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Letter from the President

The past few months have been busy for the Mayo Clinic Alumni Association. Regional meetings were hosted in San Francisco, New York and Sante Fe. My husband and I attended the international CME meeting in Rome, Italy, followed by an alumni tour of Florence, Parma and Venice. Umberto Squarcia, M.D., and his wife, Anna Squarcia, were our hosts assisting in coordinating the CME lectures by colleagues in Rome, and later serving an exquisite dinner at their home in Parma for 60 of their closest alumni friends! That evening, Don Giuseppe Bertozzi, the priest of the Berceto’s Cathedral, presented a plaque, which replicates an engraving in the “duomo” (cathedral) in Berceto, Parma from 1188 A.D. I accepted this treasured gift on behalf of the Mayo Clinic Alumni Association and it will be exhibited in the Mayo Alumni Office Conference Room.

The Alumni Board met in late October and supported Mayo’s efforts to develop an improved process to expedite alumni referral of patients to the clinic. We also accepted the resignation of David Herman, M.D., as our secretary-treasurer and thanked him for his excellent job over the past several years. Executive Committee board member Mike Ebersold, M.D., will replace him. The Alumni Association then hosted a dinner celebrating the 30-year anniversary of Mayo Medical School. The current medical students, our youngest alumni, were reminded of the Mayo heritage and how special and unique their training is at Mayo Clinic.

All these activities, both international and national, remind me of the magic and respect the Mayo name carries around the world. Each of us as alumni are ambassadors of that name and should maintain ties with Mayo Clinic. Make plans to attend the next international meeting at Mayo Clinic Scottsdale on Oct. 2-4, 2003. See you there.

Sincerely,

Christine Mroz, M.D.
President
Mayo Clinic Alumni Association
With hundreds of sources available to the public to disseminate health-care news and information, it is easy for people to feel overwhelmed or confused by differing reports and conflicting studies.

One example, media coverage of last summer’s hormone replacement therapy (HRT) study, was a recurrent theme during the Mayo Clinic National Conference on Medicine and the Media held Sept. 20-22 in Rochester. ABC Nightline Anchor and Managing Editor Ted Koppel, along with Mayo Foundation Board of Trustees members Tom Johnson, CNN News’ past chairman and chief executive officer, and Pat Mitchell, Public Broadcasting Service president and CEO, participated, along with 400 attendees.

Attending the conference were medical and health journalists, scientific journal editors, physicians, industry representatives, government officials, public information officers, public relations professionals, patients and representatives of patient-advocacy groups.

“Reports on medicine and health consistently rank among the top five topics covered by national and local media,” says William Lanier, M.D., a Mayo Clinic anesthesiologist, editor of Mayo Clinic Proceedings and one of three program chairs for the conference. “The goal of this conference was to bring together all facets of the medical news dissemination process in hopes of identifying ways to more effectively serve the public.”

Johnson stressed the importance of the task at the outset of the conference. “I hope you leave Rochester with a better understanding of and respect for each other,” he said. “Millions of people throughout the nation and the world depend on us.”

S. Vincent Rajkumar, M.D., a Mayo Clinic hematologist, says he left the conference with a new appreciation for how health news is regarded by the media. “It’s viewed as a major selling point,” he says.

The hormone replacement therapy case was continually debated as an illustration of the confusing nature of
medical news. The Gallup Poll reports about 33 percent of women claimed that news reports about the new HRT research caused or might cause them to reconsider using hormones. Yet the poll reported that 44 percent of women said media coverage of the research left them more confused than educated.

“It’s such a struggle to correct misinformation or clarify confusing information,” says Hugh Smith, M.D., chair of the Mayo Clinic Board of Governors in Rochester. “Our phones just rang off the hook.”

A short report on television or in the print media often distills scientific findings down to the most basic information. In the hormone replacement therapy case, some people were left with one conclusion: hormones are unhealthy. Left out of some reports were additional facts regarding minimal risk and who exactly could be affected by the research regarding HRT.

In these cases, the media serves as an “alert system” to the public, Koppel says.

“Our job is to take the most important issues and make them as interesting to the public as possible, so that perhaps they’ll be motivated to read a magazine, a newspaper, a book, or to talk to their doctor. Our job is not to provide all the answers in 42 seconds.”

Roger Sergel, managing editor of medical coverage for ABC News, says time is indeed a trap for the media when it comes to reporting complex issues such as scientific findings.

“We’re forced into a situation where we have to be much more black and white about medicine than medicine is,” Sergel says.

Underscored throughout the conference was the cultural divide between journalists and scientists. Physicians and scientists proceed in slow, measured steps in reacting to new health research and studies, while immediacy and timeliness drive the media.

“The media are expected to provide information in a much swifter time frame,” says Dr. Lanier. “They would
prefer that we have concrete information earlier in the process. And the public has become ever more impatient for the latest information.”

The Gallup Poll findings show that people seek out more information after reading or viewing coverage on medical news. Nearly half of Americans say they’ve asked their doctor specific questions as a result of news they saw or heard on the Internet or in the media.

“We found that most people still get their medical information from their doctors,” says Frank Newport, Ph.D., editor-in-chief of The Gallup Poll. “However, television is the top media source for information. Interestingly, while most Americans get their medical news from television, they tend not to trust the news.”

Physicians score best on the Gallup’s credibility chart, with 61 percent of Americans saying they have a great deal of trust in their doctors for providing reliable health and medical information. The numbers are encouraging for physicians, says Mayo Clinic’s Dr. Rajkumar, but the ratings could be improved.

Passionate debate between journalists and physicians during the conference stemmed from the question of whether journalists are solely providers of information, or educators as well.

Journalists aren’t by nature teachers, explained Joanne Silberner, health policy correspondent for National Public Radio. Koppel agreed, saying journalists are largely "generalists," not medical experts.

“Our principal function is not to worry about the consequences of what we report,” Koppel says. “If we did we’d be frozen into inaction. Our principal function is to worry about the accuracy of what we report.”

Laurence Nace, M.D., an obstetrics/gynecology specialist at Austin Medical Center, part of Mayo Health System, said the media’s responsibility in reporting medical news extends beyond simply providing the facts. Context is a must.

“If you’re going to give information, you’ve got to give education too,” says Dr. Nace.

Dr. Rajkumar says distilled reports of health news suffice as long as the subject matter is simple. But as illustrated with the HRT case, there are often numerous caveats to consider, complicating the latest research.

Then, Dr. Rajkumar says, journalists must provide consumers with a more in-depth analysis of new data.

And while the conference brought vigorous debate, Mayo Clinic also provided journalists with a glimpse of the breadth of treatment and research taking place at Mayo Clinic. Education was a component of Mayo Clinic’s pre-conference sessions, which featured “bench-to-bedside” sessions with Mayo physicians and researchers. The sessions were designed to give journalists an overview of work being done at Mayo in specialized areas, says Chris Gade, vice chair in Mayo Clinic’s Division of Communications.

Patients, conference participants agreed, serve as the common ground between physicians and journalists.

Patients played an integral role in the conference, with several sharing their experiences with health problems and how their stories played out in the media. Patty Delaney, a survivor of stage-IV Hodgkin’s disease, says she felt victimized after appearing on television to discuss her illness.

Linda McGinity-Jackson, vice president of public relations for Jewish Hospital HealthCare Services in Louisville, urged journalists to consider one question in covering patient stories: What if this were me? “Thinking of the patient as a person, rather than a story, will allow them to maintain their sense of compassion,” says McGinity-Jackson.

Hodgkin’s survivor Delaney reminded journalists to remember that patients are part of their readership. She said she relies tremendously on the media for the latest news on medical and scientific achievements, reading a handful of articles on the same topic to glean all the information she can.

“People who are ill read these articles,” Delaney says. “They pore over every word.”

— Renee Berg
Conference findings published in *Mayo Clinic Proceedings*

The Mayo Clinic Conference on Medicine and the Media concluded in September with Pat Mitchell, president and chief executive officer of Public Broadcasting Service, leading a review of the conference’s preliminary observations. Included in preliminary observations were:

- Medical news reports may be confusing because the underlying scientific issues are unresolved and open to multiple interpretations.

- Patient stories are intrinsically interesting and useful to illustrate medical news stories. Ill patients are vulnerable and have special needs for privacy. A patient might be getting into more than she or he anticipated when agreeing to be the subject of a medical news story.

- Journalists’ primary concern is accurate, clear reporting, with secondary concern for a story’s consequences. Journalists consider themselves primarily reporters rather than educators, but the public expects reporting to contain an educational element.

- Financial and other more subtle interests may influence the quality and content of scientific news releases, presentations in scientific journals and stories covered by the news media. Disclosure of commercial support and affiliations, peer review of study reports and formal guidelines for conduct may lessen undue influence.

- Public health officials have a responsibility to be accessible and to provide information that is both truthful and accurate.

- Good medical reporting includes an explanation of why one study has more validity than others. Reporting the failure rate from a scientific study is as important as reporting the success rate.

- Medical journals’ main constituents are physician readers. These journals rely on the news media to convey medical information to the public. Journal editors have a responsibility to provide the highest-quality information possible, based on optimally designed research protocols, proper data analysis and conclusions anchored to the best available scientific information.

- Information from research studies loses detail as it moves from the medical journal to newspapers and local television news. These condensed stories may frustrate physicians and the public.

- The reporting of a medical news story by the news media may itself become the news and compete for attention with the findings of the study published in a scientific journal.

These findings, along with additional observations on the Mayo Clinic Conference on Medicine and the Media, were the subject of an article in *Mayo Clinic Proceedings* in December. For more information about *Mayo Clinic Proceedings* call 1-800-432-2084 or visit its Web site at www.mayo.edu/proceedings.

*Pictured below, from left: Ted Koppel moderating a panel discussion; a full house of attendees in Phillips Hall; Pat Mitchell, encouraging audience participation.*
The
PLUMMER
SOCIETY
Plummer Society kicks off at Internal Medicine’s 35th anniversary celebration

New group will serve internal medicine and subspecialty alumni

As a resident in internal medicine and dermatology at Mayo Clinic in the late 1960s and early 1970s, Carl Soderstrom, M.D., says the spirit of Mayo Clinic was important to him. He remembers how he looked in awe at the work of Henry Plummer, M.D.

“Much of what he did still stands today, and Mayo still functions under many of the concepts he developed,” Dr. Soderstrom says. “Dr. Plummer was the first really great internist of acclaim. He studied all of the fields. When I was here at Mayo for residencies, I truly marveled at his diverse genius.”

So as Dr. Soderstrom and colleagues discussed their professions during a dinner in spring 2001 at the Mayo Clinic Alumni Association’s International Meeting in Atlanta, the idea for The Plummer Society was sparked and developed.

Dr. Soderstrom (Internal Medicine’70, Dermatology ’72) pursued the idea after a positive initial response from colleagues.

Dr. Soderstrom, who operates a private dermatology and internal medicine practice in Peoria, Ill., says the society will serve multiple purposes and be beneficial to both alumni and Mayo Clinic. Another goal, he said, is to recognize the vast realm of internal medicine and celebrate the internist.

A year and a half later, the Executive Committee of the Board of The Plummer Society, which promotes the continuation and diffusion of knowledge in the fine art and science of internal medicine and medical subspecialties, gathered in Rochester in October 2002, for its organizational meeting.

At that time the constitution and bylaws were approved and further directions were established.

“I think you’ll see special lectures, for instance,” Dr. Soderstrom says. “This will be an identifiable group of alumni who can support Mayo’s work and may come back to Mayo Clinic from time to time. I’d like to maybe see the society meet for a dinner at Henry Plummer’s house. If you read about him, he and his wife would have residents and colleagues over for Sunday dinners where they would discuss issues of the day.”

The society is aligned with the Mayo Clinic Alumni Association. Its membership is open to physicians who have trained in the Mayo Graduate School of Medicine internal medicine and subspecialty residencies. Mayo Clinic faculty who have not trained at the institution also are eligible for membership in the society after one year.

Carl Soderstrom, M.D.
A fitting choice

Dr. Plummer was a logical choice, Dr. Soderstrom says, to carry the society name. Perhaps the most prominent symbol of Dr. Plummer’s work is the 1928 Plummer Building. However, there are many concepts and ideas that originated with Dr. Plummer, the chief of the Division of Medicine from 1923 to 1936. For instance, he designed the conveyors, which carry records and data to the floors in the Plummer Building, and he was involved in the construction of compressed-air tubes placed in waterproof conduits between Mayo Clinic and Saint Marys Hospital. Today’s pedestrian subway system in Rochester originated with Dr. Plummer; he developed the concept of constructing a system of subways connecting the clinic with the Colonial and Worrall hospitals.

Members of The Plummer Society will receive a copy of the book, *The Internal Medicine Heritage of Mayo Clinic*, which was published for the 35th anniversary of the Department of Internal Medicine. Information was compiled and edited by Thomas Habermann, M.D., Renee E. Ziemer and John L. Graner, M.D., of Mayo Clinic. The book includes a series of quotes and pictures of key individuals along with a list of faculty since day one from each division, a list of key events of each division, a list of residents since 1908, and a department time line. In the book, readers will find many of the accomplishments and contributions that Dr. Plummer made to Mayo Clinic.

Dr. Habermann, who will serve as the society’s first secretary/treasurer, says the book brings together much
of the history around Dr. Plummer and the Department of Medicine.

“One of the purposes of the book is to point out the legacy that’s been left by multiple, unique contributions and individuals over 110 years,” Dr. Habermann says.

Mutual benefits

Nicholas LaRusso, M.D., chair of the Department of Medicine at Mayo Clinic in Rochester, says the society provides a variety of opportunities that could benefit the department. He believes it could help provide another connection for members to recommend Mayo Clinic’s programs to others, or recommend individuals for faculty positions. It also will provide a format for scientific programs of broad general interest to internists.

The initial board of directors includes Dr. LaRusso, and Jorge Rakela, M.D., and Robert Safford, M.D., Ph.D., the chairs of Internal Medicine at Mayo Clinic in Scottsdale and Mayo Clinic in Jacksonville. Robert L. Frye, M.D., serves as the first president.

“The society should provide a forum of communication to facilitate the integration of the departments of all three sites,” Dr. LaRusso says.

But most of all the members hope that the society strengthens and re-establishes the ties that connect physicians who have lived and learned at Mayo Clinic.

Mayo Clinic’s Department of Medicine has grown steadily. By 1999, according to the Association of Medical Colleges Faculty Data Roster, the Department of Medicine at Mayo Clinic in Rochester ranked No. 3 in total graduates from a Department of Medicine (684) behind only Harvard (686) and Brigham Hospital, Dana-Farber Hospital (700).

Dr. Habermann, a Mayo Clinic hematologist and associate director of graduate medicine, notes that there are 550 faculty members of the department. Also, there have been 3,802 internal medicine residents and 1,704 subspecialty residents from Mayo Clinic over time.

While the society will provide venues for serious discussions and enrichment, Dr. Soderstrom, who will serve as the group’s president-elect, said the group will also provide a way to continue some good-natured camaraderie.

“Maybe we’ll challenge the Priestley Society to a tug-of-war at Silver Lake in Rochester,” Dr. Soderstrom jokes about taking on the Mayo Clinic alumni society for surgeons.

— Michael Dougherty

For more information or an application for membership, please contact the Mayo Clinic Alumni Center at 507-284-2317 or mayoalumni@mayo.edu.
Rome
Rome provided a cultural backdrop for the Mayo Clinic Alumni International Continuing Medical Education program. Alumni spent three stimulating days blending a strong CME program with the sights and sounds of the “Eternal City.”

The CME program on Sept. 25-27 featured the expertise of Mayo Clinic, Universita’ di Parma, Ospedale Pediatrico Bambino Gesu’ and Universita’ La Sapienza clinicians and researchers. Several medical students from the local university were guests of the alumni association for the CME course. The Grand Hotel Parco dei Principi was the program headquarters for the more than 75 attendees.

Michael Wood, M.D., president and chief executive officer of Mayo Foundation, set the tone at the start of the meetings by presenting an overall look at trends affecting medicine, including genomics, and updated attendees on what is ahead for Mayo Clinic and what factors will affect Mayo’s future. Dr. Wood also talked about Mayo’s Gonda Building, one of the largest of its kind in medical services in the world.

John Wilkinson, M.D., of Mayo’s Department of Family Medicine, gave a presentation on Mayo’s efforts to move forward as a leader in the clinical application of genomics. Dr. Wilkinson’s talk centered on examples of possible ways physicians’ day-to-day interactions with patients might change in the future.

“There are many issues that will come along with the ‘genomics revolution’ including broader societal issues. It’s important for all of us to understand the importance and relative urgency of what’s taking place.”

—John Wilkinson, M.D.

Presenters not only offered information specific to their topics, but they also provided general discussion that included other specialties.

For instance, Piero Rinaldo, M.D., Ph.D., of Mayo’s Division of Laboratory Genetics, Department of Laboratory Medicine and Pathology, spoke of the evolution of newborn screening, but also talked about how each state requires different screenings and whether there is a more efficient and less expensive way to handle the testing nationwide.

Daniel Broughton, M.D., of Mayo Clinic’s Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine, spoke about “Children and the Internet: A Dangerous Combination?” His talk appealed to the attendees both from a professional perspective and a personal perspective as parents and grandparents. Dr. Broughton served as chair of the National Council for Missing and Exploited Children (NCMEC) for 13 years. He now serves as chairman of the NCMEC Development Committee.

On the final evening of the CME program, attendees were given a private tour of the Palazzo Colonna, including the private art collection. The evening included a dinner and recital by a tenor and soprano from the Roman opera, who performed in the grand hall at the palace. The beauty of the recital moved many to tears.

Mayo Clinic’s CME meeting attracted the interest of Italian media. Mayo Communications coordinated the interviews. Dr. Wood and several others from Mayo Clinic who presented at the conference were interviewed for Italian television, newspaper, magazine and journal stories. In several stories, the media were interested in the
The Arch of Constantine (right) and the Coliseum in the background were among the sites that alumni visited following the Continuing Medical Education meeting in Rome. Following the CME program, a group of alumni toured Italy with stops that included the Ferrari Museum (below, right) in Modena, a town between Milan and Bologna. Participants of the optional tour ended their visit with a gondola ride in Venice (below). Pictured are, clockwise from upper left, Dr. Edmund and Clarice Burke, of Rochester, and Dr. C.T. and Julia Frerichs, of Beatrice, Neb.

presentation topics, while others were focused on Mayo Clinic’s relationship with Italy and its physicians and hospitals, including a relationship between Ospedale pediatrico Bambino Gesu’ and Mayo Eugenio Litta Children’s Hospital in Rochester.

Prior to the start of the meetings, those attending could take an optional visit to St. Peter’s Square for an audience with Pope John Paul II. The audience outside St. Peter’s Square in front of the Basilica numbered perhaps 20,000 to 30,000 people.

The Pope arrived and was driven to his place in front of the Basilica. Pope John Paul II gave a short homily on the 84th Psalm. Various clergy stepped to the podium and announced the names and the origin of some of the groups, including the Mayo Clinic Alumni group.

Following the second day of presentations, visitors took a walking tour of Rome that began at the fountains of Trevi and later took the group past the famed Coliseum. They later visited the Vatican Museum to view an impressive array of statuary, wall hangings, paintings and
gifts to pontiffs of many generations past. The tour progressed on to a visit to the Sistine Chapel, where they viewed the marvelous effect of the recent cleansing of Michelangelo’s ceiling paintings.

Following the completion of the CME program, 55 people continued their stay in Italy with a separate tour, beginning in Tivoli and moving on to Florence, where their stops included the Academy of Fine Arts, which is home to the statue David by Michelangelo.

Also in Florence, they visited the Piazza Santa Croce, near the center of the city, which is the site of a large cathedral called Santa Croce, another extremely large church where many of the famous leaders of church and state are buried. This is the burial site for Michelangelo, Galileo, Dante, Machiavelli, and others.

After several days around Florence, the group headed for Bologna, another ancient town, home of the famous Medicis. Touring members visited the Museum of Anatomy with seats arranged around this rectangular room at various levels facing a slab in the center of the room. It was here where the professor did the dissection and explained what he was doing and what he saw while students listened. Several commented that it brought back recollections of their medical school days.

In Modena, a stop included the Ferrari Museum where race cars and engines were on display from different years of racing competition. After leaving Modena they traveled to Parma, for a three-day stay. Parma is also the home of Dr. and Mrs. Umberto Squarcia.

Walking tours and a special reception in City Hall marked the first day in Parma. The final evening in Parma was celebrated with a special dinner at the home of the Squarcias. The final days of the tour included a visit to Verona and ended in Venice, including a group gondola ride. Six gondolas transported all 55 of the touring group, who were serenaded and entertained with an accordion as they maneuvered through the Grand Canal.

— Edmund Burke, M.D., and Michael Dougherty
Dr. Michael O’Sullivan: Finding purpose and meaning

The decision to stay in Rochester or return to his native Ireland weighed heavily on Michael O’Sullivan, M.D., in 1969. Follow his head or his heart? Call the real estate agent or not?

Dr. O’Sullivan was completing a hematology research fellowship sponsored by the National Institutes of Health, and he mulled this decision for nearly a year, often consulting with his wife, Margaret, also a native of Ireland. Eventually, they both agreed that Mayo Clinic was the place where he could best flourish.

And flourish he did.

“Soon after I began my residency, I realized that I was in a program and in an institution that was different from any I had ever known,” Dr. O’Sullivan says. “The difference is what I call the goodness of Mayo Clinic. Being part of this great institution added important and unique dimensions to our professional and indeed personal lives. This took us beyond our selfish, self-oriented desires and motivations. It added extra purpose and special meaning to our work and study. The experiences tangibly captured our imagination and our spirit so that there was both a temporal and spiritual fulfillment in our day-to-day toil and endeavors.”

Dr. O’Sullivan recently retired as chair of the Board of Governors of Mayo Clinic in Scottsdale. During his 33 years as a staff member at Mayo Clinic, which included 13 years as a member of the Mayo Foundation Board of Trustees and two terms as a member of the Mayo Clinic Rochester Board of Governors, Dr. O’Sullivan’s administrative skill and organizational vision contributed to a number of successful and innovative programs at Mayo Clinic.

“It is hard to find someone who, on three separate occasions, has hit home runs for Mayo,” says Colum Gorman, M.D., Ph.D., a friend and colleague of Dr. O’Sullivan’s since the two came to Mayo Clinic in the 1960s.

Mayo Medical Laboratories, Mayo Health System and Mayo Clinic in Scottsdale are the “home runs” of which Dr. Gorman speaks. Dr. O’Sullivan was involved with all three entities, in some cases developing them from the start and in other cases helping strengthen them. Each entity has become a solid contributor to Mayo Clinic’s mission of putting the patient’s needs first.
Irish beginnings

His parents and family developed Dr. O’Sullivan’s work ethic and skills. He grew up in a family of seven children in Listowel, County Kerry, Ireland. His father was a teacher. His mother was a nurse before she married. She later operated a small store that sold schoolbooks, newspapers and magazines. Each parent pushed the children to achieve, work hard and enjoy language and music.

His father brought the children up speaking Gaelic. Literature also was a constant in Listowel, a community noted for its authors and playwrights. Dr. O’Sullivan’s mother taught him the value of customer service and the entrepreneurial spirit as the children helped in her shop.

Dr. O’Sullivan set out for a career in medicine, receiving his medical degree from University College Medical School, Cork, Ireland, in 1959, before he came to the United States for his residencies in Buffalo, N.Y.

But when his father passed away in 1961, Dr. O’Sullivan returned to Ireland to attend the funeral and help his mother. While home, he met Margaret, a nurse at a nearby hospital. They married in 1962.

“We were from the same part of the country,” she says. “But it was his charm and tenacity that caught my interest. And he really was a lot of fun.”

A partnership was born, and soon the new couple moved to the United States, where Dr. O’Sullivan began service in the U.S. Air Force in Montgomery, Ala. He left the service as a captain two years later in 1964 and began a fellowship in pathology at Mayo Clinic in Rochester, where his older brother, Denis O’Sullivan, M.D., had completed a fellowship in urology.

During his time in Rochester, Dr. O’Sullivan realized that Mayo Clinic was a special place where he could go as far as his talents could take him.

“There was an openness about the profession compared with Ireland in those days,” Dr. O’Sullivan says. “It was exciting when you were at the start of a career, thirsty for knowledge, and world-renowned experts were not only here but eminently approachable.”

“Soon after I began my residency, I realized that I was in a program and in an institution that was different from any I had ever known.”

—Michael O’Sullivan, M.D.
Determination

Within a couple of years at Mayo Clinic, Dr. O’Sullivan was asked to develop a feasibility study to advise the Board of Governors whether Mayo Clinic should develop a regional medical laboratory program. He hesitated at first, uncertain whether he wanted to pursue the project, but decided he could do the work and then return to his role as a consultant in hematopathology at Mayo Clinic.

The result of the feasibility was a twofold recommendation: develop a national reference laboratory and a regional laboratory program.

The reference laboratory focused on providing sophisticated tests and consultations not available in local medical communities.

“What I found was that not only were tests needed by practicing physicians and community hospitals, but there also was a need for consultation services,” Dr. O’Sullivan says. “They needed help to interpret the test results and give counsel to patients. It fit the role of Mayo as a tertiary care academic health center very well indeed.”

This work started and developed Mayo Medical Laboratories, now Mayo’s thriving international medical reference laboratory, which generates income to benefit research and education.

The regional laboratory programs were intended to help the laboratory staff of small rural hospitals improve quality through their own professional and administrative development and to share Mayo’s surgical pathology expertise with the surgeons practicing in those facilities. The regional laboratory program began with two prototype laboratories in Iowa. The consideration of the regional laboratory system came at a time when there wasn’t widespread support within Mayo Clinic for extramural agreements of any kind. After a brief period of consulting with laboratory staffs of small hospitals, Dr. O’Sullivan proposed to the Rochester Board of Governors that Mayo Clinic assume operating responsibility for a laboratory in Osage, Iowa, and another in Charles City, Iowa.

As the time for decision neared, Dr. O’Sullivan said the laboratory at the Osage site was in a poor physical state. He changed into his old clothes, got into his car on a Friday night, drove to Osage, where he met the laboratory technician. The two of them stripped the laboratory bare, washed and cleaned the walls, fixed the holes with patching paste and bought five gallons of white paint. On Saturday, they painted the laboratory with two coats and waited for it to dry. On Sunday, they returned all the bottles to the shelves. The laboratory was now
Focus

Mayo Health System’s beginnings were also quiet and small. At the beginning, there was little indication that Mayo Health System would achieve the significance it has reached today. Mayo Health System employs 590 physicians, 10,600 allied health staff, owns 14 hospitals, eight nursing homes and works with 13 organizations serving 62 communities in Minnesota, Wisconsin and Iowa. This year it contributed approximately $18 million dollars to Mayo Foundation’s bottom line.

The impetus of the health system was the changing environment of health care in the 1980s and the push for managed care agreements from other health-care organizations into regions that Mayo Clinic had traditionally served.

“We felt Mayo could do better and be more creative than the competition,” he said. “As we developed physician-led community delivery systems, these were natural extensions and variations of the Mayo Model of Care adapted to each community’s needs.

“The model focuses on patients having a choice,” Dr. O’Sullivan says. “It should be up to us collectively to attract patients by our own best efforts.”

At the start, negotiations with communities often centered on getting buy-in by local individuals and groups. Many were skeptical of physician-run organizations, Dr. O’Sullivan said. But Dr. O’Sullivan said the early leaders who developed the first agreements beginning in 1992, helped set the stage for the growth of the health system in the mid-1990s.
Jon Oviatt, chair of Mayo Clinic’s legal department, who worked with Dr. O’Sullivan on many of the deals that added clinics and hospitals to create the Mayo Health System, said Dr. O’Sullivan’s negotiating was methodical and educational.

“He can take the most painful topic and he has a way of using patience and persistence in getting people to focus on the issue that needs to be dealt with,” Oviatt says.

Family

The work to get Mayo Medical Laboratories and Mayo Health System into shape meant long hours, often on the road. Yet, it didn’t diminish the importance of family.

“Margaret has always been supportive of what I do and she has made unique contributions to morale and sense of team or family in all the undertakings I have been involved in,” Dr. O’Sullivan says.

Margaret O’Sullivan said the family knew he was busy with work, but their time at home was focused on enjoying each other and the children’s activities.

“We really didn’t pay attention to his success or career until later on,” says his wife of more than 40 years. “He was just doing his job every day like everybody else. Early on, I don’t think he was aware of his own success, and if he was, he did not talk about it.”

The O’Sullivans raised five children: Nora, Deirdre, Finola, Paul and Stephen. All of their children are adults and the O’Sullivans have three grandchildren. The family’s ties remain strong.

When family gets together, it will usually involve singing and music. Music has always been a part of the O’Sullivans’ lives. Many of the children still pursue their musical talents today either professionally or personally.

“Music is just a great relaxing outlet,” says Dr. O’Sullivan. “It’s really a way for bonding with people that cannot be done through any other mechanism. And it’s so much fun.”

In looking back on Dr. O’Sullivan’s endeavors at Mayo Clinic, Margaret O’Sullivan said it is not surprising that many involved taking risks.

“Michael is a natural risk-taker,” she says. “At the lake, there will be a storm blowing and he’ll come in and say, ‘There’s a great wind out there. I must go sailing.’”

Collaboration

When Dr. O’Sullivan arrived in 1997 as the new chair of the Board of Governors at Mayo Clinic in Scottsdale, his task was to help the organization focus on its strengths and help it gain a toehold in the competitive and growing Phoenix metropolitan area.

“He faced a daunting task to help us face our future,” says Michele Halyard, M.D., a radiation oncologist at Mayo Clinic in Scottsdale who also served on the Board of Governors with Dr. O’Sullivan. “But he did it by jumping in with both feet and interacting with people on a personal level. He interviewed staff one-on-one. It was well over 200 interviews. He let everyone know he wanted us to succeed, but that he could not do it without our help.”

Scottsdale, Dr. O’Sullivan says, is an example of how success only comes when everyone is working together.

“When you are very, very clearly focused and you channel your energies together, you can succeed,” Dr. O’Sullivan says.
At a retirement party, Dr. Gorman likened Dr. O’Sullivan’s exit to the coach retiring with a winning record. The transition to retirement has gone smoothly. Dr. O’Sullivan remains involved in some projects with Mayo Foundation, but he now has time to travel and plan the construction of a new cabin to replace the family’s old one on a lake near Hayward, Wis. On a sunny September day, the O’Sullivans took one of their grandchildren to school.

“I’m doing a lot of things I didn’t have the opportunity to do before,” he says. “I’m glad I can still help Mayo on occasional projects. You can’t leave a whole career behind at once with the level of commitment that I’ve had. But it is nice to now have this personal time.”

Dr. O’Sullivan’s work ethic, vision and determination gave him the skills it took to excel, but he credits Mayo Clinic as the reason for the success.

“It is a magnificent system where we all can truly excel,” Dr. O’Sullivan says. “We all can be better physicians, better academicians, better scientists, better administrators, better leaders than we ever dreamt we could be. This is so because Mayo Clinic compels all of us to define excellence in our daily activities. Our innovation is encouraged and appreciated. Our teamwork creates a powerful synergy. Our integrity is at the highest level, and the mutual respect displayed to each other and our colleagues sets a standard for health care across the United States. Investing in our own and each other’s success is the very fabric of our purpose as Mayo physicians and healers: to help every patient, every day, to the very best of our collective abilities.”

— Michael Dougherty

Mayo Foundation Trustees announce two new named professors

Two Mayo Clinic physicians with Mayo Medical School, Lynn Hartmann, M.D., and Lester Wold, M.D., were recognized with named professorships by the Mayo Foundation Board of Trustees during its November meeting in Rochester.

The board recognized Dr. Hartmann, a medical oncologist, as the recipient of the Blanche R. and Richard J. Erlanger Professorship in Medical Research. Blanche Erlanger’s first contact with Mayo Clinic occurred in 1939, prior to her 1940 marriage to Richard Erlanger. Mr. Erlanger worked in newspaper and retail businesses, and later practiced law in Dallas, Texas. He died in July 1998 and is survived by Mrs. Erlanger.

Dr. Hartmann is the director of the Mayo Clinic Women’s Cancer Program; associate director for education, Mayo Clinic Cancer Center; and the associate director of the Mayo Clinic Research Training Program. She also is a professor of oncology at Mayo Medical School. Dr. Hartmann completed her medical degree at Northwestern University Medical School, followed by an internship and residency in internal medicine at the University of Iowa Hospitals and Clinics, and a fellowship in medical oncology at Mayo Graduate School of Medicine. She also served as a clinical investigator at the National Cancer Institute-Biological Response Modifiers Program. Her research interests include breast and gynecologic cancers. She joined the staff of Mayo Clinic in 1989.

The board honored Dr. Wold, a pathologist, with the Geraldine Colby Zeiler Professorship in Cytopathology. Dr. William B. Zeiler established this professorship in memory of his wife who trained as a cytology technician at Mayo Clinic in 1950. Dr. Wold is a professor of pathology at Mayo Medical School and the director of New England Pathologic Services. Dr. Wold formerly served as chair of the Mayo Clinic Department of Laboratory Medicine and Pathology. He also is a recipient of the Mayo Clinic Excellence in Leadership Award. He received his medical degree from the University of Chicago, followed by a residency in pathology at Mayo Clinic. His research foci include immunocytochemistry, bone tumor and tumor-like conditions, and breast diseases. He joined the Mayo Clinic staff in 1981.

Robert Tiegs, M.D., has been appointed as associate dean for academic affairs of Mayo Medical School.

Dr. Tiegs is a professor of medicine and a member of the Division of Endocrinology, Metabolism, Nutrition and Internal Medicine at Mayo Clinic Rochester.

Dr. Tiegs completed his medical degree and residency at the Medical College of Wisconsin. He obtained advanced training at the National Taiwan University Hospital in Taipei and Hammersmith Hospital in London, and completed a fellowship in endocrinology at Mayo Clinic. Dr. Tiegs served as a member of the Clinical Skills Assessment Test Development Committee for the Educational Commission for Foreign Medical Graduates and the Case Development Task Force for the Standardized Patient Project for the National Board of Medical Examiners. At Mayo Clinic, Dr. Tiegs has directed the subinternship in Internal Medicine, Clinical Skills Assessment Program, Clinical Skills Acquisition Course, Procedures Course and the Visiting Medical Student Clerkship Program. He also has chaired undergraduate education in the Department of Internal Medicine. In 2001, he was appointed as a clinician educator for Mayo Medical School.
Mayo Clinic announces election results from annual meeting of the staff

The voting staff of Mayo Clinic Rochester elected new officers and councilors and confirmed new members of the Mayo Clinic Rochester Board of Governors at its annual staff meeting on Nov. 14. All new positions are effective Jan. 1, 2003.

Brooks Edwards, M.D., was named president-elect for 2003 of the officers and councilors. Jane Matsumoto, M.D., was named secretary-elect for 2003 and Alan Duncan, M.D., and Fredric Meyer, M.D., were elected councilors for 2003.

Newly-elected Board of Governors members were confirmed too. They each will serve a four-year term. They are: Terrence Cascino, M.D., Claude Deschamps, M.D., Teresa Rummans, M.D., and Hugh Smith, M.D.

Distinguished Educators for 2002 include:
- Eduardo Benarroch, M.D., Neurology
- David Farley, M.D., Surgery

Sharon Dunemann was named Distinguished Mayo Administrator for 2002.

Distinguished Clinicians, Educators and Administrator recognized by Mayo Clinic

During the annual Mayo Clinic Rochester staff meeting in November, Distinguished Clinicians, Educators and Administrator were recognized.

Distinguished Clinicians for 2002 include:
- Morie Gertz, M.D., Hematology
- Nancy Henry, M.D., Ph.D., Pediatrics
- Jan Kasperbauer, M.D., Otorhinolaryngology
- Scott Litin, M.D., Area General Internal Medicine
- Rick Nishimura, M.D., Cardiovascular Disease

Nobel laureate Elie Wiesel speaks at Mayo Clinic

Nobel Peace Prize laureate Elie Wiesel spoke to the Rochester community on Oct. 29 as the guest lecturer for the 2002 Occidental Petroleum Nobel Laureate Lectureship at Mayo Clinic.

A professor at Boston University, Professor Wiesel gave several addresses during his visit. He spoke to area high school sophomores during the day in a lecture titled “Tomorrow’s Leaders.” His visit with area high school students is part of Mayo Clinic’s participation in the Rochester Area Math Science Partnership.

In the evening, he spoke to the Rochester community, addressing the topic, “Hope, Healing, Reconciliation and the Renewal of the Human Spirit.”

Several thousand people attended each speech.

It was a return visit to Rochester for Professor Wiesel, who was the 1998 lecturer for the Occidental Petroleum Nobel Laureate Lectureship at Mayo Clinic.

The lectureship was established through an endowment from Occidental Petroleum Corporation to Mayo Graduate School. The mission of the lectureship is to provide a rich educational opportunity for Mayo Clinic staff, students, educators and members of the community. In 1997, the Occidental Petroleum Corporation provided an endowment fund to Mayo Foundation to establish an educational program entitled the Occidental Petroleum Nobel Laureate Lectureship at Mayo Clinic. The endowment is an expression of appreciation for the care provided to Occidental employees by Mayo staff and recognizes the long and valued relationship between Mayo Clinic and Occidental Petroleum Corporation. Through the lectureship program, a Nobel Prize recipient in medicine, literature or peace is invited each year to speak to Mayo Clinic and Rochester community audiences.

Professor Wiesel received the Nobel Peace Prize in 1986 for his work on behalf of oppressed people and his defense of human rights throughout the world.
Mayo Clinic study leads to Food and Drug Administration approval of radio-frequency ablation for treatment of cancer pain in bone

An international clinical study led by Mayo Clinic in Rochester, showed that radio-frequency (RF) ablation significantly reduces pain and enhances quality of life for patients whose cancer has spread to the bone. The study provided evidence used by the U.S. Food and Drug Administration in October to approve RF ablation for treatment of pain in cancer patients with two or three painful bone metastatic sites.

RF ablation has been used for several years to treat liver and kidney cancer. The Mayo Clinic study showed that RF ablation can be equally effective in killing cancer cells that cause pain in the bone.

In addition to Mayo Clinic, the study was conducted at nine other medical centers in the United States, Italy, Germany and France. RITA Medical Systems, Inc., of Mountain View, Calif., developed the RF ablation technology that was used in the study and also provided partial funding for the research effort.

The Mayo Clinic team of physicians involved in the recent study on which the FDA based its approval included William Charboneau, M.D., and Matthew Callstrom, M.D., Ph.D., radiologists; and Joseph Rubin, M.D., and Matthew Goetz, M.D., medical oncologists.

The Mayo Clinic study about RF ablation was presented at the 2002 annual meeting of the American Society of Clinical Oncology and published in a recent issue of the journal Radiology. The study showed that 95 percent of the 43 patients with incurable cancer who were treated with the RF ablation procedure experienced significant pain relief and had improved quality of life.

All of the study participants had previously received other standard treatments for pain but achieved minimal relief. Before RF ablation treatment, the pain these patients experienced averaged 7.5 on a scale of one to 10, with 10 being the worst level of unbearable pain. The pain was reduced an average of 50 percent eight weeks after the procedure and to an average score of one at 24 weeks following the procedure. Researchers continue to follow up patients and have found that many of the surviving patients continue to have reduced pain one year after the initial RF ablation procedure. The RF ablation procedure takes about 30 to 60 minutes to perform. The patient is given a light general anesthetic, and a thin needle is inserted through the skin and guided by computed tomography or ultrasound imaging to the target area. An intense heat is transmitted through the tip of the needle, killing the nerve endings and much of the cancer tissue, thereby alleviating the pain.

Plans moving forward for new hospital at Mayo Clinic Jacksonville

Work is progressing on many fronts to construct a hospital on the Mayo Clinic campus in Jacksonville. The hospital is being designed to offer convenience and efficiency to patients while further integrating the medical and surgical practice of Mayo Clinic. The project calls for expanding the Mayo Building to four floors and constructing a six-floor adjoining tower with space for 214 hospital beds.

Perkins and Will, a nationally recognized architectural firm, is designing the hospital. Perkins and Will already has a distinguished record of success with Mayo Clinic in Jacksonville, having designed the John and Lillian Cannaday Building, which opened in 2000.

A team of physicians, surgeons and nurses has visited Mayo Clinic hospitals in Rochester and Phoenix to identify efficiencies and best practices for the Jacksonville facility. Task forces are discussing how to re-engineer key processes when the hospital opens. For example, the admissions procedure can be streamlined when Mayo’s inpatient and outpatient services are located in close proximity.

Mayo conducted 12 focus groups of patients, physicians, nurses, allied-health professionals and residents (physicians in training) to provide input on the design of the hospital.

Last year, the State of Florida approved Mayo’s application for a Certificate of Need (CON) to construct the hospital. This approval was appealed by another medical organization. Following standard procedure, hearings were conducted. Mayo officials anticipate that the original approval will be upheld when a decision is reached in early 2003.

Last year, St. Vincent’s Hospital in Jacksonville reached an agreement with Mayo to purchase St. Luke’s Hospital.

Mayo has received gifts and commitments of about $55 million toward the goal of securing $70 million in philanthropic support. Led by the Davis family, 17 benefactors have provided gifts of $1 million or more. Another 32 benefactors have provided gifts of $100,000 or more.
Plans unveiled for Mayo Clinic Hospital in Phoenix

As part of its master plan for growth in the Southwest, Mayo officials recently announced a construction project to adjoin Mayo Clinic Hospital in Phoenix. The new building will include a concourse level below ground and two levels above ground. It is planned to accommodate a total of three floors above ground.

“We view this project as the ‘bridge to Mayo’s future’ in our region,” says Victor Trastek, M.D., chair of the Mayo Clinic Scottsdale Board of Governors. “It will integrate key aspects of patient care while providing vital resources for Mayo’s mission in research and education. It’s a historic moment for Mayo in the Southwest — the first addition to our Phoenix campus.”

Like the Mayo Clinic hospital project in Jacksonville, the new building depends on philanthropy. Mayo Foundation has set the target of raising $30.7 million in contributions to support the “bridge building” and related projects, which include renovation of the concourse at Mayo Clinic Scottsdale as well as support for radiology and radiation oncology.

“Our benefactors have a generous history of stepping forward with gifts that help Mayo reach the next level of excellence,” says Scott Swanson, M.D., a Mayo Clinic urologist and associate medical director for Development in Arizona. “We’ve had a strong response as the project launched.”

The project is fueled by demand for Mayo’s services. The proposed layout for the new building is:

- **Concourse level** — Space for radiation oncology: total body irradiation; new treatments for spinal cord injury and intra-operative radiation. Lobby and patient waiting area; exterior garden; patient treatment rooms; patient/family counseling rooms; staff conference room.
- **First floor** — Orthopedics; pre-operative medical evaluation; radiology; laboratory (which will focus on blood analysis as part of diagnostics and surgical treatment); lobby (patient waiting areas and business office).
- **Second floor** — General surgery; urology; neurosurgery; gynecologic surgery; ear-nose-throat and plastic surgery; lobby.
- **Third floor expansion** — Options include GI endoscopy and transplantation services for a planned third floor above ground.

Mayo Clinic in Arizona has many milestones in transplantation, such as the first bone marrow, liver and laparoscopic living kidney transplants in the Phoenix valley.

Study shows alternative to chemotherapy effective for newly diagnosed multiple myeloma patients

A Mayo Clinic study indicates patients who are newly diagnosed with multiple myeloma may have a new and better-tolerated option to intravenous chemotherapy treatment.

The study was published in the Nov. 1, 2002, issue of the Journal of Clinical Oncology. It is the first study to show that the oral combination of the drugs thalidomide plus dexamethasone provide treatment benefits equal to and, in some cases, better than the usual chemotherapy regimens administered to patients who are newly diagnosed with multiple myeloma.

Previous studies at the University of Arkansas, Mayo Clinic and other cancer centers in the United States confirmed the use of thalidomide as an effective treatment for patients with relapsed multiple myeloma who had failed all other standard treatments.
The new study was a phase II clinical trial of 50 patients with newly diagnosed, active multiple myeloma. These patients ranged in age from 33 to 78. Of the 50 patients, 32 patients (64 percent) achieved a 50 percent or greater reduction in the amount of their tumor with the thalidomide plus dexamethasone treatment.

“The goal of both the standard chemotherapy approach and our research on the use of thalidomide plus dexamethasone is to reduce the amount of the cancer so patients can undergo stem cell retrieval and transplantation,” says Vincent Rajkumar, M.D., a Mayo Clinic hematologist/oncologist and lead researcher on the study.

“Our study with thalidomide plus dexamethasone represents a significant advancement because physicians now have an alternative to the more toxic and cumbersome chemotherapy regimens used to treat patients with newly diagnosed myeloma,” says Dr. Rajkumar. “For patients who are newly diagnosed with multiple myeloma, the study means they may not need to receive the series of intravenous chemotherapy treatments, and they won’t experience the side effects often seen with such chemotherapy, including nausea, vomiting and hair loss.”

The most serious side effect seen in six patients in the study involved blood clots in the legs. Other side effects included constipation, skin rash, numbness in the hands and feet, and sleepiness.

Patients who are not candidates for stem cell transplantation may have the option to continue the thalidomide plus dexamethasone treatment at reduced doses.

Despite these encouraging and promising results, Dr. Rajkumar cautions that further studies are needed before the thalidomide plus dexamethasone treatment can be recommended for routine clinical use in patients. For that purpose, Dr. Rajkumar is now leading an Eastern Cooperative Oncology Group phase III clinical trial to investigate the effectiveness of thalidomide plus dexamethasone versus only dexamethasone for treatment of patients newly diagnosed with multiple myeloma. The results of this randomized trial will help establish the role of thalidomide plus dexamethasone in the initial treatment of multiple myeloma.

A new book, The Sisters’ Story, chronicles the events and lives of the early staff of Saint Marys Hospital from 1889 to 1939. The book has been published as part of the 125th celebration of the founding of the Sisters of Saint Francis in Rochester.

“The story of the remarkable lives of the early Sisters and Dr. William Worrall Mayo and his two sons is one of perseverance, ardor and resilience,” says Sister Ellen Whelan, Order of St. Francis (OSF). “The lives of these pioneers became intertwined in an endeavor of healing that continues today.”

During the hospital’s first 60 years, more than 100 Sisters lived and served at Saint Marys Hospital. Until 1906, the Sisters were the only nurses for the hospital. As the number of hospitalized patients increased over the years, so did the staff. Personnel figures from 1928 indicated the hospital had 643 staff, including 288 student nurses, 152 graduate nurses and 135 other workers besides the Sisters. One Sister was assigned to each floor, and Sisters also were in charge of each department.

The author, Sister Ellen Whelan, conducted numerous interviews with surviving relatives and friends of the early Sisters and drew from their shared memories, newspaper accounts, historic documents and personal writings to create this 200-page book. Besides the compelling stories of the early Sisters and the beginnings of what is now known as Mayo Clinic, the book also contains 80 rare historic photographs and illustrations.

The Sisters’ Story is available in gift shops at Mayo Clinic Rochester, local bookstores, and nationally at Barnes and Noble and Waldenbooks.

Sister Ellen Whelan, OSF
Erik Lindbergh, a commercial pilot and flight instructor and the grandson of Charles Lindbergh, spoke at Mayo Clinic in October to kick off a week of celebration for Mayo Clinic Heritage Days – Living the Legacy.

Mayo Clinic Heritage Days is an annual event that honors the men and women, past and present, who represent the “Face of Mayo.” A week of activities included historical displays, guest lecturers and musical entertainment.

Lindbergh chronicled his family’s experiences in aviation and his grandfather’s ties with Mayo Clinic. To mark the 75th anniversary of his grandfather’s Spirit of St. Louis transatlantic flight, Lindbergh recreated in 2002 the record-breaking flights of the Spirit of St. Louis. He embarked on his solo journey in a modern single-engine monoplane, flying from San Diego to St. Louis, to New York and Paris to illustrate the human spirit’s ability to dream, innovate and achieve one’s goals against many odds.

Keeping with the aviation theme, Bernard Harris Jr., M.D., a Mayo alumnus, spoke later in the week.

Dr. Harris is an astronaut and businessman, having flown two space shuttle missions and logging more than 438 hours in space.

Also during Heritage Days, Mayo Clinic premiered an 18-minute film titled Reaching New Heights: The Secret Stories of the Mayo Aeromedical Unit in World War II. The film, which includes archival footage, discusses the high-altitude research conducted by Mayo in then state-of-the-art facilities. In-flight oxygen tanks, parachute tanks and flight suits were developed and refined through the tests at Mayo.

A collection of once-classified government research was unveiled during the events that detail work done with Charles Lindbergh. The collection of documents and films date back 60 years when Lindbergh worked with Mayo to research the effects of high-altitude flight on humans. The work was well documented, but done in secret for the U.S. government.

Sixth Mayo Clinic Endocrine Course, Feb. 23-28, 2003, Big Island, Hawaii


Ophthalmic Reviews, March 7-8, 2003

Clinical Autonomic Quantitation Workshop, March 15-16, 2003


Multidisciplinary Update in Pulmonary and Critical Care Medicine, April 3-6, 2003, Phoenix, Ariz.

Dental Reviews-2003, April 4-5, 2003


12th Annual Urogynecology and Disorders of the Female Pelvic Floor, April 10-12, 2003, Phoenix, Ariz.


Women’s Health — 2003 and Beyond, April 24-26, 2003, Scottsdale, Ariz.

24th Annual Practice of Internal Medicine, May 5-9, 2003

10th International Surgical Pathology Symposium, May 6-9, 2003, Dublin, Ireland

International Symposium on Reconstructive Surgery of the Pelvis, May 8-10, 2003

5th Annual Advanced Elbow Surgical Skills Course, May 16-17, 2003


Mayo Clinic OB/GYN in Clinical Practice, June 4-7, 2003, Lake Tahoe, Nev.

Ernesto Saldias (Physical Medicine and Rehabilitation ’52) was recognized in an article in La Nacion in Costa Rica for his 47 years of work in physical medicine in his native country of Chile and for his work in 1954 and 1955 in Costa Rica as a consultant to the World Health Organization to handle the rehabilitation program following a poliomyelitis epidemic.

1960s

James Corcoran (General Surgery ’67) is medical director of Northrup Grumman Ship Systems Avondale operations in New Orleans.

Rafael Fernandez-Feliberti (Orthopedic Surgery ’66) is president of the Puerto Rico Medical Association.

DuWayne Schmidt (Internal Medicine ’61) received the Legacy of Life Scientific Recognition Award from the Deseret Foundation in recognition of his leadership of the Pulmonary Division at LDS Hospital in Salt Lake City. He was the chief of the Pulmonary Division prior to his retirement.


1950s

Robert Brandenburg (Internal Medicine ’59, Cardiovascular Diseases ’82) received the Vocational Service Award of the Rotary Club of Green Valley, Ariz., for his service to medicine and his community through his continuing public education efforts.

1970s

Robert Avant, is the recipient of the American Academy of Family Physicians (AAFP) Thomas W. Johnson Award. Dr. Avant, who was Mayo Clinic’s family medicine residency director from 1978 to 1985, is executive director of the American Board of Family Practice (ABFP).

Henry Stonnington (Physical Medicine and Rehabilitation ’72) received the 2002 Distinguished Clinician award from the American Academy of Physical Medicine and Rehabilitation at its annual assembly. Dr. Stonnington is medical director of rehabilitation services and chairman of the department of physical medicine and rehabilitation at Memorial Hospital in Gulfport, Miss. He is also clinical professor of medicine in the section of physical medicine and rehabilitation at Louisiana State University in New Orleans.

1980s

Charles Knight (General Surgery ’84, Vascular Surgery ’85) was president of the Louisiana Chapter of the American College of Surgeons in 2001 and president of the Surgical Association of Louisiana in 2002.

1990s

Rafael Fernandez (Orthopedic Surgery ’93) is president of the Puerto Rican Society of Orthopedics and Trauma.

Amnon Mosek (Neurology ’97) was appointed deputy chief of the Department of Neurology in Sourasky Medical Center, Tel Aviv, Israel.

Ashvin Ragoowansi (Neurosurgery ’93) is president of the Pennsylvania Neurosurgical Society.

Thierry Thomas (Endocrinology ’98) is professor of medicine in Rheumatology in the University Hospital of St. Etienne, France. He also is a member of the administration board of the university.

Joseph E. Parisi was elected president-elect of the American Association of Neuropathologists.

Henry Randle has been elected to a three-year term on the Board of Directors of the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

B. Lawrence Riggs Jr. received the William F. Neuman Award of the American Society for Bone and Mineral Research. Dr. Riggs delivered the Louis V. Avioli keynote lectureship at the society’s annual meeting.

Roy Rogers was elected vice president of the American Dermatological Association.

Alan Sessler was awarded the Distinguished Service Award from the American Society of Anesthesiologists at its annual meeting.

Thomas Shives was named the 2002 Physician Communicator of the Year by the Minnesota Medical Association.

Richard Vetter received the Distinguished Alumni Award for Professional Achievement from South Dakota State University.

Maurice Webb was made an honorary member of the German Society of Gynecologists and Obstetricians.

Luther Wolff recently received the Jeannette Wilkins Award for the best clinical paper presented at the recent meeting of the Musculoskeletal Infection Society.

R. Scott Wright was honored by the Chilean government of Vina del Mar with national celebrity status and the Freedom of the City of Vina del Mar for his contributions to Chilean cardiology.

### Staff news

Robert Bratton received the Florida Academy of Family Physicians Physician Research Award and Full-Time Physician Educator of the Year Award.

Mark Callahan and Joseph Murphy were visiting professors of cardiology at the University of Valpariso, Chile.

Robert DePompolo was elected to the American Board of Physical Medicine and Rehabilitation.

Abimbola Famuyide recently was elected secretary of the USA Representative Committee of the Royal College of Obstetricians and Gynecologists.

Hossein Gharib received the American Thyroid Association’s Paul Starr Award for 2002.

Brian Hurley was elected as a board member for the Leukemia and Lymphoma Society, Desert Mountain States Chapter.

William McConahey was awarded the Order of Military Medical Merit.


Thomas Moyer is president-elect of the American Association for Clinical Chemistry.

H. Bryan Neel and former Minnesota Gov. Arne Carlson recently dedicated the new Molecular and Cellular Biology Building at the University of Minnesota.

Audrey Nelson received the American College of Rheumatology Distinguished Service Award.

W. Michael O’Fallon received the 2002 Founders Award for more than 40 years of dedicated service to the American Statistical Association.

Robert Rogers was elected vice president of the American Dermatological Association.

Thierry Thomas is professor of medicine in Rheumatology in the University Hospital of St. Etienne, France. He also is a member of the administration board of the university.
Fellow, resident and student news

Abbas Abbas (Cardiac Surgery) and David Cable (Thoracic Surgery) were selected as recipients of the 2002 O. T. Clagett Travel Awards.

Carole Aponte (Dermatology), K. Lyn Hamacher (Dermatology), and Khosrow Mehrany (Dermatology) were awarded scholarships to the World Congress of Dermatology Meeting in Paris, France.

Robert Darracott (PharmD) received the Florida Society of Health Systems Pharmacists Regional Society President of the Year Award.

Bethany Hairston (Dermatology) received the Physician-in-Training Award at the 39th Annual Meeting of The American Society of Dermatopathology.

Matthew Loe (Mayo Medical School) won a Travel Award of the American Society of Hematology at its national conference. The abstract is entitled “Castleman’s Disease, The Mayo Clinic Experience.”

Khosrow Mehrany (Dermatology) was awarded the Young Investigators Award for the second consecutive year at the American Society for Dermatologic Surgeons meeting.

Inna Ovsyannikova (Vaccine Research) will receive the American Society of Microbiology George McCracken Infectious Disease Fellow Travel Award.

Petra Schultz (PharmD) is president-elect of the Northeast Florida Society of Health Systems Pharmacists.

James Shehan (Dermatology) received a third-prize recognition for his “Duel in Dermatopathology” presentation at the 39th Annual meeting of the American Society of Dermatopathology.

Obituaries

1930s

Donald Nichols, 91, died Oct. 24, 2002. Dr. Nichols received his medical degree in 1938 from the University of Minnesota. He began a fellowship in Internal Medicine at Mayo Clinic in 1941. Dr. Nichols served as a ship’s surgeon for two years in the U.S. Merchant Marine before returning to Mayo Clinic and completing his fellowship. He joined the Mayo Clinic staff in 1943. He retired in 1981. During his career, he served as head of the section of Infectious Diseases from 1960 to 1967 and chairman of the Division of Infectious Diseases and Internal Medicine from 1971 to 1973. He was appointed Professor of Medicine in the Mayo Graduate School of Medicine in 1965 and Mayo Medical School in 1973. Dr. Nichols was a member of the team at Mayo Clinic that conducted some of the earliest experiments in penicillin. He was an organizer of the Infectious Disease Society of America. After retirement, he served as health service director at Rochester Community College until 1986.

1940s

George Brindley Jr., 87, died June 17, 2002. Dr. Brindley received his medical degree in 1939 from the University of Texas Medical School in Galveston. He completed a thoracic surgery fellowship in 1944 with Mayo Clinic and entered the U.S. Army, serving as a captain in the U.S. Army Medical Corps. After his service, he joined the staff of Scott and White Memorial Hospital in Temple, Texas, as a general and thoracic surgeon. He worked there until 1984. At Scott and White, Dr. Brindley served as chairman of the Department of Surgery, president of Scott and White Clinic and vice president of the Scott and White Board of Trustees. Dr. Brindley also served as executive director of the Texas State Board of Medical Examiners from 1974 to 1990, president of the Southern Society of Clinical Surgeons, Texas Medical Association and Bell County Medical Society.

George Davis, 89, died Oct. 31, 2002. Dr. Davis received his medical degree from Indiana University before serving a radiology fellowship at Mayo Clinic from 1946 to 1949. He joined the Mayo Clinic staff in 1949. In 1958, he received his master’s degree in radiology from the University of Minnesota and was appointed professor of radiology in Mayo Medical School. He served as president of the Minnesota Radiology Society and was a founding member of the North American Society for Cardiac Radiology. Dr. Davis retired in 1977.

Mary Giffin, 83, died Oct. 25, 2002. Dr. Giffin received her medical degree in 1943 from Johns Hopkins School of Medicine. She returned to her hometown in Rochester for a fellowship in neurology and psychiatry in 1948. After additional training, she joined the Mayo Clinic staff in 1949. She became an assistant professor at the University of Minnesota in 1955. Dr. Giffin left Mayo Clinic in 1958 to become medical director of the Josselyn Clinic in Highland Park, Ill. She retired from that position in 1989 and entered private practice, which she continued until March 2002. Dr. Giffin was past president of the Illinois Council of Child Psychiatry. Her work at Josselyn Clinic was...
recognized by a resolution of the General Assembly of the Illinois Senate prior to her retirement. Dr. Giffin was also noted for her book *Her Doctor Will Mayo: A child’s view of Dr. Will Mayo of the Mayo Clinic*, which recounted her childhood relationship with Dr. Will Mayo when she grew up in Rochester.

**Helen Hare Gormley**, 86, died Nov. 8, 2002. Dr. Gormley received her medical degree in 1942 from Rush Medical College and later came to Mayo Clinic to complete a fellowship in dermatology in 1948. She practiced briefly in Milwaukee and then returned to her home state of South Dakota in 1949, becoming the first dermatologist and the first female doctor in Rapid City, S.D. Dr. Gormley later joined the Rapid City Medical Center and retired in 1989. During her career, Dr. Gormley served as the president of the Black Hills District Medical Society and president of the staff of both St. John’s Hospital and Bennett-Clarkson Memorial Hospital. She received the Distinguished Service Award from the South Dakota State Medical Association and the Faculty Service Award from the University of South Dakota School of Medicine.

**Clarence Kemper**, 85, died May 6, 2002. Dr. Kemper received his medical degree in 1941 from the University of Colorado. After his internship at Cincinnati General Hospital, Dr. Kemper came to Mayo Clinic, completing his fellowship in Internal Medicine in 1949. He joined the staff at Lovelace Clinic in Albuquerque, N.M., in 1949, eventually becoming head of Internal Medicine. He retired in 1975.

**Charles Maino**, 89, died Nov. 4, 2002. Dr. Maino received his medical degree in 1939 from Stanford University Medical School before coming to Mayo Clinic for a fellowship in general surgery. Upon completion of the fellowship in 1942, Dr. Maino joined the U.S. Navy and served in the 2nd Marines Division “E-Med” in the Pacific Theater. In 1948, he helped establish the Gould Medical Group in Modesto, Calif. He was a surgeon and medical director of the practice and became its chairman in 1986 when the practice became a nonprofit medical foundation. Dr. Maino also served as president of the medical staff of Memorial Hospital in Modesto. He was on the board of medical directors for Stanford University and the board of admissions for the America College of Surgeons.

**Wallace Merritt**, 94, died Aug. 19, 2002. Dr. Merritt received his medical degree in 1932 from the University of Minnesota. He served an internship and residency at Ancker Hospital in St. Paul from 1932 to 1934, before entering private practice in Albert Lea, Minn., and Waseca, Minn. Dr. Merritt completed a residency in medicine at the Mayo Graduate School of Medicine in 1942 and was appointed to the Mayo Clinic staff. He entered the U.S. Army in 1943 and served in the U.S. Army Medical Corps during World War II. He rejoined Mayo Clinic in 1946. Dr. Merritt was head of the Section of Rheumatology from 1966-1968 and was appointed assistant professor of medicine in the Mayo Graduate School of Medicine in 1967. He retired in 1976.

**Roger Ridley**, 83, died May 1, 2002. Dr. Ridley received his medical degree in 1943 from the University of Michigan. He served as a captain in the U.S. Army Medical Corps during World War II, before he began a fellowship at Mayo Clinic. After his fellowship in anesthesiology in 1948 at Mayo Clinic, Dr. Ridley joined the Mayo Clinic staff, and worked there until 1954. Dr. Ridley joined Anesthesia Medical Group in Riverside, Calif., where he worked until he retired in 1987. Dr. Ridley also served as president of the Riverside Community Hospital medical staff, the Riverside County Heart Association and the Riverside County Medical Association. He was also an associate professor at Loma Linda University Medical School from 1955 to 1975.

**Donald Urban**, 88, died Aug. 26, 2002. Dr. Urban received his medical degree in 1936 from Ohio State University. Following his internship in Akron, Ohio, he came to Mayo Clinic for a fellowship in general surgery. He entered the U.S. Army during World War II, eventually becoming a major and serving as the chief of surgery at the 385th station hospital in Nuremburg, Germany. Dr. Urban completed his fellowship at Mayo Clinic after his military service was complete, and then began his practice in Zanesville, Ohio, in 1948. He continued his general surgery practice until retirement in 1985.

**William Wellman**, 85, died June 21, 2001. Dr. Wellman received his medical degree in 1940 from the University of Minnesota. After an internship in New Orleans, Dr. Wellman served in the U.S. Army Medical Corps from 1942 to 1946. He completed his fellowship in internal medicine at Mayo Clinic in 1949. He joined the Mayo Clinic staff following
his fellowship. During his career he was president of the American Geriatric Society. He retired in 1978.

1950s
Robert Peet, 78, died Aug. 24, 2001. Dr. Peet received his medical degree in 1947 from the University of Dublin, Ireland. He completed a neurology and psychiatry fellowship in 1953 at Mayo Clinic and began practice in at the Royal Jubilee and St. Joseph’s/Victorial General Hospitals in Victoria, British Columbia, Canada. He worked there until retirement in 1991. During his career he served as director of the EEG laboratory and taught medical students at the University of Victoria.

Robert Waud has passed away. Dr. Waud received his medical degree in 1947 from St. Louis University. He completed his internship and residencies in Washington state before coming to Mayo Clinic of a radiology fellowship. He interrupted his training to serve in the U.S. Army from 1951 to 1954. He returned to Mayo and completed his training in 1956. Dr. Waud was appointed as radiologist at Fairfield General Hospital and California Medical Facility in Vacaville, Calif. He continued work in California before later moving to Washington state where he lived at the time of his death.

Chester Davidson, 64, died Nov. 29, 2002. Dr. Davidson received his medical degree in 1964 from the University of Louisville. He completed his residency in dematology at Mayo Clinic in 1968. He returned to Louisville where he began his dermatology practice and worked there until his death.

Desmond Gravett, 70, died Aug. 23, 2001. Dr. Gravett received his medical degree from the University of Witwatersrand in Johannesburg, South Africa, in 1954. After residencies in South Africa, England and Scotland, Dr. Gravett came to Rochester in 1962 as a staff physician at the Rochester State Hospital. Dr. Gravett completed a fellowship in psychiatry at Mayo Clinic in 1966, before becoming co-director of the Zumbro Valley Mental Health Center. In 1969, Dr. Gravett founded Associates in Psychiatry and Psychology, where he served as its chief executive officer until 1999 when he retired.

Panos Kelalis, 70, died Oct. 25, 2002. Dr. Kelalis received his medical degree in 1957 from Trinity College, University of Dublin, Ireland, and trained in general surgery at Dublin hospitals. He completed a fellowship in urology at Mayo Clinic in 1964. He joined the Mayo Clinic staff. He served as head of the sections of Pediatric Urology and Urology and was Professor of Urology at Mayo Medical School. From 1991 to his retirement in 2000, Dr. Kelalis served as chair of the Department of Urology at Mayo Clinic in Jacksonville. He also chaired the building committee and the international activities committee. He received the Pediatric Urology Medal from the Section on Urology of the American Academy of Pediatrics.

Harry Kroll, 77, died Jan. 26, 2002. Dr. Kroll received his medical degree in 1950 from the University of Chicago. He served in the U.S. Army Medical Corps until 1955 before going on to complete an orthopedics residency in 1957 at Mayo Clinic. Dr. Kroll became a partner in Orthopedic Clinic and Sports Medicine in Topeka, Kan., where he worked until retirement in 1987. During his career he also served as a consultant to Memorial Hospital and Topeka State Hospital.

Jerry Wiener, 69, died Sept. 7, 2002. Dr. Wiener received his medical degree from Baylor University College of Medicine in 1956. After an internship in Houston, he came to Mayo Clinic, completing his residency in psychiatry in 1961. Dr. Wiener became director of child and adolescent psychiatry at St. Luke’s Hospital in New York. He later directed the division of child and adolescent psychiatry at Emory University Medical School in Atlanta and served as chief of psychiatry services at H. Eggleston Hospital for Children in Atlanta. Dr. Wiener joined the faculty of George Washington University as a psychiatry and pediatrics professor in 1976. Around that time, he became chairman of the Department of Psychiatry and Behavioral Sciences at Children’s National Medical Center in Washington, D.C. He became chairman of the university’s
Department of Psychiatry and Behavioral Sciences in 1977 and held the post until his retirement in 1997. During his career, he received the American Psychiatric Association’s Agnes Purcell McGavin Award for Distinguished Achievement in Child and Adolescent Psychiatry. Dr. Wiener served as president of several professional organizations, including the American Psychiatric Association and American Academy of Child and Adolescent Psychiatry. In 2000, Dr. Wiener was a member of the team of child psychiatrists assembled by the Immigration and Naturalization Service to interview the father and Miami relatives of Elian Gonzalez, the young Cuban boy involved in a widely publicized custody dispute.

1970s
Robert Cashmore, 62, died May 22, 2002. Dr. Cashmore received his medical degree in 1965 from the University of Minnesota. After completing an internship in Rochester, N.Y., he came to Mayo Clinic where he completed a fellowship in pathology in 1970. He joined the Deaconess Hospital in Great Falls, Mont., and later moved to Lewistown, Mont., where he led the Pathology Department. Dr. Cashmore returned to Mayo Clinic for further training and completed a fellowship in dermatopathology in 1983. He was appointed laboratory director at Trinity Medical Center in Minot, N.D., where he worked until his death.

George Cole, 68, died June 22, 2001. Dr. Cole received his medical degree in 1957 from McGill University in Montreal. He completed his internship and residencies at Dartmouth Hospitals in Hanover, N.H., and White River Junction, Vt. Dr. Cole was a captain in the U.S. Air Force’s Strategic Air Command from 1961 to 1963. After his service, he practiced internal medicine in Albert Lea, Minn., before joining Mayo Clinic in 1974. During his career at Mayo Clinic, Dr. Cole served as head of a section in the Division of Community Internal Medicine and was assistant professor of internal medicine at Mayo Medical School. He also did volunteer work in Haiti, first with the Missionaries of Charity and later at Albert Schweitzer Hospital, and continued this work after his retirement in 1994.

Thomas Jacob, 60, died Feb. 8, 2002. Dr. Jacob received his medical degree in 1966 from the University of Madras, India. He continued his training in England and came to Mayo Clinic in 1975, completing a fellowship in cardiovascular surgery in 1977. He continued with further training in the United States before joining Memorial Regional Hospital in Hollywood, Fla., in 1988. He was senior attending cardiac surgeon at the time of his death.

Einar Krag, 65, died May 6, 2002. Dr. Krag received his medical degree from the University of Aarhus in Denmark in 1962. After his internship in Aarhus, he began a series of fellowships and military service in Denmark from 1963 to 1966. After completing a residency at the University Clinic of Surgery at Aarhus County Hospital in Denmark in 1970, Dr. Krag came to Mayo Clinic for a fellowship in gastroenterology. He completed his fellowship and joined the Department of Medicine at Gentofte Hospital in Copenhagen, Denmark, in 1973.

1990s
James Lipsky, 56, died July 21, 2002. Dr. Lipsky received his medical degree from Johns Hopkins School of Medicine in 1972. After spending two years at the Mary Imogene Bassett Hospital in Cooperstown, N.Y., he returned to Johns Hopkins, where he attained the rank of associate professor of medicine and pharmacology. In 1990, he was appointed director of the pharmacology unit and professor of medicine and pharmacology at Mayo Clinic. Dr. Lipsky helped develop the pharmacology fellowship program at Mayo Clinic. He was a Henry Strong Denison Scholar, was twice named Mayo Medical School Teacher of the Year and was Mayo Graduate School of Medicine Teacher of the Year in 1995. He also received the Mayo Medical School Faculty Service Award in 1998, the Mayo Medical School Internal Medicine Education Award in 2001 and the Dean’s Recognition Award in 2001.
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