

One hundred years before Heimburger was born, his great-grandparents were missionaries to China and lived there for 56 years from 1864-1920. His great-grandmother founded a hospital in the Shandong province, which is still running today and will soon grow to 3,000 beds.

Their daughter, Heimburger's grandmother, served as a medical missionary with her husband in the same province from 1912-1934. His grandfather was superintendent of another hospital, now a Shandong provincial university hospital.

Heimburger's father, Robert, was born and raised in China until age 17 and graduated from Vanderbilt University School of Medicine in 1943. He had a long career in Neurosurgery at Indiana University School of Medicine and frequently engaged with surgeons from Japan, Taiwan, Pakistan, and other South Asian countries. He spent the last six years of his career teaching residents at a large private hospital in Taipei.

Heimburger didn't realize the extent of his family's global health activity until June 2009 when 19 family members traveled to China to visit the places their relatives had lived and worked.

"We arrived at this hospital and in the lobby was a marquee that listed the directors ever since it was founded in 1873, and our great-grandmother's name was at the top of that list," he recalled.

"Global health must be something genetic or ingrained. I couldn't resist it. My ancestors were calling."

### *From Birmingham to Zambia*

Heimburger joined the Vanderbilt Institute for Global Health in August 2009 as associate director for Education and Training after a long tenure at the University of Alabama at Birmingham in the Departments of Nutrition Sciences and Medicine.

It was his father's influence that led him to medicine and to VUSM, but Heimburger wanted to plan a gap year for travel between graduating college and starting medical school. He worried Vanderbilt would see the time off as a negative, but he was actually accepted early and encouraged to make the most of his travels.

He spent three months in Switzerland at a Christian study center called L'Abri Fellowship and three months at Cambridge University in England studying informally in their history of medicine department.

"The idea was to integrate my faith with science in a way that might help me explore and understand the philosophy of science. Plus, I loved to travel," he said.

During medical school, he spent Saturdays writing up his findings and even hired a clerical worker to type up a manuscript but has never published it.

Heimburger's chosen specialty – clinical nutrition – is considered a "very minor specialty" in his words, and he was challenged to go into it by the disparaging remarks of a college classmate's parents.

"They were really into alternative nutrition and sort of shamed me in a way. They said, 'Oh, you're going to be a doctor, and you're not going to care about nutrition because doctors don't care about nutrition.' I was offended by that and decided to some degree to prove them wrong," he said.



DOUG HEIMBURGER

As he dove deeper into the field, it raised stimulating questions for him – are there areas of medical care that really could benefit from nutrition? Could nutrition really lead to prevention?

After a residency in Internal Medicine at St. Louis University, Heimburger entered a fellowship in Clinical Nutrition at UAB in 1981 and joined the faculty the following year. He spent his 28 years there involved in educating and training medical students, residents and nutrition fellows, a thriving clinical practice and research primarily in the nutritional aspects of cancer prevention.

But then his genetic code kicked in.

“I wanted to take on a new challenge,” he said. “My focus had been almost entirely on the United States and developed countries and the chronic diseases we suffer. I felt deficient in terms of my own personal experience and understanding of nutrition in developing countries. You could argue that the world’s biggest nutrition problems are still in places with significant under-nutrition and malnutrition, and I wanted to take on that challenge.”

So Heimburger turned to Sten Vermund, M.D., Ph.D., now director of the Vanderbilt Institute for Global Health who was also at UAB at the time. He asked the “guru of global health” what he recommended and Vermund pointed him to the Centre for Infectious Disease Research in Zambia (CIDRZ), the

research and service facility in Zambia, Africa, that he founded in 2000.

“Sten’s influence on that turning point in my career has been tremendous. He and I sat down once to talk about this, he gave me the contacts in Zambia, and the rest is history.”

Heimburger received a Fulbright Scholarship to spend six months at CIDRZ researching nutritional aspects of HIV/AIDS treatment. After an increase in the use of antiretroviral therapy (ART) for HIV treatment beginning in 2004, physicians had noticed an increased mortality rate in the first month of ART use in people with certain risk factors, one of which was being underweight. Heimburger connected this early mortality with a phenomenon called “refeeding syndrome.”

“The classic example of refeeding syndrome is after World War II when prisoners of war who had gotten very underweight were liberated and a feast was laid on. Some of them died in the feasting after surviving the starvation,” he explained.

When someone shifts from a period of starvation to a period of feeding, metabolic changes occur as the body realizes that some systems it had to shut down to conserve energy can now be restarted. The mineral phosphorus is in particular demand because it is involved in the production and trafficking of energy. Phosphorus is in ample supply in bones, but it can take a few days or weeks to be

accessed. In the meantime, the body can run out of phosphorus, seriously impairing the acute production of energy.

“I asked the simple question – is there a variant of refeeding syndrome happening in these people who die after ART begins? And we did find that people who begin ART therapy with low-normal levels of phosphorus are at significantly higher risk of dying, even if we supplement them,” Heimburger said.

Next, Heimburger wants to perform intervention studies to reevaluate mortality rates if HIV/AIDS patients have nutritional rehabilitation before beginning ART. He is also interested in patients who survive HIV/AIDS long-term only to develop metabolic syndrome, becoming overweight and at higher risk for diabetes, cardiovascular disease and hypertension – problems usually seen in developed nations.

### *Opportunity Knocks*

After returning from Zambia, Heimburger’s appetite for global health work only increased. “It wasn’t enough. I didn’t want to get back to everything the way it used to be,” he said.

Then Sten Vermund came knocking with an offer to do global health full time at Vanderbilt.

At first I told him, ‘You’re crazy because you know how new I am to global health,’” Heimburger recalled. “But he said he needed more senior faculty presence, particularly in mentoring and developing the education portfolio. I realized

**Doug Heimburger, M.D., recently visited B.J. Medical College (left and center) and Vellore Christian Medical College (far right) in India. Both are supported by the Vanderbilt Institute for Global Health.**



I knew enough about education and mentoring and training that maybe I could import those ideas into global health and make a contribution.”

When Heimbürger mentions his lack of global health experience, Vermund insists he is selling himself short.

“Doug contrasts himself to me, but I’ve been at this for 30 years,” Vermund said. “He has a good solid background. He broke all the records at UAB for teacher of the year for students, for residents, you name it. He is a very talented teacher and is adept at nurturing faculty members. He has a good track record of NIH funding and a background in clinical practice. He is a fully-actualized academic leader.

“Plus he’s a real natural in global health. He is modest, he listens and he wants to see the point of view of the host. He knows he’s a guest in the country, not the stereotypic American that comes barging in with a fixed point of view. He doesn’t have to have that explained; he just understands the need to learn what the host country experts want from us visitors.”

Heimbürger is primarily responsible for providing faculty leadership for the education and training programs at VIGH, such as the Fogarty International Clinical Research Scholars and Fellows program and the AIDS International Training and Research Program.

He relishes mentoring young physicians and researchers just beginning their careers.

“The people that apply for these programs are really talented, interesting and motivated. It can sort of keep you young to see the kinds of ideas and the vitality and energy they have. I’m thrilled to be in a position here where I have the opportunity to interface with people who are trying to go places and build things and implement ideas and find opportunities.”

Jamy Ard, M.D., says Heimbürger has no agenda except to help his mentees succeed. Ard is an associate professor in the department of Nutrition Sciences at UAB, and Heimbürger worked for years to recruit him to the institution.

“He is unselfish and not one to grab the spotlight and take the credit,” Ard said. “He creates opportunities for the people he is mentoring. There were several opportunities that he brought me in on that I wouldn’t have otherwise had a chance to do, like writing book chapters and getting involved with student education. His own agenda wasn’t a priority.”

And Heimbürger’s mentoring went beyond the hospital.

“When my wife and I moved to Birmingham we were pregnant with twins,” Ard recalls. “We moved into an apartment and there were two nights where we had no air conditioning, which is not good for a pregnant woman in the summertime. Doug and his family gave us a place to stay and have become really good friends, very generous and kind.”

Ard said it was clear that Heimbürger’s global health work had energized him.

“Global health fits right in with his values and his view on community work, service, giving back to people and using his knowledge to help people live healthier lives. There is no better place to put that to use than the global scheme.”

Heimbürger said it was hard leaving UAB, and Nashville was one of the few cities for which he and his wife, Beth, would consider pulling up 28-year roots. They met and married in Nashville while he was in medical school and she was a research nurse. Vanderbilt also granted him that first opportunity to travel and sent him down a path of success that eventually circled right back where it started.

“I’ll never forget my first resident on my first rotation as an intern saying, ‘Whoa, you’re really prepared.’ That was the most immediate thing that made me really glad for the education I had gotten at Vanderbilt. I also have gratitude for the kind of mentoring I got here and the kinds of role models I had. That has motivated me to be a role model and mentor to others.”

As Heimbürger leads the next generation of global health workers out into the field, his ancestors would be proud. **VM**

## HEIMBURGER TRIP TIPS

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### What are your top three tips for being a good traveler?

Leave room for the unexpected (plans change on a moment’s notice). Listen more than you speak (it’s about relationships). Be more patient than I am when snarled in traffic.

### What are your essentials for a trip?

Pack light and check no luggage. Actively manage time zones to minimize jet lag (plan when to sleep on planes and use sleep aids to sleep at the right times). Keep a standing packing list to avoid forgetting something important.

### What is your favorite country to visit?

The people of Zambia and Cuba provide me with the most humbling perspective adjustment. Consistent with many people’s experiences, I am humbled by the resilience of people working in resource-limited settings such as Zambia and Cuba. Seeing the dedication of folks who have to function without an abundance of resources helps adjust the perspective on what really matters.

### Where would you like to travel in the future?

South America – I’ve never been there!

### What is your most memorable encounter with a patient while traveling?

A Zambian patient nearly died early in drug therapy for AIDS, but survived, hopefully because of a nutritional intervention we were able to apply. We published his experience as a case report.

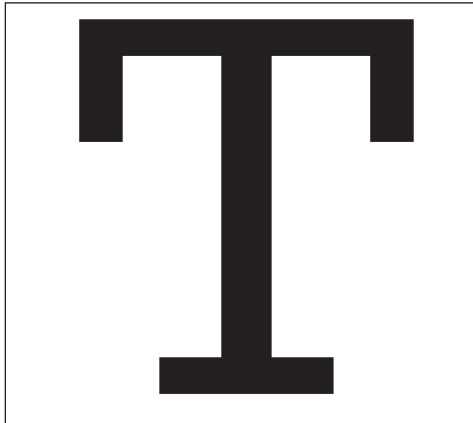
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# Spotlight

## on graduate medical education



WRITTEN BY **KATHY WHITNEY**  
PHOTOGRAPHS BY **JOE HOWELL**



here's an old joke that gets passed around teaching hospitals: don't get sick in July. Why? July 1 is when the new residents arrive on the floors of the hospital, fresh from medical school and with limited patient care experience under their belts.

Television medical dramas like to portray residents as bumbling indentured servants at the mercy of eye-rolling nurses and demanding attending physicians. While the

role of the resident has evolved, they continue to walk a fine line between being a student and an employee. They provide a service to the hospital, and in return, receive an education from patients, faculty and staff. They dedicate most of their young adult lives to a rigorous training program, which lasts from three to seven years.

Somewhere along the way, they become the teachers, mentoring medical students and younger residents. The system of "see one, do one, teach one" has endured for 100 years, but Vanderbilt's Office of Graduate Medical Education (GME), first under the direction of Fred Kirchner, M.D., who led it for 20 years, and now Donald Brady, M.D., MD '90, who succeeded him in 2008, has raised the standard and has implemented a number of innovative programs to support, nurture, educate and graduate the next generation of physicians.

**WEB LINK**

*To view an audio slide show of a new resident learning resuscitation skills during boot camp, please visit [www.mc.vanderbilt.edu/vanderbiltmedicine](http://www.mc.vanderbilt.edu/vanderbiltmedicine).*



### LEARNING THE ROPES

In late June, Anesthesiology, Surgery and Emergency Medicine residents attended boot camp and orientation sessions held in Vanderbilt's Center for Experiential Learning and Assessment (CELA). Here the new physicians practiced skills such as airway management, CPR, and vascular access through the use of simulation. Vanderbilt has made a major commitment to simulation training, a proven and effective tool for improving clinical competence.



## Boot Camp

Jokes about new residents aside, it is true they don't know the vast majority of what they are expected to do their first day on the job. They arrive at Vanderbilt from numerous medical schools and with varied clinical experience.

"When I was an intern, I didn't know how to do anything," recalls fourth-year General Surgery resident, Kyla Terhune, M.D., who remembers being overwhelmed during her first rotation, which was in the Surgical Intensive Care Unit in 2004. "Although I love the ICU now, every time I walk into the ICU, I remember that gut-wrenching experience of walking in that first day."

To help ease the transition from student to physician, Terhune, along with Arna Banerjee, M.D., assistant professor of Anesthesiology, conducts a two-day "boot camp" for incoming residents. Boot camp orients interns to the unstable patient (managing an airway, performing CPR); the stable patient who has medical issues (decreased urine output, change in mental status); and basic skills (placing chest tubes, obtaining vascular access, knot tying for Surgery residents).

"Residency relies on a system of sequential teaching: attending physicians teaching senior residents who teach junior residents. Boot camp just adds a little more structure to the system," Terhune said. "I felt like there were certain skills I'd rather not use for the first time on a patient. Every experience during internship is a new experience. You can't predict what all the new experiences will be, but you can try to figure out the most important ones and address those."

The Department of Emergency Medicine offers a month-long didactic orientation for its 12 first-year residents. Before they treat their first patient, they attend lectures, classes and hands-on labs where they learn suturing, splinting and placing lines. The orientation serves as an important bonding experience for the Emergency Medicine residents, who rotate throughout various services in the hospital

for the first year and often don't cross paths with each other for months at a time.

## Where the Rubber Meets the Road

Working 80 hours a week and spending every third night on call, residents have unique access to every department and division in the Medical Center, see it at its best and worst, both day and night, and have a great perspective on what works well and what doesn't. No one is in a better position to offer suggestions for improvement than residents.

All second-year Medicine residents and third-year Medicine-Pediatric residents participate in an eight-week quality improvement (QI) seminar that meets for two hours every Thursday. G. Waldon Garriss III, M.D., oversees the seminar and the 135 residents who participate in it.

"We start with why quality improvement is important and make a case for that. It has to do with things like medical errors. The U.S. health care system is three to eight times as deadly as a handgun. If you really want to do someone in, put them in a hospital," Garriss said.

A group of 10-12 residents agree on a case that had a bad outcome, or could

it's a huge problem," Garriss said. "We want residents to realize that they are so close to the teeth of the gears, where the rubber meets the road, they know better than anybody what's going on and have great insight."

The residents have successfully implemented several key changes, among them the timeframe in which patients with community-acquired pneumonia are given antibiotics.

"This hospital is judged on whether people with community-acquired pneumonia get antibiotics within four hours of coming through our door. We had some cases a few years ago when Vanderbilt was lagging behind peer institutions with that one thing," Garriss said.

A team of residents tackled the problem and now there are prompts when a pneumonia diagnosis is suspected. When residents review chest X-rays, there is a reminder that the clock is ticking for antibiotics. In addition, the ER physicians have been authorized to start antibiotics rather than waiting for a Medicine resident to write the orders.

"It's important for our residents to understand that medical care is no longer them and a patient behind a closed door negotiating what's going to happen. They practice within a system. It's a team

Jokes about new residents aside, it is true they don't know the vast majority of what they are expected to do their first day on the job.



have had a bad outcome, and they have eight weeks to find a solution.

"We've all had one case that's gone really sour, but if it rarely happens, we might not want to spend a lot of time and energy to fix it. However, if it's a minor problem that happens over and over again,

sport," Garriss said. "There is still some individual responsibility to make it happen. I have a message written on the resident room: 'There's no "I" in team but there is one in QI.'"

The Department of Emergency Medicine began using the Kaizen Toyota



## DID YOU KNOW?

Residency training began at Vanderbilt University Medical Center in 1925 with just 12 residents.

Today VUMC trains more than 850 residents per year.

The 2010 first-year residents and fellows hail from 79 different schools from across the United States and around the world.

They entered 68 different residency and fellowship programs.

Twenty-eight residents are graduates of VUSM's class of 2010.

model, an online quality improvement system, two years ago. Since then, 1,100 suggestions have been submitted, and 80 percent have been implemented. Every suggestion is sent to Corey Slovis, M.D., chairman of the department, and he assigns it to the most appropriate person who can affect change. At every stage, the person who submitted the suggestion receives feedback. The program started with residents, now includes faculty, and is being rolled out to nurses.

"We have new intubation equipment to allow our residents to visualize a patient's airway and project what he or she is seeing onto a screen so the attending can see it, too. I received a message from a resident before I went to work one morning that the screen wasn't working," Slovis recalled. "I sent it to the trauma coordinator who contacted the manufacturing representative who was in the hospital that day. He was able to fix the screen before he left at noon."

## Checks and Balances

Helping residents develop and tailor training to their own individual needs while achieving competencies to be board-certified pediatricians is the goal behind individual learning portfolios used in the Department of Pediatrics.

"One of the changes that has happened in the last five to 10 years is that residency isn't just a set amount of time. It's the beginning of lifelong learning," said Rebecca Swan, M.D., Pediatric residency program director.

The Accreditation Council for Graduate Medical Education (ACGME) requires individualized learning plans, and Swan has taken it a step further to make it a tool that her 70 residents can continue to use after graduation. The portfolio is a self-reflective process by which the residents review their perceived strengths and weaknesses with their faculty mentors every six months.

"It's nice for them to have that one-on-one relationship with someone who is their mentor and not their supervisor," Swan said.

The portfolio tracks all of a resident's evaluations from faculty, medical students, parents, nursing and support staff.

"We used to only get evaluations from faculty, but it's incredibly helpful to expand that. Nurses, for example, see the residents in a whole different way than

faculty. The faculty doesn't see residents talking to families in the middle of the night who call with questions and are worked up. Even our best residents get useful feedback from nurses."

Swan dedicates 70 percent of her time to educating residents and running the Pediatric residency program. While she precepts residents in clinic, she doesn't see any of her own patients.

"That's the big tradeoff to being an academic pediatrician as opposed to being in private practice. I was in private practice before I came here, and I miss that, but I love the education part. It's just fun to watch residents get confident in their skills," she said. "I recently worked with an ER resident who was doing his first pediatric rotation, and he did a great job. Yesterday, one of the patients he discharged asked me, 'Do you work with that really tall doctor much? Tell him I really liked him. He really listened to me.' Residents work so hard, and it's nice to pass that kind of comment along."

## Emotional Support

Residents have a different lifestyle than their peers who opted for other careers. While their college classmates are working 40-50 hours a week, residents are dealing with life and death situations over the course of 80-plus hours per week.



SUSAN URMY

**Rebecca Swan, M.D., director of the Pediatric residency program, examines patient Antoniette Santino, 5, with medical student Matt Kynes and resident Tony GiaQuinta, M.D.**



## Vanderbilt GME program serves as model for Singapore

Vanderbilt University School of Medicine's Office of Graduate Medical Education is helping Singapore establish a system of graduate medical education (GME) similar to our own.

Several visiting groups of physicians, CEOs and administrators from Singapore toured Vanderbilt University Medical Center during the national Accreditation Council for Graduate Medical Education (ACGME) Annual Educational Conference in Nashville.

Donald Brady, M.D., associate dean for Graduate Medical Education, served as host and tour guide for delegations from National Healthcare Group, National University Health System and SingHealth. Brady said the enormity of the project for the Asian country cannot be overstated.

"Singapore is redesigning the entire way in which it trains physicians in the various specialties and subspecialties. The opportunity for us to help guide them in this process, and influence how three different health care systems design their GME operations, is tremendous," Brady said.

After reviewing graduate medical education systems in a variety of countries, the Singapore Ministry of Health chose to model its system after the United States

because of its emphasis on curricular organization and competency-based training.

In Singapore, graduate medical education training follows a more apprentice-like system, similar to training in the United Kingdom and Australia.

"The visits were very comprehensive, including looking at Vanderbilt as an institution, examining our individual residency programs and touring our facilities. Two of the three institutions that visited already have talked with me about developing a more long-

term relationship with Vanderbilt, based on our knowledge, experience, our openness and our collegiality," Brady said.

Daniel Wong, M.D., director of the radiology program at Tan Tock Seng Hospital, said preliminary planning has been under way for two years.

The visit to Vanderbilt represented the final step before the first phase of a Singapore GME program was put into action in May.

"There is a lot of work to do and we appreciate the opportunity to learn from Vanderbilt. This new system will have much greater structure than before, and we anticipate it may take until 2014 to get the balance of candidates from Singapore medical schools that will be needed for this new way of teaching," Wong said.

Brady traveled to Singapore in May to conduct a pre-accreditation site review to help assess the readiness of the three institutions to embark on this transformation.

Brady said the enormity of the project for the Asian country cannot be overstated.

- CAROLE BARTOO



**Vanderbilt's Donald Brady, M.D., left, served as host and tour guide for groups of physicians from Singapore interested in establishing new graduate medical education programs.**

"During residency training you don't have as much control of your schedule. You've moved to a new city, and may or may not have anyone you know. As a young adult, you're dealing with life issues like buying a car, raising a family, taking care of yourself and trying to do it around an odd schedule you can't control," Brady said. "Most residents become good at being resilient. They do get stressed. We try to have systems set up to share and talk about stress."

The House Staff Advisory Council, which Terhune and Chris Kuzniewski, M.D., co-chair, allows the residents to have representation on Medical Center boards and to have regular meetings with GME staff to discuss resident-specific issues ranging from cleanliness of call rooms, to duty hours and benefits.

The Vanderbilt House Staff Alliance, which has existed for more than 20 years, is a social and philanthropic organization of residents' spouses and significant others. It sponsors lectures, seminars and interest groups to engage the spouses and offer support. It hosts "Medical Marriages — Matters of the Heart," a series of talks hosted by Jeff Balser, M.D., Ph.D., vice chancellor for Health Affairs and dean of the School of Medicine, and his wife, Melinda, with advice on building a strong marriage that can withstand the stress of residency.

## Mother Hen

At the heart of every residency program is the program coordinator. Betty Warner has been the Department of Otolaryngology residency program coordinator for five years. She likes to say she has 20 kids, all of them physicians.

Warner works 10-hour days and answers 75 to 125 e-mails a day, beginning when she wakes up until the time she goes to bed. She works nights and weekends for special occasions. She is responsible for making sure her residents meet all of the requirements set forth by

the ACGME and Residency Review Committee. She organizes the interviewing process for incoming residents, oversees the graduation ceremony for outgoing residents and provides a healthy dose of TLC to all those in between.

“It’s like being a mother to a bunch of people to keep them on task,” she said with a laugh. “There is a lot of paperwork they have to keep up with, including their duty hours, compliance issues, vacation days, call and rotation schedules, keeping [ACLS/BLS] certifications current and making sure everyone has enough money on their I.D. cards to eat while on call.”

Warner said she particularly enjoys bonding with the residents.

“You become a sounding board for them. I’ve had female residents talk to me about boyfriend problems, and male residents talk about problems with their wives/girlfriends or their wives leaving them. I’ve had residents sit in my office and cry because they’ve had to tell a parent that their child died in the ER,” she said. “It’s such a broad spectrum of things you hear. Being there for them is very rewarding.”

First-year Otolaryngology resident, Mark Van Deusen, M.D., had been living in Nashville for just two weeks when he developed a temperature of 103.5 and signs of pneumonia. He had just moved from Syracuse, N.Y., to begin his residency and wasn’t sure where to go for help, so he asked Warner.

“Betty referred me to Occupational Health. She was outstanding in helping to ensure that I would be able to make up any orientation that I couldn’t attend. She even offered to bring me groceries while I was at home recovering. Fortunately, I was able to start my residency on time and even made all the orientation sessions,” Van Deusen said.

The residents’ study and sleep room is just down the hall from Warner’s office, so she makes sure it is stocked with linens and academic journals and tries to overlook the mess.



“It’s like being a mother to a bunch of people to keep them on task.”

— BETTY WARNER, OTOLARYNGOLOGY RESIDENCY PROGRAM COORDINATOR

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“I don’t, however, make their beds or change their sheets. That’s on them. Like any mother, it drives me nuts to walk in there and see it a mess, but I just let it be their mess,” she said good-naturedly.

In June she bade farewell to four graduating residents, and in July welcomed four new ones.

“When they first come here, they are fresh out of medical school and they have

no specialized training, and then they leave to go into private practice or academic medicine and take care of patients on their own. It’s incredible to watch them develop over that five-year period. My residents are amazing. I love them.” **VM**



# Back porch miracle

**Former Ob/Gyn resident makes special delivery in Haiti**

**BY CHRISTOPHER SIZEMORE, D.O., HS '09**

**A** few days before my scheduled departure for a routine medical mission trip to Haiti, a 7.0 magnitude earthquake rocked a country already reeling from hardship, poverty and sickness.

The desperation in Port-au-Prince was palpable through our home television and my radio as I drove to work each day following the quake. It was even more astonishing to hear the pleas of journalists to a worldwide audience: "If you are a doctor and have medical supplies...we need you...now."

My response to this request would lead me to the back porch of a Haitian orphanage I will never forget.

After gathering my thoughts, I called my wife to tell her I was going to Port-au-Prince to assist. The multitude of after-shocks made communication, as well as travel, extremely difficult. About 50 e-mails and 30 phone calls later, I boarded a flight for Fort Lauderdale, Fla., from Nashville the following day.

I met up with a small team of medical personnel. After 24 hours of flight cancellations and delays, we all boarded a small charter plane for our flight into Port-au-Prince. Our transportation and safety were now in the secure hands of Heartline Ministries, a longtime ministry serving the poor in Port-au-Prince. Their orphanage had been inundated by injured men, women and children in the aftermath of the earthquake and was now a "makeshift" field hospital. My previous medical experiences in serving the people of Haiti, Guatemala and Africa, as well as my service in the Army, made me a good "fit" for this emergency response team. I hoped I could help.

The scene was one of unfathomable desperation. The medical need was exorbitant: head injuries, compound fractures,



severe lacerations, amputations, burns, wound infections and disease. We had little anesthesia, as well as limited surgical equipment and supplies. Like thousands of other relief volunteers there, I asked myself, "Where do I start?"

Each day, we just kept working the only way we knew how...treating one patient at a time. On the back porch of the orphanage was the "OR," comprised of a flimsy kitchen table, oxygen tank, and cardboard box filled with vials of Ketamine, the only anesthesia we had for surgical procedures.

After a long day of treating patients, I draped a mosquito net over me and lay down on the ground outside to get some rest. Minutes later, I awoke to learn a young, pregnant girl was in trouble. As an Ob/Gyn, I was needed. I grabbed my head lamp and ran a block or so to the orphanage. There I met a terrified teenager named Jennie, who was about 34 weeks pregnant. At first glance, I hoped that she was just in labor, but quickly learned she had been struck by a falling brick wall during the earthquake a week prior. Enduring the agony all week, she now had unbearable pain, and her bleeding was life-threatening. My exam revealed a placental abruption (a condition where the placenta separates from the wall of the uterus). It was a true emergency as now both the mom's and baby's lives were at serious risk.

To save them, our only option was an emergency Caesarean section with nowhere to operate other than outside on a shaky kitchen table, in the dark, on the very unsterile back porch of a Haitian orphanage. We did our best to prepare for surgery. Jennie's baby had only minutes, if not seconds, to live. As ill equipped as we were, we began.

#### Opposite page: A crushed market in Port-au-Prince

**Left: Christopher Sizemore, D.O., and Kristine Hoffman, a podiatrist from Colorado, show off baby Christopher, whom Sizemore delivered. Center: New mother, Jennie, injured in the earthquake, holds her son. Right: Baby Christopher sleeps peacefully. Photos courtesy of Amy King and Beth McHoul.**

It took just 60 seconds. I made the incision with the scalpel (the only tool I had), got the baby out, and then passed a pale, limp and very frail baby boy to a pediatric ER physician. She worked frantically to resuscitate him. The anesthesiologist monitored Jennie. Meanwhile, I completed the operation with the only two sutures I had. A few minutes later, a faint, squeaky cry resounded in the night. The baby was miraculously alive. Now, the real challenge was protecting his mother from a life threatening infection as the surgery was in no way sterile. I administered and monitored her antibiotics. For the next five critical days, Joanna, a midwife, cared for her. Remarkably, neither fever nor infection resulted. Jennie and her baby are now doing very well. Two lives had been saved - a sign of hope in this tragedy.

This is the kind of thing that renews one's faith amidst unthinkable human suffering. I will never forget Jennie's smile and words as she uttered in Creole, "I will name him Christopher after the doctor who saved him."

My small response had mattered. **vm**

*Christopher Sizemore completed his residency training in Obstetrics & Gynecology at Vanderbilt University School of Medicine in 2009. He is employed by Harpeth Obstetrics and Gynecology in Nashville.*



# H( Vanderbilt Physicians Champion for Veterans with Lung Illness ) ME SICK

Every war has its illness. Vietnam had Agent Orange. Desert Storm had Gulf War Syndrome. It is becoming apparent that respiratory problems are the illness of our current wars in the Middle East. Every war also has its advocates - medical experts who champion uncovering of the truth behind the ailments that veterans suffer. For soldiers returning from Iraq and Afghanistan with a new and mysterious lung disorder, those advocates are Robert Miller, M.D., associate professor of Allergy, Pulmonary and Critical Care Medicine, and his Vanderbilt colleagues.

WRITTEN BY CAROLE BARTOO  
PHOTOGRAPH BY JOE HOWELL

**Opposite page: Sidelined by shortness of breath after returning from Iraq, U.S. Army veteran J.D. Williams watches his grandchildren play.**

# Quietly,

over the last seven years, Miller has been building evidence, testifying before Congress, reaching out to the military and to his medical colleagues to explore concerns that soldiers are being exposed to airborne toxins in Iraq and Afghanistan that leave them with potentially permanent lung damage.

“These people return with a real history of limitation. After you see several soldiers who tell you, ‘I could run two miles in 13 minutes and now I can’t run at all,’ you have to believe something is going on,” Miller said.

This war’s medical mystery began in 2003 when soldiers from the 101st Airborne Division returned from deployment in Iraq complaining of breathing trouble. Sallie Lewis, a nurse practitioner at Blanchfield Army Community Hospital in Fort Campbell, Ky., noted the number of soldiers reporting, with alarm, that they were so short of breath during their two-mile runs they could no longer pass the standard physical requirement.

“I am pretty good at cardio-pulmonary nursing, and these guys were not making it up. I saw one every week and thought, ‘We have to do something,’” Lewis recalled.

All the conventional tests for shortness of breath – lung imaging, pulmonary function and exercise tests – were performed at

Fort Campbell. Almost all of those tests were normal. Under the advice of her commanding officer, Lewis and Fort Campbell physicians sent more than 50 soldiers to Miller between 2003 and 2005.

Each soldier had a history of shortness of breath, and each, a former supremely fit soldier, was having trouble passing a running test. They also shared similar stories of exposure to massive amounts of smoke from sulfur fires in 2003, or breathing air fouled by dust and smoke from burn pits across Iraq.

Miller made what he calls an “unconventional” move to recommend surgical biopsies without tests containing tangible evidence of disease.

“So far, all but a few of these soldiers we have biopsied have come back with pathology diagnosing constrictive bronchiolitis,” Miller said.

Constrictive bronchiolitis is a narrowing of the tiniest and deepest airways of the lungs. It is rare, and can only be diagnosed through biopsy. Cases documented in the medical literature show striking similarities to what is seen in these soldiers’ biopsies.

“These are inhalation injuries, suffered in the line of duty,” Miller said.

J.D. Williams, an aviation maintenance officer who retired in 2008 after a 32-year career with the 101st Airborne

Division, is the typical example of what may be an emerging profile: a soldier who was fit, a lifelong non-smoker, and who returned from deployment in Iraq with permanent lung damage.

“We slept an eighth of a mile from the burn pits. Those fires burned the whole year, just huge bonfires where they burned metal, tires, trucks, body parts, human waste, everything,” Williams said.

Williams toured throughout Iraq with the Blackhawk helicopter pilots, ensuring the equipment and landing zones were safe for flight. He was exposed to massive sulfur fires in Mishraq, Iraq, in 2003, and the most infamous burn pit in Iraq – at Balad – in 2008. He returned from his last tour changed.

“I never used to get exhausted. Now simple work around the house or yard, or even playing with our grandchildren, makes me so short of breath I have to lie down and rest,” Williams said.

Williams came to Vanderbilt University Medical Center in January seeking an invasive procedure — one that won’t do anything at all for his health, but one he hopes might help younger soldiers.

He underwent surgical removal of a small section of lung for biopsy to explain why he and many of his fellow soldiers can no longer breathe like they used to.

Eric Lambright, M.D., assistant





JOE HOWELL

professor of Thoracic Surgery, used a laparoscopic technique to snip sections from three lobes of Williams' lungs. It was a major operation, requiring a two-day hospital stay to allow surgical drains to be removed. Williams had been fully advised this procedure would expose him to any of a number of serious side effects, including infection and collapsed lung, and months of discomfort, with absolutely no gain to his health status. Like so many soldiers before him, he decided to do it anyway.

Joyce Johnson, M.D., professor of Pathology, who has been working with Miller to examine the soldiers' biopsies since the beginning, examined Williams' slide. She said he has one of the more

serious cases of constrictive bronchiolitis she has seen.

Johnson has built up a slide file jammed with hundreds of micro-thin "slices" taken from dozens of soldiers' biopsies. She has become a key interpreter of Vanderbilt's findings to military and medical authorities looking into the respiratory problems of soldiers.

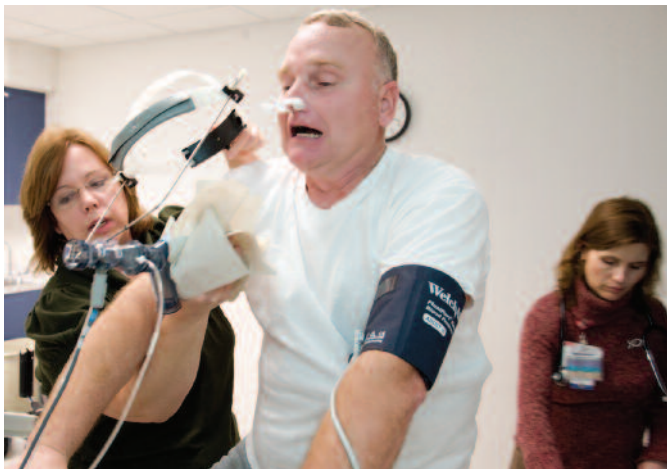
"These are striking abnormalities in this otherwise young and healthy population. We need broad, national recognition that this is a complication of being in this theater," Johnson said.

Johnson calls Miller's decision to request biopsies "gutsy." Lambright said it was a leap of faith to agree to open-lung biopsies on these soldiers who

lacked test results showing a mass or anything else; both are now strong supporters of this effort. They hope their work will help soldiers like Williams – who has a challenge ahead of him. His compensation papers list a bad back and knees as a result of years of service and worthy of lifelong compensation, but there isn't a mention of a lung condition. This means Williams is currently receiving no compensation for his lung condition, the injury he says has the greatest effect on his everyday life.

Williams said a representative of a VA facility in Huntsville recently told him he would likely have to prove the lung injuries are related to his service to get service compensation benefits for his

“I believe these people have paid a huge price to serve as much as they have served, and if they are now as limited as we are observing, they deserve the best of care.” – Robert Miller, M.D.



**(left) J.D. Williams underwent testing at Vanderbilt after experiencing lung problems.**



**(right) Robert Miller, M.D., diagnosed Williams' condition as constrictive bronchiolitis.**

constrictive bronchiolitis, since his diagnosis came after a one-year, post-retirement deadline. Williams, who spent his entire adult life in the service, is frustrated the weight of proof rests on him.

“It may take years for me to get any compensation from this, but we need people like Dr. Miller to help out the younger guys who are being told now they have to leave their career in the military. It’s an injury, but it’s on the inside, something they can’t see. But it has changed us,” Williams said.

In the last three years, attention to the work of the Vanderbilt team has gained momentum. In 2007 the Army Public Health Command requested information from Miller to launch an investi-

gation of exposures to soldiers during the Mishraq sulfur fires.

In May 2008 Miller and Matthew King, M.D., a resident in the Division of Allergy, Pulmonary and Critical Care Medicine, presented their evidence at an American Thoracic Society (ATS) meeting. Twenty-six of 31 lung biopsies at that time confirmed constrictive bronchiolitis.

By October 2009, there was growing national alarm about the huge Balad burn pit as servicemen and women exposed to the fires reported a growing number of illnesses, including cancers. Miller testified before a congressional hearing committee on Oct. 8, 2009. Three weeks later the National Defense Authorization Act passed, including a law prohibiting

disposal of medical or hazardous waste in open-air burn pits.

Vanderbilt involvement in the investigation grew in November 2009 when William Valentine, Ph.D., D.V.M., associate professor of Pathology and a member of the Vanderbilt Center in Molecular Toxicology, was invited to sit on a committee to study long-term health consequences of exposure to burn pits in Iraq and Afghanistan. The group, called together by the Institute of Medicine’s (IOM) National Academies, held its first meeting on Feb. 23 and plans to present findings in the fall.

As the IOM began their work on burn pits, Miller, King and James Tolle, M.D., assistant professor of Medicine,

**Robert Miller is advocating for a better way to determine compensation eligibility for veterans exposed to sulfur fires in Iraq.**

traveled to National Jewish Health Hospital in Denver to work with an exclusive group of medical and military experts. The result of that meeting is a white paper, due out this summer, outlining the range of exposures and respiratory complaints reported by soldiers returning from both the war in Iraq and Afghanistan.

“The message is: now is the time to figure out this post-deployment respiratory illness. There is a lot of concern that this is the tip of the iceberg. We are asking what’s causing these illnesses and what prevention and management can we offer soldiers in the future,” King said.

In a statement e-mailed to VUMC, Coleen Baird Weese, M.D., environmental medicine program manager, U.S. Army Public Health Command (Provisional), said the Army investigation has turned up no specific evidence that exposure to the sulfur fires in Mishraq increased pulmonary risk for soldiers, but there is evidence that deployment itself has increased respiratory complaints from soldiers.

Miller is doing his part to advocate for a comprehensive approach to determining eligibility for compensation. He was recently contacted by Kerry Baker, the Legislation and Policy Section Chief of the Compensation and Pension Service within the Veterans Benefits Administration (VBA). Baker, who met Miller at the congressional hearings last



fall, said Miller’s work is helpful to the VA as they draft a training letter to educate field personnel on various exposures, among them the sulfur fires.

“What I am hearing today is encouraging, and I believe they will help the guys in the sulfur fires, but the soldiers will have to have a diagnosis of constrictive bronchiolitis. That means people like J.D. Williams should be able to get compensation regardless of proof of exposure, but how they will approach this on bigger scale – that will be a challenge,” Miller said.

Miller, King, Lambright, Tolle and Johnson plan to publish their findings in an academic journal later this year.

Miller hopes Vanderbilt can be instrumental in designing a test to identify the likelihood of constrictive bronchiolitis without having to open up the chests of any more soldiers.

“I believe these people have paid a huge price to serve as much as they have served, and if they are now as limited as we are observing, they deserve the best of care,” Miller said. **VM**

**WEB LINK**

*For a video about J.D. Williams’ journey to receive a proper diagnosis, please visit [www.mc.vanderbilt.edu/vanderbiltmedicine](http://www.mc.vanderbilt.edu/vanderbiltmedicine).*



the

CHANGING

face of medicine

Rachel Ruiz made herself a promise when searching for medical schools – never again would she feel out of place.

When Ruiz pictured Nashville, images of honky-tonks, cowboy hats and all things “country and western” overwhelmed her. Her perception of Vanderbilt University School of Medicine didn’t fare much better. She thought it would be a private, southern school full of wealthy, white males. Both stereotypes were a far cry from what she was looking for as she pondered where to pursue her medical school education. So how did Ruiz, a Latino who is half Japanese and a longtime Californian, end up at Vanderbilt? “Basically I can’t explain it,” laughed Ruiz, a third-year medical student. “It was a visceral, gut feeling. I knew Vanderbilt was the medical school for me.”

WRITTEN BY JESSICA PASLEY  
ILLUSTRATION BY LARRY MOORE

“Vanderbilt had gone from a school that was not on my list to being the top choice. When I began college in New Hampshire, I experienced a huge culture shock that extended beyond its geographical location. Overall, my college experience was very positive, but I felt very misplaced there. I promised myself that I didn’t want to feel that way again in medical school.”

A college adviser from Dartmouth urged Ruiz to apply to Vanderbilt. She is glad she listened.

Her first visit to Vanderbilt surprised her, she said. She vividly remembers how impressed she was by the friendliness of the students and the nurturing environment. Her next visit, during the school’s Second Look Weekend, sealed the deal.

“When I spoke to the students at Vanderbilt, they were happy and felt comfortable,” Ruiz said.

Another critical factor in the decision-making process was the diversity of Nashville.

“I didn’t realize how diverse the greater Nashville community is, especially the Latino population,” said Ruiz, who is president of the Latino Medical Student Association. “There are also large refugee populations throughout the city.

“I feel that diversity, whether cultural, racial, religious or sexual orientation, brings a lot to the table. People view the same story differently. It’s the uniqueness and richness from your environment that you can’t get from a lecture or textbook. That is only found in diverse situations.”

George Hill, Ph.D., Levi Watkins Jr. Professor and associate dean for Diversity in Medical Education, points to an equally important reason for making diversity a priority – the role it plays in establishing excellence in health care.

“If we want to provide an excellent medical education for all students, then the students have to learn in a diverse environment from people who have different points of view,” Hill said. “Our country is becoming more diverse. We will need physicians who are going to be able to take care of these populations.

“Despite the number of medical schools in the United States and all the medical students enrolled, we will never be able to have enough physicians for those who want that concordance – those patients who want doctors who look like them,” he added. “We will never have enough racial diversity among physicians, because there are not enough individuals being educated. That is also why we must have physicians who are culturally competent.”

## Casting a Wide Net

Hill’s concerns echo those of the Association of American Medical Colleges (AAMC), which also advocates for a more diverse physician workforce. According to the AAMC, more than 20 years of research shows there are persistent gaps in health care quality that disproportionately impact people from specific racial and ethnic backgrounds. Demographic studies show that the United States will face a shortage of

**Third-year medical student Rachel Ruiz almost dismissed Vanderbilt when searching for the right medical school, afraid that she would feel out of place.**



SUSAN URRY

physicians in the next 20 years as the population ages and the need for more physicians from all backgrounds will be needed to meet the growing demand. Public opinion research indicates that many minority students consider careers in medicine because they want to help ensure quality care and access to health care for all.

To help close the gap, change must start with empowering students, Hill said.

Vanderbilt continues to see significant improvement in the diversity of the Medical School student body. The Office of Diversity was created in 2002. Each year since 2003, the number of applications and admissions to VUSM from students underrepresented in medical school (URM) has remarkably increased.

“When I came here, there were only two African-American students (women) in the entering class of 2001,” Hill said. “In 2002, there were five students out of a class of 104. Now, we have 15-20 percent URMs.”

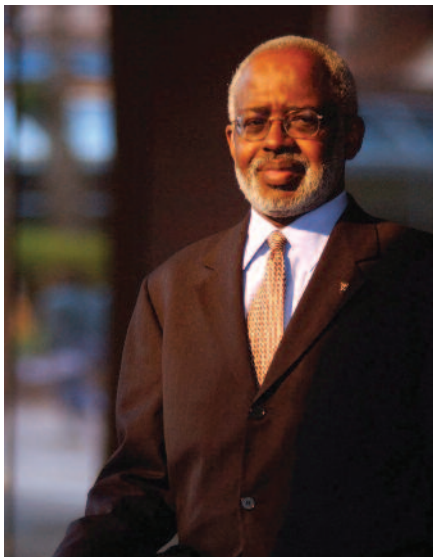
Vanderbilt considers diversity in the broadest sense. The breakdown of terms is as follows:

- Underrepresented in medicine (URMs) are those populations underrepresented in the medical profession relative to their numbers in the general population like African-Americans, Hispanics, Native Americans and other Pacific Islanders.
- Minorities include those groups underrepresented in the general population of the United States. This term would also include those in the URM group.
- Diversity includes all groups in the URM and minority categories as well as economic, rural, sexual orientation, regional and religious.

Hill would like to see 30 percent to 40 percent of the student population comprised of the groups listed above.

“A goal should be 40 percent consistently in the next five years,” he said. “And when it comes to URMs, I would like to see 20 percent.”

Success in recruiting a multicultural student body has a lot to do with who is teaching the classes, Hill said.



DANA JOHNSON



JOE HOWELL

**George Hill, Ph.D., associate dean for Diversity in Medical Education, left, and André Churchwell, M.D., associate dean for Diversity in Graduate Medical Education and Faculty Affairs, work together to provide a multicultural experience at VUSM.**

“A diverse teaching population is also a part of the equation when students are looking at a school. Not only do we want students in a class sitting next to others from different backgrounds, we want that in our faculty.”

André Churchwell, M.D., associate professor of Medicine and associate dean for Diversity in Graduate Medical Education and Faculty Affairs, leads the charge in attracting not only the best residents, fellows and faculty to Vanderbilt, but also has the task of ensuring the group can provide a multicultural experience for the students and patients.

To that end, Vanderbilt offers a summer diversity clerkship program, a month-long clinical rotation designed to introduce potential residents to VUMC. Each year Churchwell and a team of residents attend the Student National Medical Association (SNMA) meeting to distribute information about the medical school and hospital training programs. The school recently initiated a Second Look Weekend for URM residency and fellowship applicants, which was highly successful.

Churchwell, a nationally-known cardiologist, said acknowledging the role that

diversity plays in grooming doctors is a big part of the program’s success.

“We cast a very broad net when defining diversity, and we have been very clear on our mission,” Churchwell said. “We have been very busy over the last year and we have done a better job at getting our message out there.”

“If we can continue to build on what we have been able to accomplish, then we will be able to achieve a critical mass of people at Vanderbilt who will see it as a place to train, work and stay. If we can do that, then we will be able to grow from within.”

## Making progress

For the matriculating class of 2010 (class of 2014), the Office of Admissions received more than 5,400 total applications – the highest number in a decade, said John Zic, M.D., associate dean for Admissions.

Another coup – more students from the URM groups were interviewed, which equated to more invitations to URM students. With 105 available spots for the class of 2014, 749 URM applications were

submitted and 25 students were admitted, the highest number in the history of the medical school.

“We can never sit back and think we have accomplished our goal,” Zic said. “Rather, we have to continue to re-evaluate our efforts in recruiting students from diverse backgrounds.”

It’s a goal that Vanderbilt, along with most medical schools, struggles to accomplish, specifically in the recruitment of African-American males and Hispanic applicants.

And there is great competition for these students, said Zic.

“The best medical schools in this country are aggressively recruiting the best students from these diverse groups. We also realize that medical school is sometimes thought to be financially out of reach for students from lower income groups. We continue to increase financial aid to make a Vanderbilt medical education a reality for these students.”

## PAYING IT FORWARD

When Ira Shivitz, M.D., MD '78, attended Vanderbilt University School of Medicine in the late 70s, the topic of sexual orientation was taboo.

“In the '70s it was not as comfortable to be gay as it is now and there was way more discrimination back then; yet, I never really felt the discrimination within the enclave of the school,” he said. “You knew it was not okay to be out with it. You had to hide who you were, and that was just generally across the board back then.”

Shivitz recently created the Student Life Scholarship for students who encourage diversity and acceptance of all students at Vanderbilt Medical School. The Student Life Scholarship is awarded to students who demonstrate the importance of diversity through their commitment to sexual orientation awareness at Vanderbilt. He said he did so, in part, to honor his parents who were always supportive of him throughout their lives.

“My mother passed away about a year and a half ago and my father 10 years ago. My parents were very embracing of me regardless of who I was. Since I don’t have children, and my parents were so loving and understanding of me, I just realized it was time for me to give back to people who are not as fortunate as I am. I wish both of them were here to see what I decided to do,” he said.

First-year medical student Klint Peebles is the first recipient of the scholarship. He is actively involved in student life at VUSM and is a leader among his peers. **VM**

— KATHY WHITNEY

## The Early Years

The Vanderbilt of today looks nothing like it did some 40 years ago, said John Sergent, M.D., professor of Medicine, vice chair for Education, and Residency Program director in the Department of Medicine. He applauds the change.

A faculty member since 1975 and a graduate of both Vanderbilt University and its School of Medicine, (MD '66) Sergent has a unique perspective on the school’s diversity track record.

“Anyone who has seen what I have cannot help but be impressed with Vanderbilt’s growth,” said Sergent. “We’ve gone from not being open to non-whites, to a place that tolerated minorities but did not openly embrace them, to where we are today. We have created an environment where minorities are truly supported.”

In the fall of 1961, during his senior year at Vanderbilt, Sergent proposed a measure to the Student Senate to desegregate the student body. The bill was defeated by one vote. He then took the

proposal to the entire student body, which rejected it. Later that year, the Board of Trust voted to desegregate the school.

The first African-American students were admitted to Vanderbilt University in 1963, and the Medical School followed suit in 1967. Levi Watkins Jr., M.D., MD '70, was the first African-American graduate of VUSM. He is a professor of Surgery and the associate dean of the School of Medicine at Johns Hopkins University, where he has been a cardiac surgeon since 1978.

Despite Sergent’s push for racial integration, the first big change he noticed in the Medical School was the acceptance of women.

“My medical school class was all white and almost all male,” he recalled. “There were 50 male students and two women, and that was typical of most medical schools at the time. For us the first big change was the wave of women in the '70s. It wasn’t until after then that the rise in minorities really began.”

Once women entered the profession and were able to serve as role models, the number of females in medicine exploded. Sergent said a similar pattern is occurring with minorities.

“With any change there is lag time,” he said. “We need to do better, but you have to start somewhere. My feeling is, you don’t just turn on a switch and change the nature of your student body. It takes time and a lot of hard work.”

“If you look at the traditional growth in any area, you have to start by increasing the number of African-Americans in medical school, then in residencies, and then in fellowships. From there you hope a good chunk will decide to spend their lives here and create a faculty base that can serve as role models for the next group of students.”

## Success through Support

Although there are many minority, tenured professors at Vanderbilt, Kevin Johnson, M.D., is the first African-



American promoted to this rank from within the School of Medicine.

Johnson, professor and vice chair of Biomedical Informatics, came to Vanderbilt in 2002. He received tenure in 2007 and was promoted to professor in 2009.

“This is a classic example of standing on the shoulders of those people who came before me,” said Johnson, who also has a joint appointment in the Department of Pediatrics. “Promotion requires an incredibly supportive environment that nurtures, mentors, protects and doesn’t stifle the process.”

Johnson’s accomplishment is one to be applauded, said Hill, but he doesn’t want the progress to stop now.

“We need to move beyond ‘our first’ because there are many more people here who can achieve this. We cannot rest on our laurels.”

Johnson agrees.

“My promotion should be a reminder to my colleagues at Vanderbilt who are hoping to have a chance to be promoted that it’s within their sights.”

As a full professor he can be a more effective role model not just for the African-American community, but for the gay population as well.

“I may be representative of the most diversity on the campus,” said Johnson. “I’m a black, gay father, in an interracial marriage. To get to a point where I am comfortable saying all of that, I had to get through a lot of hurdles, but I had direction and support.

“I believe that the No. 1 challenge for any minority student is mentoring,” he said. “Getting the right group of people around students who understand where they want to go and making sure they are doing things to ensure their success is key. The same goes for faculty.”

Vanderbilt has reached a degree of diversity that like-minded individuals are able to find each other, Johnson said. More than 40 clubs and organizations are available for students including the Office of Lesbian, Gay, Bisexual, Transgender,



SUSAN LURMY

Queer, and Intersex Life, the Asian Pacific American Medical Student Association, and the Alliance for Cultural Diversity in Research.

“Vanderbilt has lots of policies in place to make sure that there are ample opportunities for all people of all cultures, races, religions and backgrounds. At the institutional level, there is a much more outspoken tolerance,” Johnson said.

Jeff Balsler, M.D., Ph.D., vice chancellor for Health Affairs and dean of the School of Medicine, said his definition of diversity for Vanderbilt allows all qualified individuals who want to come to VUSM to be considered equally.

That hasn’t always been the case, he admitted.

“But today we have increasing ethnic diversity and the number of female students continues to grow,” he said. “The recently-endorsed Medical Center-wide diversity plan is one more step in the right direction to develop an environment where people of all backgrounds are accepted and nurtured.

**Kevin Johnson, M.D., credits Vanderbilt’s supportive environment for his rise through the academic ranks.**

“This plan broadens our focus to include students, residents, fellows, faculty and staff. Diversity is important in medicine because it gives us a wider perspective on how we can better care for our patients and discover cures.”

For students like Ruiz, it’s this commitment to change that attracted her to Vanderbilt.

“What we are doing is impressive because when I tell students from other medical schools that 20 percent of my class is URMs, they are surprised. I am very well aware of the stigmas that are associated with the South, but I also know it will take a while for that train of thought to be reversed.

“I am very optimistic about Vanderbilt’s future,” said Ruiz. “I know that Vanderbilt will continue to do great things.” **VM**



*Thirty five years ago, two Vanderbilt physicians founded Alive Hospice,  
which has provided countless individuals with*

the gift of  
**Goodbye**

WRITTEN BY **NANCY HUMPHREY**  
PHOTOGRAPH BY **VEER INCORPORATED**



*Caroline Kirk was only 9 in October 2007 when she died comfortably in her living room, by a window overlooking her yard. Her parents, Alison and Doug, were on either side of her, holding her hands.*

Although they lost their first-born child, her parents were comforted that she died at home, surrounded by the people and things she loved.

“She felt as safe and loved and secure as anyone could feel,” Alison said. “I can’t imagine how it (her death) could have been any better for her or for us.”

The Kirks were helped during the last months of Caroline’s life by Nashville’s Alive Hospice, founded nearly 35 years ago by two Vanderbilt physicians. The non-profit organization helps support Middle Tennessee’s terminally ill patients and their families.

Diagnosed with Niemann-Pick Disease when she was 5, Caroline was a “verbally precocious” little girl who liked

**Alison Kirk at home with her daughter, Caroline.**



books, hearing her father play the guitar on her front porch, and serving her parents “ice cream cones” made from sand, rocks and twigs by her backyard playhouse.

Caroline started showing the neurological signs of Niemann-Pick when she was 3, but wasn’t officially diagnosed at Vanderbilt until she was 5. The rare genetic disease, which affects the

body’s metabolism, affects only about 1,200 individuals in the world. Caused by the deficiency of a specific enzyme, there are three forms of the disease. With Type A, most children die between 2 and 4. With Type B, they can live until early adulthood. Caroline had a combination of A and B. Her 8-year-old sister, Kate, also has the disease.

Caroline’s first symptom was clumsiness. “She started having trouble with ballerina twirls,” Alison remembers. She soon lost the ability to walk and talk, but kept her penetrating gaze and sense of humor. “She loved to be outside, the wind in her face,” Alison recalls. “Her home was her refuge, the center of her little world.”

### *Pets, families and backyards*

The concept of hospice care was only an idea on paper in 1959, the year John Flexner, M.D., joined the Vanderbilt faculty and began teaching hematology to medical students. At that time, most terminally ill patients died in hospitals.

That same year, British physician Dame Cicely Saunders published a paper laying the foundation for her vision of a modern hospice, an organization that provides physical, psychological, social and spiritual care for dying persons, their families and other loved ones. Eight years later Saunders opened the world’s first modern hospice in London, St. Christopher’s Hospice.

At Vanderbilt, Flexner and colleague David Barton, M.D., wanted to teach students not only the physical aspects of caring for a dying patient, but the emotional and

spiritual as well. The subject was tacked on to the end of lectures, but then became a complete course, “Death, Dying and Bereavement,” taught to a multidisciplinary group of students. Students often told the pair it was their favorite course.

The hospice movement made its way slowly across the Atlantic Ocean, and in 1975, a year after the first hospice in the United States opened in New Haven, Conn., Flexner and Barton led an interdisciplinary group of community physicians, nurses and individuals and founded Nashville’s Alive Hospice.

“The worst thing a doctor can say is ‘I’m sorry. There’s nothing more I can do for you,’” Flexner said. “That’s nonsense. Hospice picks up at the end of that sentence and says, ‘There’s a lot we can do for you.’”

The Nashville group met at Barton’s home in West Meade on Dec. 18, 1974, to discuss forming the hospice. The Nashville initiative started slowly. Initially, Alive Hospice provided care to patients in their homes only, but in 2000 they added inpatient care to their servic-

es, opening Middle Tennessee’s first free-standing hospice facility, the 30-bed Alive Hospice Residence Nashville. It continues to serve Davidson and 11 surrounding counties.

“People usually want to die at home,” Flexner said. “They want their pets, their families, their backyards.” But when they are unable to remain in their homes, Alive Hospice offers inpatient care in a homelike environment where patients’ pets can even visit, he said.

### *You might not know what you need*

A common misconception about hospice care is that it’s for the last days of life, and that care is provided only for the actively dying patient. In fact, some patients with a limited life expectancy can begin receiving hospice care several months before death. Their family members are also helped through psychosocial and spiritual support.

When the Vanderbilt palliative care team first referred the Kirks to Alive, Caroline had recovered from a hospital stay with pneumonia, but was still gradu-

ally declining. “In fact, I met the people on our team and said, ‘We’ll call you when we need you,’” Alison remembers.

Jennifer Rowe, the Alive nurse assigned to the Kirks, visited weekly to assess their situation. She was able to get to know Caroline and her family in a calmer time before a crisis occurred.

Amy Stapleton, an Alive social worker assigned to the family, noticed how Caroline’s parents had to lift her into the house. She enlisted the help of a group of students on an alternative spring break to build a wheelchair ramp at their home. “They keep an eye out for you and what you might need, because you might not know what you need,” Alison said.

The social worker was also at ease discussing topics that most parents aren’t ready to face, like planning a funeral and choosing a cemetery. “Some people think you are morbid, but Amy understood that this was something we could control. We wanted time to think it through, when we weren’t in a crisis.”

### *The brains and whip*

Since its inception, more than 36,000 individuals, the majority through home visits, have been helped through Alive Hospice, said Jan Jones, president and CEO. Over the past decade about 5,800 patients have been cared for at the Alive Hospice Residence Nashville.

Grief support is offered free of charge to those who receive Alive services, and others are charged according to ability to pay.

Initially, Alive Hospice was entirely a volunteer organization dependent on the community for support, Jones said. The early days of the organization were devoted to cataloguing already existing community services and developing the program’s direction.

“David Barton was the brains, and I was the whip,” Flexner said. “I said, ‘look this is absolutely ridiculous. We are not doing a service.’ We didn’t even have a director.”



David Barton, M.D., left, and John Flexner, M.D., founded Alive Hospice in 1975 as a way to teach medical students about the emotional and spiritual aspects of caring for a dying patient.

Iris Kozil came aboard as Alive's first full-time director, and the organization was off and running. She spent her time out in the public, raising money and awareness for the organization. "She got this whole thing off the ground," Flexner said. "She got our patient count up, established our notoriety. She was a dynamo."

In 1983, Medicare began offering a hospice benefit that paid for physician services, nursing care, social work and spiritual care. The organization still relied heavily on its volunteers, but was able to add full-time physicians, nurses, social workers, chaplains and aides to its staff.

"Now we had a resource for the care we gave," Jones said. "The Medicare hospice benefit incorporated all of the original ideas our founders had with the exception of research and training. It recognized spiritual support and that the unit of care is both the patient and their family. That's unique."

The organization's volunteers, however, remain critical to its success. They help provide respite to family members caring for a dying family member at home, and some are more comfortable working in the organization's office on Patterson Street. Other volunteers have specific skill sets to offer – pet therapy, doing hair or massages, or sewing. Volunteers must go through a training program and submit to a background check and interview.

Jones said that families are beginning to talk more openly about death, but there's still room for improvement. "People need to know what their options are and need the tools to make decisions. It's an age-old issue, and it's going to take some time to move the mountain. We're there to help," she said.

Alison Kirk said as Caroline weakened and had another hospital stay for pneumonia, they chose to focus on quality of life with the help of Alive Hospice instead of life-extending care. "She wasn't happy in the hospital. It drained her spir-

it. We knew she wasn't going to recover in any significant way."

So in July 2007 her parents relocated her to a pillow-covered futon in their living room. They took her on walks through the neighborhood in a large stroller equipped with an oxygen tank. She loved to look out the window and to gaze at some lighted spheres that hung from the ceiling.

"It was in many ways a peaceful time," Alison said. "There aren't too many times in life that you have an absolute clarity of purpose. I knew that mine was to be with Caroline, to help her as much as possible."

For two months, the Alive Hospice team gently helped prepare Caroline's family for her death. "That's one of the most valuable things they did for us. It (dying) is a natural process, what her body was programmed to do. As parents it's so ingrained in you that you have to intervene. But her body knew what it was doing. We were along for the ride."

This is exactly the vision that Flexner and Barton had for a hospice program for Nashville. "Those two gentlemen had such tremendous foresight and vision," Alive's Jones said.

Flexner and Barton say that founding Alive Hospice was among their most important accomplishments. They both remain on the organization's advisory board, and Barton is writing a history of Alive. He has also experienced first-hand the organization that he co-founded. His wife's 95-year-old mother, Hannah Palmer, died last September under Alive's care.

"It was a wonderful experience to see what we put together functioning so well. She received some of the best care I've ever seen in my life. The ability to give comfort is so very, very important to me."

Flexner agrees. "I'm an academician," he said. "I haven't done any great research, but I've been a real good, caring, warm, loving physician. I'm loud and boisterous. I'm demanding. But this (Alive Hospice) was my contribution." **VM**



JOE HOWELL

**Doug and Alison Kirk enjoy a day at the park with their daughter, Kate, 8, who has the same disease as her sister, Caroline.**

Each spring Alive Hospice hosts butterfly releases and invites the community to participate. Butterfly releases, which are an Alive Hospice tradition, offer a way to celebrate the memories of loved ones. Participants also are invited to release butterflies in honor of cherished family and friends who are still living. For more information, please visit their website at [www.alivehospice.org](http://www.alivehospice.org).

## Dear Canby Robinson Society Members:

The Canby Robinson Society launched the CRS Scholarship Program in 1987, which partners with the School of Medicine to provide four-year, full tuition scholarships for incoming medical students pursuing their M.D. or M.D./Ph.D. degrees. Over the next several months, you will notice renewed energy focusing on this part of our mission to support our students. Students, after all, are the future of Vanderbilt University Medical Center and at the heart of what we do and why we do it.

At a recent CRS board meeting, members experienced a "day in the life of a medical student" by going through mini-med school, attending a lecture, touring the Center for Experiential Learning and Assessment, where the students gain hands-on experience in a simulated setting, and participating in an organ recital, where

pathologists demonstrated how disease affects various organs, such as the brain and heart. Some of the board members participated in the Medical School's Second Look Weekend, which is when the scholars we have selected return to campus for an in-depth look around to help them make their decision about where to attend medical school. And board members attended Commencement activities to celebrate the successes of our CRS scholars.

The impact of donor giving has been great, and we are truly making a difference in the lives of these young men and women. In August, 105 first-year medical students will embark on a long journey to become compassionate and well-educated physicians. We are proud and honored to be able to provide this opportunity to our CRS scholars as well as the recipients of our Scholarship Benefactor Program.

We look forward to the opportunity to grow the CRS Scholarship Program and reach even more students. We invite you to learn more about the CRS

Scholarship Program and the activities of the Canby Robinson Society at [www.mc.vanderbilt.edu/crs](http://www.mc.vanderbilt.edu/crs).



Paul Sternberg Jr., M.D.  
*Canby Robinson Society president*

## COALITION FOR THE CANBY ROBINSON SOCIETY WORKS TO SPREAD THE WORD

The Coalition for the Canby Robinson Society is a group of 26 volunteer members who help grow the number of donors who pledge to support the mission of Vanderbilt University Medical Center.

Formed in 2008, the coalition works to spread the word about how philanthropy impacts the Medical Center and encourage new members to join the CRS. Coalition members identify and contact people in their personal and professional networks potentially interested in supporting the Medical Center with an annual gift of \$1,000 or more.

Robert Collins, M.D., professor of Pathology, Judson Randolph, M.D., and Robert McNeilly Jr., co-chair the effort. Collins said the importance of the work of the volunteers in the coalition cannot be overstated.

"This institution has been dependent on philanthropy since day one. A medical center like ours is most successful when talented faculty and staff work with volunteers to carry out its mission," Collins said. "Among the volunteers are the generous philanthropists who enable us to do special and unique things in terms of teaching, research and patient care."

32%

*of our School of Medicine alumni  
made a gift to Vanderbilt in fiscal year '09*

\$4.4 million

*in gifts of up to \$5,000 from more than  
18,200 households in fiscal year '09*

43.6%

*of our faculty made a gift to the Medical  
Center in fiscal year '09*

## MEDICINE STRAIGHT FROM THE HEART

Bill and Deb Duncan don't have the usual father-daughter relationship. An only child, Deb had just turned 18 when her father developed signs of heart trouble. She was called to the hospital to make "her first adult decision" – to send her father into surgery.

"It was our good fortune," she said, "that the cardiologist in attendance was Dr. Hank Jennings."

That was 26 years ago. Since that day, Bill has been a patient of Henry S. Jennings III, M.D., and Deb has assumed all responsibility for her father's care.

The eleventh of 14 children, Bill grew up near Tullahoma, Tenn. A Korean War veteran, he has worked in manufacturing his entire life and can be a pretty tough customer.

"My father is stubborn," laughed Deb. "Dr. Jennings talks to him in a language he can understand. I can ask Dad to do something for months and he won't listen. But if Dr. Jennings tells him he needs to do it, he'll do it!"

The Duncans moved with Jennings when he left Saint Thomas Hospital to join the cardiology team at Vanderbilt Heart. This year, they have decided to honor Jennings with a substantial bequest to Vanderbilt Heart for his years of care and friendship.

"Dr. Jennings really found his calling," said Deb. "His skill and compassion have made this long journey manageable. He's been there for everything."

Jennings practices general and interventional cardiology at Vanderbilt. He is an expert in using catheter-based treatments (e.g., balloons and stents) for coronary heart disease. Jennings has always taken a special interest in his patients' lives.

"I put my home phone number on the back of my card," he said.



**"Without these two phenomenal doctors, I wouldn't have had so many wonderful years with my father." – Deb Duncan**

In 1973, Jennings received a Justin Potter Merit Scholarship to attend Vanderbilt University School of Medicine. He's been a member of the Canby Robinson Society Patron's Circle since the 1980s.

"The Potter Scholarship meant a lot to me and my family," Jennings said. "I've always wanted to give something back to Vanderbilt. The Duncans' gift to Vanderbilt Heart gives me an element of fulfillment that goes beyond anything I could do."

Deb also gives credit to Michael Petracek, M.D., professor of Clinical Cardiac Surgery who has performed coro-

nary artery bypass surgeries on Bill. Petracek and Jennings have known each other for 30 years.

"Without these two phenomenal doctors, I wouldn't have had so many wonderful years with my father," Deb said.

Many former and current patients choose to leave money to Vanderbilt in their wills. While there are numerous ways to give, donors may realize significant tax benefits through a bequest.

"We simply wanted others to have access to the medical care and research that we've had at Vanderbilt," Deb said.

– MEREDITH CARR

## CRS SCHOLAR TAKES FREE MEDICAL CARE TO NASHVILLE NEIGHBORHOOD

Katie Cox Johnson, M.D., MD '07, is a Knoxville, Tenn., native who did her pre-med work at Rhodes College in Memphis, Tenn.

“When it came time to go to med school, I thought I was ready to get out of Tennessee,” she muses, “But I really liked what I saw at Vanderbilt, and the Canby Robinson Society scholarship offered such a fantastic opportunity.”

Now, Johnson, an ER physician, is in her third year of residency at Vanderbilt School of Medicine. And in the intervening years, she’s been busy – not only at school, but in the Nashville community.

During her first year of medical school, she and another first-year student, Kristina Collins, were seeking a way to get

clinical experience, an opportunity that doesn’t usually present itself until the third or fourth year of medical school.

“Some of the other schools where we had interviewed had student-run free clinics where medical students could volunteer their time. We checked around, and discovered that Vanderbilt didn’t have one.” Thus the idea for Shade Tree Clinic was born.

The two presented their idea of a student-run clinic to Steven Gabbe, M.D., then dean of the School of Medicine, and other faculty, who were very supportive. But the two young women had to really do their homework. They formed a committee and got to work.

“It was like starting a business,” says Johnson. “We had to conduct a needs assessment and outline every detail. We knew we wanted a location that served an area in need of clinical services and that patients could walk to,” she explains.

“The United Neighborhood Health Services (UNHS) location was perfect because there was already a clinic there. We didn’t have to build out the space – we just had to provide the medical care on the two days the clinic was normally closed. And the UNHS director, Mary Beth White, was so supportive.”

Today at Shade Tree Clinic, VUSM students, under the supervision of faculty member Robert Miller, M.D., and other attending physicians, provide urgent and chronic walk-in care for the area’s uninsured patients. The clinic also provides health education and patient referrals and acts as a bridge between the medically underserved community and other components of the region’s health care system.

Even with her grueling ER schedule Johnson has remained on the advisory board and found time to meet and marry her husband, Josh. – MEREDITH CARR

### CRS GRADS: WHERE THEY MATCHED



**Roy Barco**

University of Alabama Medical Center; Internal Medicine



**Courtney Harrison Bradenham**

St. John’s Mercy Medical Center; Transitional; Barnes Jewish Hospital; Radiology- Diagnostic



**Beth Brenner**

University of Michigan Ann Arbor Hospitals; Internal Medicine



**Natalie Jacobowski**

Vanderbilt University Medical Center; Psychiatry



**Emily Kendall**

Massachusetts General Hospital; Internal Medicine



**Amanda Ackermann Misfeldt**

Children’s Hospital of Philadelphia; Pediatrics



**John Phillips**

University of Tennessee; Transitional; Brigham and Women’s Hospital; Radiation Oncology



**Evan Silverstein**

Vanderbilt University Medical Center; Medicine-Preliminary, Ophthalmology



IN BRIEF

## ENDOWED CHAIRS SUPPORT RESEARCH

Endowed chairs represent contributions that have a lasting presence and meaningful effect on Vanderbilt University School of Medicine. The following endowed chairs were announced earlier this year and provide a solid source of support, which will help greatly in directing research at the Medical Center.

### New Ingram Chair in Cancer Research

Stephen Fesik, Ph.D., professor of Biochemistry, Pharmacology and Chemistry, has been named the inaugural recipient of the Orrin H. Ingram II Chair in Cancer Research.

The newly created chair is funded through a gift from Ingram, chairman of the Board of Overseers of Vanderbilt-Ingram Cancer Center, a member of the Vanderbilt University Board of Trust and chair of its Medical Center Affairs Committee.

### New chair bolsters imaging research

John Gore, Ph.D., has been named the first recipient of the Hertha Ramsey Cress Chair in Medicine at Vanderbilt University Medical Center.

The chair is a bequest of Cress to support the work of an outstanding professor at VUMC.

Gore directs the Vanderbilt University Institute of Imaging Science and is a University Professor of Radiology and Radiological Sciences and Biomedical Engineering.

### Couple's gift supports cancer research

Carlos Arteaga, M.D., has been named the first recipient of the Donna S. Hall Chair in Breast Cancer at Vanderbilt-Ingram Cancer Center (VICC).

The newly created chair is funded through a \$1.5 million gift from John and Donna Hall of Lexington, Ky., and was created to support the research efforts of an exceptional cancer investigator in the VICC breast cancer program.

- KATHY WHITNEY



## MINI MEDICAL SCHOOL

Top: Judy Simmons, Jane Eastdown, M.D., associate professor of Anesthesiology, Ann Bumstead, Nicky Weaver, Peggy Warner and Barbara Merz tour the Center for Experiential Learning and Assessment and check out SimMan, a human mannequin simulator.

Bottom: CRS board members Judy Simmons and Ann Bumstead attend a Neuroscience Lecture given by Jeanette Norden, Ph.D., professor of Cell and Developmental Biology and Neuroscience.

## web links

Please look for more photos online at [www.mc.vanderbilt.edu/crs](http://www.mc.vanderbilt.edu/crs).

ANN H. PRICE, M.D.  
Associate Dean for Alumni Affairs,  
School of Medicine



**Vanderbilt Medical Alumni Reunion 2010**

Reunion 2010 is scheduled for Oct. 21-23. Events include golf at Legends Golf Club and a reception at the Country Music Hall of Fame on Oct. 21. The Quinq Society inductions and luncheon and our All-Alumni Grand Evening Dinner will be held Oct. 22. The Vanderbilt vs. South Carolina Homecoming football game and celebration year class parties will be held Oct. 23. All alumni are invited to participate in Reunion 2010, especially our anniversary class alumni.

Visit <https://medschool.vanderbilt.edu/alumni/> to stay posted on Reunion 2010 news.

REUNION 2010 ANNIVERSARY YEARS	REUNION 2010 CLASS SOCIAL CHAIR(S)
Quinq Plus 1959 & earlier	Clifton Meador, M.D.
50th (Quinq) 1960	Lawrence K. Wolfe, M.D.
49th (Quinq) 1961	Robert H. Alford, M.D. Robert M. Johnson, M.D.
46th 1964	Joseph A. Cook, M.D. Alexander R. Lawton III, M.D.
45th 1965	Charles E. Mayes Sr., M.D.
41th 1969	Robert B. Barnett, M.D. Bruce E. Herron, M.D.
40th 1970	William J. Schneider, M.D.
36th 1974	Brian R. Carlson, M.D.
35th 1975	Robert S. Quinn, M.D.
31th 1979	James M. Kleinert, M.D. Peter C. Rawlings, M.D.
30th 1980	Deborah M. Bryant, M.D. C. Wright Pinson, M.D.
26th 1984	Sherry J. Galloway, M.D. Russell Galloway, M.D.
25th 1985	Michael G. Carlson, M.D.
21th 1989	Jennifer Lowe Ellis, M.D. Susan Mackey, M.D.
20th 1990	Donald W. Brady, M.D.
16th 1994	Chetan R. Mukundan, M.D.
15th 1995	Connie A. Haley, M.D.
11th 1999	Jennifer Halpern Moore, M.D.
10th 2000	Barron Lee Patterson, M.D.
6th 2004	Dana D. Verner, M.D. Michael H. Hooper, M.D. JP Norvell, M.D. Sarah E. Ramos, M.D.
5th 2005	Natasha J. Schneider, M.D. Robert S. Valet, M.D.

**CONTACT**

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Vanderbilt University Medical Center  
Phone: (615) 343-6337  
Fax: (615) 936-8475  
medalum@vanderbilt.edu  
<https://medschool.vanderbilt.edu/alumni>

**Reunion 2010 VMAA Alumni Awards**

Robert L. Frye, M.D., BA '53, MD '56, and William Schaffner, M.D., HS '62, FE '64, FAC '69 - present, are the 2010 VMAA Distinguished Alumni Award recipients. Robert McNeilly, Jr. (BA '54, MAT '55), a founding member of the Canby Robinson Coalition and past CRS President, will receive the 2010 VMAA Distinguished Service Award. Our VMAA Alumni Award recipients will be honored at the 2010 Reunion Grand Dinner. Frye and Schaffner will deliver Reunion Plenary Session Keynote Addresses Friday, Oct. 22, in Langford Auditorium.

**Vanderbilt Medical Alumni Directory**

The 2010 Vanderbilt Medical Alumni Directories will be delivered in August.

**Eskind Alumni Digital Library Update**

The Eskind Biomedical Library (EBL) is pleased to provide Vanderbilt Medical School alumni with access to the Eskind Alumni Digital Library. Please contact Ann Price, M.D., at [medalum@vanderbilt.edu](mailto:medalum@vanderbilt.edu) or (615) 343-6337 to obtain a username and password.

**VMAA Welcomes Röntgen Society**

The VMAA Board welcomes a representative of the newly formed Vanderbilt Röntgen Society (VRS) to the VMAA Board. Eddy Yang, M.D., HS '06, is VRS's first Specialty Society Representative and will serve on the VMAA Board from 2010 to 2014.

**Worthy of Note News**

The VMAA always welcomes your submissions for our alumni news "Worthy of Note" section in *Vanderbilt Medicine Magazine*. Submit news and digital photographs to [medalum@vanderbilt.edu](mailto:medalum@vanderbilt.edu); or fax to (615) 936-8475; or mail to VUMC, 21st Ave South and Medical Center Drive, MCN D-8212, Nashville, TN 37232-2106.

With very best wishes,

*Ann H. Price*

Read *Vanderbilt Medicine* online, and send in your alumni news at [www.mc.vanderbilt.edu/vanderbiltmedicine](http://www.mc.vanderbilt.edu/vanderbiltmedicine). Digital photos (200-300 dpi and at least 4 by 6 inches) are always welcome and will be included as space permits.

KEY

- MD - Medical School Graduate
- HS - House staff
- FE - Fellow
- FAC - Faculty
- \* Indicates CRS member



**Robert Gotcher, M.D., AS '46, MD '49, VMAA Representative for the Far West Region, hosted a regional dinner with the VMAA at the Fairmont Hotel in San Francisco. VMAA presented Gotcher with a Mary Ann Neilson painting of the Chapman Quadrangle in appreciation for hosting the event.**

50s

**Pat Sanders, BA '59, wife of the late Bob Sanders, M.D., MD '55,** reports that she is continuing the effort begun by her husband to protect their farm property from being considered as a site for a Superconducting Super Collider. She lives in Rutherford County,

Tenn., in the home that Bob's mother was born in. It is on the National Register of Historic Places.

**Graham Vance, M.D., FAC '53-'54,** retired 19 years ago and remains quite active by reading and tending to a small garden and orchard in West Plains, Mo.

60s

**William Elias, M.D., MD '65, HS '65-'66,** practices Internal Medicine in Roanoke, Va., and is planning the Neurology curriculum for first-year students entering the Virginia Tech Carilion Medical School, scheduled to begin classes in September.

**\*James O. Finney Jr., M.D., BA '60, MD '64,** is the reunion chair for the Vanderbilt undergraduate class of 1960. He and Pattie Perry celebrated their 50th anniversary in June.

**\*Cauley Hayes, M.D., BA '57, MD '61, HS '62-'66,** was honored during the Seventh Annual Baroness Erlanger Foundation Distinguished Physicians' Brunch in Chattanooga, Tenn., in March. He was one of three people recognized for "their unquestionable character, as well as their commitment and excellence in medicine to the region's medical community." Hayes is a professor of Plastic Surgery and director of Research at the University of Tennessee College of Medicine in Chattanooga.

**Barbara Albers Jackson, Ph.D., '69,** reports that the stage play

worthy of note

**Antonio M. Gotto Jr., M.D., D.Phil., MD '65,** Stephan and Suzanne Weiss Dean of Weill Cornell Medical College, received the Maurice R. Greenberg Distinguished Service Award on May 13. More than 500 friends, family and colleagues gathered in New York City for the 30th anniversary of the award, which was founded to honor those individuals who, with their expertise, compassion, and dedication to service, have contributed to the greater good of humankind. Gotto received the award with Herbert Pardes, M.D., president and CEO of New York-Presbyterian Hospital, for their extraordinary contributions to the medical field that exemplify these values. The award recognizes the respect and admiration they inspire. Over the years, their partnership and collaboration on behalf of Weill Cornell Medical College and New York-Presbyterian Hospital has propelled both institutions into the top tier of medical colleges and hospitals throughout the country.

adaptation of her script "The Marriage Contract" received the 2009 Spirit of Moondance Award for Best Stage Play at the Moondance International Film Festival in Boulder, Colo.

70s

**\*Emanuel Doyne, M.D., MD '71,** is a pediatrician in Cincinnati, Ohio. He has two children and two grandchildren, all of whom live in Atlanta.

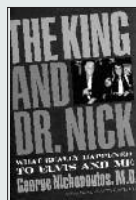
**\*Charles Huddleston, M.D., MD '78, HS '79 - '86,** is chief of the section of Pediatric Cardio-Thoracic Surgery at Washington University School of Medicine. He was appointed to the editorial board of the *Journal of Thoracic and Cardiovascular Surgery*. His daughter, Laura, graduated from Harvard Business School in May 2009. He also has a 3-year-old daughter, Sophia.

**\*Randal Hundley, M.D., MD '79, HS '79-'82,** is the medical director for Practice Plus, a division of Baptist Hospital, the largest private medical system in Arkansas. He is involved with quality, elec-



**Mary Schatz, M.D., MD '69, HS '69 - '74,** created the "YogaMD's Computer Relief" iPhone app to teach users easy and gentle yoga poses and practices that immediately improve posture, breathing and stress levels at home or work. Schatz, author of the yoga book, "Back Care Basics," is a surgical and clinical pathologist. For more information, please visit [www.maryschatzmd.com](http://www.maryschatzmd.com).

book focus



**George Nichopoulos, M.D., BA '55, MD '59,** personal physician to Elvis Presley from 1967 - 1977, has published a book, "The King and Dr. Nick" (Thomas Nelson). The book sheds new light and a unique perspective into Presley's life and death. Nichopoulos answers questions about Presley's previously undiagnosed health problems and explains his prescription drug use. Controversy over his prescribing practices led to the loss of his medical license nearly 20 years after Presley's death.



**\*Bill Growdon, M.D., MD '74, (left) and his wife, Karen, AS '70, (third from left) are the proud parents of two children, Katherine, a professional singer, and Matthew, who will soon start medical school. Growdon has been chairman of Ob/Gyn at Santa Monica UCLA and Orthopaedic Hospital for 10 years.**



**\*A. Everette James Jr., S.C.M., M.D., FAC '75-'00, and his wife, Nancy Farmer, M.D., have donated a painting to the John Hope Franklin Center of Duke University. The work, by Edwin Harleston, was given in memory of Franklin, the distinguished African-American scholar.**

tronic medical record implementation, risk management and coding. Prior to accepting this position in December 2009, Hundley practiced Interventional Cardiology for 23 years before serving as associate medical director for Arkansas Blue Cross and Blue Shield.

**\*W. Ben Kibler, MD., MD '72,** received the 2010 Education Merit Award from the International Tennis Hall of Fame for contributions to the education of tennis players, coaches, and sports medicine doctors. He received a 2010 Achievement Award from the American Academy of Orthopaedic Surgeons for being editor of "Orthopaedic Knowledge Update: Sports Medicine and Complications in Shoulder Surgery."

**Russell Leftwich, M.D., MD '78,** HS '78-'81, FAC '84-'06, works with the State of Tennessee as the chief medical informatics officer for TennCare and is chair of the clinical workgroup for the Health Information Partnership for Tennessee, which is developing

the statewide Health Information Exchange.

**\*W. Bedford Waters, M.D., MD '74,** professor of Urology at the University of Tennessee Medical Center, is a Trustee Emeritus of the American Board of Urology, Inc. He served as president in 2008-2009, secretary-treasurer, chairman of the executive, finance and recertification committees and representative to the American College of Surgeons. Waters has been asked to remain on the ABU as a non-voting trustee and will serve as chairman of the maintenance of certification committee from 2009-2012.

**Marilyn Brock Lemos, M.D., MD '77,** and **Debra Atkinson Cutler, M.D., MD '77,** practice Pediatrics with the Kelsey-Seybold Clinic in Houston, Texas, and are among the "Texas Super Doctors 2009" listed in December 2009 issue of *Texas Monthly*.

**John Sutphin, M.D., MD '74,** professor and chair of Ophthalmology at the University of Kansas Medical Center, was named the Luther and Ardis Fry Professor and Chair in

Ophthalmology. Sutphin is a nationally recognized leader in cornea, external diseases and refractive surgery. While serving in the U.S. Navy, he pioneered laser eye surgery for the Navy SEALs.

## 80s

**Chris Cates, M.D., HS '82-'85, FE '86-'89,** a cardiologist and small business owner in Blairsville, Ga., is running for a congressional seat in Georgia's 9th District. Cates has served the medical needs of North Georgia for the past 21 years with weekly clinics in Hiawassee, Blairsville and Dahlonega and has been actively involved in the national debate on health policy and health care quality for 20 years. Named one of Atlanta's top physicians in 2009 for Interventional Cardiology, Cates was the first physician to perform a cardiac stent procedure in Georgia in 1995.

**Agnes Fogo, M.D., MD '81, HS '82-'87,** was named the John L. Shapiro Professor of Pathology at Vanderbilt in July 2009.



**\*Rick Strain, M.D., MD '75, and his wife, Elizabeth, are proud parents of a 9-year-old daughter, Britta, who just finished second in the junior barrel racing series in Davie, Fla. Strain continues in private practice in Orthopaedics, mostly doing joint replacement in Hollywood, Fla.**



**\*Tom Nygaard, M.D., MD '78, right, travels to Jamaica each spring with the Central Virginia medical mission team to set up clinics in St. Thomas, the poorest parish in Jamaica. Nygaard is pictured here with a patient who has congenital heart disease.**



**Marc Judson, M.D., MD '80, and his wife, Sooyeon Kwon, have an 18-month-old son, Adam. Judson is a professor of Medicine in the Division of Pulmonary and Critical Care Medicine at the Medical University of South Carolina where he specializes in sarcomatoidosis.**

**Eduardo Fraifeld, M.D., HS '88 – '91,** was installed as president of the American Academy of Pain Medicine at the 26th annual meeting. Fraifeld is a leading expert in coding and reimbursement issues in pain medicine and has served as a specialty adviser to the AMA's CPT and RUC committees. He also serves on the board of directors of the Virginia Society of Anesthesiologists and the Southern Pain Society. He practices in Danville, Va., where he is medical director of Southside Pain Solutions. He and his wife, Joan, have two sons, Ben and Sam, a freshman at Vanderbilt University.

**\*John Gray Seiler III, M.D., HS '85-'90,** served as president of the American Board of Orthopaedic Surgery from 2008-2009.

## 90s

**Stephen Cantrell, M.D., D.M.D., MD '91, HS '91-'93,** a craniofacial and maxillofacial surgeon diagnosed with malignant melanoma 10 years ago, has founded NeoPlas Innovation Clinic in Brentwood, Tenn. The story of

Cantrell's terminal prognosis and the reversal of his illness through self-administered alternative therapy was featured on "Fox and Friends" in October.

**Jed Gorden, M.D., MD '97,** joined Swedish Medical Center in Seattle, Wash., as an interventional pulmonologist. He is also associated with the Swedish Cancer Institute's Thoracic Surgery Clinic.

**Steve Grosso, M.D., HS '91-'97,** served as a general and trauma surgeon in the U.S. Army, primarily stationed in Europe. He received numerous commendations for his surgical skill, leadership ability in crisis and marksmanship. He is currently a plastic surgeon with Billings Plastic Surgery in Billings, Mont. He and his wife, Lorinda Grosso, M.D., have two children, Matthew and Megan.

**Eric Grogan, M.D., MD '99, HS '99-'06, MPH '04,** joined the Vanderbilt faculty in July 2008 after doing a two-year Cardiothoracic Fellowship at the University of Virginia. He is an assistant professor in the Department of Thoracic Surgery at Vanderbilt and the Veterans Administration Hospital and the Institute for Medicine and Public Health. He and his wife, Melanie, have been married for 14 years



**Marc Togli, M.D., MD '89,** was recently promoted to associate professor of Ob/Gyn at Thomas Jefferson University School of Medicine in Philadelphia. He is chief of Urogynecology and Reconstructive Pelvic Surgery at the Main Line Hospital System in the Philadelphia suburbs where he has been in practice for the past 13 years.



**\*Russ Galloway, M.D., MD '84, and Sherry Galloway, M.D., BA '80, MD '84,** were named Physicians of the Year for Middle Tennessee Medical Center in Murfreesboro, Tenn. They have been emergency physicians there since 1989.



**\*Deb Sherman, M.D., HS '87 - '90 (center) went to Cordoba, Spain, in November 2009 with her sons, Jonathan, 15, left, and Jackson, 12. In January they went to Chiapas, Mexico, and volunteered in an Ophthalmology clinic.**



**Murali Chakinala, M.D., MD '94, lives in St. Louis, Mo., with his wife Lisa and sons Sanjay, 8, pictured here, and Praveen, 4. Chakinala is an associate professor of Medicine in the Division of Pulmonary and Critical Care Medicine at Washington University.**

and have four children, ages 11, 8, 5 and 2. He enjoys playing tennis, coaching children's sports, hunting and fishing.

**\*Kim Lomis, M.D., HS '92, FAC '98 - present, was appointed associate dean of undergraduate medical education at Vanderbilt. She spent five years in a private general surgical practice in Nashville before returning to Vanderbilt to take over the third-year surgery clerkship. A Harvard Macy Scholar in Health Professions Education, Lomis has been honored with several teaching awards, including the Vanderbilt Award for Excellence in Teaching and the Association for Surgical Education Outstanding Teacher Award. She is a founding member of the Vanderbilt Academy for Excellence in Teaching and a Stahlman Scholar in Medical Ethics.**

**Derek Moore, M.D., MD 99, HS '99-'06, MPH '04, is an assistant professor of Surgery in the divisions of kidney/pancreas transplantation and hepatobiliary surgery and liver transplantation at Vanderbilt and the Monroe Carell Jr. Children's Hospital. Derek is married to Robyn Moore and they have three children, Logan, 9, Joshua, 7, and Taylor Anne, 5.**

**V. Seenu Reddy, M.D., M.B.A., HS '95 - '02, cardiac section director of CT Surgery, was promoted to associate professor of Surgery at the University of Texas Health Science Center in San Antonio and was featured on local ABC News affiliate, KSAT 12 San Antonio, for his work with minimally invasive valve surgery.**

**\*Don Rubin, M.D., FAC '92-present, is associate chief of staff for research at the Veterans Administration Tennessee Valley Health System and a professor of Medicine, Microbiology and Immunology at Vanderbilt. The company he founded, Zirus, is featured on the National Geographic website. Zirus, based in Buford, Ga., uses its gene trap target discovery engine to provide the keys to conquer viruses.**

**Beth Baxter, M.D., Ph.D., Ph.D.'90, has been named a Fellow in the American Psychiatric Association by the Board of Trustees. A ceremony to confer the honor was held in May at the APA annual meeting. She has spoken publicly about her**



**\*Cristina Estrada, M.D., FE '04, FAC '04-present, and Juan Estrada, M.D., FE '07, announce the addition of Gemma Giovanna Estrada to their family. She was born on Nov. 14, 2009, weighing 6 lbs., 6 oz.**



**Eric Zacharias, M.D., MD '93, shown here outside Cairo, Egypt, at the Giza Pyramids, took a six-month family sabbatical traveling through the Mediterranean countries of Europe and Africa while working on a Mediterranean-style diet website and book. Zacharias is a clinical professor of Internal Medicine at the University of Colorado.**



**Trent Rosenbloom, M.D., M.P.H., MD '96, HS '96 – '00, FE '00 – '01, FAC '02 – present, (left)** created the Harpeth Hills Flying Monkey Marathon in Nashville, which has been an annual event for four years. The marathon has attracted runners from across the country and from around the world, and has been featured in *Runners World* and *Marathon and Beyond* magazines. Pictured here with Rosenbloom are third-year Vanderbilt medical students, **Ryan Fritz, Melissa Musser, Rachel Apple and Katie Ayers.**



**Troy Gorman, M.D., MD '04, and Darcie Reasoner Gorman, M.D., MD '04,** continue to enjoy the outdoor recreational opportunities in and around Salt Lake City, Utah, while completing their training at the University of Utah. Troy finished his fellowship in Foot and Ankle Orthopaedics in July and has joined a private practice at LDS Hospital in Salt Lake City. Darcie completed her residency and chief medical residency year in Internal Medicine and will finish her Gastroenterology fellowship in July 2011.

dual roles as mental health consumer and provider since 1996. She maintains a private clinical Psychiatry practice in Nashville.

**\*Morgan Wills, M.D., MD '96, HS '97-'00, FAC '01-'03,** is enjoying a sabbatical year in Vancouver, B.C., studying at Regent College, an international graduate school of theology. He and his family enjoyed the Winter Olympics, natural beauty, climate and cultural diversity of the area. He plans to return to Nashville and Siloam Family Health Center this summer.

## 2000-

**Christine Donmoyer, Ph.D., PhD '01,** is teaching physiology at Allegheny College, a small liberal arts college in Meadville, Penn. She continues her research in retinal development.

**Kent Hanfield, M.D., MD '05,** finished his tour as an Undersea Medical Officer at the submarine base in Groton, Conn., and started his residency in Dermatology at the National Naval Medical Center in Bethesda, Md., in July 2009.

**Milton Ochieng', M.D., MD '08,** Lwala Community Alliance founder, joined a group of international leaders, thinkers and change-makers at the Clinton Global Initiative's annual meeting in New York City. President Bill Clinton highlighted LCA's commitment to scale up its maternal and child health programming by expanding its facilities, staff and public health education in Western Kenya.

**Nick Pappas, M.D., MD '06,** is completing an Orthopaedics residency at the University of Pennsylvania and will be pursuing a hand surgery fellowship next year.

**Neil Segal, M.D., MD '00,** joined the University of Iowa six years ago, where he serves patients with musculoskeletal symptoms and directs the Clinical Osteoarthritis Research Program. He was promoted to associate professor in the Departments of Orthopaedics and Rehabilitation, Radiology and Epidemiology. He recently received the Association of Academic Physiatrists Young Academician Award for teaching, research and administration.

**Munjal Shroff, M.D., HS '03-'07,** is board-certified in Psychiatry and Sleep Medicine, and is in private practice in Atlanta, Ga. He has a daughter, Laksha, 2, and a son, Aakash, 3.



**Kelly Moore, M.D., AS '94, MD '00,** is the medical director of the Tennessee Immunization Program at the State Department of Health and is adjunct clinical professor in Vanderbilt's Department of Preventive Medicine. As the department's point person on influenza, she played a leading role in the public health response to the 2009 H1N1 influenza pandemic, and was responsible for distribution of the vaccine throughout Tennessee. Her vaccine distribution network design was used as a model by most U.S. states and won a 2009 Bull's Eye Award for Excellence and Innovation from the National Association of Immunization Managers. In February 2009 she was honored by the *Nashville Business Journal* as a member of its 2009 class of "Women of Influence."



**Lynn Bunch O'Neil, M.D., MD '02,** and her husband, James, welcomed a son, Luke Alexander, on Nov. 10, 2009. He weighed 7 lbs., 10 oz.

**Robert J. Andrew, M.D.**, MD '69, died Dec. 27, 2009. He was 66. In 1973, he moved to the Reno-Tahoe area where he began practicing Psychiatry. He was instrumental in establishing the Nevada Rural Mental Health Clinics and was the state's first medical director for mental health in Northern Nevada. For 36 years he served as the staff physician for numerous rural clinics. In 2008, he received the Patient's Choice Award. He is survived by his wife of 23 years, Cathy; stepchildren, Derek and Cheryl; and four grandchildren.

**Arthur H. Applegate, M.D.**, HS '51-'52, died Nov. 21, 2009. He was 90. He served in the U.S. Army during World War II. In 1954, Dr. Applegate returned to the Mohaw Valley where he established a medical practice at the London Bridge Medical Office in Iliion, N.Y., until his retirement in 1984. Dr. Applegate thoroughly enjoyed the challenges of medical practice, the many people he worked with over the years and his patients. He was a member and past president of the Central N.Y. Academy of Medicine. Dr. Applegate is preceded in death by his wife of 55 years, Betty, and survived by chil-

dren, Stephen, Robert and Mary; and 10 grandchildren.

**Charles R. Benton, M.D.**, HS '49-'50, died Feb. 23. He was 92. He served in the U.S. Army during World War II. During the Korean War he served in the U.S. Air Force, rising to the rank of captain and as base pediatrician. Dr. Benton practiced Pediatrics for more than 40 years and was a fellow of the American Academy of Pediatrics. He became one of the first pediatricians to practice in Escambia County in Pensacola, Fla. He was instrumental in the founding of Sacred Heart Children's Hospital. He was also a clinical assistant professor in the Department of Pediatrics at the University of Florida College of Medicine. He is survived by his wife of 58 years, Ann; and children, Carl and Ann.

**Claude C. Blackwell, M.D.**, MD '37, died Nov. 4, 2009. He was 98. During his war time service from 1942-1946 he was at Walter Reed General Hospital and was chief of General Surgery from 1946-1949. After returning to Birmingham, Ala., he was at Highland Baptist Hospital and Baptist Medical

Center Montclair, where he served as president of the medical staff. Dr. Blackwell was a member of the American College of Surgeons, Diplomate of American Board of Surgery, Jefferson County Medical Society, Medical Association State of Alabama, Southeastern Surgical Congress, Southern Medical Association and American Medical Association. He was also a member and former president of the Birmingham Surgical Society. Dr. Blackwell is preceded in death by his wife, Mary, and survived by his son, Richard; and four grandchildren.

**Robert L. Britt, M.D.**, HS '49-'52, died Jan. 9. He was 90. He served as a medical officer in the U.S. Army. Dr. Britt practiced as a pediatrician for 25 years in Evansville, Ind. He moved to Jackson, Miss., in 1977, and became director of the pediatric outpatient department at the University of Mississippi Medical Center. While there, he was awarded "Professor of the Year" three times. He moved to West Lafayette, Ind., in 1983 and he served as director of the student hospital at Purdue University until he retired in 1995. Dr. Britt is preceded in death by wife, Frances, and son, William, and is survived by children, Jane and Nancy; and six grandchildren.

**Thomas H. Brown Jr., M.D.**, BA '43, MD '45, died March 17. He was 88. Dr. Brown served three years as a medical officer in the U.S. Navy. He practiced Orthopaedic Surgery with his father in Toledo, Ohio, and was assistant clinical professor at the Medical College of Ohio and chief of the Orthopaedic Service at Toledo Hospital. He was a board-certified fellow in the American Academy of Orthopaedic Surgeons, a team physician for the University of Toledo, a trustee at the Boys and

Girls Club of Toledo and past member of the Toledo Rotary Club. He was preceded in death by his wife of 61 years, Suzanne, and survived by his children, Carol, Thomas and Joanne; five grandchildren; and three great-grandchildren.

**Clark R. Cobble, M.D.**, BA '66, MD '70, died April 10. He was 65. Dr. Cobble was a captain in the U.S. Army. In 1978, he moved to Danville, Va., where he began private practice in Ophthalmology. He retired in November 2010. He believed in the total body approach to medicine, was a certified gemologist, a gourmet cook and a connoisseur of fine wine. Dr. Cobble is survived by his wife, Judy; children, Laurel, Leah and Lane; one grandchild; two stepchildren, J. Kenneth and Christopher; and three stepgrandchildren.

**Richard Crutcher, M.D.**, MD '37, HS '37-'40, '45-'46, died Nov. 14, 2009. He was 97. He served as a surgeon in the U.S. Army during World War II, and served in a variety of capacities at St. Joseph Hospital in Lexington, Ky., including several years as the hospital's chief of Surgery. In 1954, Crutcher performed the first heart catheterization in Central Kentucky and attended the 50th anniversary of his landmark open-heart surgery at the St. Joseph Heart Institute in March 2009. Crutcher is survived by five children; nine grandchildren; and eight great-grandchildren.

**Sam J. Denney, M.D.**, MD '53, died Dec. 28, 2009. He was 86. Dr. Denney served as an aviator in the U.S. Navy during World War II. After his military service, he graduated Phi Beta Kappa at the University of Virginia. He completed his general surgery residency at Kennedy Veterans Hospital in Memphis, Tenn. Dr. Denney was



**John N. Lukens Jr., M.D., FAC '75-'08**, professor emeritus of Pediatrics, died Jan. 12. He was 77. He was a captain in the U.S. Army, serving as assistant chief of Pediatrics at the Letterman General Hospital in San Francisco. He held faculty positions at the University of Missouri School of Medicine, Tufts Medical School, and the Drew Postgraduate Medical School. In 1975, he was recruited to Vanderbilt to develop a program in pediatric hematology/oncology. During his 25 years as director of Pediatric

Hematology/ Oncology, and the first incumbent holder of the Craig-Weaver Chair of Pediatrics, he joined pediatric oncologists nationally to develop and evaluate new treatment protocols. At Vanderbilt, he received several teaching awards and served as chairman of the medical school admissions committee from 1991-1998. He is survived by his wife of 51 years, Mary; children, Rachel and Elizabeth; and five grandchildren.



preceded in death by his wife of 53 years, Carol, and survived by children, Sam, Beth, Ann, William and Bruce; and 14 grandchildren.

**James Wood Ellis, M.D., MD '43,** died Jan. 21. He was 91. He served in the U.S. Army Medical Corps from 1944-1946 attaining the rank of captain. He practiced Ob/Gyn in Nashville for 35 years, and retired in 1986 to part time work at the Nashville Military Entrance Processing station examining military recruits. He was on the medical staff of Vanderbilt, Saint Thomas, Centennial and Baptist Hospitals. He was a founding member of the Nashville Ob/Gyn Society and the Tennessee State Ob/Gyn Society and served as president of both organizations. He is preceded in death by his first wife of 53 years, Martha, and survived by his wife, Mary; children, James, Jere and Catherine; three grandchildren; and two great grandchildren.

**Robert C. Grier Jr., M.D., MD '47,** died April 3. He was 85. Since 1954, he practiced Orthopaedic Surgery in Greenville, S.C., and was a member of the SCMA, the AMA, served as president of the South Carolina Orthopaedic Society and as a Diplomat of the Academy of Orthopaedic Surgery. Dr. Grier served in the U.S. Army, Army Air Corps, U.S. Navy and U.S. Marine Corps. He is survived by his wife, Caroline "Dimmie"; children, Robyn and Vicky; and six grandchildren. He was preceded in death by his first wife, Edythe.

**Wood S. Herren III, M.D., HS '48-'49,** died Feb. 5. He was 86. Dr. Herren served in World War II and the Korean War where he received the Bronze Star Medal. His medical career includes assistant chief of medicine, U.S. Army Hospital, Yokohama, Japan; acting chief of Medicine, U.S. Army Dispensary, Pentagon, Washington, D.C.; and

private practice of Internal Medicine for 34 years in Alabama. He is survived by his wife of 60 years, Ladye; children, Rebecca, Catherine, Gayle, Ruth and Alice; nine grandchildren; and seven great-grandchildren.

**Harriet Gayle Jacobs, Ph.D., PhD '67,** died March 1. She was 71. She graduated from Memphis State University with a Bachelor of Science in math, and from Vanderbilt University with a Ph.D. in biochemistry. Dr. Jacobs spent her entire career at Vanderbilt first working in research, then as director of the Chemistry Laboratory at VUMC. Finally, she was director of Laboratory Computer Operations at VUMC. She is survived by her companion of 30 years, Gaines Mann.

**Joseph E. Johnson III, M.D., BS '51, MD '54,** died April 19. He was 79. Dr. Johnson served as a medical officer with the U.S. Navy. After two years in Hawaii, Dr. Johnson and his family returned to Johns Hopkins where he completed a fellowship in Infectious Diseases and Immunology. In 1966, he joined the medical school faculty of the University of Florida as the division chief of Infectious Diseases and as associate dean. In 1971, he was named chairman of Medicine at the Wake Forest University Bowman Gray School of Medicine. In 1985, he began his tenure as the dean of the University of Michigan School of Medicine. He retired in 2003. Dr. Johnson was preceded in death by his wife, Judith. He is survived by children, Julie, Judith and Joseph; and three grandchildren.

**Owings Wilson Kincaid, M.D., HS '50-'52,** died Nov. 28, 2009. He was 88. Dr. Kincaid was a pioneer in developing the use of angiography to diagnose complex heart conditions, as well as vascular and renal diseases. Dr. Kincaid



**Greg Mundy, M.D., FAC '06-'10,** died Feb. 25. He was 67. He was director of the Vanderbilt Center in Bone Biology, the John A. Oates chair in Translational Medicine and professor of Medicine, Pharmacology, Orthopaedics and Cancer Biology at Vanderbilt University. He was elected president of the American Society of Bone and Mineral Research and of the International Bone and Mineral Society. He founded the Cancer and Bone Society as an international group for studying how cancers spread to bone and contributed more

than any other individual to the development of basic and clinical research in that area. He is survived by his wife of 43 years, Helen; and children, Gavin, Ben and Jennifer.

became a Mayo Foundation fellow in Radiology in 1952 and was named a professor of Radiology in the Mayo Medical School in 1973. He published many papers and participated in a number of medical societies during his career. He was preceded in death by his wife, Elizabeth, and is survived by children Stinson, Sarah and Linda; and seven grandchildren.

**Joseph A. Little Jr., M.D., MD '43,** HS '43-'44, FAC '62-'70, died Nov. 3, 2009. He was 91. After an internship in Pediatrics, he served for two years in the U.S. Army Medical Corps, then resumed his pediatric training at the Children's Hospital in Cincinnati, Ohio. In 1950, he became an assistant professor of Pediatrics at the University of Louisville and in 1962, returned to the Department of Pediatrics at Vanderbilt as associate professor. In 1970, he became the chairman of the Department of Pediatrics at LSU Medical School in Shreveport, La. He retired to Sewanee, Tenn., in 1984. He is survived by his wife of 68 years, Sarah; children, Sarah, Susan, and Joseph; eight grandchildren; and six great-grandchildren.

**Edward L. Mahon Jr., M.D., MD '47,** died March 26. He was 86. Dr.

Mahon accepted a position with the Travis Clinic in Jacksonville as their Orthopaedic Surgeon in 1956. He lived, worked and raised his children in Jacksonville, Fla., for more than 30 years until he retired in 1989. He was board-certified by the American Academy of Orthopaedic Surgeons. His favorite place to travel was Red River, N.M., where he took his family on many summer vacations. He is preceded in death by his wife, Betty, and is survived by his children, Marveen, Janelle, Leanne and Steve; and three grandchildren.

**Innes Armistead Nelson, M.D., HS '53-'60,** died Nov. 11, 2009. He was 85. Dr. Nelson practiced general surgery at Baptist Hospital, Parkview Medical Center, Saint Thomas Hospital and Vanderbilt University Hospital until his retirement in 1987. He was a clinical instructor of Surgery at Vanderbilt, assistant chief of Surgery at Saint Thomas and served on its advisory and executive committees. He served on Parkview Board of Trustees, as well as the board of the local American Cancer Society, and was a member of the Nashville Academy of Medicine, Tennessee Medical Association, Nashville Surgical Society,

Southern Society of Clinical Surgeons and H. W. Scott, Jr. Surgical Society. He is survived by his wife, Sara; children, Rebecca, Eugene, Sara; and five grandchildren.

**Malcolm O. Perry II, M.D., FAC** '88-'89, died Dec. 5, 2009. He was 80. In his long career, Dr. Perry was chief of Vascular Surgery and professor of Surgery at the University of Washington in Seattle; Cornell Medical College in New York City; Vanderbilt University School of Medicine; and the Texas Tech Health Sciences Center in Lubbock; as well as the University of Texas Southwestern Medical School in Dallas. He was renowned for the emergency procedure he performed on dying President John F. Kennedy at Parkland Memorial Hospital. Dr. Perry is survived by his wife of 58 years, Jeannine; children, Malcolm and Jolene; and two grandchildren.

**Joe A. Pinkerton Jr., M.D., BA** '60, MD '63, HS '66-'72, died March 20. He was 71. After serving as a captain in the U.S. Air Force and completing his residency at Vanderbilt Hospital, he became a

partner of Thomas Koontz Pinkerton at St. Luke's Hospital in Kansas City, Mo., where he practiced cardiovascular and thoracic surgery for 35 years. He was associated with Children's Mercy Hospital and Truman Medical Center, and was a clinical professor at the University of Missouri-Kansas City School of Medicine. Pinkerton served as chairman of the Department of Surgery and president of the hospital staff at St. Luke's. He is survived by his wife of 48 years, Mary Ann; children, Beth, Lisa, and Debbie; and seven grandchildren.

**Eugene C. Sandberg, M.D., HS** '49 - '55, died Feb. 13. He was 86. Dr. Sandberg served in the Korean War from 1951-1953 stationed at the U.S. Army Hospital in Honshu, Japan. He returned to Vanderbilt to complete his Ob/Gyn residency and started his medical career at Stanford University in 1955, where he served as associate professor and chairman. He retired in 1987. He received the honor as an Inductee to the Space Technology Hall of Fame by the United States Space Foundation and NASA. He was a member of the NASA Ames Human Research Institutional

review board from 1996 until death. Dr. Sandberg is survived by children, Kristin and Kirk; and four grandchildren.

**Stewart P. Smith, M.D., MD** '42, HS '42-'43, died Oct. 26, 2009. He was 92. During World War II, he was a captain in the U.S. Army Medical Corps, and began his Pediatrics practice in Chattanooga, Tenn. He always enjoyed his work and his patients, and considered himself fortunate to have a career and a profession that he loved. He was actively involved with St. Nicholas School and served on its board of directors. He is survived by his wife of 36 years, Cheryl; children, Stewart, Phyllis, Suzanne, David and Ruth; and stepchildren, John, David, Peggy, Greg and Chesley; 12 grandchildren; eight step-grandchildren; and four great-grandchildren.

**Roger Lynn Swingle Sr., M.D., MD** '62, died Jan. 3. He was 78. He served as a navigator in the U.S. Air Force for four years. Upon leaving the military, he attended medical school at Vanderbilt University. After completing a residency, he co-founded the Athens Orthopaedic Clinic in Athens, Ga., and spent his entire medical career here, except for a two-year period working for the Alaska Native Health Service in Anchorage. He is survived by his wife of 54 years, Gwendolyn; children, Jim, Roger, Jean, and Sam; and six grandchildren.

**Charles White Taylor, M.D., BA** '54, MD '58, HS '58-'59, died Jan. 4. He was 76. After his residency in Pediatrics at the Cincinnati Children's Hospital, he served in the U.S. Army. He opened his private practice in 1964 in Kentucky where he was the first to do overnight strep cultures. He retired in March 2006 after 42 years. In 1977, he was elected the

secretary/treasurer of the Kentucky Pediatric Society, eventually becoming president. He is survived by his wife of 52 years, Alice; children, Al and Page; and two grandchildren.

**Clifford Tillman, M.D., MD** '44, HS '44-'51, died Nov. 11, 2009. He was 89. Dr. Tillman served as a U.S. Army transport surgeon in World War II. He opened his medical practice in Natchez, Miss., in 1951 and retired in 2007. Dr. Tillman specialized in Internal Medicine and Cardiology, and served as president on the board of the Armstrong Library from 1980 to 2005. He was president of the Natchez Audubon Society and shared his love for nature with friends. He is survived by his wife, Sarah; and children, Randy, Barry, Linda and Beth.

**Robert H. Tosh, M.D., HS** '58-'61, died April 18. He was 85. He served in the U.S. Navy during World War II. He became an associate clinical professor of Ob/Gyn at Vanderbilt in 1969 and practiced medicine for 49 years. Dr. Tosh was considered a pioneer in laser gynecologic surgery. He was president of the Nashville Ob-Gyn Society, served on the board of the Women's Hospital of Centennial Medical Center, and was chief of Gynecology at Saint Thomas Hospital in Nashville. In 1997, Dr. Tosh received the distinguished alumnus award from the Lonnie S. Burnett Ob-Gyn Society at Vanderbilt University School of Medicine. He was preceded in death by his son, George, and is survived by his wife of 42 years, Sue; children, Susan, Ellen, Catherine, Robert and Lara; seven grandchildren; and one great-grandchild.



**Harris D. Riley, M.D., BA** '45, MD '48, HS '50 - '51, FE '53-'54, died March 26. He was 85. He served in the U.S. Navy and U.S. Air Force and in 1958, was appointed chairman of the Department of Pediatrics at the University of Oklahoma. He retired from there in 1991 as Regents' Distinguished Professor of Pediatrics. The hospital's Infectious Disease Unit was named in his honor. In 1992, Dr. Riley returned to Vanderbilt as a professor of Pediatrics and led the Amos Christie Scholars program. In 1986, Vanderbilt's Medical

School named him its distinguished alumnus. He was an active and loyal recruiter for Vanderbilt, and in 1980 he and his family established the Riley Scholarship at Vanderbilt. He is survived by his wife of 60 years, Margaret; children, Steven, Mark, and Margaret; and seven grandchildren.



- 1) Mohan Mallipeddi, M.D., celebrates with some of the 14 family members who traveled from California and India to see him graduate.
- 2) Rhea Boyd, M.D., is all smiles during the graduation ceremony on Alumni Lawn.
- 3) Sungjune Kim, M.D., holds his 20-month-old daughter, Hannah, after VUSM's ceremony in Langford Auditorium.

PHOTOS BY JOE HOWELL

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*First recipient of the Greer Busbee III Endowed Scholarship*

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By making an endowed gift, Janie—who was 26 at the time—and her husband, Brandon, a practicing retina surgeon in Nashville, have ensured that the fund will support students perpetually.

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