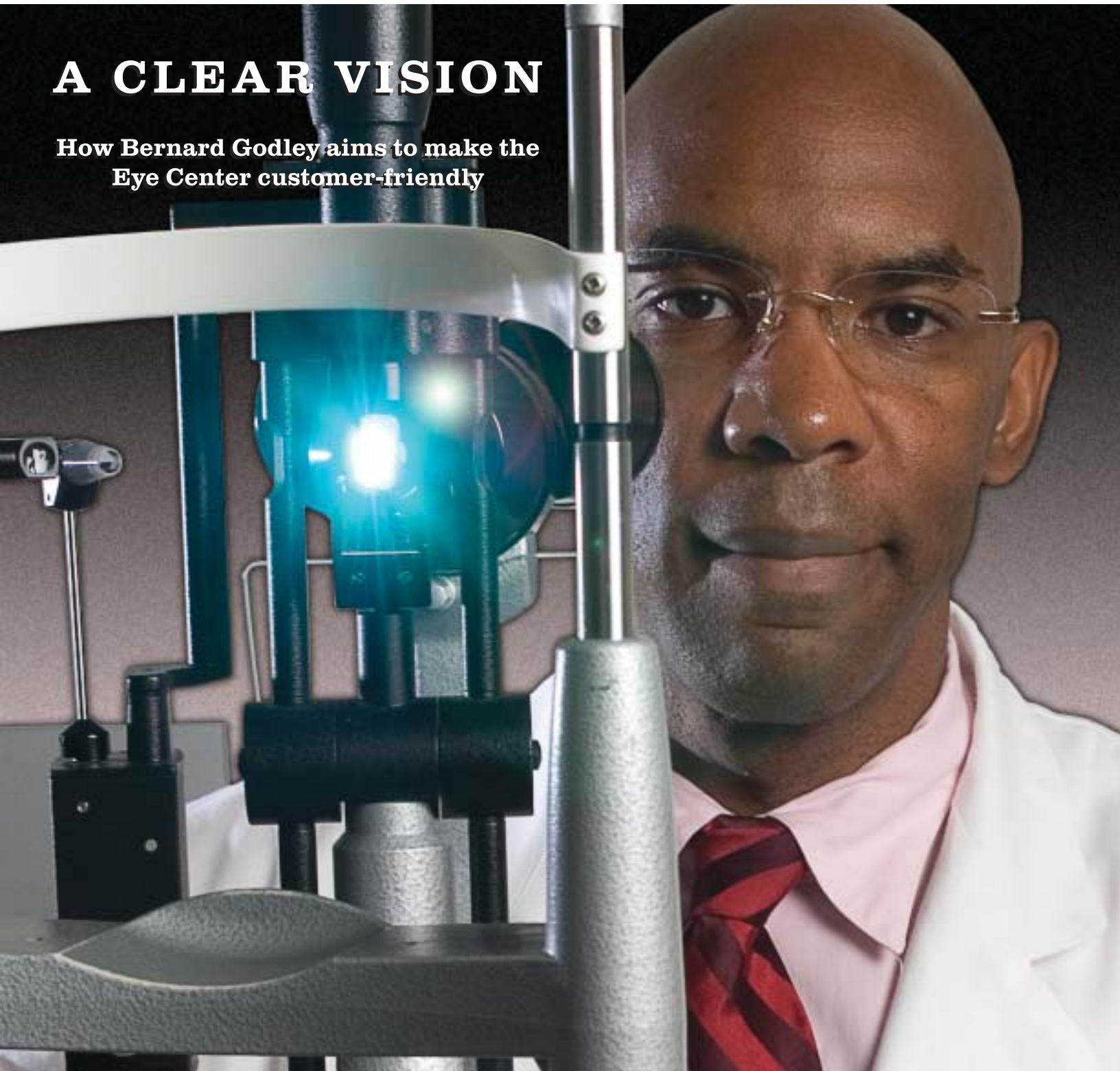


UTMB Magazine

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON  WINTER 2007

A CLEAR VISION

How Bernard Godley aims to make the
Eye Center customer-friendly



Researching in the Hot Zone



Triaging in the ER



Practicing Tele-Psychiatry

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UTMB Magazine

FEATURES

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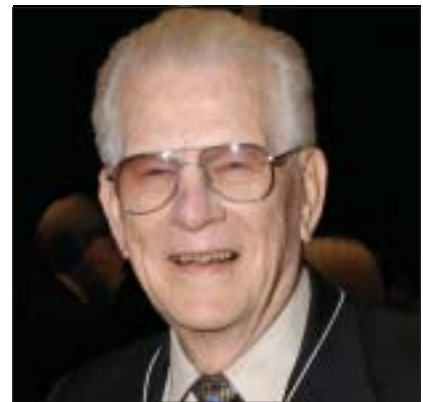
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The single-protein stretch

Think of it as the world's smallest Slinky: a single spring-like protein molecule, stretched between a gold-coated tip two thousand times smaller than the point of a pin and a miniscule platform whose up-and-down movements can be controlled to within a millionth of a millimeter.

The molecule is one of a family of highly elastic proteins known as titins, found everywhere from the human heart to the muscles that enable some insects to beat their wings a thousand times a second. The tip and platform are parts of an exquisitely sensitive device called an atomic force microscope, built by Associate Professor Andres Oberhauser to probe the inner workings of proteins by directly measuring their mechanical properties—one molecule at a time.

Amazingly, it works, as Oberhauser and graduate student Tzintzuni Garcia reported last March in a *Proceedings of the National Academy of Sciences* paper on their experiments with the insect flight proteins known as "projectin" and "kettin." Stretching and compressing individual molecules by moving the platform up and down in infinitesimal increments, the researchers were able to detect tiny changes in force that corresponded to different parts of the proteins "folding"—the process by which linear chains of amino acids spontaneously assemble themselves into the proper shape to do a specific job in a living organism.

"We're able to control the shape of single titin molecules for long periods of time basically with a joystick or a computer mouse," Oberhauser says. "We can grab a



Oberhauser isn't just flexing fly muscle proteins for fun, of course. Tiny defects in human titins have been connected to congenital heart and kidney disorders.

molecule and make it unfold, and then turn down the force and watch it refold, then turn up the force and stretch it again, over and over again, hundreds of times."

Oberhauser isn't just flexing fly muscle proteins for fun, of course. Tiny defects in human titins have been connected to congenital heart and kidney disorders. Recent studies have shown that titins are also capable of sensing forces applied to the body and signaling

genes linked to muscle growth. "We're working with insect titins because it simplifies things," Oberhauser says. "The human titins are very large and complicated, the largest proteins produced by the human genome—but the lessons we're learning here should translate well to human titin studies. This is also a new avenue to study the protein folding process in general, and I can see it contributing in all sorts of ways in the future."

—Jim Kelly

Pet rodent alert

A report that a rodent virus killed seven human organ transplant recipients—and that at least one of the two infected organ donors got the virus from a pet hamster—prompted UTMB virus hunter C.J. Peters to urge that regulators require suppliers of pet rodents to screen their colonies for the virus.

In an editorial in the May 25, 2006, issue of the *New England Journal of Medicine (NEJM)*, Peters noted that seven of eight infected transplant recipients died from lymphocytic choriomeningitis virus (LCMV) almost certainly acquired from donated organs. The two donors died from unrelated causes; one acquired the virus from a pet hamster and the other from an unknown source, but neither had shown symptoms of the disease.

LCMV is one of about twenty members of the virus family *Arenaviridae*, each of



which silently infects a separate rodent species, according to Peters, professor of pathology and microbiology and immunology, and director for biodefense of UTMB's Center for Biodefense and Emerging Infectious Diseases.

Most human infections with LCMV result in mild-to-moderate viral meningitis. But immunosuppressed patients, including those receiving kidney transplants, experience a severe disease resembling a related arenavirus-caused infection called Lassa fever. Thousands of Lassa fever cases occur annually in West Africa, about 15 percent of them fatal. Interest-

ingly, the only surviving transplant patient among the eight receiving infected organs was treated with the antiviral drug ribavirin, also known to be effective against Lassa fever.

"One obvious way to reduce the risk of human infection with LCMV is to have suppliers of pet rodents screen their colonies for the infection," Peters wrote in *NEJM*. He noted that mice carry LCMV infection that they can spread to other species without getting sick themselves. Hamsters and possibly other pet rodents, although not natural hosts in the wild, can be infected and then transmit the virus in breeding colonies "with disastrous consequences" to transplant recipients and others, Peters observed: LCMV infection in pregnant women, for instance, is an increasingly recognized cause of the birth defects hydrocephalus, mental retardation, and chorioretinitis in newborns.

—Tom Curtis

Shrinking fibroids?

Thanks to ongoing research at UTMB, women with uterine fibroid tumors—noncancerous growths that often cause pelvic pain, heavy menstrual bleeding, and pregnancy complications—ultimately may have an alternative to surgery.

Fibroid tumors of the uterus are the most common tumors found in the female genital tract, afflicting 20 to 40 percent of women over age thirty-five. Of the six hundred thousand hysterectomies performed annually in the United States, fully one-third are prompted by uterine fibroid tumors. Even surgeries that simply remove the tumors require long recovery times and may imperil future pregnancies.

In a study published last February in the *Journal of the Society for Gynecologic Investigations*, UTMB researchers monitored the frequency of a particular polymorphism, or genetic aberration, in the catechol-O-methyltransferase (COMT) gene. Of the 328 women studied, 186 had fibroid tumors and 142 did not. The researchers found that women with a specific COMT polymorphism were more



likely to have fibroid tumors. The prevalence of this polymorphism was highest among black women (47 percent), followed by Hispanic women (30 percent), and lowest among white women (19 percent). Ayman Al-Hendy, UTMB associate professor of obstetrics and gynecology and co-investigator Salama A. Salama, instructor of obstetrics and gynecology, noted that their study provided the first genetic explanation for why uterine fibroid tumors are much more common in black women.

The COMT genes give rise to an enzyme essential for estrogen metabolism. Experiments in nude mice showed that introducing COMT-inhibiting drugs originally designed to combat Parkinson's disease decreased the activity of certain estrogen-dependent genes, causing the fibroid cells to stop growing, Al-Hendy explained: "By inhibiting the COMT enzyme, we are creating an environment inside the tumor cells that is low in estrogen bioactivity. Once the tumor cells are deprived of their estrogen, they cannot grow and they become unhealthy and eventually die, which may lead to shrinkage of the tumor."

Al-Hendy said he hopes this research ultimately will lead to noninvasive treatment of fibroid tumors that will diminish the need for hysterectomies and other uterine surgeries.

—Jennifer Reynolds-Sanchez

Running interference

For decades, RNA—ribonucleic acid—was eclipsed by its famous relative DNA, deoxyribonucleic acid. Like DNA, RNA is a chain of chemical units whose sequence can convey biological information. Even to molecular biologists, RNA seemed little more than DNA's servant, churning out proteins as instructed by the master molecule. But about eight years ago, researchers noticed that RNA didn't always do as it was told—and saw they could use this so-called "RNA interference" to make RNA work for them.

RNA interference—RNAi for short—happens when a strand of RNA carrying instructions from a DNA-coded gene runs into another RNA strand with a "complementary" sequence that allows the pair to bond. Thus diverted, the messenger RNA never delivers its protein-making instructions. The intended protein never gets made; the original gene, scientists say, has been "silenced."

By deliberately introducing into a cell small pieces of RNA custom-designed to interfere with the instructions issued by a particular gene, researchers recognized that they could temporarily "silence" any gene they wanted to, providing a powerful new tool for both research and therapy. Shutting down genes one by one helps scientists understand what those genes do. And the ability to block messages from genes involved in the biochemical processes of diseases—everything from macular degeneration and arthritis to HIV, hepatitis C, and many cancers—presents a new way to fight such disorders.

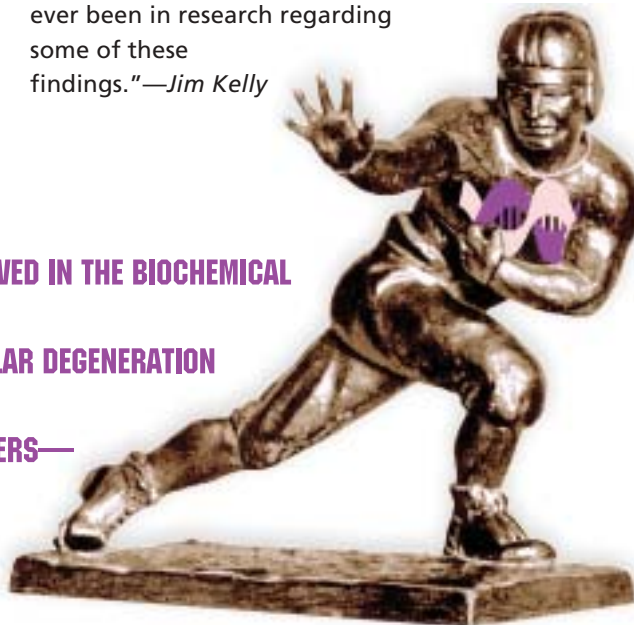
This discovery spawned an explosion in RNAi research, mainly cell culture studies. But some scientists have undertaken laboratory-animal experiments—among them UTMB surgery professor B. Mark Evers, leader of

the first team to use so-called "small interfering RNAs" (siRNAs) to halt the spread of human colorectal cancer cells in mice. Evers and his group employed siRNAs to interfere with a series of biochemical reactions, called the P13K pathway, implicated in other gastrointestinal cancers, as well as prostate cancer. Their study was published in the June 2006 *Annals of Surgery*.

To examine the effects of RNA interference therapy on colorectal cancer—the country's second-leading cancer killer—Evers and his team implanted human colorectal cancer cells into the spleens of genetically engineered, immune-deficient mice. They then injected into the mice siRNAs designed to prevent the production of two specific PI3K proteins. The result: a major reduction in the spread of colorectal cancer cells to the liver. Although the siRNAs that Evers' group used don't seem to kill tumor cells, their absence of side effects suggests they might work well combined with more conventional—and more toxic—chemotherapeutic assaults on the PI3K pathway, some of which are now being studied in clinical trials.

"We're hoping that we can put together a combined attack that would allow a lower dose of these chemical inhibitors," Evers says. "We also have evidence from laboratory tests that when we follow siRNA treatments with others using standard chemotherapeutic agents, we can sensitize the tumors and make them easier to kill. So I can see some major benefits of this down the road—I think I'm the most excited I've ever been in research regarding some of these findings."—*Jim Kelly*

THE ABILITY TO BLOCK MESSAGES FROM GENES INVOLVED IN THE BIOCHEMICAL PROCESSES OF DISEASES—EVERYTHING FROM MACULAR DEGENERATION AND ARTHRITIS TO HIV, HEPATITIS C AND MANY CANCERS—PRESENTS A NEW WAY TO FIGHT SUCH DISORDERS.



Heating up drug discovery

There's a world of difference between a drug candidate that's effective in the test tube and a pharmaceutical that works in people. A drug's success in making what UTMB pharmacology and toxicology department chair James Halpert calls that "incredible leap" largely depends on how it interacts with a mysterious class of liver enzymes known as cytochrome P450s, which break down drugs and other compounds so they can be cleared by the body. "You want your compound to be metabolized just right—not too fast, and not too slow," Halpert says.

While the central role P450s play has been known for decades—Halpert himself has spent much of his career studying it—predicting how they'll handle any particular substance remains obscure. To improve such calculations, biochemists need detailed pictures of how P450s mesh with a range of compounds. The usual method for obtaining such images is X-ray crystallography, but P450s reside in cell membranes, and applying X-ray crystallography to such "membrane-bound" enzymes is complicated: Extracting them from their natural environment and preparing them for X-ray diffraction without distorting their molecular structures can take months, even years.

What's needed is a much faster, easier way to fathom what a P450 does when it meets a potential drug. Enter the two researchers Halpert calls his "dynamic duo": Assistant Professor B.K. Muralidhara and postdoctoral fellow Yonghong Zhao. Working with Halpert, Muralidhara and Zhao have pioneered a radically



A drug's success in making what UTMB pharmacology and toxicology department chair James Halpert calls that "incredible leap" largely depends on how it interacts with a mysterious class of liver enzymes known as cytochrome P450s, which break down drugs and other compounds so they can be cleared by the body.

different method for probing how P450s interact with different substrates.

The technique, known as isothermal titration calorimetry (ITC), measures the tiny pulses of heat—comparable to temperature changes of a millionth of a degree—either released or absorbed as proteins adapt to fit particular molecules. Muralidhara used ITC to monitor P450 "docking" with seven different drug and drug-like compounds, then plugged that data into thermodynamic equations that generated a detailed portrait of the process. Next, the team compared the results to an X-ray

structure of one of the P450-drug molecule combinations that had taken Zhao about a year to solve. The results were published in two *Journal of Biological Chemistry* articles in March of this year.

"The X-ray structure reflected the ITC results, and that's very good news, because any day of the week we'd rather do ITC than X-ray," Halpert says. "It makes a big difference if you can crank out data in days or even hours. I have a hunch that a lot of people are going to be starting to do this, because it could really streamline the structure-based drug discovery process."—*Jim Kelly*

SI



G H T

F O R

S O R E

E Y E S

BY MARSHA CANRIGHT

Why ophthalmology chair

Bernard Godley decided to

clean his patients' glasses—

and how he aims to make his

patient-centered department

the provider of choice for the

UTMB community

FOUR YEARS AGO, SOON AFTER HE ENTERED A PRIVATE OPHTHALMOLOGY PRACTICE IN DALLAS, BERNARD GODLEY, A HIGHLY SKILLED RETINA SURGEON, EXPERIENCED AN EPIPHANY.

“I knew I was providing excellent clinical care, but my patients were not truly satisfied with my services, and I had to ask myself why,” said Godley, who earned a bachelor’s degree with honors from Brown University in 1980, a Ph.D. from MIT in 1987, and an M.D. *cum laude* from Harvard in 1989. He subsequently interned in medicine at Brigham and Woman’s Hospital in Boston and completed a residency in ophthalmology at the University of Iowa Hospitals and Clinics, followed by clinical fellowships at Moorfields Eye Hospital, London, and the Retina Institute of Maryland and a five-year tenured associate professorship with UTMB’s Department of Ophthalmology and Visual Sciences ending in July 2001.

Shifting from academia to private practice, Godley encountered a sea change in institutional cultures. After arriving in Dallas, “I found myself thinking, ‘I’m a scientist. I’m a retina specialist. I don’t clean glasses,’” Godley noted. But he soon sensed that his patients, who actually appeared to feel nurtured when their doctor cleaned their glasses, perceived this hierarchical attitude as telegraphing that he was egotistical and aloof.

Discovering how patients felt about him “was my awakening,” said Godley, who was named last December as professor and chair of UTMB’s Department of Ophthalmology and Visual Sciences. Being a successful practitioner “wasn’t just about my level of skill or how many degrees I had.”

Medical practice is fundamentally about the patient and the patient’s needs, observed Godley, who at the time of his great awakening was the director and senior scientist at the Sybil B. Harrington Molecular Ophthalmology Research Laboratory, Retina Foundation of the Southwest, and an active partner in Vitreoretinal Practice of Retina Specialists, in Dallas.

Initially humbled, Godley soon began to conceive a vision of what he needed to change and how to do it. He began to listen more closely to his patients, making an effort to keep track of the patient’s expectations and figure out how to meet them. He still delivered excellent clinical care—but with a difference: If a patient wanted to talk about his or her dry eyes, a subject Godley formerly considered trivial, Godley talked about their dry eyes. He even cleaned his patients’ glasses.

Suddenly patient satisfaction soared. His practice blossomed and prospered.

This patient-centered approach seems to be serving him well at UTMB, too.

Engaged and energetic, Godley has met individually with all sixty-six members of his staff to stress the need for improved customer service. He said every staffer was “willing to set a new course, willing to set a high standard, and eager to succeed.” He also organized a new management team with ophthalmologists Eric van Kuijk as vice-chair for clinical services and Brian Wong as the

resident training program director.

“We’ve spent a lot of time talking about the characteristics of good service and poor service with examples,” he said. “Everyone is our customer, and it’s our responsibility, each of us, to understand and serve the needs of every customer.”

Is it working? It seems to be: In his first sixty days as chairman, patient satisfaction soared by ten percentage points in such key areas as speed of registration,

courtesy of registration staff, and courtesy of care providers. The likelihood that a customer would recommend the practice to others also jumped ten points. The turnaround happened so fast it surprised even Godley. Despite a few bumps in the road here and there, the numbers continue to rise.

Whatever makes the customer more comfortable, more welcomed, more secure—that is what Godley practices and preaches. With staff assistance, he has redesigned the formerly confusing traffic flow of the clinic to give patients the sense that they are progressing through the logical stages of their appointments. And in a clinic where patients once had to wait for several hours, he has set a goal that no patient’s visit should exceed one hundred minutes. Meanwhile, he has cross-trained technicians to speed serving the patients, and he has set up a dedicated telephone line reserved for referring physicians so as to expedite their calls. Prior to appointments, a letter now goes out to patients describing exactly what to expect during the upcoming visit. Godley encourages staff to spend more time concentrating on what they *can* do for patients and less fretting over what they can’t.

Godley doesn’t try to manage all this change from his second-floor office in the University Eye Center at 700 University Boulevard, halfway between Seawall Boulevard and UTMB. Instead, he works in the clinic alongside fellow care providers, modeling the positive behaviors he wants his staff to emulate. He freely hands patients his business card, including his cell phone number, and he encourages them to call if they need him. Although he says he has gotten only one call in six months,



Change agent: Professor and Chair of Ophthalmology and Visual Sciences Bernard Godley, right, visits with, from left to right, Claudia Salinas, ophthalmic assistant; Tekeema Franklin, surgery coordinator; Donna Ketchens, certified ophthalmic technician; John Horna, former ophthalmic photographer; and Amber Crocker, certified ophthalmic technician.

ophthalmology departments in Texas, with an outstanding customer service rating. We’ll be the provider of choice for our UTMB community. We will be training national leaders in visual science, and our clinical practice will be generating a positive cash flow.”

Another goal, an important one to Godley, is to create a world-class center at UTMB to treat age-related macular degeneration. The first step in realizing such an undertaking was his success recruiting an internationally renowned expert in the field, Michael Boulton, from the University of Cardiff, Wales, who will lead this effort.

“Our faculty members are excellent, with diverse talents ranging from bioengineering to molecular biology,” Godley noted. “We have leading-edge imaging equipment and everything we need to build a center of excellence.”

Finally, he says, he is committed to financially rewarding staff members who become “customer service stars.” For this initiative and for his patient-centered approach, he has the full support of Dean of Medicine Garland Anderson, whom he said understands what it takes to create a culture of caring for one’s patients. For his part, Anderson sees Godley as a “person to lead us into the future—a rare ‘triple threat’—a compassionate human being, clinician, and researcher. Dr. Godley has set very high goals for his department, and I’m confident he will achieve them.”

Said Godley: “UTMB hasn’t always focused on customer service, but it’s not too late to start. I’m happy to be an agent of change. Great things are going to happen.” ❏

he thinks the gesture conveys a valuable and not-so-subtle message—that he considers them “important and that taking care of them is a high priority” for him. He likewise requires all his managers to work the line.

“I want people to know I have skin in this game,” he said.

“We have a clear vision of where we’re going,” Godley said.

“Within five years, and hopefully long before that, we will be among the best



Inside the

From shark bites, plant explosions,
and strokes to sprains, bumps,
and bruises, the UTMB Level I
trauma center sees it all.



ER

BY LAURA BURNS

AT THE **UTMB** EMERGENCY ROOM, a “slow” Saturday evening in March was sprinkled with bursts of activity as ambulances and patients arrived. Inside, some patients were sleeping or watching TV, but moans and sounds of retching punctuated the night. A man with stroke symptoms got immediate attention in one trauma room. In the next, another waited for someone to treat his lacerated knee. Soon an ambulance brought in Daniel Ramos, who had a deep gash in his right hand.

Another patient came in with a corkscrew rammed through his hand. Brian S. Zachariah, the medical director for emergency medicine, ordered a tetanus shot. Then he went to see Ramos, the man with the cut hand, opening with a jocular thrust that aimed to relax him.

“You grabbed a knife blade?” Zachariah asked. “Bet you won’t do that again.” He injected a local anesthetic. “You should feel the stitches pulling, but tell me if it hurts. We’ll have to do a little liposuction; we can’t get all the fat back in your hand.”

Ramos laughed. “Maybe I eat too much.”

“It’s like a sausage casing,” Zachariah explained. “If you open it, you can’t get everything back in.” The cut showed no artery or nerve damage, only severed skin and muscle—a good sign.

“Can I get some help here?” shouted a woman in the next trauma room.

“I’m kind of busy with this guy,” Zachariah explained.

“I was here first,” the woman grumbled.

FIRST COME, FIRST SERVED IS NOT HOW ERS WORK—NEED RATHER THAN TIMING GOVERNS THE SEQUENCE OF THOSE SEEN. But as it happened, Zachariah's next patient *was* the shouting woman, who was injured in a fall at her home. Then he heard that the man with the corkscrew through his hand had abruptly left, impatient at waiting for half an hour. Had he remained, Zachariah would have seen him within the next ten minutes.

Ramos, his knife wound neatly stitched up, was discharged, with instructions to keep the wound clean and dry. A winter Texan who had been vomiting blood was moved into the trauma room Ramos had vacated. Attendants, meanwhile, wheeled an unconscious man bleeding from his head into the ER. Zachariah got a phone call—a patient suffering from a kidney stone was on his way. This slow night had its share of drama.

Ramos and the others treated that evening are among more than 70,000 patients seen annually in the ER, as most folks call it. (The technically correct term is Emergency Department.) Of the two hundred or so people seen at the UTMB ER daily, most are treated and released. On average, only sixty are admitted to the hospital; of those, only four or five have a condition serious enough to require admission to intensive care. "Because of TV, people think the Emergency Department grabs people from the jaws of death every minute," said Zachariah. "Obviously, we don't, but it's gratifying when we can."

Weekends like this one are "not really slow, but slower" than weekdays, Zachariah said. The busiest days for the ER are Mondays and Tuesdays, since people often endure an illness over the weekend and go to the doctor on Monday if they aren't feeling better. "Conventional wisdom, at least, is that more traumatic injuries happen on weekends," Zachariah noted, "but in fact we're not seeing as many bad shootings and stabbings." (Indeed, statistics show that violent crime has declined nationally since 1993.) Moreover, thanks to better-engineered cars—and to seatbelts and air bags—there are far fewer serious injuries from auto crashes these days.

Zachariah spends about a quarter of his time caring for patients and most of the rest running a department that has twenty faculty physicians and more than a hundred nurses, plus support staff. Each shift is staffed by two to four faculty physicians, fifteen to twenty nurses, and two to five resident physicians-in-training.

UTMB qualifies as a Level I trauma center—one of thirteen in Texas and just three in the Houston-Galveston region. Emergency care is a necessary part of the Level I designation, which applies to the entire hospital complex, not just the ER, and means it can care for the sickest or the most seriously injured individual and a large number of patients at the same time. The UTMB ER, which serves

a nine-county region, treats cases ranging from shark bites to strokes to sprains. It's where you come when you have a heart attack or need to be stitched up after a shark bite. And, as Zachariah notes, "We can deal with a routine disaster."

It actually did so relatively recently. The American College of Surgeons (ACS) commended UTMB for exemplary performance following the March 2005 explosion and fire at Texas City's BP oil refinery, which killed fifteen people and injured more than two hundred. The ER cared for more than twenty acutely injured people within a few hours. All twenty-three victims brought to UTMB survived.

Being ready for patients 24/7 is crucial to keeping the Level I designation, which the Texas Department of State Health Services awards based on a quality review by the ACS. Enough health care professionals to save lives in an emergency are physically present at UTMB all the time. In addition, for Level I status, ACS evaluates follow-up to emergency care (such as speech therapy for those who come in with brain injuries).

Walk-in patients at UTMB's ER go to a screening desk to determine whether their case is truly an emergency. These screenings helped redirect about 3,000 nonemergency patients last year. As a result, at UTMB today fewer people than previously use the ER for primary care. Before February 2005, one in ten UTMB ER patients had a medical condition that was not serious, meaning they could have received more appropriate care elsewhere. Since then, UTMB has given nonemergency patients without high-risk factors such as diabetes or high blood pressure other options, such as local clinics and the UTMB Urgent Care Clinic. Alternatively, these patients may pay a deposit and be seen after all those whose cases are deemed emergencies.

When the policy was instituted, the Urgent Care Clinic's caseload soared from seven hundred patients to seventeen-hundred, said Barbara Thompson, medical director of the hospital clinics. Then it "started evening out," with one hundred to two hundred additional patients monthly. Earlier this year, the center saw fewer patients than last year. Meanwhile, Debbie Arespe, coordinator at St. Vincent's Clinic, estimated that safety-net facility staffed largely by UTMB students saw a 40 percent increase in patient visits.

At the ER, a triage nurse sends people to the waiting room, where on the busiest days up to fifty patients may await treatment. Ambulance or helicopter patients arriving at the east entrance also go through triage, their cases coded in the ER's computer as red (the severest cases), yellow or green. More than twenty ambulances and one or two helicopters race to UTMB on a typical day, their progress monitored en route so that staff and other resources are available when these emergency vehicles arrive.

ADJOINING THE ADULT ER IS A PEDIATRIC UNIT, WHICH TREATS A FIFTH TO A QUARTER OF THE ER PATIENTS. It is open from noon until midnight Saturdays through Tuesdays and 4 p.m. until midnight Wednesday through Friday, the prime hours for most pediatric patients.

Separating children from the adult ER makes sense, Zachariah said, because they “might see people with mental illnesses or folks who have been drinking, or hear people screaming in pain, or they might see blood. This scares kids.”

Patients with sprains, strains, coughs, colds, bumps, and bruises go to a fast track unit, open from 8 a.m. until midnight, where nurse-practitioners provide treatment, consulting a faculty physician only when necessary.

The ER has two wings—similar except that the east wing contains trauma rooms, brightly lit and full of equipment to monitor patients with the severest conditions. Each wing has about twenty patient rooms, some housing two patients each when the ER is crowded, surrounding a central desk where a health unit coordinator updates and files the patient folders.

Meanwhile, staff check computers for patient information and lab results (to speed assessments, the ER has its own lab). In a telemetry room, monitors for up to thirty patients track pulse, heart rate and rhythm, oxygen saturation, and blood pressure. Patients move in and out quickly. Following each move, a housekeeper cleans the room, sometimes refreshing it five or six times daily. The speedy pace of emergency medicine contributes to its appeal to ER healthcare providers, Zachariah said, as does the variety of patients and “immediate gratification—you often know in an hour whether a patient has to be admitted or not and what’s wrong with the patient.”

Reduced federal and state funding has led to fewer psychiatric beds and “therefore, long waits for the ones we do have,” Zachariah observed. Psychiatric patients may wait up to two days in the ER’s psychiatric holding area. Another area was created for patients from the Texas Department of Criminal Justice, but a recent reduction in

TDCJ admissions to the ER has sufficiently slowed the increase of emergency patients at UTMB that the prison emergency area is seldom used. Instead, the prisoners are seen in regular ER patient rooms, and armed, gray-uniformed TDCJ guards outside those rooms are a common sight.

Federal law requires hospitals to accept patients needing emergency treatment without regard to ability to pay. An ER visit (not including any transportation costs) may cost between \$350 and \$2,800, depending on procedures and time spent with the patient, says Nancy Bertolino, business manager at UTMB’s Department of Surgery/Emergency Medicine. There may be additional charges for procedures such as suturing lacerations, fixing fractures, and providing injections, blood glucose tests, and urinary catheters.

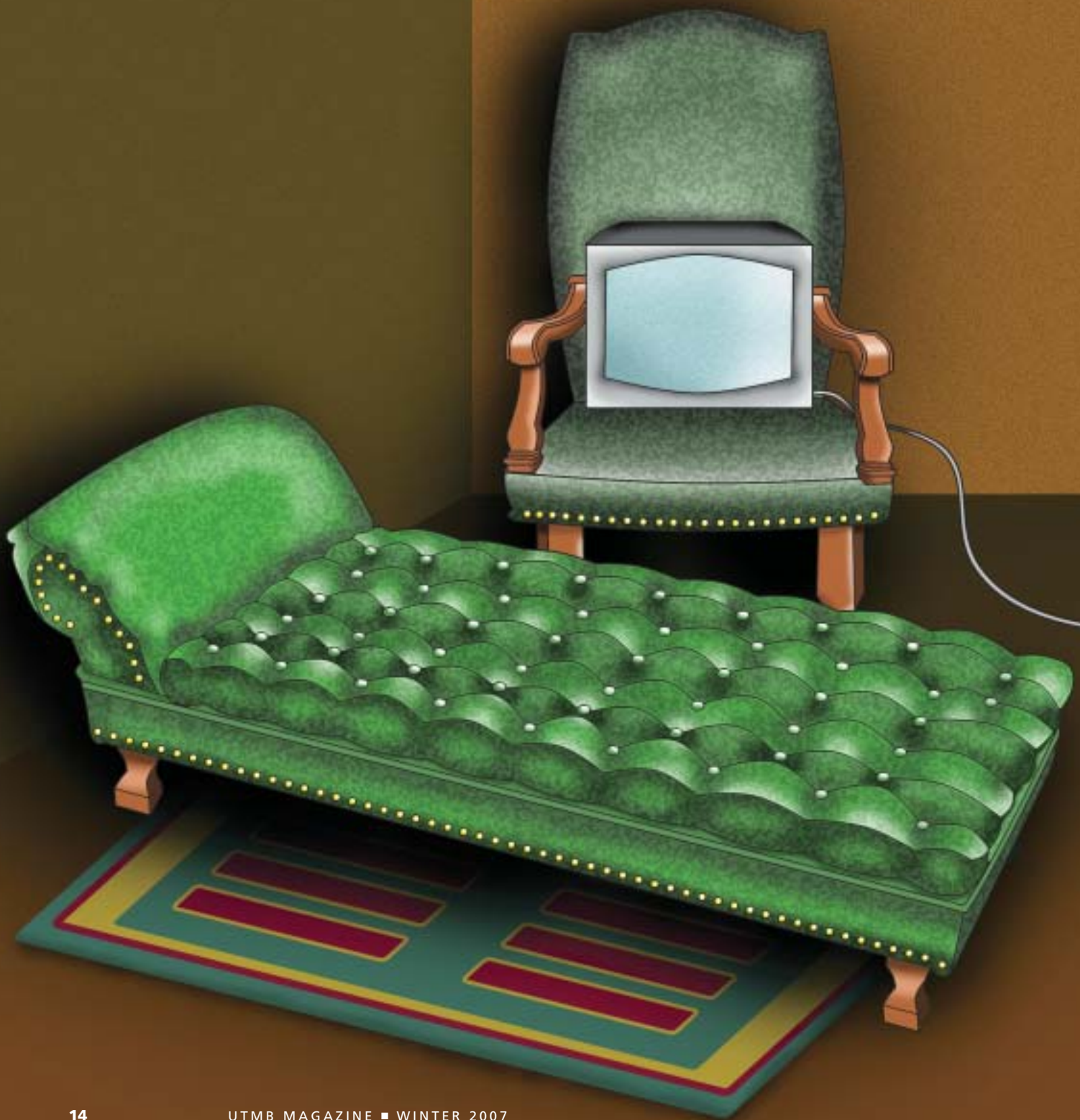
Mike Hill, assistant vice-president for operations and ancillary service, calculated that a third of ER patients thus far this fiscal year were “unsponsored”—that is, lacking either insurance or their own money for emergency care. UTMB’s funding for medically indigent patients from the state, though not expressly dedicated to the ER, helps defray costs for some patients treated there. In addition, Hill said, some county

governments in Texas fund care for some patients through contracts with UTMB, but few patients actually qualify. UTMB continues to promote contracts and other financial arrangements with other counties to try to assure that citizens of those communities can be covered for medical care, he said. Many unsponsored patients, he notes, are “not the poorest of the poor” but simply people who discover that their heavy medical charges are beyond their ability to pay.

Keeping its designation as a Level I institution that can provide all kinds of emergency care at all times is crucial, said Karen Sexton, UTMB’s vice president and chief executive officer of hospitals and clinics. “The outreach, teaching, research, and quality of care required for the Emergency Department’s Level I standing are important to UTMB,” she explained. “At the same time, the Emergency Department is a valuable component to the outreach, teaching, research, and quality of care at UTMB as a whole.” ❏



“Because of TV, people think the Emergency Department grabs people from the jaws of death every minute,” says its medical director, Brian S. Zachariah. “It’s gratifying when we can.”



The Human Factor

Alumnus Harry Davis makes tele-psychiatry
succeed by employing old-fashioned
insight and compassion

BY JUDIE KINONEN

THE YEAR WAS 2000, AND HARRY DAVIS, UTMB CLINICAL PROFESSOR OF PSYCHIATRY, WAS IN HIS CORRECTIONAL MANAGED CARE STUDIO, LOOKING FIXEDLY INTO A FORTY-TWO-INCH TELEVISION SCREEN. HE WAS FOCUSED ON AN INMATE OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE WHO WAS VIEWING *HIM* THROUGH ANOTHER TELEVISION MONITOR TWENTY MILES AWAY, AT A PRISON MEDICAL FACILITY NEAR TEXAS CITY.

As the session ended, the man stood, leaned toward the television screen, and reached out to shake hands with his clinician. He quickly recognized his mistake and recovered, embarrassed. But for Davis, this incident meant he could, indeed, connect with the patients he saw via satellite as well as he had related to them when they sat just a few feet away.

Davis had feared he might lose that connection when he came out of retirement to help establish psychiatric services within UTMB's telemedicine program. He seemed an unlikely candidate for implementing a new technology; after all, he graduated from UTMB's School of Medicine in 1949 and began his medical career at mid-century. But what worked for him back in medicine's "black bag" days—compassion and a listening ear—serves him well today as he works on psychiatry's cutting edge.

Davis' medical education had a bumpy start. After he completed his first year at Baylor College of Medicine, World War II abruptly ended in August 1945 following the atomic bombing of Japan. The war's end torpedoed Davis' military scholarship to expensive, private Baylor. At cheaper, state-supported UTMB, Davis joined the second-year class and worked his way through school. Soon after completing his internship and marrying Joanne Brautigan, then a UTMB nurse, he was swept into the Korean War by the doctor draft. Released from the Army in 1952, at age twenty-five, he returned to Texas, eager to settle down and open a family medicine practice in League City. Suddenly, however, the doctor was a patient. Davis was diagnosed with testicular cancer and told he had six to twelve months to live.

Seeking the best therapy, Davis took slides of the cancerous tissue to thirteen of the nation's most highly rated cancer treatment centers. They offered "nine different opinions and recommendations for treatment," he recalls. The treatments were radical and invasive, and the outcomes uncertain. Having received such confusing data, Davis decided to rely only on the local treatment he was receiving.

Knowing six months might be all he had, Davis promptly opened an office in League City, population 1,350 and growing. The practice was "a great joy and blessing," he says. "Fortunately, after a few years it was pretty obvious I was okay."

But those early hardships had a lasting influence on Davis. "Having had adversity in my life has helped me gain understanding, acceptance, and sensitivity and, I hope, greater empathy for my patients," he says.

He shakes his head as he recalls his first years as a doctor in League City. His workday began with 7 a.m. hospital rounds; office hours lasted from 9 a.m. to 6 p.m., followed by evening hospital rounds. All of this was interspersed with house calls day and night. He set bones and delivered babies; he performed major surgery. After a year, he built a new medical clinic and was joined by his good friend and UTMB classmate Ned Dudney.

Eventually, Davis found that all-consuming schedule left little time for his family, which by then included three adopted babies who were growing fast and "needed a father as well as a mother," he says. He decided to shift to a specialty offering more reasonable hours: psychiatry. So Davis returned to UTMB for a psychiatry residency in 1960 and joined the clinical faculty in 1963.

His local medical colleagues already had recognized Davis' aptitude for helping patients with nervous and mental problems and, in fact, they had long referred their own mentally ill patients to him. Dudney, his partner in the League City practice, recalls one struggling family Davis counseled: the parents were suffering from physical illness, the children were misbehaving, the marriage was failing. "Harry was able to steer the ship of that family and, with an interest in functional medicine, to treat their physical problems as well," Dudney says. "He did that time and again, and he did it better than anybody I've ever seen."



'Having had adversity in my life has helped me gain understanding, acceptance and sensitivity and, I hope, greater empathy for my patients.'

Davis took these special skills into his psychiatric practice at UTMB, according to Ben Raimer, UTMB vice president for community outreach and correctional managed care and a former student of Davis's. "He could talk to a patient for just a few minutes and leave the room with so much knowledge about all aspects of the patient's life—his family, his health history, everything," Raimer notes.

Raimer recalls Davis with one patient, a young woman who was "very distressed and depressed" and was sobbing. "While she was talking, Harry took her hand in his and just started patting it repeatedly, and he kept patting it while he assured her there was a light at the end of the tunnel," Raimer says. "That's the kind of doctor he is—very hands-on, very compassionate."

Decades later, when UTMB was planning to use telemedicine to treat psychiatric patients, Raimer—by then vice president for correctional managed care, the technology's largest client—thought of Davis. "I just expected that he would excel at this, and, of course, he has," Raimer says.

Davis admits the technology poses some limitations, and they are much like those he met as a family physician. "In those days, medicine was practiced using fewer diagnostic tools and medicines—we had to depend on an adequate history," Davis says. Likewise, in tele-psychiatry, a doctor is forced to be resourceful, to listen carefully, and often to trust his instincts when making a diagnosis and designing a treatment plan for counseling and medication.

So when UTMB began setting up studios for tele-psychiatry, Davis insisted that psychiatrists hired for the group have at least a decade's experience in the field. "With that seniority comes a greater ability to make a diagnosis without requiring an expensive workup," which may cost anywhere from a thousand dollars to five thousand dollars, he says. The diagnostic tools are still available to these doctors, but the skilled physician is less dependent upon them.

Today UTMB's tele-psychiatry program is growing robustly, and the credit largely belongs to Davis, according to Glenn Hammack, executive director of UTMB's Electronic Health Network. Fully one-third of all UTMB telemedicine consultations are for mental health patients, from El Paso to Victoria, and there are plans for further expansion.

Davis points to the flat-screen, forty-two-inch television monitor in his office: "An angry-looking, distraught inmate appears on the screen, and all I have in my hand is a chart that says he killed two people," he says, creating a hypothetical example. "The best way I have to help him is to talk to this man and hear his whole story, determine what his reality is, and try to see things from his viewpoint so I can better understand him."

Raimer says that the prisoner at the medical facility near Texas City unit in 2000 was only the first to try to shake Davis's hand at the end of a tele-psychiatry consult. "Patients will often do that," he says. "I've been there in the room when it happens, and it happens because his engagement with patients during telemedicine is so complete." ❏

‘BETTER SAFE THAN SORRY,’

IN THE

WORKING



UTMB RESEARCHERS LABOR CAUTIOUSLY

HOT ZONE

TO NEUTRALIZE SOME OF NATURE'S DEADLIEST MICROBES



BY JIM KELLY

WHENEVER SHE ENTERS THE ROBERT E. SHOPE, M.D., LABORATORY, researcher Nadya Yun first takes a quick counterclockwise lap around the buffer corridor between the lab and the building that separates it from the outside world. The corridor's outer walls are slabs of off-white concrete block, but large oval windows grace its ten-inch-thick reinforced concrete inner walls—to Yun's left as she circles the lab—and she peers through each to make sure that all's well inside. Her check complete, she grabs a towel, a petite set of blue coveralls, and a pair of socks from a rack by a windowless metal door labeled "Biosafety Level 4." With a swipe of her security badge, the mechanical door swings open; as soon as she passes through, it closes with a solid "thud."

Behind that door is the "clean change room," where Yun will trade her street clothes for the sterilized blue coveralls she brought in with her. "Then she'll go into the room next door to put on her suit," Shope lab director Michael Holbrook tells me. "It's just like one of these, which we're sending for maintenance." On the floor outside the door lie two similar white plastic "space suits," each topped with a transparent flexible helmet.

Around the corner, another oval window provides a view of the lab's main room. Soon Yun appears, her head looking preternaturally small inside its clear bubble above the now inflated suit. She reaches up to grab one of the many yellow air-supply hoses that dangle in loose coils from the ceiling, plugging it into a valve just above her hip. Her suit plumps up a bit more as she meanders around making routine checks. Then she disconnects the hose and strides perhaps ten feet to a glass-fronted biosafety cabinet, where she plugs her suit into yet another yellow air hose and sits down to work.

The cabinet's glass front descends to within about six inches of its steel working surface. Along the front edge of this surface, vents constantly draw a thin layer of air down the inside of the glass and across the gap, creating an invisible "laminar flow" barrier that seals around Yun's gloved hands as she puts them inside the cabinet. Picking up a blue-handled pipette, she begins drawing up precise amounts of a pinkish-red liquid containing the deadly H5N1 avian influenza virus and dispensing them into small vials.

H5N1—the notorious "bird flu" virus—has killed over half of the more than two hundred people it's known to have infected in Vietnam, Thailand, Cambodia, Indonesia, China, Turkey, Iraq, Azerbaijan, Egypt, and Djibouti; so far, the disease has spread to poultry and wild birds throughout Asia,

Europe, and Africa. Still, it's not H5N1's lethal past that most concerns infectious disease experts. They focus on the danger that lies in the future, the possibility that the ever-changing virus could suddenly mutate into a form that will give it the ability to easily do some things it now only does with great difficulty: move from bird to human or human to human.

The last time an avian flu virus did that was in 1918. The result was a global pandemic estimated to have killed as many as one hundred million people. No one knows how many people would die if H5N1 mutated into a pandemic strain today. "We don't know whether to stock up on boxes of Kleenex or boxes of body bags," says UTMB professor C.J. Peters. But one advantage we should have over those who suffered previous pandemics are antiviral drugs such as oseltamivir (better known by the trade name Tamiflu) and, perhaps, peramivir, the drug being tested by Yun and the leader of her lab group, Assistant Professor Slobodan Paessler.

Paessler's team wants to find out whether peramivir can be used as an alternative to oseltamivir if necessary. "We don't know how clinically effective Tamiflu is, and we worry that resistance might develop fast," Paessler says. "It's also possible that in an outbreak we might run out." If a flu pandemic occurs, public health authorities want as many different tools to work with as possible. So Paessler's group is testing peramivir in ferrets, whose response to H5N1 is similar to that of humans. In its current form H5N1 is not classified as a biosafety level 4 (BSL4) virus, but rather as an "enhanced" biosafety level 3 (BSL3) virus. (UTMB does not yet have an "enhanced" BSL3 facility, but will get one when the new Galveston National Laboratory opens in 2008.) But working with ferrets infected with H5N1 is much more dangerous than working with cells infected with the same virus; ferrets can exhale infectious

viruses and bite through gloves, and the blood and tissue studies necessary to determine how well an antiviral drug works in animals can more easily expose a researcher to infection by a lethal agent. In this case, it's better to be safe than sorry.

"Better safe than sorry" could be the motto of the Shope lab. In this unique facility, which began operating in July 2004, UTMB researchers can safely study some of the most dangerous microbes on Earth. Many of these pathogens are responsible for the emerging and reemerging infectious diseases that the lab's namesake, the late UTMB Professor Robert E. Shope, foresaw almost a decade and a half ago would become a growing threat with rises in human population size and density, rapid environmental change, and increases in the speed and volume of transportation. As Shope, Joshua Lederberg, and Stanley Oaks predicted in their classic 1992 book *Emerging Infections: Microbial Threats to Health in the United States*, microbes once limited to remote regions of the globe have shown a newfound ability to penetrate to the heart of the developed world, causing death, sickness, and massive economic disruption. Think of viruses like SARS and West Nile, for example, and the H5N1 bird flu itself.

It was this threat that led David Walker, chair of UTMB's pathology department, to propose the creation here of the United States' first full-scale maximum-containment laboratory on a university campus. "This was Dave's dream," Holbrook says, remembering the first time he heard about the possibility that UTMB would build a BSL4—in 1998, while interviewing for a position as a postdoctoral fellow in pathology professor Alan Barrett's lab. At the time, UTMB's infectious disease programs were undergoing an unprecedented expansion, galvanized by Walker's recruitment of Robert Shope and Robert Tesh. The two eminent virologists had left Yale for Galveston in 1995, bring-

ing with them the World Reference Center for Arboviruses, a priceless collection of thousands of different virus strains collected from all over the globe and freeze-dried for storage. They were followed several years later by Professor Peters, the legendary virus hunter lured to UTMB from the Centers for Disease Control and Prevention. To take full advantage of the talented researchers being drawn to UTMB, Walker wanted a lab where they could work on the diseases in which they were interested: Rift Valley fever, tick-borne encephalitis, hantavirus pulmonary syndrome, Lassa fever, Crimean-Congo hemorrhagic fever—a virtual rogues' gallery of deadly plagues.

The realization of Walker's dream, constructed with the help of a \$7.5 million grant from The Sealy & Smith Foundation, is often described as "a submarine inside a bank vault." The lab occupies only about 2,000 square feet on the second floor of a three-story free-standing addition grafted onto the Keiller Building. It's a building within a building, a sealed capsule sandwiched between two floors occupied by the equipment that makes sure its contents stay isolated from the outside world. In the space above the lab, fans roar day and night, keeping the lab air pressure well

below that of the outside atmosphere and even regulating pressure differences between different rooms within the lab, so that air always flows from "safer" areas to those where a potential—however remote—exists that infectious particles might escape into the air. Exhaust air from the Shope lab is pushed through sets of high-efficiency particulate air (HEPA) filters that scrub it clean of particles down to well below virus size before being released to the outside. In the room below the lab, two five hundred gallon tanks receive all liquid wastes generated in the lab, "cooking" them at 275 degrees Fahrenheit to destroy viral contamination.



In the "suit room": From left, Mary Lou Milazzo, Je T'aime Newton, and Nadya Yun (also shown alone on opening spread) prepare their biocontainment suits before donning them and entering the BSL4 lab.

“THE LAB WORKSPACE ITSELF LOOKS PRETTY SIMPLE, not that different from a BSL3 or BSL2 lab,” says deputy director of institutional biocontainment resources Miguel Grimaldo. **“What makes this lab different is everything upstairs and downstairs.”**

Just as in lower level labs, Grimaldo points out, “primary containment” in the BSL4 is provided by biosafety cabinets, where all work with infectious agents is carried out. The full-body “space suits”—at first blush the most obvious difference between the Shope Lab and a BSL3 or BSL2 facility—provide only a final line of defense in the unlikely event that any infectious material escapes a biosafety cabinet and gets into the lab’s atmosphere. “Everything should always be contained in the biosafety cabinet,” Grimaldo says.

Still, ensuring that viruses stay inside the biosafety cabinets and out of the lab proper requires careful, disciplined procedures—especially when animals are involved. Take for example the research that visiting professor John C. Morrill, a veteran of the U.S. Army’s Medical Research Institute for Infectious Diseases (USAMRIID), does in the Shope lab with mice infected by the Rift Valley fever virus. RVF, as it’s known, is a mosquito-borne virus normally found in eastern and southern Africa. Fatal to sheep, cattle, goats, and other animals, it can cause deadly hemorrhagic fever in humans. A 1977 RVF outbreak in Egypt infected tens of thousands of people, killed about six hundred, and wrought havoc on livestock; in 2000, the virus migrated to Saudi Arabia and Yemen, where it did similar damage. If, like West Nile virus, RVF were introduced into the United States—whether accidentally, thanks to a

mosquito hitching a ride in an airliner, or deliberately, through bioterrorism—the result could be a human and animal epidemic whose impact dwarfed that of West Nile. Vaccines would be vital to any effort to control the outbreak. But the current RVF vaccine requires multiple injections, takes weeks to reach full strength, and exists only in limited quantities; technical problems make manufacturing enough of it to make a difference impractical. So, in concert with UTMB professors Shinji Makino and Peters, Morrill is laboring to perfect new RVF vaccines that can be used in humans or animals.

That means working with RVF-infected mice, and while RVF is considered a BSL3 virus in cell culture, at UTMB its study in animals warrants BSL4

precautions. With both suit-clad arms inside a biosafety cabinet, Morrill handles contaminated mouse cages with practiced skill, the product of nearly two decades’ experience in maximum-containment labs. He sprays the cages—each the size of a shoebox, made from clear plastic—with a microbicide, then seals them inside plastic bags, the outside of which he sprays with the same germ-killing liquid. Then he pulls the bagged cages out through the gap beneath the biosafety cabinet’s glass door, being careful not to disturb the layer of moving air that seals the gap, and places them onto a metal cart to be rolled into the lab’s autoclave for final sterilization at 250 degrees Fahrenheit. Housekeeping done, he checks on nearby racks of



When researchers are wearing the Shope lab’s “space suits,” even routine lab procedures require special care. One researcher compares being in the suits to “working inside a big plastic bubble.” The hoses dangling from the lab’s ceiling provide air for breathing and to keep the suits pressurized.

mouse-filled cages, looking like an amiable snowman in his puffy white suit.

Morrill makes working in a biosafety suit look much easier than it actually is. The suits impose their own unique stresses, beginning with the minimum of eight minutes that it takes to get out of one once you've entered the lab; that's how long the chemical shower decontamination lasts. Quick trips to the bathroom are out, although, as Holbrook points out, another feature of the suit environment makes that less of a problem than one might think: "You're getting more than twenty cubic feet per minute of dry air, so you can get really dehydrated, which means you have to urinate a lot less." The constant rush of air makes it hard to hear anything else, even a radio inside the suit, so researchers communicate with each other and the outside world mainly via hand signals and scribbled notes on Magic Marker whiteboards.

Other details add to the fatiguing nature of the experience. "You have to learn to work in two pairs of thick gloves—it takes an adjustment to learn to manipulate small objects and not knock things over inside the biosafety cabinet," says research associate Mary Lou Milazzo, who works on hantaviruses and arenaviruses in the Shope lab with her husband, Associate Professor of Pathology Charles Fulhorst. "It's a physically cumbersome environment, and you have to move carefully and deliberately if you want to be efficient."

For Milazzo and Fulhorst, though, research in the BSL4 is well worth the hassle. There they study three different rodent-borne hantaviruses, close relatives of the one responsible for the 1993 outbreak of hantavirus pulmonary syndrome (HPS) that killed twenty-seven young, previously healthy people in the Four Corners region of the American Southwest. HPS, a terrifying and deadly condition in which patients' lungs rapidly fill with fluid, remains poorly understood and very difficult to treat. (The Four Corners outbreak marked the first recognition of human disease caused by a hantavirus indigenous to the New World, and the first time that human infection with a hantavirus was associated with a disease that predominately affected lung tissue. Hantaviruses capable of causing HPS have since been identified all over North and South America—including in rats captured near Galveston Bay.) "It's been twelve years since HPS emerged in the Americas, and we still have no specific, effective therapy for this highly fatal disease," Fulhorst says.

"If you're a patient and you get so sick you're hospitalized, there's a high probability that you will succumb to the disease. The problem is that we don't know very much about the biological processes that occur in the fourteen- to twenty-five-day incubation period and that ultimately result in fatal disease. If we knew that, physicians might be able to treat HPS patients effectively."

To figure out how hantaviruses cause HPS, Fulhorst and Milazzo are studying the effects on hamsters of two Venezuelan hantaviruses named Caño Delgadito and Maporal, and an Argentinian hantavirus named Andes virus. Hamsters, unlike most other laboratory animals, develop a disease that's clinically and pathologically very similar to human HPS. Caño Delgadito and Maporal were discovered in the same melon field in southern Venezuela by Fulhorst and Milazzo; Andes virus, the only hantavirus known to be transmitted person-to-person, was identified in 1996 when it infected twenty people and killed eight of them. (Humans usually become infected with hantaviruses by inhaling respiratory secretions or aerosolized urine from infected rodents.) Andes virus kills virtually all the hamsters it infects, while Maporal kills only some, and Caño Delgadito sickens the animals without killing them.

"This is really the spectrum of disease you see in people," Fulhorst says. "And those three viruses are serving as the foundation for a program to manipulate the genome of hantaviruses to find out what makes them lethal, so we can improve our knowledge and understanding of how hantaviruses cause disease in humans and then develop specific, effective post-exposure therapies for HPS."

To Fulhorst, there's something particularly appropriate about working on such a project in a lab named for Shope, a place he sees as embodying the collaborative spirit and scientific and public health vision of the late virologist. Beginning with basic ecological fieldwork in South America, Fulhorst's effort now has reached the point where he and his collaborators actually can make a direct contribution to human health. "You know, Bob Shope left a great thing here, a really unique spirit," Fulhorst says. "We identify these viruses, and then we actually do something with them to help people, which was Shope's mission—that, and training people to work at the highest level possible. Dave Walker's vision to create this lab was to fulfill that mission, and it has become an incredibly powerful tool to do just that." ■

Anderson leads SOM



Garland D. Anderson, who served briefly as interim dean of UTMB's School of Medicine and more than a decade and a half as chair of

the Department of Obstetrics and Gynecology, was named dean of the medical school on October 25.

Calling Anderson "a demonstrated leader, clinician, and educator with the ability to think creatively about how we can successfully fulfill our many missions," President John D. Stobo praised his "deep commitment to the study and practice of medicine" and "ability to foster greater cooperation, accountability, and innovation."

Anderson is recognized for his study of adult consequences of fetal disease and for finding ways to reduce racial disparities in pregnancy outcomes.

Under his leadership, the ob-gyn department consistently ranked among the top twenty in National Institutes of Health research funding. Most recently, it was ranked fourth.

During the seventeen years he chaired the department, Anderson expanded a twelve-clinic satellite program into the Regional Maternal and Child Health Program, an outreach network of thirty clinics that serve women and children from more than 123 counties in South, Southeast, and East Texas. These clinics record more than three hundred thousand patient visits annually.

New dean for Austin programs

Last summer T. Samuel Shomaker was appointed dean of Austin programs for the School of Medicine.

Formerly chief executive officer and acting dean for the John A. Burns School of Medicine at the University of Hawaii, Shomaker's mandate is to expand and further strengthen the university's collaborative teaching, research, and clinical programs in Austin—notably those with the University of Texas at Austin, the Seton Healthcare Network, and Central Texas Veterans Administration.



Shomaker earned a legal degree from Georgetown University and a medical degree from the University of Hawaii. In addition

to his CEO and acting dean roles in Hawaii, he also has held several clinical and administrative posts at the University of Utah and other administrative positions at the University of Hawaii.

Helping hands

When 2005's Hurricane Katrina left Tulane University medical students and faculty without facilities in which to learn and study, UTMB's School of Medicine was among those who stepped up to provide a temporary home for their displaced colleagues.



That effort earned the school—as a member of the Alliance of South Texas Academic

Health Centers—the Association of American Medical Colleges' (AAMC) Award of Exceptional Service to Academic Medicine. The award honors UTMB's outstanding leadership in providing facilities, resources, and personnel to support Tulane University medical students and faculty.

"The warm Texas welcome and the unwavering support that the Tulane academic family received from UTMB exemplified the highest standards of professionalism and was a remarkable demonstration of service in the national interest," said Jordan J. Cohen, M.D., then-president of the AAMC.

100th surgery milestone

Doctors at UTMB's Center for Weight Management reached a significant milestone by completing their 100th gastric bypass surgery this spring. For 100 patients, dramatic life changes are under way thanks to this surgical intervention.

"Many of our patients come to us after years of struggling," said Dr. Russell LaForte, an internal medicine physician with the Center for Weight Management. "They have been caught in a cycle of trying and failing to lose the weight or losing weight only to put it back on again. It creates a cycle of shame that we know scientifically contributes to the resistance of weight loss. Surgical intervention is physically powerful enough to break this cycle."



The rates of obesity and severe obesity continue to increase significantly across the country. Obesity increases the risk for heart disease, diabetes, infertility, cancer, and many other diseases. The Center for Weight Management offers a multidisciplinary approach to the treatment of obesity, including medical management and surgical treatment.

Medical management includes individually tailored weight loss/weight management programs designed and monitored by a physician and registered dietitian.

Surgically, the center offers the Roux-en-Y Gastric Bypass procedure. The adjustable band procedure will soon be available as well.

Broken record

As another State Employee Charitable Campaign season comes and goes, it's worth noting that state government employees in Galveston broke previous records for generosity during last year's campaign.



According to final tallies released this spring, state employees in Galveston raised \$733,785 during the 2005 campaign. Of that, \$706,565 came from UTMB employees.

UTMB employees' \$706,565 in 2005 contributions is up 8.6 percent from the previous year, and is the most of any Texas higher education agency.

SON's new M.S.N.

The School of Nursing launched its master's degree program in Nursing Leadership in Complex Healthcare Organizations in fall 2005. The M.S.N.

program prepares innovative nurse leaders for the 21st century. The response from nurses has been enthusiastic, with applications flooding in shortly after the program's launch was announced.

Jean Sorrells-Jones, director of the program, says the new graduate program is in response to the leadership needs of health care organizations and reflects trends in place in other industries. "Many health care organizations now require their middle managers to be master's-prepared, with an M.S.N., M.H.A., or M.B.A. Nurses with a career goal of middle or executive management practice in health services organizations or educational organizations are seeking strong programs to prepare themselves for the future."

The mostly Web-based program allows busy nurses to complete their graduate studies from anywhere in the world. The Web curriculum is augmented by occasional on-campus visits to UTMB or gatherings via the Internet.

The program comprises 39 credit hours and can be completed in one year of full-time study or two years of part-time study.

Highly rated

UTMB was ranked among the top fifty United States hospitals in two categories in the annual *U.S. News & World Report* "America's Best Hospitals" listing.

Out of 5,189 hospitals evaluated, UTMB's were listed twenty-seventh in treating problems of the ear, nose and throat and fiftieth in treating kidney disease. The list appeared in the magazine's July 17, 2006, issue, available on the World Wide Web at www.usnews.com/usnews/health/best-hospitals/tophosp.htm.

UTMB's Department of Otolaryngology (ear, nose, and throat) has nationally renowned specialists who treat everything from chronic ear infections to hearing and speech problems. The Department of Internal Medicine's Division of Nephrology and Hypertension offers top-notch care to patients with acute or chronic kidney disease, conducting kidney transplants and providing more than six thousand dialysis treatments yearly.



Topping Off

UTMB President John D. Stobo presides on November 10, 2006, as a palm tree is hoisted atop the seven-story, \$167 million Galveston National Laboratory. More than 200 construction workers, visitors and



faculty attended the traditional "topping off" ceremony, marking the highest structural point in a building's construction. The 80,000-plus-square-

foot federally supported facility, one of just two such labs in the country, will house biosafety level 2, 3, and 4 laboratories. Completion is scheduled in mid-2008.

Tough Choices, Great Prospects

Why UTMB has a bright future

BY JOHN D. STOBO



Last summer and fall were eventful seasons for UTMB. Leadership made a number of difficult decisions, most intended to reduce costs, improve productivity, and secure the university's continued financial stability. Throughout this unsettling period, the institution continued to excel in each of its missions. For example:

- A recently released National Institutes of Health report listed eight School of Medicine departments among the top 20 peer departments receiving NIH funding in fiscal year 2005; among Texas medical schools, only Baylor College of Medicine and the UT Southwestern ranked higher than UTMB in total NIH grants.
- UTMB's Institute for Human Infections and Immunity recently recruited two internationally recognized scientists—both leading experts on influenza—from the Centers for Disease Control and Prevention.
- UTMB established an Academy of Master Teachers to recognize accomplished educators and to provide guidance and mentoring to all faculty seeking to burnish their teaching skills.
- Thanks to generous philanthropic support, UTMB added eight Osler Student Societies to its existing complement of programs advancing humanism, professionalism and compassion in the School of Medicine.
- The annual "America's Best Hospitals" issue of *U.S. News & World Report*, which considered 5,189 institutions for inclusion, ranked UTMB hospitals 27th in treating problems of the ear, nose and throat and 50th in treating kidney disease.

As you may know, in October, near the start of my tenth year as president of UTMB, I told the Board of Regents of the University of Texas System that I would step down by August 31, 2007. This permits me to help direct UTMB's efforts to secure crucial additional funding from the 2007 biennial session of the Texas Legislature. It also gives the Regents an opportunity to identify and install a new president who will have plenty of time to come up to speed as an effective advocate for UTMB prior to the 2009 legislative session.

In recent years UTMB has addressed some of the toughest challenges in health care today, but we cannot continue to go it alone with shrinking revenues from the state. With the backing of the UT System and advocacy by our valued alumni and volunteers, during the upcoming, 2007 session we aim to make a compelling case for our special mission to the Legislature.

Meanwhile, we plan to complete our \$250 million comprehensive campaign ahead of schedule (we already have raised more than 80 percent of the goal). We will also finalize and begin implementing UTMB's clinical strategic plan. Elements of the plan include improving our service orientation, cultivating our alumni networks, leveraging UTMB's specialty group practice, being the provider of choice for our employees, replacing functionally obsolete clinical facilities on campus and off the island, and expanding UTMB's off-island presence. These undertakings will support our education, research and clinical missions as well as our long-standing commitment to treat the medically underserved.

Our record of service to Texas remains unparalleled. We are immensely proud of our past and tremendously optimistic about our future. Time and again UTMB faculty, staff, alumni and volunteers have rolled up their sleeves for this great institution. Such dedication to the greater good has—and will—make all the difference to UTMB and the people we serve. ❏

Combating Cervical Cancer

Heralding a newly licensed vaccine effective against the nation's most common sexually transmitted infection

BY MARTIN G. MYERS

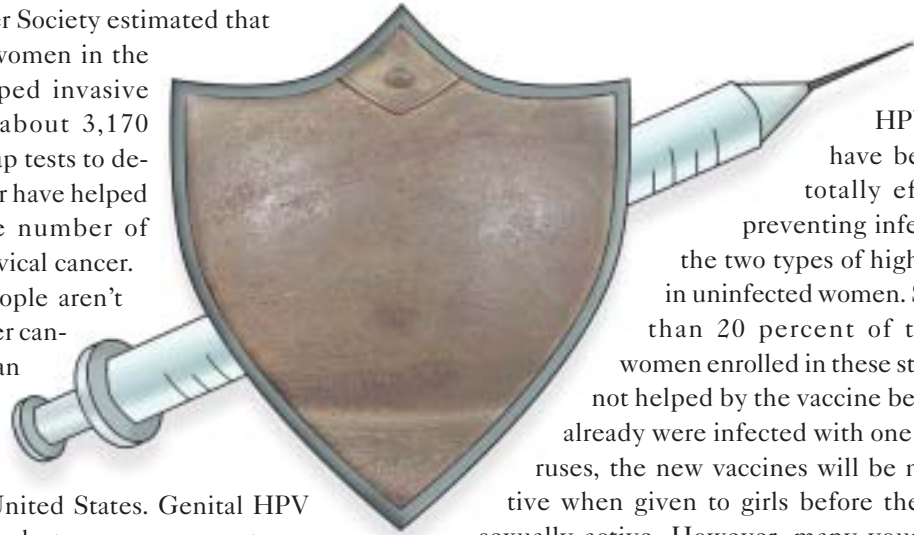
The American Cancer Society estimated that in 2005 about 10,370 women in the United States developed invasive cervical cancer and about 3,170 women died from it. Pap tests to detect early cervical cancer have helped to greatly reduce the number of women dying from cervical cancer.

Even so, many people aren't aware that this and other cancers are caused by human papillomaviruses (HPV), the most common sexually transmitted infections in the United States. Genital HPV infections are common but cause no symptoms, so people don't know that they are infected and that they can transmit the virus to their partners.

The Centers for Disease Control and Prevention estimates that about 6.2 million Americans become infected with genital HPV each year and that over half of all sexually active men and women become infected at some time in their lives. For most, the infection clears spontaneously. For some, the virus causes persistent infection. Among those infected with one of the forty or so "high-risk" (cancer-causing) types of genital HPVs, Pap smears may become abnormal; if untreated, this condition can progress to cancer in some.

Last June a new vaccine that prevents infection with the two most troublesome HPVs was licensed by the Food and Drug Administration. This is the second licensed vaccine intended to prevent cancer. The first works against hepatitis B, greatly reducing chronic infection with hepatitis B virus, which can lead to liver cancer.

Clinical trials showed that the HPV vaccine prevents infection with the two viruses that collectively cause about 70 percent of cervical cancers. If administered worldwide, it might avert half a million cases of cervical cancer and 240,000 deaths. (However, the vaccine won't eliminate the need for women to have Pap tests because the vaccine will not protect against all high-risk HPVs.)



In clinical trials, HPV vaccines have been almost totally effective in preventing infection with the two types of high-risk HPV in uninfected women. Since more than 20 percent of the young women enrolled in these studies were not helped by the vaccine because they already were infected with one or both viruses, the new vaccines will be most effective when given to girls before they become sexually active. However, many young women from their teens to mid-twenties may not yet be infected with these two viruses, and they also can benefit from this vaccine. These are the reasons why the vaccines are initially being directed at pre-teenage girls and young women.

Surveys show that most parents favor the use of the HPV vaccine—especially if it's recommended for universal administration so that it won't be seen as encouraging sexual activity. While some parents believe sexual abstinence until marriage will protect their daughters, that's not necessarily so. For instance, it won't prevent exposure to HPV from an infected husband or from forced sexual activity.

Studies are under way to determine whether these vaccines will prevent cancer in men and whether immunizing boys might reduce sexual transmission of HPV. ❏

Martin G. Myers is associate director for public health policy and education of UTMB's Sealy Center for Vaccine Development and director of the UTMB-based National Network for Immunization Information, which last May hosted a media briefing about HPV, cervical cancer, and the HPV vaccines.

More information about HPV and other vaccines may be found at the NNii Web site: www.immunizationinfo.org

Declassifying Homosexuality

How moral, social, and political ideology influenced physicians to label homosexuality as a mental illness—and why they stopped doing so

BY BARBARA DE LA TORRE

Just thirty-five years ago at the annual meeting of the American Psychiatric Association (APA) in San Francisco, gay rights activists first demanded that psychiatrists drop their long-standing practice of labeling homosexuality as a disease. The protesters disrupted presentations, picketed conference events, and pressured the APA to give protesters a chance to discuss homosexuality as a normal variant of sexuality.

The battle persisted until October 1972, when an expert in classifying psychiatric diseases, Robert Spitzer, spoke with one of the protest leaders, Ron Gold, and arranged a symposium at the APA meeting in May 1973. The subject was, “Should Homosexuality Be in the APA Nomenclature?” Almost a thousand people attended. Later that year, the APA Board of Trustees removed homosexuality, at least in part, from the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II), the official classification system of mental disorders published by the APA.

Understanding why adopting this change took so long requires knowing how homosexuality has been viewed through human history and how physicians determined homosexuality was a disease.

For most of recorded history, homosexuality did not spur scientific interest, nor was it treated as a pathological condition. Evaluated instead through moral and religious lenses, it was often simply condemned. Various religions viewed homosexuality as a perversion of God’s intent for procreation. The Bible even prescribes the death penalty for homosexual behavior; in the King James version, Leviticus 20:13 states, “If a man also lie with mankind, as he lieth with a woman, both of them have committed an abomination: they shall surely be put to death....” With the development of psychiatry in the late nineteenth century, however, an alternative view of homosexuality arose among researchers and physicians who had begun to study homosexuality systematically and label it as a disease. New scientific theories suggested that homosexuality was either inherited or learned. In *Psychopathia Sexualis*, Richard von Krafft-Ebing argued that homosexuality represented a form of degenerate, or defective, human condition. Cesare Lombroso, a late

nineteenth century Italian physician inspired by Darwin’s theory of evolution, contended that homosexuals were at a more primitive stage of human development than heterosexuals.

Not all early scientists suggested that homosexuality was pathological. Karl Heinrich Ulrichs proposed that homosexual men and women constituted a “third sex,” viewing their condition as congenital and biologically natural, thus precluding them from being punished by law or mistreated by medicine. British physician Havelock Ellis, in *Sexual Inversion*, said homosexuality was “inconsistent with environmental causation” because strong homosexual drives appeared at an early age.

Sigmund Freud proposed the most influential model of sexual development, one in which each stage “involves the choice of a new love object: first the self, then the mother, the father, and normally someone else of the opposite sex. This model makes homosexuality an element of everyone’s psychological history.” For Freud, homosexuals were essentially cases of arrested sexual development.

World War II helped to reshuffle psychiatry’s classification system. Wartime psychiatrists couldn’t apply the old nomenclature to describe the mental casualties of the battlefield. By 1948, several new classification systems were in general use. Then in 1952, *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I) was published to establish a standard diagnostic system and to help collect medical statistics.

The first edition of DSM put homosexuality under the broad classification Sociopathic Personality Disturbance: “Individuals to be placed in this category are ill primarily in terms of society and of conformity with the prevailing cultural milieu, and not only in terms of personal discomfort and relations with other individuals.” In other words, it stated that homosexuals who are well-adjusted and able to function socially without distress nonetheless should be diagnosed with a pathological condition. Within this category, homosexuality is mentioned alongside “transvestitism, pedophilia, fetishism, and sexual sadism (including rape, sexual assault, mutilation).”

When DSM-I was published, psychiatrists had spent over half a century discussing the meaning, etiology, treatment, and prognosis of homosexuality. They had heard little opposition except from those who believed homosexuality was a moral issue to be dealt with by the legal system. Thanks to fears of legal sanctions and social ruin, homosexuals during that era understandably remained silent.

But when the 1968 edition of DSM appeared and changed the status of homosexuality only marginally, civil rights and gay liberation activists began to advocate for a revolution in psychiatric thinking. Two years after the publication of this DSM-II, gay activists and dissenting psychiatrists criticized the inclusion of homosexuality in psychiatric nomenclature.

Spitzer, a psychiatrist and psychoanalyst, had been a major participant in developing DSM-II. Although aware of its limitations, he had not considered re-evaluating whether homosexuality was an illness until he met Ron Gold at the APA meeting in 1972. Subsequently, in a paper distributed after the 1973 symposium, “Should Homosexuality Be in the APA Nomenclature?,” Spitzer noted that homosexuality was the only mental disorder in the DSM-II that neither regularly caused subjective distress nor impaired social effectiveness or functioning. Since “many homosexuals are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness,” Spitzer wrote, homosexuality did not meet the requirements for a psychiatric disorder.

As an alternative, Spitzer proposed adding Sexual Orientation Disturbance as a category to apply to “those homosexuals who are in some way bothered by their sexual orientation.” Although several gay activists and their supporters opposed Spitzer’s initiative, Spitzer prevailed and went on to chair revision and development of DSM-III.

The decision by the APA in 1973 to remove homosexuality from DSM II appeared to be a rapid and significant change for psychiatry. However, not advertised to the public was the addition of yet another classification in 1980 under “Other Psychosexual Disorders” called “Ego-Dystonic Homosexuality.” One of the most controversial and contested features of DSM-III, it was

defined as a desire to acquire or increase heterosexual arousal, so that heterosexual relationships can be initiated or maintained, combined with a sustained pattern of overt homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress.

With little fanfare, “Ego-Dystonic Homosexuality” was removed from the revised DSM-III (DSM-III-R) because it “suggested to some that homosexuality itself was considered a disorder. In the United States almost all people who are homosexual first go through a phase in which their homosexuality is ego-dystonic.”

A vestige of “Ego-Dystonic Homosexuality” remains in the current DSM-IV, however, with “persistent and marked distress about one’s sexual orientation” given as an example of a sexual disorder. Although homosexuality is now declassified as a pathological condition, the implication of illness remains. Of course, the “distress” may not be a result of a person’s sexual orientation; rather, it may result from society’s response to one’s sexual orientation.

The history of labeling homosexuality as a disease illustrates that psychiatrists can become vulnerable to subjective judgment. What makes psychiatry unique is its dependence on social criteria and occasional value judgments for reaching a diagnosis, rather than identifying pathophysiological markers.

The DSM, though not a perfect classification, attempts to objectify and re-evaluate the definition of mental illness. The gradual removal of homosexuality from the DSM illustrates how the psychiatric classification system evolves. Will a “persistent and marked distress about one’s sexual orientation” be modified or removed from DSM-V? It may be if psychiatrists and others continue to challenge the boundaries and meaning of their specialty in order to prevent moral, social, and political value judgments from tainting objective and fair assessments of patients. ❏

Barbara de la Torre, a 2005 SOM graduate, is currently a resident in psychiatry at Oregon Health & Science University in Portland. This article was adapted from a paper that won the 2005 Ivan Bruce Memorial Award for scholarship in the history of psychiatry.



Barbara de la Torre

Dissecting Hot Topics *with Cool Reasoning*



“Law, Science, and Society” course explores stem cell research, animal experimentation, medical quarantines, and more from varied angles

BY JOANNA BREMER

In a darkened seminar room, Joan Nichols discusses her research using human and animal stem cells. One hugely magnified image from an electron microscope shows a hollow needle, thinner than a strand of hair, piercing an embryonic cell, otherwise invisible in a drop of liquid.

“How many embryonic cells do you waste in this process?” a student asks.

The projected light reflects on Nichols’ face as she frames her answer. “We don’t see it that way,” says Nichols, an associate professor of medicine working in infectious disease. “We see all the opportunities we have to learn about stem cell mechanisms that keep our bodies functioning. And potentially how to fix the ones that don’t.

“By observing embryonic mouse and human cells, we hope to learn how to coax adult human stem cells to perform the same functions embryonic stem cells are capable of,” she continues. “We’ll use a lot of cells in the process.”

This discussion occurred during an interdisciplinary course, called “Law, Science, and Society,” presented jointly at UTMB every two years by the Graduate School of Biomedical Sciences (GSBS) and the Institute for the Medical Humanities (IMH). Its goal: To introduce values and skills UTMB graduates will find useful in the working world, such as communicating complex science to a diverse group, appreciating individuals’ varied perspectives, and deliberating hot topics in a cool, reasoned way.

Last fall, about fifteen students from across the campus, including me, attended the ten sessions. We heard presentations by a dozen renowned UTMB faculty specialists in diverse fields, such as vaccine development, infectious disease, and human genetics. Often corresponding presentations by legal experts followed those by the scientists, and the seminars concluded with group discussions.

“The speakers were such stellar figures, I felt as if I had been invited to play in the all-star game,” said Paulie Gaido, a Ph.D. student in the IMH.

In the class Nichols led, students sitting around the tables in the ground-floor seminar room of the Ashbel Smith Building included a former high school science teacher, an international graduate student completing his doctorate in cell biology, and a physician and IMH special student from NASA’s space medicine clinic. The cell biology student, Salil Bose, said he appreciated the opportunity “to learn about where law and science intersect and where they can have an influence on one another.”

Leading this coterie were William Winslade, professor in the IMH and at the Health, Law, and Policy

Institute at the University of Houston Law Center, and David Niesel, professor and chair of UTMB’s Department of Microbiology and Immunology and GSBS vice-dean. The course explored such other timely and controversial issues as use of animals in experimental research, the question of when life begins, and employing quarantines in the face of infectious diseases like SARS.

Nichols said intense preparation enabled her to answer questions from many angles—social, religious, legal, legislative, as well as scientific. The process “kept me on my toes scientifically, and gave me a chance to educate as well as to work on my own feelings regarding some pretty hot topics,” issues her scientific presentations generally avoid. “We went well beyond the limits of a lecture or a scientific discussion,” she added. “Nothing was left out, including my own religious background and my own views on some of these subjects.”

The students appreciated that openness. “Science has dimensions beyond the purely scientific,” said Merle Lenihan, an obstetrician/gynecologist and Ph.D. student at IMH. “This class provided a forum for us to examine how what we value in our lives is affected by science.” In 2003, Lenihan was among several UTMB students and two University of Houston law students who participated in the inaugural Law, Science, and Society class. Lenihan said that, as a physician, she feels she needs “to be aware of practices and policies that affect my patients’ lives.”

Susan Night, an attorney and Ph.D. student at the IMH, observed that lawyers tend to perceive things as “linear and monochromatic”: “I wish law students could understand that layers of so many of these issues are not found in the legal code books, nor in Supreme Court decisions, but play a tremendous role in policy decisions.”

Cell biology graduate student Bose said that, as a scientist, he appreciated hearing other perspectives on biomedical topics. “At the end of the day, I take home different ideas from all different angles, and amalgamate them into a new thing.”

That was the point, said Cary Cooper, GSBS dean and professor and former chair of pharmacology and toxicology. The idea was not to teach these topics narrowly. Rather, he said, the course was designed to educate the group about contentious research issues and teach the students and faculty to view them in ways they might not otherwise consider. ■



Striving for the Ideal Curriculum

Why the SAHS has expanded its departmental course offerings

BY CHARLES ALVERSON

“IDEALS ARE LIKE STARS: YOU WILL NOT SUCCEED IN TOUCHING THEM WITH YOUR HANDS. BUT LIKE THE SEAFARING MAN ON THE DESERT OF WATERS, YOU CHOOSE THEM AS YOUR GUIDES, AND FOLLOWING THEM YOU WILL REACH YOUR DESTINY.”

—*Carl Schurz, 1829–1906*

Stephen Ansel, a Texas A&M graduate from Deer Park, Texas, expected to work hard as a student in UTMB’s demanding, two-year Physician Assistant (PA) program. But in his first year, the tall twenty-two-year old figures he’s put in perhaps fifty-five to sixty more hours this year than he would have had to devote if he’d entered the program a mere three years ago.

What’s changed?

A lot. In fall 2002 the School of Allied Health Sciences (SAHS) added a new curriculum, called Team IDEAL, to enhance the education of its 428 students. It stresses interdisciplinary activities and broadens the scope of the courses offered by SAHS’s five departments: Clinical Laboratory Science, Occupational Therapy, Physical Therapy, Physician Assistant Studies, and Respiratory Care.

This constantly evolving curriculum is transforming the way SAHS educates its aspiring health professionals in compassionate, patient-centered care.

According to SAHS Associate Dean for Academic Affairs Henry Cavazos, this philosophy is the “super glue” of the new curriculum—much like ideas emphasizing the importance of mentoring and lifelong learning espoused by physician Sir William Osler (1849–1919), who greatly influenced Western medical education. Cavazos explains: “Osler’s notion of the creation of a caring environment and sharing knowledge has perfect resonance with our efforts.”

And Team IDEAL has clearly won some student approval. “I started out resenting the extra work,” says Ansel, “but now I know what I would have missed if I hadn’t had to take part.”

What Ansel would have missed was a wide range of interdisciplinary events, lectures, and activities. Among them:

- Mentored activities, or small-group community or academic projects that involve a teacher-sponsor and a few students working closely together. For example, Dr. Rodger Marion leads a multidisciplinary group of students studying the impact of spirituality on health and healing.
- Featured events, such as large-group learning activities, live or on film, that are discussed first within each discipline, then in interdisciplinary groups. One example was a video showing a four-year-old boy with cerebral palsy. “The interdisciplinary element was really valuable,” says Ansel. “For instance, the physical therapy students noticed that the boy was using his walker incorrectly. Our PA group missed that entirely.”

“This sort of interdisciplinary cooperation can’t be taught,” observes Gretchen Stone, chair of the SAHS Occupational Therapy Department. “It has to be experienced.”

The object of these joint activities is to help SAHS students develop twelve “competencies,” ranging from critical thinking (applying analytic skills to problem solving) to documentation (mastering effective record keeping).”

Rigorously monitored by Dorothy Pearrow, coordinator of the Team IDEAL program, each student’s achievement of these competencies leads to a “capstone” project in which a small group of SAHS students, sometimes joined by medical and nursing students, collaborate to evaluate, design, and execute a program of medical value.

In one instance, Georganna Coats, twenty-eight, a bubbly, forthright third-year physical therapy student, contributed to an exercise program aiming to alleviate lower back pain. The program was based in a *colonia*, a poor Hispanic community in South Texas served by *Frontera de Salud*, a UTMB-based student volunteer group that sponsors a number of efforts to provide health care to this largely immigrant neighborhood. “In addition to helping meet a health need of an impoverished community,” Coats said, “I improved my Spanish in the process.”



Team IDEAL program coordinator Dorothy Pearrow (right) visits with (left to right) administrative associate Paula Gabriles, medical technologist Eddie Salazar, and SAHS student Nadara Bishop-Reed.

Nadara Bishop-Reed, an enthusiastic twenty-nine-year-old Trinidadian living in Lake Jackson with her American husband and six-year-old son, especially values such projects. Reed-Bishop, now in her final year of the Clinical Laboratory Science (CLS) program, credits Team IDEAL with lessening the isolation of her laboratory-bound colleagues. “In CLS,” she says, “we don’t usually have direct patient contact, and our Team IDEAL projects give us the opportunity to step out of laboratory.”

As a “work in progress,” the Team IDEAL curriculum encourages student feedback through a suggestion box on its web site. Suzanne

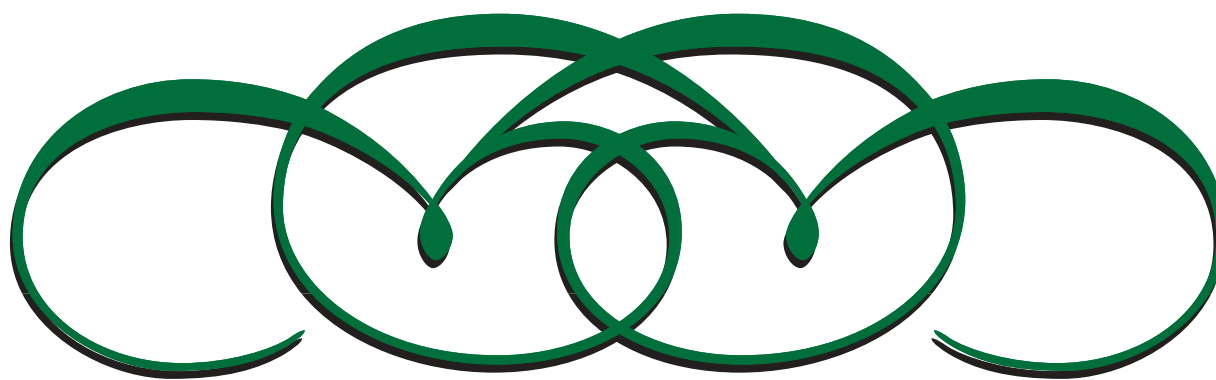
Peloquin, professor of occupational therapy and member of the Team IDEAL board, explains: “We want to hear both the positive and the negative.”

Georganna Coats obliged on both counts. “I found most of the Team IDEAL curriculum very valuable,” she says. “It sets UTMB apart from other schools with otherwise similar courses, and it will make us superior health professionals.”

But, Coats, who will specialize in pediatric physical therapy, considers some parts of the curriculum less rewarding than others. For instance, she found a thirty-minute video of a patient from Guatemala largely a waste of time: “Seeing is not enough for Physical Therapy,” she says. “We need hands-on involvement.” Coats takes SAHS to task for grading only on a pass/fail basis. “I’ve worked hard,” she frets, “and I think I deserve something better than a piece of paper that tells an employer only, ‘Well, anyway, she didn’t fail.’”

Departing SAHS Dean Charles Christiansen acknowledges that Team IDEAL isn’t perfect. He calls it “a story of persistence and passion surrounding the need to educate students in the health professions to become more professional and team savvy.” Like much else in life, he adds, “It’s been an uphill, often difficult climb, and even now the ending is uncertain. But we have a great team of students and faculty working on a quality enhancement plan that will take Team IDEAL to the next level.” ❏

Charles Alverson is a freelance writer based in Serbia.



A COMMUNITY *of* SCHOLARS



WHY ENTERING SOM STUDENTS ARE ENROLLED IN ONE OF EIGHT OSLERIAN SOCIETIES FOSTERING COMPASSIONATE, SCIENTIFICALLY SOUND, PATIENT-CENTERED CARE.

BY JENNIFER REYNOLDS-SANCHEZ

Sandra Caldwell, who previously worked as a consultant for an actuarial firm in Dallas, found the prospect of entering medical school at UTMB both exciting and daunting. Among various forms and pamphlets the school mailed her in summer 2005 to facilitate her freshman year was a flyer discussing a pilot program spawned by UTMB's John P. McGovern Academy of Oslerian Medicine. It invited first-year medical students to become members of a student society in which they would learn together and have access to faculty mentors.

The flyer discussed Sir William Osler, 1849–1919, a Canadian-born physician who embodied and expounded principles of compassionate, scientifically sound, patient-centered care, and it said the School of Medicine aimed to form a pilot student society. Says Caldwell: “It sounded interesting to me, so I decided to sign up.”

When she arrived on campus that September, she found herself among seventeen other students out of a freshman class of 210 who had enrolled in the pilot program. They were divided into two groups. Then on September 20, tropical storm Rita attained hurricane status, rapidly becoming the most intense tropical cyclone ever observed in the Gulf of Mexico. The Level 5 hurricane initially seemed poised to smash directly into Galveston Island but then veered north and made landfall near the Texas-Louisiana border—after sparking the first-ever mandatory evacuation of Galveston. Thanks to that disruption, the Osler Student Society pilot project didn't get off the ground until mid-October.

UTMB's institutional interest in Sir William Osler's approach to medicine had been firmly cemented four years earlier. In 2001, UTMB received a substantial gift from Houston allergist John P. McGovern to endow the John P. McGovern Academy of Oslerian Medicine. The academy, comprising a rotating panel of eight scholars rooted in Osler's principles, was designed to incorporate these teachings into the School of Medicine curriculum.

In 2004, a second generous contribution from McGovern allowed the academy to select six medical students to receive the John P. McGovern Student Scholarships in Oslerian Medicine, the most generous scholarships awarded to UTMB students. In 2005, nine additional recipients were selected, and five more were chosen in 2006. Caldwell was one of the 2006 recipients.

The concept for the student societies was championed by Mark Holden, an associate professor of internal medicine known for his exemplary clinical skills and caring bedside teaching. Holden had been inducted into the academy as an Osler scholar in 2003. Each member of the academy pursues his or her own project to promote Oslerian ideas, and Holden's charge was to move forward with an idea to create an academic and social support network for medical students that had been discussed by faculty over the years. He had heard about some other medical schools that had formed student societies to enrich the academic experience beyond the classroom. After researching the subject, he organized several retreats in 2005 including representatives from the McGovern Academy, the Office of Student Affairs, the Dean of Medicine's office, and the SOM student body. Together, they laid the foundation for the UTMB School of Medicine Osler Student Society pilot program.

Despite the hurricane-spawned delay, over seven months the student Osler groups formed a steering committee, hosted social activities, conducted a holiday food-drive, viewed and discussed "The Doctor"—a 1991 film starring William Hurt as a doctor who had lacked compassion for his patients until he became a patient himself—and a play called "Wondergirl" about the ethical challenges raised by premature infants. The group also began planning a project to decorate a wall near the entrance of the Children's Hospital intended to involve young patients and make them feel more comfortable



Assistant Professor Mark Holden (standing, center rear) meets with one of the eight newly formed Osler student societies.

additional faculty mentors who will be nominated by the students," said Steve Lieberman, vice dean for academic affairs. "The Osler Student Scholars will also be involved as mentors when they can spare time from their clinical training."

The William Osler Student Societies are largely unstructured, allowing the students who participate to develop the groups as they see fit. The faculty members are to be available for advice and support.

"I like to describe the concept as student-centered, faculty-mentored," said Holden.

Ned Snyder, professor of gastroenterology and president of the UTMB Alumni Association Board of Trustees, sees the societies as resembling the fraternities that served as support networks when he was a medical student more than thirty years ago.

"One of the unique strengths of UTMB is that it's more nearly a community than are other medical schools in big cities," Snyder explained. "Many people live near one another and know each other. Underclassmen have access to upperclassmen. That's what made the fraternities so valuable back when I was a student. We were able to learn from upperclassmen. I hope the Osler Student Societies provide that kind of support for today's students."

Caldwell anticipates that the student societies will create a support network for generations of medical students to come. "I hope that the types of students who come to UTMB will want to be involved in the sorts of projects that come out of the societies," she said, "and that the societies will help make them want to come here." Down the road, she added, she hopes "people will say, 'Hey, UTMB has these unique groups where you have upperclassmen as mentors, make friends, get to know people that become a part of your support group, and nobody falls through the cracks.' I think the societies really have that potential." ❏

during their stays.

The success of the pilot project prompted philanthropist McGovern to contribute additional funds to establish eight student Osler Student Societies for the class that entered in August 2006.

"Thanks to Dr. McGovern's generosity, all incoming freshmen will be assigned to one of eight societies, each with a faculty mentor from the academy, plus four or five



Learning

Geriatrics

from the Comfort Zone

SON professors are developing twenty online topics—
most designed to educate caregivers about needs of elderly patients

BY JOHN KOLOEN

It's late one weekend afternoon. Robin Rhodes rises from the comfortable chair in front of her computer in the den of her Conroe, Texas, home for a break from her online studies. She pads into the kitchen, begins to brew a cup of coffee, does a chore while waiting for the water to boil, and finally returns to the computer, filled coffee cup in hand. Slipping back into the chair, she moves the mouse to click on the next chapter on Mental Status Assessment and continues her quest to gain knowledge and continuing education credits.

A self-described member of the Sandwich Generation—"with adult children on one side and an elderly father on the other"—the fifty-year-old nurse at Conroe Regional Medical Center finishes the section on evaluating cognitive functions. She learns, among other things, that nearly half of all elderly people in nursing homes suffer from dementia. She then successfully completes a brief online examination covering the material she's just read and moves on to a section discussing case studies. Without any breaks, it would take about an hour to complete the training on Mental Status Assessment. Attending a workshop or class to cover the same material, assuming one could be found, would easily take half a day, including drive time. It's time Robin Rhodes doesn't have.

A veteran of online learning, Rhodes says this approach is “convenient and ‘time effective’ for me. You can break up your session if you have to. You can sit in your PJs and drink coffee while doing it. Honestly, what better place to learn than in your own comfort zone?”

The free, online Comprehensive Geriatric Education for Nurses program debuted in 2004 and has proven to be a popular World Wide Web destination for nurses and others who want to learn about the health needs of the elderly.

It is one of a series of twelve healthcare topics designed to educate nurses and other caregivers about the special needs of elderly populations being developed by Associate Professor

Linda Rounds, coordinator of the Gerontological Nurse Practitioner Program in the School of Nursing, and colleague Assistant Professor Bethany Rappaport, a gerontological nurse practitioner. Five of these topics are currently available online, with the remainder due to be completed over the next year. In addition, a series of eight topics are planned to help nurses assume leadership roles in geriatrics. The federal Health Resources and Services Administration funded the project with a three-year, \$355,000 grant.

Nearly five hundred people have accessed the program since its inception. “The numbers, to me, are impressive,” Rounds said. “I think if we had developed this for the classroom, we certainly would reach people but I don’t know whether we’d reach this many.”

One of Rounds’ academic interests is outcomes of Web-based education. For her, Web-based instruction is more than an adjunct to the traditional classroom.

“One of the missions of the School of Nursing is distance education, and I think the school is a leader in distance education,” she said. “I also sit on the Texas State Board of Nurse Examiners, which is the licensing agency for the state, and we see a lot of changes in terms of nursing education. More and more schools are offering at least part of their programs online.” Rounds is currently

president of the state licensing board.

By offering online programs such as the Comprehensive Geriatric Education for Nurses, the School of Nursing is able to reach people who would otherwise not participate in UTMB

programs. “In my other online program, the Gerontological Nurse Practitioner Program, I have students from all over the state, not just the Houston-Galveston area,” Rounds said. “Online education allows people to adapt their education to their lifestyles.” She notes that online students often have full-time jobs and families and schedule their schoolwork around their busy lives. “You can’t always do that in a classroom,” she said.

The target audience for the geriatric

nursing program is caregivers like Rhodes who work in East Texas, particularly those working at nursing homes. “We work with the East Texas Geriatric Education Center and the East Texas AHEC [Area Health Education Center] to promote it,” Rounds said. Rounds distributes brochures about the program to various hospitals, assisted living facilities, nurses, and alumni to help get the word out.

The Web site—<http://www.utmb.edu/geriatric-ed/>—currently addresses the following topics: Functional Assessment, Mental Health Assessment, Physical Restraints, Falls and Falls Prevention, and Polypharmacy—the latter of which describes the practice of taking, prescribing, or administering too many medications. Each of the topics takes about an hour to complete. While the topics address the needs of nursing professionals, access is free to anyone who registers.

“Geriatrics has been my personal interest for a long time,” Rounds said.

“If you look at the population statistics, that alone should motivate all of us to learn more about geriatrics. We’re going to have all kinds of people living to eighty and ninety years old. We need people who are educated about how to help, take care of, and work with older adults.” ❖



Linda Rounds, the Betty Lee Evans Professor of Nursing, developed twelve free on-line health-care topics to educate nurses and other professional care-givers about the special needs of the elderly.



MELDING FORM & FUNCTION

The Sealy & Smith and Wortham foundations and the Burnses support plaza project enhancing UTMB's healing environment

BY CHRISTIAN MESSA

A lushly landscaped plaza featuring a two-level parking area and a spectacular, cascading fountain has risen on the east end of UTMB's campus, north of Market Street at Sixth.

Thanks to the foresight and generosity of The Sealy & Smith Foundation, UTMB is implementing a twenty-year expansion project adding about three-and-a-third million square feet of new or renovated space—plus improved access. The plaza is the centerpiece around which this expansion will take place.

The Wortham Foundation Inc. and Galveston and Houston philanthropists Pat and Fred Burns made munificent contributions to the plaza project, which was completed this fall. Its focus is to strengthen UTMB's "healing environment"—making the campus more accessible, welcoming, and nurturing to patients, students, employees, and visitors. The new development also aims to improve public access to existing and anticipated clinical, educational, and research buildings that are part of UTMB's twenty-year plan.

Beginning at Sixth and Market streets, a new en-

trance flows into a central plaza designed as a quiet oasis amid the usual hustle and bustle on the UTMB campus.



The new UTMB plaza, seen from the east as it might look two decades hence—including anticipated construction in foreground.

In addition, this new University Plaza—bounded by Darrell Royal Avenue on the south, Texas Avenue to the north and UTMB's R. Waverley Smith Pavilion to the west—provides more than 440 additional patient and visitor parking spots as well as signage directing visitors to nearby clinical facilities.

The Sealy & Smith Foundation—which is dedicated to improving the

health of Galveston Island residents exclusively through grants to UTMB—made a pivotal contribution to the plaza effort when its board of directors allowed UTMB to construct the plaza on land the foundation owns.

Thanks to grants from the Wortham Foundation of Houston and from Mr. and Mrs. Burns, the plaza will be much more than a parking lot. It has been designed with a multiple-tier fountain, walkways and benches, and landscaping designed to provide shade and create a tranquil environment intended to reduce the tension and stress often associated with visits to large medical centers. The concept of creating a healing environment is based

on research suggesting that viewing and interacting with nature and visual arts promotes healing. A \$355,000 Wortham Foundation grant funded the plaza project, financing the construction of a fountain, seating, and inviting brick walkways along the plaza's perimeter.

Pat and Fred Burns matched the Wortham Foundation's contribution to the plaza beautification project. Their gift subsidized an artistic element and landscaping. Fred Burns chairs UTMB's "Timeless Values, Pioneering Solutions" comprehensive campaign, a \$250 million comprehensive fund-raising initiative. He also chairs John L. Wortham & Son, L.P., a Houston insurance brokerage and risk-services firm. Pat Burns serves on the advisory councils of UTMB's schools of Nursing and Allied Health Sciences. Pat Burns also is a member of the university's Development Board, a volunteer organization that helps forge fund-raising strategies for UTMB; its members act as "ambassadors" who lead efforts to reach out to alumni, patients and other supporters.

Yet another UTMB project designed to enhance the comfort of patients, health care providers, and visitors is the proposed Family Garden. Located near the Children's Hospital, off the main hallway in the John Sealy Hospital, the renovated garden would be a place where children can play and adults can enjoy a beautifully landscaped, stress-free space. The project is made possible by an additional \$50,000 grant from the Wortham Foundation.

UTMB President John D. Stobo said support by the Wortham Foundation, the Burnses, and The Sealy & Smith Foundation has helped the university "establish not only a very critical access point at the east end of our campus but one that offers an inviting and comfortable atmosphere for our patients, students, and staff conducive to healing mind, body, and spirit." Stobo continued: "Their contributions to these projects are really contributions to the

health and well-being of those we serve. For many years to come, their gifts to the University Plaza project will remind us all of the generosity and vision of these benefactors."

Established in 1922 in Galveston, The Sealy & Smith Foundation is dedicated to helping UTMB further its patient care mission. John Sealy II and Jennie Sealy Smith incorporated the foundation to perpetuate the philanthropic legacy of their father, John Sealy. Since its establishment, the foundation has donated more than \$500 million to UTMB programs of excellence that enhance the quality of, and access to, patient care services.

Dedicated to the cultural arts and civic beautification, the Wortham Foundation has supported campus improvements at UTMB, such as helping restore the Ashbel Smith Building, which housed the university's medical school when it opened in 1891. In addition, the Wortham Foundation gave \$50,000 for the construction of the Gus and Lyndall Wortham Fountain on the western side of the

UTMB campus. The fountain is named in memory of the influential Houston philanthropists and civic leaders who established the Wortham Foundation in 1958.

Ardent UTMB supporters, Pat and Fred Burns have contributed to such programs and initiatives as the School of Nursing scholarship fund, Nelda C. and H.J. Lutcher Stark Diabetes Center, and Russell Shearn Moody Distinguished

Chair in Cognitive Rehabilitation. Pat Burns served as honorary co-chair of the university's Cognitive Rehabilitation Initiative, which funded three endowed faculty positions: the Russell Shearn Moody Distinguished Chair, Fannie Kempner Adoue Distinguished Professorship and Catherine E. Koester Professorship. In addition to their contributions to UTMB, the Burnses have actively supported preservation of historic Galveston, often through the Galveston Historical Foundation. ■



Viewed from the east, the new University Boulevard/Sixth Street gateway leads visitors into campus (underground parking is to the left).

Jeffrey M. Baker (associate professor and director of counseling and student services, School of Allied Health Sciences) received the Distinguished Service Award from the Board of Advocacy of the American Psychological Association. The award cited his "extraordinary" efforts to increase psychological services in underserved communities as well as to further graduate psychological education by placing psychologists in community health centers.

Jose M. Barral (assistant professor, Neuroscience and Cell Biology) last July was named as one



of fifteen biomedical researchers nationally to be recognized by the Pew Charitable Trusts for "most promising" research. He will receive \$240,000 over four years to

research a biomedical project of his choice. His field is human neurodegenerative disease. The Pew Scholars in Biomedical Sciences program was launched to support researchers in the early and mid-stages of their careers and to date has invested more than \$100 million to fund 400 scholars. Unlike many traditional research grants with strict guidelines, Pew Scholars are encouraged to be entrepreneurial, to take calculated risks, and to follow unanticipated leads to maximize the benefits their research brings to society.

Jerry C. Daniels (professor and associate chair, Internal Medicine) was presented his mastership in the American College of Physicians. Masters comprise a small group of highly distinguished physicians who have achieved recognition in medicine by exhibiting preeminence in practice or medical research, holding positions of high honor, or

making significant contributions to medical science. The 545 Masters of the American College of Physicians are selected competitively, and only a limited number are chosen each year.

J. Andrew Grant (professor, Microbiology and Immunology, and program director, Allergy and Immunology) received one of only two National Distinguished Fellow awards from the American College of Allergy, Asthma & Immunology (ACAAI). The distinguished fellow award is the equivalent of a lifetime achievement award issued by the ACAAI. The ACAAI, with forty-nine hundred members, is a leading professional association for allergists and immunologists.

Raymond Lewis Jr. (associate dean of admissions and student affairs, School of Allied Health Sciences) received the National Association of Social Workers (NASW) Gulf Coast Branch Lifetime Achievement in Social Work Award. Among other accomplishments, he has created human service programs, such as an after-school tutorial program for the children in a low-income housing development and has worked to revitalize the Rosewood Cemetery, an historic and neglected African-American cemetery.

P. Jay Pasricha (professor, Internal Medicine, and chief, Gastroenterology and Hepatology) was appointed to the National Commission on Digestive Diseases, which is charged with conducting an overview of research in digestive diseases and developing a strategic plan for the next ten years of National Institutes of Health (NIH) digestive diseases research. The commission is comprised of sixteen members appointed for the duration of the commission by the director of the NIH. The members have broad expertise in academic or medical

research and practice communities involved in digestive diseases research or patient-oriented organizations, or have close personal or family experience with digestive diseases.

C.J. Peters (professor, Microbiology and Immunology, and the John Sealy Distinguished University Chair in Tropical and Emerging Virology) was named the 2006 recipient of the Clinical Virology Award from the Pan American Society for Clinical Virology for his "significant contribution to the field of clinical virology."

Loree A. Primeau (associate professor, Occupational Therapy) has been designated a fellow of the American Occupational Therapy Association for outstanding contributions to research and theory development.

Leonard E. Swischuk (chairman and professor, Radiology, and director, Pediatric Radiology) received the Gold Medal from the Texas Radiological Society in April 2006. The award recognizes his outstanding contributions to radiology and radiologists in Texas.

Pamela G. Watson (dean, School of Nursing) received the Excellence in Nursing Leadership Award from the Alpha Delta Chapter of Sigma Theta Tau International in April 2006. The award is presented annually to an individual who demonstrates excellence in leadership, interacts with others in a positive encouraging manner, demonstrates leadership and organizational skills, promotes service activities that encourage the growth of others, and influences the professional practice of nursing through leadership activities. Sigma Theta Tau International is the honor society of nursing and it exists to promote the

development, dissemination and utilization of nursing knowledge.

Five faculty physicians were honored recently for their exceptional skill in teaching the art of compassionate patient care to medical students in actual clinical settings.

Bernard M. Karnath (associate professor, Internal Medicine), **Olugbenga B. Ojo** (assistant professor, Internal Medicine), **Patricia A. Rogers** (associate professor, Pediatrics), **Daneshvari R. Solanki** (professor, Anesthesiology), and

Michael M. Stone (assistant professor, Psychiatry and Behavioral Sciences) each received an inaugural Excellence in Clinical Teaching Award from UTMB's John P. McGovern Academy of Oslerian Medicine, and with it a \$4,000 stipend to support his or her professional development and teaching programs. The McGovern Academy of Oslerian Medicine is dedicated to promoting the ideals of Sir William Osler (1849–1919). The Canadian doctor pioneered many revolutionary approaches to teaching clinical medicine, most notably the modern medical

residency program and the practice of bedside teaching for medical students, which provides valuable, hands-on learning experiences to augment classroom instruction. "William Osler believed that the art of medicine was as important as the science," said UTMB President John D. Stobo. "UTMB is dedicated to that principle as well. That's why I'm especially proud that Jack McGovern has made it possible for us to give outstanding clinical teaching the same level of recognition as we give outstanding research."

IN MEMORIAM

J. Palmer Saunders died April 16, 2006, in Timonium, Maryland. He was ninety. Saunders was the first full-time dean of the UTMB Graduate School of Biomedical Sciences (GSBS). He served in that role from 1974 to 1987 and was appointed dean emeritus in 1990. Under his administration, UTMB's graduate biomedical education grew dramatically in scope and stature. He played a pivotal role in establishing an integrated M.D./Ph.D. program as well as Ph.D. programs in neuroscience and the medical humanities. His generosity and commitment to UTMB led to the establishment of two endowed professorships in the GSBS. He is remembered as a strong community leader and one of Galveston's most distinguished citizens. Before coming to UTMB, he had a distinguished career that included research work for the U.S. Army and key posts within the National Institutes of Health and the National Cancer Institute. Saunders was preceded in death by his son, George Palmer Saunders, and by his first wife, Margaret Siebert Saunders. He is survived by his wife, Mary, and his daughter, Margaret Adam, her husband, Stewart Adam, and grandsons Jack and Stephens Adam of Kettering, Ohio. He also is survived by a granddaughter, Susan Saunders, of Morgantown, West Virginia, and by two stepsons and their wives and children. The family requests that contributions be made to the charity of your choice or to the Mary and J. Palmer Saunders Professorship for Excellence in Teaching at the UTMB Graduate School of Biomedical Sciences, 301 University Boulevard, Galveston, TX 77555-1041.

Roberto Logroño (director, Cytopathology) died March 30, 2006, at his home in League City, Texas. He was forty-nine. Dr. Logroño graduated from the Universidad Autónoma de Santo Domingo, in the Dominican Republic, in 1982. He completed a residency in anatomic and clinical pathology in Livingston, New Jersey, in 1991, and a fellowship in cytopathology in 1995 at the University of Wisconsin, where he remained on the faculty until he was recruited to UTMB in 1997. His time at UTMB was marked by technologic advances in cytopathology, as well as advanced testing approaches, increased academic stature for the department, and a level of excellence in clinical services. He was known as a kind, considerate, honest gentleman, a scholarly academic physician, and a generous person who willingly gave more than his share for his colleagues, institution, and patients. He received formal commendations for the quality of his teaching of medical students, and was named one of America's Top Doctors in 2003 and then again every year until his death. He was appointed to the editorial boards of *International Seminars in Surgical Oncology*, *Cancer*, and *Check Sample*, and regularly presented national workshops and international meetings for the American Society for Clinical Pathology, American Society of Cytopathology, U.S. and Canadian Academy of Pathology, and the British Society for Clinical Cytology. Logroño is survived by his wife, Nancy, and daughters Natalie and Paula; his mother, Blanca; his brothers, Mike, Ricardo, and Eduardo; and his sister, Yolanda. He was preceded in death by his father, Miguel Angel Logroño, who was a prominent pathologist in Santo Domingo.

Quote

UNQUOTE

*UTMB personalities in the news,
excerpted from print and broadcast media.*

Organ re-engineered for the first time

The once-fanciful dream of regrowing the heart and other failing organs has suddenly edged closer to reality: The first complex organ, the bladder, has been rebuilt in seven patients from living tissue cultivated in the lab. Dr. Joseph Zwischenberger of the University of Texas Medical Branch, who edits the journal of the American Society of Artificial Internal Organs, questioned how well the new bladders worked in the first few patients and raised a “red flag” about two patients who left the study for personal reasons and were ultimately omitted from the results. He also said...attempts to commercialize the technique should add some skepticism toward the findings, which he nonetheless called “very interesting preliminary data.”—Jeff Donn, writing April 6, 2006, in *USA Today* (circulation 2,272,815)

Mumps epidemic surprises Midwest

A mumps epidemic striking Iowa and spilling into neighboring states

is a reminder that once-common childhood diseases may be forgotten but not gone, health officials say. “The take-home message for parents is to make sure your children are immunized,” says pediatrician Martin Myers of the University of Texas Medical Branch, Galveston, director of the National Network for Immunization Information. Vaccines have made once-common childhood diseases a rarity, Myers says, but “it’s important for people to understand that just because you don’t see them doesn’t mean these diseases are not around.”—Anita Manning, writing April 9, 2006, in *USA Today* (circulation 2,272,815)

Solutions to problem of uninsured Texans

Experimentation, increased education of health care providers and the creation of a virtual care system were some of the recommendations a task force offered...on how to fix the state’s growing problem of uninsured residents. The task force, made up of 10 academic health institutions in Texas, also recommended using

the three-share approach, where the costs of insurance are evenly split between the employee, employer and the state. Another recommendation calls for the state switching its indigent health care system from a county-based model to regional multi-county health districts. “Patients (from smaller counties) come to large metropolitan centers such as Houston, Dallas, San Antonio to seek care through emergency rooms, which cannot turn them away. These counties whose patients go to other counties for health care often accept no financial responsibility for the care of their own residents,” said John Stobo, president of the University of Texas Medical Branch at Galveston.—Juan Lozano, writing April 18, 2006, in the *Dallas Morning News* (circulation 465,469)

Mom’s attention benefits preemies

A mother’s attentiveness early in life makes an important difference in tiny preemies’ development, even through elementary school, according to a study published May 1. Dr. Karen E. Smith of the

University of Texas Medical Branch in Galveston led the research, part of an ongoing study of 360 children born between 1990 and 1992. Many of these children were born at a very low weight—around 2 pounds, on average—while the rest were normal-weight, term newborns. “An encouraging finding was that, despite the increased risk for slower cognitive growth found for those born at a [very low birthweight], responsive parenting was able to moderate this risk,” Smith and her colleagues write.”—appeared May 2, 2006, on *MSNBC.com*

Beyond the pale: Is tanning addictive?

Several recent dermatological studies have found that among those who regularly sunbathe on the beach or a tanning bed, a subset may have a chemical dependency on harmful UV rays. “I have some patients who are tan all the time and have had multiple skin cancers,” says Dr. Richard F. Wagner Jr., a dermatologist with the University of Texas Medical Branch. “They said they can’t and won’t stop. The skin cancer is a fallout of the behavior, but they don’t seem to be able to help themselves.” Wagner co-authored a 2005 paper in which his team modified screenings normally used to classify alcohol, drug and other substance disorders, then used them on beachgoers near his Galveston office to find out their tanning habits: 26% met the diagnostic criteria for a substance-related disorder in one screening, 53% in the other.—Julian Kesner,

writing May 4, 2006, in the *New York Daily News* (circulation 795,153)

Hospitals ready for the bird flu threat

If a flu pandemic hits Houston, bedside manner will be the first to suffer.... “It’ll be the worst thing that’s ever happened,” said Dr. C.J. Peters, director of biodefense for University of Texas Medical Branch at Galveston. That’s why hospitals have detailed plans for triaging and treating bird flu patients while protecting everybody else. Dr. C. Glen Mayhall, health care epidemiologist at the UTMB campus at John Sealy Hospital in Galveston and author of a leading reference book on hospital infection control, has put together an intricate plan for UTMB.—Leigh Hopper, writing May 8, 2006, in the *Houston Chronicle* (circulation 521,419)

Indian Ocean virus gets an upgrade

Scientists are beginning to unravel the causes behind a massive outbreak of a little-known viral disease that’s plaguing islands in the Indian Ocean. A broad sequencing study has yielded hints that the culprit, called the Chikungunya virus, may recently have undergone mutations that have made it more adept at causing infections. But further work is needed to prove the links. “It’s good work, and they’ve done lots of sequencing,” says Scott Weaver, an

expert in insect-borne viruses at the University of Texas Medical Branch in Galveston. But for now, any link between viral sequence and epidemiology remains “very speculative,” he says.—Martin Enserink, writing May 24, 2006, in *Science Magazine* (circulation 126,204)

This is your brain on nanotubes

Carbon nanotubes have for more than a decade been prized by materials scientists. They’ve added them to batteries to increase their surface area and are developing light-emitting nanotubes for telecommunications. Now...Texas researchers have demonstrated that mats of single-walled carbon nanotubes can communicate electrical signals to neurons, suggesting that the tubes could be used as an electrical interface between neural prosthetics—devices used to replace damaged or missing nerves—and the body. This is good news for those hoping to use nanotubes to stimulate or replace nerve cells in the eye, brain, and spinal cord. The Texas researchers grew rat neurons on thick mats of carbon nanotubes seeded on flexible plastic sheets. Instead of treating the mats like a foreign surface, neurons take well to the nanotubes, says Todd Pappas, director of sensory and molecular neuroengineering at the University of Texas Medical Branch, who led the research.—Katherine Bourzac, writing May 27, 2006, in the *Wall Street Journal* (circulation 2,049,786)

Graduate School of Biomedical Sciences

1960s

Gwen Adrian, Ph.D., ('65 Human Biological Chemistry and Genetics) earned a Ph.D. in biochemistry from the University of Texas Health Science Center at San Antonio (UTHSC-SA) in 1980. She joined the faculty of the UTHSC-SA Department of Cellular and Structural Biology where she taught graduate and medical students and did research on expression of the human transferrin gene. Four Ph.D. students graduated from her laboratory. Adrian retired from UTHSC-SA in December 1999 and currently works one day a month on an ongoing research project with Dr. Kathryn Fischbach at the University of Texas at San Antonio. **Gilbert A. Castro, Ph.D.**, ('66 Microbiology and Immunology) retired from the University of Texas Health Science Center at Houston in August 2005 after 33 years of service. He currently serves the University of Texas at El Paso as vice president for health affairs. At Houston, he was a professor in the medical school's Department of Integrative Biology and Pharmacology and a member of the Graduate School for Biomedical Sciences. Administratively, he served the medical school as associate dean for special projects and also held the positions of vice president for education access and equity, interim executive vice president for academic affairs and vice president for inter-institutional relations. Castro recently agreed to serve on the UTMB GSBS Associates Executive Board. His hobbies and interests relate to his enthusiasm for the outdoors, woodworking, K-12 education and family. He and his wife, Georgia, have two daughters and six grandchildren.

1970s

Evelyn Tiffany-Castiglioni, Ph.D., ('79 Human Biological Chemistry and Genetics) was recently appointed president of the UTMB GSBS Associates, the alumni association for the graduate school. She is head of the

Department of Veterinary Integrative Sciences and associate dean for undergraduate education in the College of Veterinary Medicine and Biomedical Sciences at Texas A&M University. She carries out research on the neurotoxicity of environmental contaminants that has been funded for more than 20 years by grants from the National Institutes of Health, Environmental Protection Agency, Department of Defense and private foundations. Tiffany-Castiglioni is currently a member of the editorial board of the *International Journal of Developmental Neuroscience* and an associate editor for *Neurotoxicology*. One of her main hobbies is music. She has published numerous harp arrangements of traditional tunes with Afghan Press and is the outgoing president of the Scottish Harp Society of America. She is married to A. Joseph Castiglioni, Ph.D., M.D., (UTMB '80) and they have two children: Anna, a landscape architect, and Peter, a computer science student. **Larry W. Thorpe, J.D., Ph.D.**, ('78 Anatomy) was recently appointed a partner in the firm of Beirne, Maynard & Parsons, LLP, in Houston. Beirne, Maynard & Parsons represents major companies in civil trials, arbitrations, appeals and other proceedings throughout the nation and the world. Founded in 1987, the firm is Texas' largest litigation-only law firm.

1980s

William H. Griffith, Ph.D., ('80 Pharmacology and Toxicology) has been serving as head of the Department of Neuroscience and Experimental Therapeutics at the Texas A&M Health Science Center College of Medicine, in College Station, Texas, since June 1, 2006. He has been at Texas A&M since 1984. Griffith also has worked as a research associate for the Department of Pharmacology at the University of London School of Pharmacy and as a postdoctoral fellow in the Department of Neurology at Baylor College of Medicine in Houston.

1990s

Jacques Baillargeon, Ph.D., ('97 Preventive Medicine and Community Health) began working at UTMB in July 2006 when he joined the Department of Correctional Managed Care, Division of Outcomes and Quality Research, and the Department of Preventive and Community Medicine. He said, "I'm very excited to be back at UTMB, and feel especially honored to serve on the GSBS Associates Executive Committee." He and his family spent the past eight years in San Antonio where he served on the faculty at the University of Texas Health Science Center at San Antonio. He worked in the departments of Epidemiology and Pediatrics and was involved in research projects focusing on a range of epidemiologic topics, including obesity and childhood cancer, inflammatory cytokines and prostate cancer and infectious diseases in the Texas prison system. Baillargeon's wife, Gwen, completed her M.S. in biostatistics at UTMB in 1999 and has worked as a biostatistician at Genzyme Oncology, a cancer pharmaceutical company. **Kate de Medeiros, M.S.**, ('99 Graduate Allied Health Sciences) was awarded a Ph.D. in gerontology in May 2006. She accepted a position as senior research fellow with the Copper Ridge Institute, a dementia research organization affiliated with the Johns Hopkins University School of Medicine and housed at Copper Ridge, a dementia-care facility in Sykesville, Maryland (near Baltimore). The organization's mission is to "conduct and evaluate research and to educate about care practices that involve aging persons. Meeting this mission will improve the quality of life for patients and families with Alzheimer's disease and other memory-impairing disorders." **Anil Namboodiripad, Ph.D.**, ('96 Cellular Physiology and Molecular Biology) recently accepted a position as associate director in global marketing at Bristol-Myers Squibb. Previously, he was in international marketing at Abbott Laboratories in Chicago and, before that, was a strategic manage-

New news from old friends

That's what the Class Notes section is all about.

Drop us a line. Send us a photo.

Please let us know what you've been up to.

We'd love to hear from you.

Send your name, news, school and year of graduation, telephone number, and current place of residence to: **UTMB Magazine Class Notes**, c/o your school as indicated under "UTMB Alumni Contacts" on the inside cover of the magazine. If sending e-mail, please make "Magazine Class Note" your subject line. Photos are welcome.

ment consultant with Booz Allen Hamilton, Inc., in New York. He lives in Yardley, Pennsylvania, with his wife, Ambika. **Stephen F. Sarabia, Ph.D.**, ('97 Pharmacology and Toxicology) has returned to academic research to study the endocrinology of estrogens and androgens, a subject that first caught his interest when he was a graduate student. He is a postdoctoral fellow at the Baylor College of Medicine in Houston and recently presented a seminar to UTMB environmental toxicology students about his data on the influence of steroids on thrombosis. Sarabia enjoys catching up with the many former UTMB students who now work in the Texas Medical Center and says "howdy" to all other UTMB alumni. **Kristi Schrode Travers, Ph.D., J.D.**, ('98 Medical

Humanities) is an in-house lawyer for Johnson & Johnson. She is based in Northern California and supports several medical device companies. She and her husband, Mischa Travers, are pleased to announce the birth of their daughter, Lindsey Elaine Travers, who was born in October 2005.

2000s

Dora Bocangel-Wiederhold, Ph.D., ('03 Neuroscience) worked full-time this past year as a scientist in the Department of Clinical Research and Development at Introgen Therapeutics, a Houston-based biotechnology company. Introgen specializes in the development of gene-therapy approaches for the treatment of cancer. Before that, she was a postdoctoral fellow at MD Anderson

Cancer Center, where she performed clinical research studies investigating potential gene therapy applications of TNF-alpha and MDA-7 on *in vitro* models of esophageal and lung cancer. She has agreed to serve on the UTMB GSBS Associates Executive Board. **J. Shawn Jones, Ph.D.**, ('02 Pharmacology and Toxicology) became an assistant professor of pharmaceutical sciences at the University of Charleston School of Pharmacy in Charleston, West Virginia, in June 2006. It is a new school and she will have the unique opportunity of being part of the original faculty for the inaugural class and participating in establishing the pharmacy program and the governance of the school. As the sole faculty member with epidemiology experience, Jones will be introducing

GSBS DISTINGUISHED ALUMNUS AWARD



CYNTHIA ROBBINS-ROTH, principal, BioVenture Consultants, was named the 2006 GSBS Distinguished Alumna for achieving special recognition in her professional career. She earned her Ph.D. in biochemistry from UTMB in 1980, completing postdoctoral work at UTMB in the Department of Microbiology and Immunology. Subsequently, she worked as a research scientist within the immunology and protein biochemistry groups at Genentech, Inc., and then joined the business development group at California Biotechnology Inc. in Mountain View, California.

Robbins-Roth has served the bioscience industry since 1986, consulting on technology assessment, competitor analysis, strategic planning, due diligence, market analysis, and fund management. Her clients include major venture capital firms, established pharmaceutical companies, and early-stage biotechnology companies. She serves on the board of directors of NewBiotics, an early-stage biotechnology company, and is a former board member for Xavos Corp. She also serves on the scientific advisory boards of Genesys Capital (Toronto) and BioVeda Capital (Singapore).

She founded BioVenture Publishing, which produced *BioVenture View*, a monthly newsletter covering key business and product developments, and *BIOPEOPLE Magazine*, the first biotech industry business magazine. She was the founding editor-in-chief (1989–1991) of BioWorld Publications, the first daily biotechnology news and information service. She is the editor and author of *Alternative Careers in Science: Leaving the Ivory Tower* (Academic Press) and writes a biotechnology column for *Forbes ASAP* magazine and BiotechnologyInvesting.com. Her second book, *From Alchemy to IPO: The Business of Biotechnology*, was published in 2000 by Perseus Press and was rated one of the best business books for biotech investors by The Motley Fool.

epidemiology into the curriculum with an emphasis on pharmacogenetic epidemiology. She also will have the opportunity to work with the Charleston Area Medical Center and Dow Chemical to develop research studies in pharmacogenetic epidemiology. Her long-term goal has been to combine her Ph.D. in pharmacology and toxicology with her experience in molecular genetic epidemiology to build a career in pharmacogenetic epidemiology research and teaching. She feels this position is perfect for obtaining that goal.

Lavanya Rajagopalan, Ph.D., ('05 Human Biological Chemistry and Genetics) has completed the first year of her post-doctoral training at the Baylor College of Medicine. She has just been awarded the Keck Nanobiology Post-Doctoral Fellowship by the Keck Center for Interdisciplinary Bioscience Training and the

Gulf Coast Consortium, to continue her post-doctoral research in the area of auditory neuroscience using electrophysiological and nanophotonics methodologies. In her spare time, she also continues to pursue her passion of teaching and performing Indian classical dance.

Kirk L. Smith, M.D., Ph.D., ('00 Combined Program, Medical Humanities) recently agreed to serve on the UTMB GSBS Associates Executive Committee. He is the executive director of UTMB's *Frontera de Salud*, a member of UTMB's Institute for the Medical Humanities, the associate director for community outreach at the UTMB Stark Diabetes Center, the Arnold P. Gold Foundation Assistant Professor of Family Medicine at UTMB, and an adjunct professor at Hunan Normal University in China. He also became a first-time father in May 2006. Continuing work he

started as a third-year UTMB medical student doing a clerkship at the Brownsville Community Health Center, *Frontera* now includes two official chapters at UTMB and UTHSC–San Antonio. Approximately once a month, *Frontera* volunteers travel to underserved communities near Brownsville, Laredo and Corpus Christi to provide services to the working poor. Smith saw the enormous hardships of the Valley's "working poor"—those who were employed, but uninsured, who earned too much for Medicaid and were too young for Medicare. He joined with other health professions students in 1998 and founded *Frontera de Salud*.

In Memory

Billie Jo Lankford '73
(Experimental Pathology) Galveston,
November 25, 2005

School of Allied Health Sciences

For news and updates about School of Allied Health Sciences alumni, please visit our website at <http://www.sahs.utmb.edu/alumnirelations/>.

1970s

Julie Lowrey Garner, OTR, MS, Med, ('75 Occupational Therapy) recently re-entered the workforce after a brief, six-year retirement. She is only working part-time, but loves it.

1980s

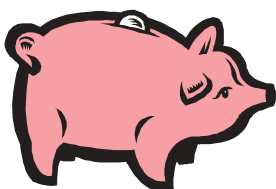
Kim Fine Harwell ('80 Physical Therapy) is director of rehabilitation at Kindred Hospital in San Antonio, a position she's had for nearly a decade. Her daughter graduated from the University of Texas at Austin in 2005. She is an elementary school special education teacher in Austin, and is considering working towards a degree in speech therapy. Harwell's son is studying mechanical engineering and works for a company that repairs and delivers wheelchairs and other medical devices. **Debra S. Munsell, MPAS, PA-C,** ('81 Physician Assistant) returned to UTMB in 2005 as a faculty member in the Physician Assistant Program. She is active in the American Academy of Physician Assistants (AAPA), serving as the AAPA Liaison to the American Academy of Otolaryngology-Head and Neck Surgery. Most recently, she was the chief delegate to the AAPA House of Delegates, serving as a reference committee chair. Munsell also is working towards her Ph.D. in health care science. **Molly Stevenson Shannon** ('82 Occupational Therapy) reports that she and her husband, Greg, have four children—Rachele, 24; Alara, 19; Kelci, 16; and Patrick, 14—and that she is having a great time working part-time in assistive technology, a job she loves. **Dana Wild** ('86 Physical

Therapy) was recognized at the American Physical Therapy Association's Combined Sections meeting in February 2006 for receiving her specialty board certification in pediatric physical therapy. The **Occupational Therapy Class of 1989** had its 15-year reunion in Galveston during the summer of 2004. A great time was had by all. Since then, the class has stayed in touch via e-mail and phone contact

lists. If you graduated near this time and would like to be added to these lists, please email Elicia Dunn Cruz at edcruz@utmb.edu, or call her at (409) 747-1629.

1990s

Laurene Bramlett ('91 Physical Therapy) received the Outstanding Clinical Educator Award from the Texas Consortium for Physical Therapy Clinical Education. The



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THE SCHOOL OF ALLIED HEALTH SCIENCES 2006 DISTINGUISHED ALUMNA



LINDA PILZNER VACLAVIK, the 2006 School of Allied Health Sciences Distinguished Alumna, received her B.S. degree in occupational therapy from UTMB's SAHS in 1973. Long an advocate for those with health care needs, she recently established a charitable foundation to adapt homes for people with disabilities and to create a memory garden for hospital patients.

Active in state and federal legislative affairs, she has served on the American Occupational Therapy Association Regulatory Affairs Committee and as national president of the Council on Licensure, Enforcement, and Regulations. An active clinician, she has been formerly executive director of the Texas Advisory Board of Occupational Therapy and administrator of the Victoria Warm Springs Hospital. Since 2002, she has also served on the SAHS Advisory Council as a strong advocate of the OT program, identifying potential new areas for faculty practice.

Linda and her husband, Jimmie, live in Shiner, Texas. Their daughter Lauren graduated this year from UTMB's first master's level Occupational Therapy program.

consortium is composed of physical therapy programs at nine Texas universities. The group's members coordinate all aspects of physical therapy clinical education for the State of Texas. Bramlett is a physical therapist at the Harris County Hospital District's Quentin Mease Community Hospital. **Susan Kempainen** ('91 Physical Therapy) wants to contact classmates to organize a reunion. If you have any information or can help with the effort, please contact Jay Tanet by e-mail at jjtanet@utmb.edu or by phone at (409) 772-9401. **Tammy Philipp** ('93 Occupational Therapy) provides occupational therapy services to several facilities, including acute care, subacute rehabilitation, long-term care and outpatient clinics. **Nancy Doyle** ('96 Physical Therapy) works with small animal veterinarians doing physical therapy for animals in Houston. **Nic Espanate** ('96 Physical Therapy) practices home health physical therapy in Fort Worth, Texas. **Kim Greene** ('96 Physical Therapy) was recently named a McKenzie Institute Diplomate in Mechanical

Diagnosis and Treatment. She works at St. David's Spine Center in Round Rock, Texas. **Erik Hamnes** ('96 Physical Therapy) is the administrator for Easter Seals Therapy Clinic in Nashville, Tennessee. **Paul Hoover** ('96 Physical Therapy) continues his work as a successful physical therapist at St. John's Sports Medicine in Clear Lake, Texas. **Ron Johnson** ('96 Physical Therapy) is a physical therapist with The Institute for Rehabilitation and Research (TIRR) Sports Medicine in Houston. **Debra Kronke** ('96 Physical Therapy) runs the ozone water purification system for the City of Las Vegas, Nevada. **Mark Olson** ('96 Physical Therapy) and **LaSheryl Olson** ('96 Physical Therapy) continue their successful, private physical therapy practice in Colorado Springs, Colorado. **Tim Poppe** ('96 Physical Therapy) works as a clinic manager and physical therapist in Gunnison, Colorado. **John Fritzsch** ('97 Physical Therapy) is trying to plan a 10-year reunion for his 1997 physical therapy classmates. If you would like to help, please contact the office of alumni relations

at (409) 772-9401.

Matthew J. Messa ('98 Physician Assistant) graduated from the University of North Texas Health Science Center, Texas College of Osteopathic Medicine, in spring 2006. He received a Doctor of Osteopathic Medicine degree and will conduct his residency in emergency medicine at the University of Iowa in Iowa City, Iowa.

2000s

David Bennett ('02 Physician Assistant) is a first lieutenant in the U.S. Army, and is currently serving on a NATO peacekeeping mission in Kosovo. He is the officer-in-charge of the base treatment facility and platoon leader for the battalion medical platoon. The medical platoon includes an evacuation and treatment section.

In Memory

Bonnie Jo Whittington '66 (Physical Therapy) Canyon, Texas, January 27, 2005

School of Nursing

1940s

Lydia Biegert, R.N., ('47) was the keynote speaker at a 2006 memorial service for the 1947 Texas City Disaster in which a ship explosion at the Port of Texas City killed nearly 600 people and injured more than 3,000 others.

1980s

Ellarene Duis, R.N., Ph.D., CNAA, BC, ('83 and '02) has been elected Exalted Ruler of the Benevolent and Protective Order of the Elks Lodge #126 in Galveston. She is the first woman to hold this position. The Benevolent and Protective Order of Elks is one of the oldest and largest fraternal organizations in the United

States and is the focal point for many community service and charitable programs, including youth, scholarship and veterans programs. Galveston's lodge was founded in 1885. Duis will preside over all membership and governing board meetings and will represent the lodge at district, state, and national levels while overseeing day-to-day operations. **Barbara Camune, RN-C, M.S.N., Dr.P.H.**, ('87 and '96) received the Excellence in Nursing Award–Practice during a Sigma Theta Tau International ceremony on April 21, 2006. **Mary Gillispie, R.N., B.S.N.**, ('87) was named one of the *Houston Chronicle's* Salute to Nurses honorees during National Nurses Week 2006. **Deven S. Cockerell, R.N., B.S.N.**, ('89) and **Judy Norris, R.N., B.S.N.**, ('80) received the Betty Lee Evans 2006 Nursing Excellence Award.

1990s

Kathy Nash, RN-C, Ph.D., FNP, ('91 and '03) was presented the UTMB Outstanding Faculty Award–Master's Nursing Program during the School of Nursing Pinning Ceremony in April 2006. **Cheryl Lehman, R.N., M.S.N., Ph.D.**, ('94) received her doctorate in Preventative Medicine and Community Health from UTMB's Graduate School of Biomedical Sciences in December 2005. **Virginia Rahr, R.N., Ed.D.**, ('99) retired from the UTMB School of Nursing in January 2006.

2000s

Gail Kwarciany, R.N., B.S.N., ('01) a clinical educator at UTMB, is the 2006 recipient of the Oncology Nursing Society Pearl Moore Making a Difference Award. The award recognizes the contributions of



The School of Nursing Class of 1956 was honored during Homecoming 2006 festivities. Homecoming 2007 is set for March 22–24 at Moody Gardens in Galveston. The School of Nursing will honor its 1957 class, but will include 1962, 1967, 1972, 1977, 1982, 1987, 1992, 1997, and 2002.



Rosalinda Morales, M.S.N., R.N., CS, NP ('94); Darlene (Cheyenne) Martin, R.N., Ph.D. ('66); Mary Anne Hanley, R.N., M.A., Ph.D. ('04); Patricia Blair, Ph.D., LL.M., J.D., M.S.N. ('84); Christell O. Bray, R.N., Ph.D., CS, FNP, FAANP ('05); and Not pictured: Ernestine H. Cuellar, R.N., Ph.D., CNS, WHCNP, BC ('05) were inducted into the School of Nursing Alumni Association Hall of Fame. The ceremony was part of the March 2006 Homecoming celebrations.



Esperanza Villanueva Joyce, ('75) received the 2006 School of Nursing Alumni Association Rebecca Sealy Distinguished Alumnus Award from UTMB. From left to right: Dr. Pamela Watson, Dr. Esperanza Villanueva Joyce, and Dr. Ellarene Duis.

registered nurses in the oncology nursing profession at local and regional levels. In 2004, Kwarciany played a leading role in establishing an inpatient unit specializing in the care of incarcerated hematology and oncology patients in the Texas Department of Criminal Justice (TDCJ) Hospital at UTMB. To meet patient needs, she converted what had been an inpatient medical/surgical unit into a medical oncology unit and trained all 22 nurses on the TDCJ Oncology Unit. **Cary Barrett, R.N., B.S.N.**, ('04) is a first lieutenant in the U.S. Army and is stationed at Fort Lewis, Washington. **Laura Griffin, R.N., M.S.N.**, ('04) was named (along with two colleagues) the Texas Nurse Practitioner of the Year by the American Academy of Nurse Practitioners (AANP). The award was presented at the AANP national conference in Dallas in June 2006. Major **Ernestine H. Cuellar, R.N., Ph.D., CNS, WHCNP, BC**, ('05) is deployed

to the 332nd Contingency Aeromedical Staging Facility (CASF) at Balad Air Base LSA Anaconda, Balad, Iraq. Her squadron keeps patients from 4–72 hours and is the transportation hub for all ill and injured patients returning to the United States from Iraq. Cuellar's role is flight commander of Life Skills and Professional Services. Assigned to her flight are a psychologist, a social worker, three mental health technicians in the CASF, and dietary and pharmacy personnel. Life Skills in the CASF provides emotional support for the ill and wounded transiting the Aero-medical Evacuation System as well as monitoring of patients with combat stress or emotional trauma. **Amy Pope, R.N., M.S.N.**, ('05) received the 2005 American College of Nurse Practitioner's (ACNP) Student Scholarship Award. This is a national award and only one is presented each year. **Brandon "Kit" Bredimus, B.S.N., R.N.**, ('06) passed the National

Council Licensure Examination (NCLEX) and was licensed in May 2006. He began working at Brackenridge Hospital in Austin, Texas, in June 2006.

In Memory

Edna Clancy Cotter '55
Galveston, April 19, 2006

Maureen "Mimi" Crowson
Hot Springs, Arkansas, April 22, 2006

Ruby Carson Evans '34
Las Cruces, New Mexico, May 1, 2006

Dessor R. Frazier, R.N. '59
Lufkin, Texas, Oct. 26, 2004

Ivan L. Giessel, R.N. '48
Houston, March 7, 2006

Louise English Hixon '34
Houston, May 30, 2006

Patricia A. Breum Lamsens '64
Orlando, Florida, May 23, 2006

School of Medicine

1940s

Edward B. Singleton, M.D., ('46) Houston, was inducted as an inaugural Legend in Medicine by UTMB President John D. Stobo in January 2006. The honor was created to recognize alumni who have influenced the health care landscape in Texas and in the nation. He was recognized for his distinguished career in pediatric radiology and teaching. Singleton, who is a fellow and gold medalist of the American College of Radiology, also has served as president of the Society for Pediatric Radiology and the Society of Gastrointestinal Radiologists.

1950s

Melvyn H. Schreiber, M.D., ('55) Galveston, was honored as the 2006 recipient of the John P. McGovern Lifetime Achievement Award in Oslerian Medicine in June 2006.

1960s

Jackson J. Yium, M.D., ('62) Signal Mountain, Tennessee, retired from

active medical practice in March 2006 and was recognized for his service to Erlanger Health System at a meeting of the Chattanooga–Hamilton County Hospital Authority Board of Trustees. A resolution presented in his honor stated that he and a colleague performed the first kidney transplant at Erlanger in 1989 and have since performed 450 transplants. His accomplishments include founding the hemodialysis and kidney transplant programs and serving as medical director of the hemodialysis unit from 1973–2005 and as medical director of the transplant program from 1989–2005. Yium also has taught new generations of physicians through his tenure on the faculty of the University of Tennessee College of Medicine–Chattanooga Unit, where he still works full-time in the Department of Internal Medicine.

Lewis B. Fram, M.D., ('64) retired in November 2004 after 36 years of practicing urology in Houston. He has joined the staff at UTMB as a clinical associate professor in the Department of Surgery, Division of Urology, where he is enjoying every minute of

teaching in the clinic and staffing surgery. Fram is a diplomate of the American Board of Urology and a fellow of the American College of Surgeons and the International College of Surgeons. He and his wife, Marilyn, have three successful children, one granddaughter, and recently celebrated 40 years of marriage. Their youngest child, Ricki, graduated from UTMB's School of Medicine in 2002. **Charles Alvin Jones, M.D.**, ('65) Huntsville, Texas, will retire in August 2006 after more than 40 years in family medicine. He spent 20 years in private practice in Huntsville, and then found a second passion in training young family physicians, most recently as director of the Conroe Family Practice Residency Program. His years spent growing up in rural Polk County evolved into a public commitment to championing the health care needs of rural and underserved communities. He is a past president of the Texas Rural Health Association and a member of the Texas Medical Association Rural Health Committee. Jones looks forward to spending

Louis J. Girard '44 recently completed a 228-page *History of the Department of Ophthalmology, Baylor College of Medicine, 1943–1970*. In it, Girard—whose family moved to Houston during the Great Depression and who was graduated from Rice Institute—recounts returning to Houston in the fall of 1953 and being offered the post of associate professor and associate chairman of the Department of Ophthalmology at Baylor. He was told by Dean of Medicine Stanley Olson: “I can’t give you any budget; I can’t give you any space or equipment. As a matter of fact, I can’t give you any interns or residents. Do you really want this job?” Girard said he did. Four years later, at age 38, he was appointed professor and chairman of the Division of Ophthalmology in the Department of Surgery. He says he was “the youngest full professor of ophthalmology in the world at that time.” In 1963—after Girard expanded the residency program, added many teaching programs, and raised funds to build the Institute of Ophthalmology—he was granted departmental status. Among his patients during this period were Edward, Duke of Windsor (the former King of England); Dallas oilman Clint Murchison; Bob Kleberg, owner of the King Ranch; Elita Kenedy, owner of the Kenedy Ranch; and then-President Lyndon Johnson. He says he performed surgery on LBJ in the President’s office in the Austin federal building to open and curette multiple abscesses on the President for infected chalazia, an eyelid inflammation. He did the operation there rather than in a hospital because LBJ’s aides feared news reports that the President was hospitalized for eye surgery would spook the stock market. Subsequently, Girard treated Johnson, when his eyes were violently inflamed from use of his contact lenses, at the LBJ Ranch on the Pedernales River—one of several professional visits Girard says he made to the President’s ranch. The book concludes with



a discussion of a scandal provoked by an eye transplant performed by one of Girard’s appointees without his knowledge or authorization while Girard was in Spain for a professional meeting. The scandal unleashed an unhappy series of events leading to Girard’s resignation under pressure from Baylor in 1970. The “bright side to this

dismal tale,” he writes, is that “my private practice mushroomed” and flourished until his retirement in 1998. Today, Girard says that he and his wife Louise “love our life at ‘Manalay,’ our home on Lake Indigo in Magnolia with our four dogs, two boats, 28 geese and innumerable ducks.” There he is writing a history of his parents’ family (his father, musician/composer Harry Girard, was the first director of the Houston Grand Opera) and researching cataract displacement: “I am close to finding a solution,” he asserts, that could restore sight to the 45 million people worldwide whom the World Health Organization estimates have been blinded by cataracts. His goal: To figure out how to get “zonolytic agents (alpha-chymotrypsin or ficin) through the cornea or sclera.” Girard writes that he and colleagues are testing iontophoresis, which uses an electrical current to force the drugs into the eye. “I pray that it works,” Girard writes, “because then health workers, not ophthalmologists, could go into the villages of the developing countries, find the cataract blind with a pencil flashlight (they have two white pupils), treat them, and give them a pair of cataract spectacles.” Girard tells *UTMB Magazine*, “I’m 87 years old, and I’m running out of gas. I have a patent on this process, but I need someone young with a lot of energy to take over and run with this ball.”

more time with his wife, Anna, who recently accompanied him on his fourth medical mission trip. He has traveled to Ukraine, Hungary, Serbia and Mexico, and hopes to have many more opportunities to promote healing of the body and spirit. **Glen**



Ukrainian interpreter, Dr. Jones, and Ukrainian patient (in village near Chernobyl)

H. Stanbaugh Jr., M.D., ('67) retired from his medical practice but is serving as chairman of the board of the Texas Renal Coalition. He lives in Lubbock, Texas.

1970s

Charles E. Oswald III, M.D., ('70) a trauma surgeon from Waco, was appointed to serve on the Texas Medical Board by Texas Governor Rick Perry. The board handles licensing and discipline for physicians and several other health care professions.

Bobby J. Wroten, M.D., ('70) is thrilled to announce that his son, Eric S. Wroten, M.D. (UTMB '00), joined his hand surgery practice in August 2006. The elder Wroten, who lives in Fort Worth, Texas, recently completed 15 years of service as the hand and

wrist consultant to the Texas Rangers professional baseball team. He now performs the same service for the Fort Worth Cats, a minor league baseball team. **Margaret C.**

McNeese, M.D., ('71) a professor of pediatrics at the University of Texas Medical School at Houston, assumed the position of associate dean for student affairs in May 2006. Her daughter will be a dermatopathology fellow at UTMB next year.

1980s

J. Patrick Walker, M.D., FACS, ('81) is chief of surgery at East Texas Medical Center Crockett in Crockett, Texas, and trauma director of its Level III trauma center. In January 2006, he was elected an at-large director of the American Board of

Surgery (ABS). Walker was one of only three physicians chosen from more than 100 nominations received through an open nomination process and was recognized as an experienced community-based surgeon with an unusual record of achievement. He is a diplomate of the American Board of Surgery, a fellow of the American College of Surgeons, and a member of the Texas Surgical Society, Singleton Surgical Society, American Society of General Surgeons and the Texas Medical Association's Patient-Physician Advisory Committee. Walker also currently serves as chairman of the South Texas Chapter of the American College of Surgeons Committee for Applicants, is secretary of the Houston County Medical Society and has served as an associate examiner for the ABS surgery certification examination.

1990s

Sue J. Prill, M.D., FACP, ('91) loves her private oncology practice in Piney Flats, Tennessee. She has a daughter

in college and her husband, James, is president of a blacksmith guild. She enjoys singing in the church choir and assisting a teenage youth group when not taking care of her breast cancer patients. **Christy (Batres) Fredenberg, M.D.**, ('95) is a practicing pathologist at John C. Lincoln Hospital in Phoenix, Arizona. Her husband, Patrick, is a radiologist. They are the parents of Mara, 4, and Jenna, 2, and are expecting another child soon. **Arlette (Gilmore) Brown, M.D.**, ('96) completed a residency in diagnostic radiology at UTMB in 2000, followed by a fellowship in breast imaging at MD Anderson Cancer Center. She now works at Kelsey-Seybold Clinic in Houston. Her husband, Jimmy, is a real estate broker. They welcomed the birth of their first child, Bryce, in February 2006. **Sharon (Ezell) Gerlach, M.D.**, ('98) is currently on staff at the Mayo Clinic in Jacksonville, Florida. She completed her internal medicine residency there in 2001 followed by a general internal medicine fellowship in 2002. She married her high school sweetheart, Gregg, and they have two sons.

2000s

Noel L. Snowberger, M.D., ('00) is completing her gastroenterology fellowship at Baylor University Medical Center in Dallas, Texas. She plans to practice in Dallas, where she lives with her two children, Zane and Zoe. **Charles S. Teeple V, M.D.**, ('00) completed his urology residency at LSU-Shreveport in July 2005. He is now practicing urology in Amarillo, Texas, where he lives with his wife, Susan, and their three children, Chase, 6, Hudson, 4, and Evie, 1. **Ricki Y. Fram, M.D.**, ('02) has completed two years of general surgery residency and is currently doing two years of burn surgery research at Shriners Hospital in Galveston. **Christopher T. Stephens, M.D.**, ('02) is a trauma anesthesiology fellow at the University of Maryland at Baltimore.

In Memory

Causey C. Quillian '35
Karnes City, Texas, March 28, 2006

James C. Thompson, M.D. ('51) UTMB professor emeritus of surgery and physiology and biophysics, was among eight physicians honored at a dinner on May 4, 2006, as "legends" and toasted as "pioneers" by the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center. The physicians were celebrated for "outstanding contributions" to that institution "as well as to their respective fields of professional endeavor." In 1963, Thompson moved from his post as assistant professor at the University of Pennsylvania School of Medicine (where he also served his surgical residency) to California as head physician for general and thoracic surgery at Harbor General Hospital in Torrance, and in 1967 he was promoted to chief of surgery at Harbor General and professor at UCLA. He returned to UTMB as chairman of the Department of Surgery in 1970, holding that post for 25 years. Among the many achievements for which he was cited included serving as a mentor for more than 100 surgical investigators; NIH support of his research efforts for 41 continuous years, and an NIH Merit Award in 1986; the American College of Surgeon's highest honor, the Distinguished Service Award, presented in 1996; and, "over the course of an eminent career spanning over 40 years," publishing over 1,000 articles and receiving numerous other honors. During that career, he was elected to the presidencies of the Society for Surgical Chairmen, the Society for Surgery of the Alimentary Tract,



the Southern Surgical Association, the James IV Association of Surgeons, the American Surgical Association, and the American College of Surgeons. He has received distinguished service awards from the Surgical Section of the National Medical Association and the Society of Black Academic Surgeons. In 2000 he was elected to the Institute of Medicine of the National Academies of Sciences and to the American Philosophical Society. Earlier in 2006, he received the Lifetime Achievement Award from the Society of University Surgeons. Thompson's work has taken him to medical institutions throughout the world, the citation noted, "and his accomplishments have been acknowledged internationally": He was the US-USSR Health Exchange Professor in Moscow and Leningrad in 1973; received an honorary M.D. from the University of Lund in Sweden; is an honorary member of the surgical societies of Germany and Japan; was awarded an honorary professorship for life from Beijing University; and was named an honorary fellow by Britain's Royal College of Surgeons. Of his illustrious past and numerous honors, Thompson quipped, "This is just what happens when you live long enough."

Luke W. Able '40

Franklin, North Carolina,
March 16, 2006

Alfred J. Kelly '41

Steubenville, Ohio, May 17, 2006

Guy W. Purnell '44

Bellaire, Texas, December 19, 2005

Howard LeBus '45

Gladewater, Texas, February 24, 2006

George T. Nicolaou '45

Dallas, February 2, 2006

Thomas M. Runge '47

Austin, April 30, 2006

Lawrence W. Uhl '47

Jacksonville, Texas,
December 17, 2005

Theodore B. Samsel Jr. '50

Kerrville, Texas, January 16, 2006

John D. Smith '50

San Antonio, August 6, 2005

Thomas R. Humphrey '51

Wichita Falls, Texas,
December 21, 2005

James L. Robins '51

New Braunfels, Texas,
January 22, 2006

William D. Baird '53

Dallas, March 15, 2006

Stuart S. Nemir Jr. '54

Austin, February 13, 2006

Jimmy R. Snoga '55

Akron, Ohio, June 3, 2006

Frank H. Gregg '56

Austin, May 29, 2006

Alfonso J. Strano '60

Springfield, Illinois, March 13, 2006

Marshall K. Dougherty '61

Paris, Texas, December 20, 2005

Norman A. Miles '61

Erie, Colorado, March 23, 2006

Charles W. Tow Jr. '63

Weatherford, Texas, February 3, 2006

Jimmy R. Randles '73

Vernon, Texas, February 4, 2006

Ralph W. Blasi '74

Fort Worth, Texas, January 26, 2006



Lt. Cmdr. Carlos Godinez checks the pulse of Siti Nuriyami, in Bantul, Indonesia, May 31, 2006 after a major earthquake struck the island of Java.

Nuriyami suffered broken ribs and a broken arm during the earthquake.

Photo by: Lance Cpl. Warren Peace

Navy surgeon Lt. Cmdr. **Carlos D. (Charlie) Godinez Jr., M.D.**, ('96) joined a team of about 100 Okinawa-based Marines and sailors assisting in hospitals and medical clinics near Bantul, Indonesia, in the wake of the 6.2-magnitude earthquake that struck the island of Java near the ancient city of Yogyakarta. Responding to the Indonesian government's request for help, Godinez and colleagues saw their first patients on May 31, 2006 in temporary medical facilities they established in a soccer field in Sewon, near Yogyakarta, to help relieve local hospitals. Victims

treated included those with fractures, burns, and other injuries sustained during the earthquake. The Marine health care team set up a temporary facility, complete with surgical, acute and primary care, laboratory, dental, X-ray, and preventive medicine capabilities. "The physicians here are doing an excellent job," said Godinez. "The biggest problem the Indonesian hospitals are having is an overflow of patients. I expected orthopedic injuries, but not of this severity. It's almost overwhelming." Godinez is the husband of **Teresa Menchaca Godinez, M.D.**, ('97) and son of **Judy Roberts Godinez SON** ('63) and the late **Carlos Godinez Sr.**, SOM ('63). In early June, Judy Godinez wrote to friends saying both Teresa, in Japan, and she had heard from Charlie: "He says that the poor housing and the use of lots of brick walls which collapsed caused many injuries that have overwhelmed the local facilities. They have been able to do lots of work to help treat or avoid infections in the open wounds while waiting for orthopedic repairs. He told me about being able to help teach a local doctor how to insert and manage chest tubes on a woman who'd had a pneumothorax, and they were able to treat and turn around a life-threatening infection she was developing....We're all so very proud of him and happy that he can be of service. He's far exceeded my dream of serving in Third World countries—perhaps many of our best aspirations are realized through our children."



WELCOME!

to the

54 new biomedical scientists
147 new allied health professionals
183 new physicians
243 new nurses

who joined the ranks of UTMB alumni
upon their graduation in fiscal year 2006.

Congratulations on meeting this milestone in your career.

We look forward to hearing from you.



SPECIAL SECTION: REUNION GIVING

The Reunion Giving program recognizes those School of Medicine (SOM) alumni who recently celebrated the twenty-fifth, fortieth, and fiftieth anniversaries of their graduation from UTMB. Specifically, the following pages chronicle the generosity of the SOM classes of 1955 and 1956, 1965 and 1966, and 1980 and 1981. The names listed include those who already had contributed, as of August 2, 2006, to UTMB's \$250 million *Timeless Values, Pioneering Solutions* campaign launched on September 1, 2003; individuals who have made a planned gift and are members of the Heritage Council; life members of the SOM Alumni Association; and those who have contributed to class projects.

To make a contribution to your class project or the campaign, or to inquire about additional giving opportunities, please contact Varessa Kelton, director of alumni and parent relations, at (409) 747-0307 or e-mail vkkelton@utmb.edu. Or, you may complete the giving form on the enclosed envelope.

Every effort has been made to ensure the accuracy of the following reunion photo captions and class donor lists. If we have made an error or omission, please accept our apologies and contact Varessa Kelton at the number/e-mail address listed above so that we can correct our records. Thank you.

THE CLASS *of* 1955

By establishing an endowed teaching professorship, the Class of 1955 seeks to create a legacy for itself and enduring recognition for gifted teachers. Once fully funded at \$100,000, the Class of 1955 Endowed Teaching Professorship will generate thousands of dollars annually to help support the faculty member named to the position. The principal will be invested to provide a permanent source of support for faculty who dedicate their careers to teaching the art of medicine to future generations.



From left to right:

First row (bottom row): John P. Reeves, George P. Beck Jr., Dan W. Bacon, Clement P. Cotter, Lawrence E. Selden, Charles J. Caskey, Walter J. Hopkins, Melvyn H. Schreiber, Joel H. Feigon

Second row: John W. Kenney, James L. Smith, Jr.*, Fred H. Dunn, Aaron Fradkin, Hardy D. Loe, Jr., Unknown, Unknown, Thomas F. Camp, Jr., Ray W. Ware, Chester J. St. Romaine, Colette M. Kohler, John R. Lynn

Third row: Aurelio Diaz, Victor C. Saied, Charles B. Key, Mark D. Chambers, Buford A. Wells, Unknown, E. Eugene Rising, Jr., Elliott J. Blumberg, L.E. Chapman, Jr., Mac Brannen, Henry A. Hooks II, A. Bryan Spires, Jr.

Fourth row: Frank A. Giglio, Daniel C. Allensworth, T. Dewitt Harvey, C.B. Bruner, R. Curtis Morris, Noble A. Endicott, Jr., Alvin L. LeBlanc, Herman L. Koester

CLASS OF 1955

Bob Alexander	Aurelio Diaz ‡	Frances G. Martin
Thomas H. Alexander	Margaret C. Duncan	Adam A. McNitzky
Daniel C. Allensworth	Fred H. Dunn ‡	R. Curtis Morris
Dan W. Bacon	Rex L. Edwards	Timothy J. O'Neill
George P. Beck, Jr. ‡	Joel H. Feigon	Philip M. Overton
William D. Blackwood ‡	Aaron Fradkin	John P. Reeves ‡
Charles L. Borchers	Tracy D. Gage* ‡ §	E. Eugene Rising, Jr. ‡
Richard C. Brahm	Raymond A. Gardea* ‡	Victor C. Saied ‡
Mac Brannen	Frank A. Giglio	Charles E. Schoettlin
Doyle H. Brashear	Stanton W. Glazener	Joe F. Schooler, Jr.
James A. Browder	Robert L. Goolsbee ‡	Melvyn H. Schreiber
C.B. Bruner ‡ §	Richard J. Harris	Lawrence E. Selden
Julius J. Burianek	T. Dewitt Harvey	Richard C. Sherman
Jack Butler	Walter J. Hopkins ‡	James L. Smith, Sr.* ‡ §
Thomas F. Camp, Jr.	James E. Johnson, Jr.	William T. Snodgrass
Samuel R. Cannata, Jr.	Nelson W. Jones	Jimmy R. Snoga* §
Charles J. Caskey	Charles B. Key	A. Bryan Spires, Jr. ‡ §
Victor E. Castleberry §	Herman L. Koester §	Chester J. St. Romain
Philip H. Chamberlain	Colette M. Kohler ‡	William J. Tucker
Mark D. Chambers	Howard E. Lancaster, Jr. ‡	Milton L. Wagner ‡
L.E. Chapman, Jr.	Joseph S. Lancaster* ‡	John H. Walker ‡
Clement P. Cotter	Alvin L. LeBlanc	Buford A. Wells
Wilbur E. Crenwelge ‡	Hardy D. Loe, Jr.	William O. Wheeler ‡
Quintous E. Crews, Jr.	John R. Lynn	Thomas E. Wynn * ‡

CLASS GIVING TOTAL

\$170,321

CLASS PROJECT GIVING TOTAL

\$44,071 (included in total class giving)

CLASS PROJECT

Class of 1955 Endowed Teaching Professorship—\$100,000 goal

‡ Alumni Association Life Member § Heritage Council Member
* Deceased

THE CLASS *of* 1956

Through the Class of 1956's collective generosity, we can express our faith in the future of the medical profession in a tangible way. For aspiring medical professionals, scholarships equal educational opportunity. The Class of 1956 Endowed Legacy Scholarship will provide an ongoing source of support to help offset the burden of tuition for talented students who have financial need.



From left to right:

First row (seated): Edward W. Guinn, Robert A. Middleton, Unknown, Robert L.M. Hilliard, Jerome E. Hutchens, Unknown, William Patrick Moore, T. Barry Williams

Second row: Robert E. Hill, Unknown, William T. Read, Chester M. Callan, Unknown, Alfred E. Smith, Unknown, Unknown, Unknown, Anthony W. Mays, Jr., Robert L. Fordtran

Third row: Lawrence H. Wharton, V.C. Smart, Marolyn Cowart, Howard H. Roberts, Frederick R. Lummis, Jr., Unknown, Walter E. Sjoberg, Jr., Ray L. Simmons II, Gordon W. Jones, William F. Floyd, Unknown, Elwood J. Eichler, Unknown, Virgil M. Cox, Jr., Unknown

Fourth row: Stanley R. Mohler, Elwood L. Schmidt, John H. Cochrane, Jr., Unknown, Unknown, Unknown, Samuel M. King, Carson M. Lewis, Jack D. Ramsey, Daniel A. Chester, Unknown, Robert W. Pape

CLASS OF 1956

Xavier O. Barrios ‡	Gordon W. Jones	William T. Read
G.H. Brister ‡	Jeretta I. Kennedy* ‡	Larry O. Riedel ‡
Russell W. Brookshier	Leonard I. Koch* ‡	Howard H. Roberts ‡
Travis H. Calvin, Jr. ‡	Harold S. Kost	Jose Roman* ‡
Daniel A. Chester ‡	Don V. Langston	Thomas T. Schattenberg ‡
John H. Cochrane, Jr.	John H. Langston, Jr.* ‡	Elwood L. Schmidt
Marolyn Cowart ‡	Wilson W. Leake	Joseph W. Sears
Virgil M. Cox, Jr. ‡	B.H. Lee	Louis Shlipak ‡
Horace A. DeFord	Carson M. Lewis ‡	Cameron E. Shropshire, Jr.
Robert B. Denman*	Frederick R. Lummis, Jr. ‡	Ray L. Simmons II ‡
Norman H. DeRuiter*	James R. Markette ‡	Walter E. Sjoberg, Jr.
Elwood J. Eichler	Anthony W. Mays, Jr.	V.C. Smart
Charles E. Ferrin	Robert A. Middleton	David N. Smiley
Robert L. Fordtran ‡	Stanley R. Mohler	Thomas L. Stark
Roy E. German ‡	William Patrick Moore	Robert E. Sullivan
Paul F. Gilliland ‡	William H. Nelms	Robert L. Tips ‡
Robert E. Hill	Mack E. Patterson	Allen N. Weaver*
Robert L.M. Hilliard ‡	Richard L. Pentecost ‡	Phil A. Webb
Farrell A. Hillman ‡	Jacob M. Protas ‡	Joe E. Whetsell
Jerome E. Hutchens	Jack D. Ramsey ‡ §	Bob W. Williams* ‡
R. Franklyn Johns		

CLASS GIVING TOTAL	\$887,628
CLASS PROJECT GIVING TOTAL	\$15,400 (included in total class giving)
CLASS PROJECT	Class of 1956 Endowed Legacy Scholarship—\$100,000 goal

‡ Alumni Association Life Member § Heritage Council Member
* Deceased

THE CLASS *of* 1965

By making this scholarship endowment a reality, the Class of 1965 can help ensure the educational success of aspiring medical professionals for generations to come. Once it is fully funded, the Class of 1965 Presidential Scholarship will help students overcome the barrier of medical school tuition, so that they can realize their dream of a career in service to others.



From left to right:

First row (seated): *Tristan A. Castaneda, Janice E. Friedman, Judith L. Wible, James J. Kent*

Second row: *Jacob B. Green III, Presley J. Mock, Jr., Amber DeForest, Quintin J. Smith, Omar C. Garza, Ronald W. Baggett*

Third row: *John E. Wolf, Jr., James J. Hrachovy, Harry B. Kelso, Jr., N. Darwin Hale, William F. Jacobs, Walter F. Buell, Gordon F. Kellogg, Howard B. Condren, Lawrence N. Alexander*

CLASS OF 1965

Lawrence N. Alexander	Robert H. Friedman	James J. Kent
Charles W. Allen	Omar C. Garza	Michael F. Koehl
Martin J. Arisco	John W. Goodman ‡	David M. Logan
Blanca S. Azios	Jacob B. Green III	Richard E. Martindale, Jr. ‡
Ronald W. Baggett	Stanley F. Handel	Dale L. Messer
Roland E. Black	Robert E. Hazlewood ‡	Drewry H. Morris
Bobby J. Boyd	David F. Henges	Allan E. Price
C. Marshall Bradshaw	Leonard S. Hoffman	Alan D. Rosen ‡
Paul C. Brindley ‡ §	Louis D. Holst	Samuel H. Shaddock ‡
Walter F. Buell	Byron B. Holt ‡	James P. Slagle
Travis Casler ‡	James J. Hrachovy ‡	Quintin J. Smith
Tristan A. Castaneda	Milton E. Husbands, Jr. ‡	Merle J. Thomas* ‡
Thomas H. Chapman, Jr.	William F. Jacobs	Robert E. White ‡ §
Joseph W. Clift ‡	C. Alvin Jones ‡	Judith L. Wible ‡
Howard B. Condren	Gordon F. Kellogg ‡ §	John E. Wolf, Jr.
Amber DeForest	Harry B. Kelso, Jr.	Elsayed A. Zein-Eldin* ‡

CLASS GIVING TOTAL	\$41,975
CLASS PROJECT GIVING TOTAL	\$12,400 (included in total class giving)
CLASS PROJECT	Class of 1965 Presidential Scholarship—\$50,000 goal

‡ Alumni Association Life Member § Heritage Council Member
* Deceased

THE CLASS *of* 1966

The Class of 1966 is establishing this Presidential Scholarship to provide the gift of opportunity to the physicians of tomorrow. These annual scholarships, which will be funded from the investment proceeds of a permanent endowment, will not only provide vital financial support to students who would otherwise face large tuition debt. They will also recognize recipients' hard work and determination to improve the health of others.



From left to right:

First row: Albert B. Bowman, Michael J. Daughety, Sanford A. Rubin, David A. Carter, James D. Lindley, Charles M. Myers, Alberto H. Gutierrez

Second row: Thomas M. O'Gorman, John R. Webb, David M. Kerr, W. Perry Arnold, Joseph C. Johnson, Jr., W. Richard Cashion, Jr., Juda Z. Jona, Jeffrey D. Lanier

Third row: John R. Lucas, James A. Boger, Michael D. Shane, James B. Warden, Curtis S. Heinrich, Robert L. Zapalac, Raymond D. Williams

Fourth row: Edward J. Lefeber, Jr., Arthur M. Faris, Jr., Michael Duren, John L. Kelley, Roger L. Gose, George W. Lowe

CLASS OF 1966

Clifford E. Anderson, Jr. ‡	Melton J. Horwitz	Charles W. Monday, Jr. ‡
Michael Armstrong	Edward J. Hurwitz ‡	Harris J. Moreland ‡
W. Perry Arnold	Joseph C. Johnson, Jr.	John T. Phillips* ‡
David A. Carter ‡	John L. Kelley ‡	Sanford A. Rubin §
James T. Clark ‡	David M. Kerr	David D. Russell
George J. Collins, Jr.	Jeffrey D. Lanier ‡	Richard C. Stoebner ‡
Howell A. Cone ‡	John P. Lauzon, Jr.	Virginia E. Stull ‡
Everett M. Donowho, Jr. ‡	Thomas E. Lavake ‡	Bruce E. Walker
Boyce Elliott III	Edward J. Lefeber, Jr. ‡	James B. Warden
Michael E. Estess	James D. Lindley	John R. Webb ‡
Albert G. Fleischer ‡	George W. Lowe	James H. Wells
Bennie R. Fortner	John R. Lucas ‡	Arnold D. Wharton ‡
Roy W. Franklin, Jr.* ‡	Frederick F. Lykes ‡	Raymond D. Williams ‡
Harold R. Gollberg	Michael S. McArthur §	Robert A. Wymer
Russell F. Griffith	Robert N. McGehee §	Robert L. Zapalac ‡
Alberto H. Gutierrez, Jr. ‡		

CLASS GIVING TOTAL **\$103,775**

CLASS PROJECT **Class of 1966 Presidential Scholarship—\$50,000 goal**

‡ Alumni Association Life Member § Heritage Council Member
* Deceased

THE CLASS *of* 1980

Members of the Class of 1980 want the students following in their footsteps to have every opportunity to succeed academically and professionally. No mere financial incentive, the Class of 1980 Presidential Scholarship will remind its recipients that they are supported by those who have taken a similar journey—a will forge a powerful connection between the past and future. This permanent scholarship endowment will support students who have financial need.



From left to right:

First row (seated): Michael E. Fenoglio, Tara L. Wah, Pamela A. St. Amand, Deborah M. Holubec, Paula L. Schultz, Robert B. Hunter, Timothy D. Ellington

Second row: J. James Rohack, Robert L. Cash, Jr., Jay Portnow, Charles T. Volk, Alan R. Puls, Philip L. Leggett, Donald F. Lathen, Charles R. Williams, Kenneth L. Reed

Third row: Donald S. Piland, John I. Hartridge, Thomas K. Fehring, David G. Hoffman, Richard A. Mayse, Charles B. Owen II, Larry C. Moore, Robert J. Reeb

CLASS OF 1980

Alan E. Abel	William C. Haynes	Jess S. Rinehart
David R. Abramowitz	Robert B. Hoddeson ‡	J. James Rohack ‡ §
Charlotte B. Alexander	Deborah M. Holubec	Gary B. Rosen
J. Jeffrey Andrews ‡	Robert B. Hunter	Paula L. Schultz ‡
James A. Arnold	William R. Jones	Randall V. Sellers
Carol M. Ashton	Debra L. Kennamer	Kim Sherrill
William C. Bhaskar ‡	Sally K. Knox	Nellis A. Smith
James V. Bonnet ‡	Ken M. Korthauer ‡	Warren T. Snodgrass
John B. Carter	Walter B. Kuhl	Paul A. Solomon
Robert L. Cash, Jr.	Donald F. Lathen	Pamela A. St. Amand
Robert E. Clark III	J. David Layden ‡	Mark L. Thornton
William T. Cowan, Jr.	Aida C. Li ‡	Lowell E. Vereen
Jack A. Dehovitz	Kim Livingston	E. Farley Verner
Molly A. Droge ‡	Dan F. Madsen	Robert M. Voelker, Jr.
Timothy D. Ellington	Robert Y. Meyerson	Charles T. Volk
Gary L. Etter	Paul E. Michael	Ellen B. Wetter-Brenner
Harold H. Fain, Jr.	Kristin A. Moore	Charles R. Williams ‡
Thomas K. Fehring	Charles B. Owen II	Ronald C. Woodson
Michael E. Fenoglio ‡	Daniel E. Peckenpaugh	Mark W. Woolf
Perry L. Fulcher, Sr.	L. Creed Pettigrew, Jr.	David P. Wright
Hans P. Haydon		

CLASS GIVING TOTAL	\$37,000
CLASS PROJECT GIVING TOTAL	\$26,300 (included in total class giving)
CLASS PROJECT	Class of 1980 Presidential Scholarship—\$50,000 goal

‡ Alumni Association Life Member § Heritage Council Member

THE CLASS *of* 1981

The Class of 1981's collective generosity will provide much-needed financial support to aspiring physicians through a permanent scholarship endowment. Once fully funded, the Class of 1981 Presidential Scholarship will open the doors of educational opportunity to some of UTMB's most-deserving students, and it will serve as an enduring statement of faith in tomorrow's practitioners of the healing arts.



From left to right:

First row (bottom): Julia B. Simon, David J. Moeller, Mary Dale Peterson, Lansing W. Yee, J. Patrick Walker

Second row: Ricky J. Ford, Kathleen R. Soch, Jay S. Roden, Y. Anthony Nakamura, William C. Mitchell, Robert E. Jackson, Thomas J. Sanders

Third row: Stephen M. Kelly, Geoffrey L. Wright, John P. Jamison, Catherine L. Scholl, John A. Henderson IV

CLASS OF 1981

Robert J. Accetola	Mark A. Crozier ‡	Robert E. Jackson ‡	John H. Nowlin	Kathleen R. Soch
Archibald A. Alexander ‡	Raymond B. Franklin, Jr.	Roy A. Kanter	Raymond L. Owen	Julia B. Symon
M. Elizabeth Archer ‡	Hollis M. Fritts, Jr.	Stephen M. Kelly	R.B. Parker ‡	Brett M. Thacker
Kimberly L. Bailey ‡	William A. Guyette	D.L. Knox §	Kala L. Paul ‡	Kathy Upham
William L. Beason	William P. Hamilton ‡	Sharon D. Lipsky	Mary D. Peterson	Byron R. Wadley ‡
Carolyn G. Biebas ‡	Steven J. Hatstrup	J. Morgan Lloyd III	Kathleen A. Phillipp	J. Patrick Walker ‡ §
William G. Brelsford	Sally H. Helton	Paul A. Looney	Edward A. Porrata	Jerome T. Washington
Elizabeth M. Brunt	John A. Henderson IV ‡	David J. Moeller	Frank R. Santa-Cruz* ‡	Neil S. Whitaker
Richard K. Cardenas	Jeffrey L. Horswell	Barbara A. Murphy	James W. Schlotter	Geoffrey L. Wright
Phillip L. Chaney	William C. Howland III	Terry W. Murphy ‡	William L. Shaffer	Lansing W. Yee

CLASS GIVING TOTAL

\$127,000

CLASS PROJECT GIVING TOTAL

\$10,200 (included in total class giving)

CLASS PROJECT

Class of 1981 Presidential Scholarship—\$50,000 goal

‡ Alumni Association Life Member § Heritage Council Member
* Deceased

UTMB honors five distinguished physicians, alumni

Five exemplary Texas physicians received UTMB's Ashbel Smith Distinguished Alumnus Award during the School of Medicine commencement in June 2006.

This year's honorees are Drs. B. Henry Estess Jr., '64, of Dallas; T. David Greer, '64, of Henrietta, Texas; F. Parker Gregg, '70, and Bob Stout, '58, both of Houston; and Harmon W. Kelley, '71, of San Antonio.

"These men exemplify the best of the medical profession," said UTMB President John D. Stobo. "Each of these physicians is committed to serving their patients, their profession and their communities. We are proud to have them in our UTMB family."

The Ashbel Smith Distinguished Alumnus Award is the highest alumni honor bestowed by the university's School of Medicine Alumni Association. The award recognizes outstanding service to the medical profession and to humanity. It honors the memory of Dr. Ashbel Smith, a prominent figure in Texas medicine, politics, and education. Smith was the driving force behind establishing the University of Texas at Austin in 1881, and a medical department that would later be known as UTMB in Galveston in 1891.



Dr. Estess is a retired obstetrician-gynecologist who is highly respected in both the medical and civic communities in Dallas. He is president of Estess Ventures, Inc., chairman of the board of Presbyterian Healthcare Resources, and a member of the Texas Advisory Board of Environmental Defense. He was involved in residency education at the

University of Texas Southwestern Medical Center. He is a fellow of the American College of Obstetrics and Gynecology and a member of the Dallas County Medical Society, the Texas Medical Association, the American Medical Association, the Dallas-Fort Worth Obstetric and Gynecologic Society and the Southwestern Gynecologic Assembly.



Dr. Greer epitomizes a rural family physician and is known as an outstanding doctor and humanitarian. He was named the Texas Family Physician of the Year by the Texas Academy of Family Practitioners and was featured in the April/May/June 2005 issue of *Texas Family Physician* magazine. He is very active in the Wichita County Medical

Society and the Texas Medical Association. Dr. Greer completed his internship in the U.S. Army and is a highly decorated ex-officer who has received many awards, including a Purple Heart, an Army Commendation medal, a National Defense Service medal, a Vietnam Service medal, a Bronze Star, and a Meritorious Service award.



Dr. Gregg is a highly respected radiologist. He is a partner in Singleton Associates; a member of the active staff of St. Luke's Episcopal Hospital, Texas Heart Institute, and Texas Children's Hospital; and a volunteer faculty member at Baylor College of Medicine. He is a diplomate of the American Board of Radiology and a member of

the American Medical Association, Texas Medical Association,

American Roentgen Ray Society, Radiological Society of North America, American College of Radiology, Texas Radiological Society, Harris County Medical Society, Association of University Radiologists, American Institute of Ultrasound in Medicine, and the UT System Chancellor's Council. Dr. Gregg also is a past president of the School of Medicine Alumni Association Board of Trustees.



Dr. Kelley has distinguished himself as an expert in the area of obstetrics and gynecology. He is a fellow emeritus in the American College of Obstetrics and Gynecology and an active member of the American Medical Association, Texas Medical Society, and the San Antonio Obstetrics and Gynecology Society. He is a past president of the

San Antonio Metropolitan Health District Advisory Board and a trustee of the Texas Association of Obstetricians and Gynecologists. In 2004, he was honored with a charter elementary school in his name—The Harmon W. Kelley, M.D. School of Excellence. Dr. Kelley serves UTMB as a member of the President's Cabinet, School of Medicine Alumni Association Board of Trustees, and its Diversity in Medical Education committee.



Dr. Stout has been in the private practice of otolaryngology with the Houston Ear, Nose and Throat Clinic for nearly 40 years. He is recognized as a doctor with a heart and a person of such high integrity that his love of the profession and concern for his patients stands as a model for all. He is a trustee member of the Texas Society of Ophthalmology and Otolaryngology,

has served as president of the Pan American Allergy Society, and is a longtime member of the Professional Advisory Board of the Center for Hearing and Speech, a nationally recognized organization in Houston. Dr. Stout is a past president of the School of Medicine Alumni Association Board of Trustees.

When Is Medicine ‘Futile’?

Why the words we use matter

BY HOWARD BRODY

“Family vows to fight futile-care law,” said the headline in the May 9 *Houston Chronicle*. This seems like an innocent and neutral statement. Let me explain why it might be profoundly misleading.

The article went on to say that the family of a woman who recently died, for whom the hospital earlier had tried to stop various measures its medical staff regarded as futile, was determined to battle the Texas statute that allows physicians and hospitals to invoke the “futility” doctrine.

The proper role of “futility” in end-of-life medical care is controversial. Some argue that the Texas law takes away the rights of patients and their families, threatening the vulnerable in an era when cost-cutting, not treatment, seems to be the rule. Others hold that physicians are professionals, not vending machines that dispense treatment at the buyer’s whim. Professionals should have the prerogative not to perform interventions that, based on their best scientific judgment, won’t improve the patient’s condition.

Rather than trying here to resolve this thorny debate, I want to show that it matters which words we use to describe the question. Certain language seems neutral but has the effect of handing the victory to one side before the discussion is fully joined.

Those who most strongly oppose the “futility” concept, such as attorney Wesley J. Smith in his book, *Culture of Death*, refer to the position underlying the Texas law as “futile care theory.” It is also common to hear mention of “futile treatment.”

The problem with these innocent-sounding phrases is that they immediately introduce an apparent contradiction. What, for instance, does a hospice program do when a patient is clearly dying and no “cure” of the disease is possible? The hospice team provides *care*. They know that the patient will die no matter what they do.



But they would bristle at the idea that what they are doing is somehow *futile*.

Similarly, we call something a medical “treatment” because it has the presumed potential to *treat* something. So care and treatment, by definition, sound like *things that work*. If they do not cure the disease, it simply shows that the right sort of medicine can provide a lot of benefit, even in cases that are incurable.

So calling anything “futile care” or “futile treatment” sounds like an oxymoron. It’s like calling something “useless help.”

When hearing something called by a name that makes it sound self-contradictory from the get-go, what does a sensible person conclude?

Most likely that the idea doesn’t hold water. So when we use terms like “futile care” and “futile treatment,” we effectively hand the victory in the debate to those who oppose the concept of medical futility.

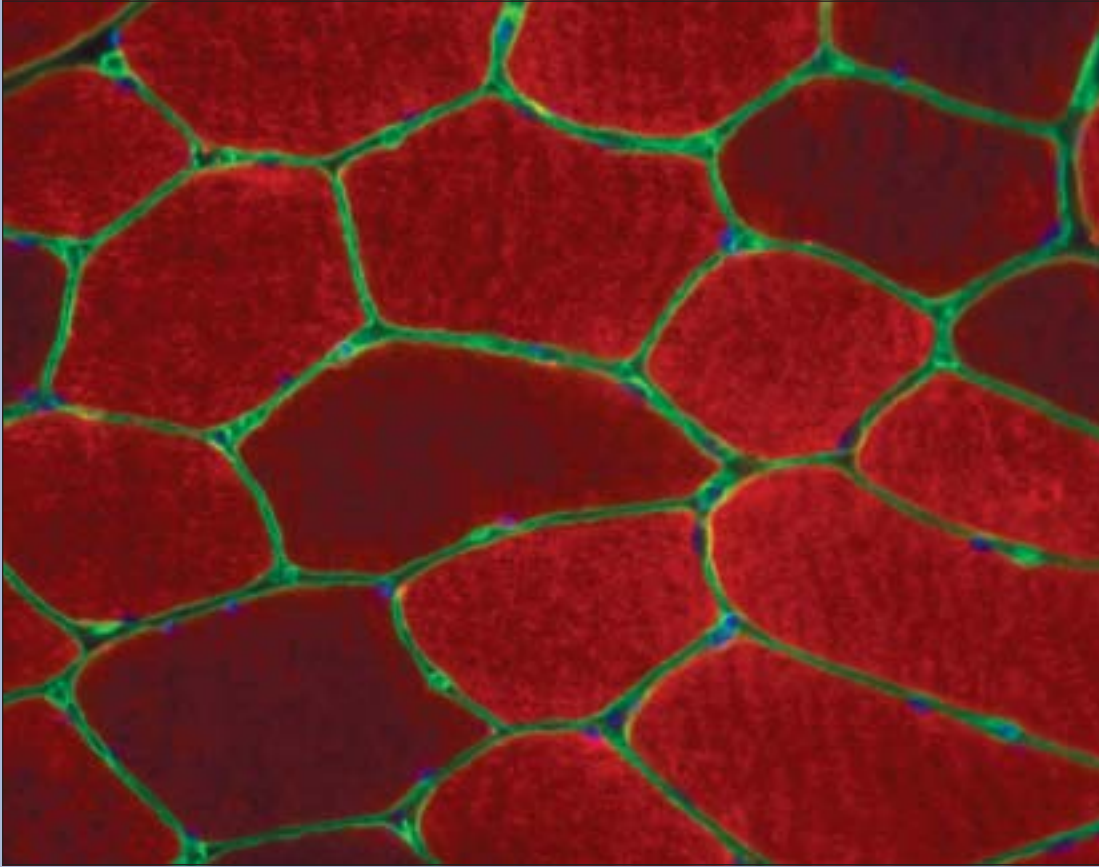
Consider, on the other hand, the question of whether a patient with end-stage heart, kidney, and lung disease who is virtually certain to die within two or three days no matter what is done, would get any real benefit from being sustained on a ventilator in an intensive care unit, or being hooked to a kidney machine. If the physician said that these methods “would not work” for this patient in this circumstance, we’d understand exactly what she was saying.

Whenever I write about the debate over medical futility, I try to always use the term, “futile interventions.” While it may sound unnecessarily complicated, it maintains a level playing field and allows a fair discussion to go forward.

So by all means let’s debate the Texas law. But let’s not use terminology that dismisses the debate before it starts. ❏

Howard Brody, M.D., Ph.D., is director of the Institute for the Medical Humanities at UTMB.

PARTING SHOT



Muscling in

When the *Journal of Nutrition* needed a cover image for its August 2006 issue, its editors turned to UTMB's Hans Dreyer for this striking close-up of a sample of human thigh muscle. Dreyer, a rehabilitation sciences postdoctoral fellow in the School of Allied Health Sciences, used fluorescent microscopy to highlight different elements of muscle tissue. In the image, bright red indicates oxygen-hungry cells used in long-duration aerobic exercise like jogging. Darker red marks the anaerobic cells that supply the short-term bursts of power needed for lifting weights or sprinting. The distinctive green chicken-wire pattern highlights concentrations of laminin, a key component of the matrix that binds muscle fibers together; the small blue blobs nestled against the "chicken wire" are cell nuclei, which in muscles lie near cells' edges rather than at their centers. Dreyer's *Journal of Nutrition* cover shot accompanied the issue's lead article on nutritional approaches to counter muscle loss written by UTMB assistant professor Douglas Paddon-Jones.



Inside the 'Hot Zone'

Safely ensconced in her protective-bubble-like "space suit," working in a structure often compared to a submarine within a bank vault, postdoctoral fellow Nadya Yun studies avian influenza inside UTMB's Robert E. Shope, M.D., Laboratory. The 2,000-square-foot lab is one of just four full-sized Biosafety Level 4 high-containment labs currently operating in the United States, and the only one based on a university campus. The lab is host to a virtual rogues' gallery of deadly plagues: Rift Valley fever, tick-borne encephalitis, hantavirus pulmonary syndrome, Lassa fever, Crimean-Congo hemorrhagic fever, and many more. What's it like in this environment trying to find countermeasures to, or vaccines for, such fearsome scourges? See story, page 18.

Changing your address? Let us know online at www.utmb.edu/utmbmagazine, call (409) 772-2618, or write to your alumni representative at the address inside the front cover.



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