The Gonda Building opens its doors to staff and patients
Features

Opening our new front door: Gonda Building represents future of care at Mayo Clinic

Patients, staff, alumni and community members got their first look inside the new Gonda Building during its grand opening in October. They were greeted with beautiful artwork and architecture. The building is the centerpiece of the most extensive building program in Mayo Clinic history, showcasing two Mayo hallmarks: a focus on patient needs and its unique integrated practice.

62nd International Meeting of the Mayo Medical Alumni Association

The meeting mixed informative sessions and entertaining events in Rochester as Mayo Clinic publicly opened the doors to the Gonda Building. The alumni meeting explored the subject of medical genomics and the impact on medical practice, medical research and medical education.

Hope springs eternal for new Breast Center: Integration + innovation = improvement

Breast Clinic and Breast Imaging at Mayo Clinic Rochester are expected to move into the Gonda Building in the spring and launch their practice as an integrated group. Mayo’s Practice Integration Projects is the initiative that led these groups to reassess and improve upon their practice models.

A Place in the Heart – Mayo Clinic volunteers travel to China to aid children with difficult cardiac conditions

Eighteen volunteers, including five from Mayo Clinic Rochester, embarked on a medical mission to China last spring for Children’s HeartLink to provide cardiac care for underprivileged children in central China.

A busy, balanced life: a profile of Dr. Kerry Olsen

You won’t find Kerry Olsen, M.D., sitting still for long. Dr. Olsen combined an active practice and home life for the past few years while he led the effort to construct the largest facilities expansion in Mayo Clinic’s history.
Our cover features a close-up of one of the glass sculptures that hang in the new Gonda Building. The blown-glass sculptures were created by famed artist Dale Chihuly. The entire installation that hangs above the Mayo Nurses Atrium weighs 6,000 pounds and has pieces that range from 225 pounds and four feet in diameter to 1,225 pounds and 10 feet in diameter.
Opening our new front door:
Gonda Building represents future of care at Mayo Clinic

With an antique steam shovel leading the way, the Gonda Building groundbreaking ceremony in June 1998 began a new chapter in Mayo Clinic history. Now, three-and-a-half years later, the scene in downtown Rochester has changed dramatically. Where once stood the old Damon Parkade between the Mayo Building and Rochester Methodist Hospital, now stands the Gonda Building with its gleaming marble and glass exterior.

Patients, staff, alumni and community members got their first look inside the building during its grand opening in October. From the moment they walked into the lobby, they could see that Gonda is a distinctive clinic building. Sunlight streaming through a three-story bank of windows illuminates the walls and flooring made of marble; blown-glass chandeliers suspended from the ceiling captivate all who pass by; a grand staircase leads down to the subway level where “Man and Freedom” — the familiar sculpture that adorned the north exterior of the Mayo Building for years — now anchors the south end of the Nathan Landow Atrium.

And, beautiful architecture and artwork are just the beginning. As the centerpiece of the most extensive building program in Mayo Clinic history, the Gonda Building showcases two Mayo hallmarks: a focus on patient needs and its unique integrated practice.

Open for business

Attention to patients’ needs is evident throughout every aspect of the Gonda Building: from the covered, drive-through entryway to a large, heated entrance area to the quiet spaces set aside for rest and reflection.

According to Kerry Olsen, M.D., chair of the building’s oversight group, it was all part of the plan. “Much of the planning for this facility has gone into trying to make things easier for our patients,” he says. “We wanted to convey the sense that everyone is welcome here, and that Mayo is a place of compassion and caring.”

During October, the subway and lobby levels opened for business. Two key areas for patients on the lobby level are the new Cancer Education Center and Admissions and Business Services, formerly located in the Mayo Building lobby.

A new service of Mayo Clinic Cancer Center, the education center offers an array of educational materials for patients and visitors interested in cancer prevention and treatment. “We now have one of the largest cancer resource centers in the country,” says Amy Deshler, team leader of Mayo Clinic Cancer Center.
The spacious new drive-through drop-off area outside the Gonda Building gives patients and visitors easy access, and sky lights provide an interesting view of the building's exterior.

A prominent information desk greets patients in the subway level of the Gonda Building.
leader for Mayo’s Cancer Education Program. “Our goal is to provide current, reliable and relevant information about all aspects of cancer. With the resources available to us here, we’re confident we can achieve that goal.”

Although the function of Admissions and Business Services didn’t change when it moved into Gonda, the new location offers patients increased convenience. “Now that we’re located right inside Mayo’s front door, it will be easier for patients to make use of the services we offer,” says Tom Stewart, Admissions and Business Services manager. “We are more centrally located, closer to the entrances and easier to find.”

Housed in the subway level are the Pre-operative Evaluation Center and an area for electrocardiography (ECG) testing. Also in the subway, patients and visitors can take advantage of the Patient Communication Center, which contains computer data ports, a printer and fax machines.

A healing environment

The striking architectural details and artwork in the Gonda Building’s lobby and subway are what many people notice. These features were designed into the building with the specific intention of creating a soothing environment.

One piece that garnered much attention during the building’s opening celebration was the chandelier above the Mayo Nurses Atrium. Famed glassblower Dale Chihuly designed the piece, which is a combination of several hanging sculptures. The entire installation weighs 6,000 pounds. The smallest piece is 225 pounds and four feet in diameter; the largest piece is 1,225 pounds and 10 feet in diameter.

When asked what he wants people to feel when they view the chandelier, Chihuly says, “I want it to be interesting enough that people really look at it and like it. It’s fresh and unique in color and form. You may not be aware that the art is there. But, subconsciously, it’s working on you.”

Another feature that draws attention is the building’s mural “My Brother and I.” The mural is a gift to patients and colleagues from the Mayo Medical Alumni Association. It extends through the subway leading from the Damon Parking Ramp into the Mayo Nurses Atrium.

The glass sculptures, the mural and the other sculptures, paintings, multicultural artifacts and landscaping that are featured in and around the Gonda Building work together to create an environment that is beautiful to the eye and healing to body, mind and spirit.

Beyond October

Although the opening of the Gonda lobby and subway levels represents an exciting milestone for the clinic, the heart of the building — located in the floors above — is still under construction. Patient care
activities will fill floors two through 10 in the next two years, bringing to life the vision planners have for a series of construction projects known collectively as the Practice Integration Projects. The endeavor represents the largest building initiative in Mayo Clinic history. And, most importantly, it represents the further integration of Mayo Clinic patient care, research and education activities.

With the interconnectedness of the Gonda Building, Mayo Building and Rochester Methodist Hospital, Mayo Clinic will be able to provide care in a way that wasn’t possible before. “We are redesigning certain aspects of our medical practice to include the concept of integrated centers,” says Dr. Olsen. “For example, in one area, patients will see physicians from multiple specialties who can deal most effectively with complicated problems. Within that same area, they’ll be able to complete their required tests. It’s going to make the process much more convenient for patients.”

Medical floors in the building also will improve coordination of inpatient and outpatient activity by providing space for examinations and procedures, as well as operating rooms, and education and research areas. In addition, the space was built to be flexible; so as medicine changes, the facility can change to meet evolving patient needs.

“Our new space can be reconfigured as new procedures and technologies are developed,” Dr. Olsen says. “The building has been designed to accommodate new technologies and biomedical discoveries. These facilities are ready to support the next 100 years of medical advances.”

After Phase I of the Gonda Building is completed — which includes the first 12 floors — the front entrance of the Charlton Building will be remodeled to become the new main entrance to Rochester Methodist Hospital. As new floors are opened in the Gonda Building, Mayo Clinic will open a seven-story skyway connection between the new building and the expanded Charlton Building. In addition, as patient care services are moved into the Gonda Building, Mayo will begin reassigning and renovating existing patient care areas in other Mayo buildings where Gonda Building occupants currently reside.

As the Practice Integration Projects move toward completion, Mayo Clinic is well-positioned to continue its commitment to healing the sick and advancing medical science in the 21st century. Says Dr. Olsen, “The Gonda Building helps Mayo to be at the cutting edge of today’s medicine, and will keep it at the forefront of medicine in the years to come.”

— Tracy Reed Will
...Addressing current issues in health care...Celebrating the Gonda Building opening, Whatever attendees’ original intentions for participating in the 62nd International Meeting of the Mayo Medical Alumni Association, they found a weekend that mixed informative meetings with fun and entertaining events. The meeting, which took place as Mayo Clinic publicly opened the doors to its newest and largest building to date, explored the subject of medical genomics and its impact on medical practice, biomedical research and medical education.

Friday evening’s reception welcomed alumni and guests with a first glimpse of the Gonda Building and the mural dedicated by Mayo Medical Alumni Association. The Doctors Mayo Society hosted 350 guests at an opening reception in the Gonda Building’s Nathan Landow Atrium. Alumni spent time visiting the new Cancer Education Center and viewed the 10-minute My Brother and I video, created for alumni association events.
Murals of remembrance and appreciation

Mayo Medical Alumni Association members dedicated a piece of art to the Gonda Building. The piece is a 63-foot, double-panel mural titled, “My Brother and I,” which presents the seasons of personal and professional life as experienced by Drs. William Mayo and Charles Mayo. As the original alumni of Mayo, the Mayo brothers represent the philosophy of patient care modeled by staff and students to this day.

Each brother’s life story spans one wall linking the Damon Parking Ramp and the Gonda Building. The murals include famous photographs as well as many unpublished scenes from family albums, spanning from the Civil War era — when the Mayo family settled in Rochester — to the deaths of the brothers on the eve of World War II.

The practice of medicine

Saturday’s events focused on the genomic revolution and its implications for the practice of medicine. John Sulston, Ph.D., former director of the Sanger Centre in the United Kingdom, spoke on genome mapping and sequencing. Sulston and his team collaborated with scientists from Washington University to produce one of the earliest genome maps. The teams completed the first animal genome sequence in 1998.

Sulston’s teams first began mapping genomes by breaking them into fragments and then piecing them back together “almost like a jigsaw puzzle.” When they were successful in mapping genomes, they took the next step, working to sequence them. “We had resistance at first to wanting to...
sequence genomes, and we were likened to tortoises in a race. But, like tortoises, we were able to walk the path without missing things along the road, which we found essential in sequencing,” Sulston commented.

The scientific program also explored new medical genomics in the practice of medicine, how Mayo Clinic is rising to the challenge of genomics and ethical and legal issues related to the study of the human genome. Speakers addressed the need for educating physicians and allied health care providers in the basics and applications of medical genomics to their practice. Through this knowledge, health care workers will be able to more accurately predict human predisposition to disease, identify new genes involved in human diseases and more accurately prescribe drug therapy based on an individual’s metabolism.

“The scientific program was superb,” said Christine Mroz, M.D., Mayo Medical Alumni president. “The speakers took a complicated subject, such as the human genome, and showed us how research being done at Mayo translated into clinical benefit for patients.”

“Some people view genomics as a Pandora’s Box that never should have been opened. It is challenging to change people’s views, but you have to remember the importance of your work.”

— John Sulston, Ph.D.
Current issues in American health care

United States Secretary of Health and Human Services Tommy Thompson addressed Mayo staff and visitors Saturday afternoon on current issues in American health care and events related to recent terrorist attacks. Thompson said a chief goal of his position is “to provide the means where hope can be realized,” believing there is “a need to provide citizens with a promise of a better life through the highest quality of health care possible.”

Thompson mentioned he is working closely with Mayo Clinic to develop a panel of experts to “help weed out Medicare regulations that hinder quality care instead of enhancing it.” During his address, Thompson noted, “We need to rid this profession of useless Medicare regulation, and Mayo plays a key role in assisting us.”

“It was a privilege to meet Secretary Thompson,” noted Christine Mroz, M.D., president of Mayo Medical...
Alumni Association. “Prior to his visit, alumni voiced concerns that Medicare regulations were eroding the doctor-patient relationship, and it was gratifying to hear Secretary Thompson say that changing those regulations are high on his ‘to do’ list.”

Thompson reminded Mayo of its importance as a health care leader during times of unrest. “Let me tell you how glad I am that America has Mayo Clinic to depend upon at a time like this,” said Thompson. “The Mayo Clinic, as all of us know and love, is truly a national resource, and our country rests more easily knowing you are ready to go into high gear if the need arises.”

Twilight around the world

In the end, the dance floor swayed with the music and enthusiasm of more than 200 alumni and guests Saturday evening to close out the activities. The band Incognito played late into the night at the Mayo Civic Center, while friends old and new reminisced about their days at Mayo Clinic.

“Maybe it was being back in Rochester, or the festivities of the grand opening of the Gonda Building or just a break from the tension of our nation’s events, but the reception and dance this year were just plain fun,” concluded Dr. Mroz.

— Jennifer Goodman
Hope springs eternal for new Breast Center

Integration + innovation = improvement

For staff members of the Breast Clinic and Breast Imaging at Mayo Clinic Rochester, the promise of spring is intensified this year. That is when the two groups are expected to move into the second floor of the Gonda Building (G2) and launch their practice as an integrated group. The Gonda Building is the centerpiece of Mayo’s Practice Integration Projects, the initiative that has led these groups to reassess and improve upon their practice models.

Always room for improvement

Since last spring, the Breast Clinic and Breast Imaging have been part of a national collaborative organized by the nonprofit organization, Institute for Healthcare Improvement (IHI). IHI has fostered collaboration between health care organizations to improve health care systems in the United States, Canada, and Europe. Michael Wood, M.D., president and chief executive officer of Mayo Foundation, is a member of its board of directors.

The national collaborative is called Idealized Design of Clinical Office Practices (IDCOP) and its goal is to institute new ways to improve health care practices.

“When we were asked to participate in IDCOP, I knew that Mayo was already providing quality care and I questioned why we would want to change,” says Sandhya Pruthi, M.D., a breast care specialist and chair of the IDCOP team. “I viewed the Breast Clinic as a unique and efficiently functioning multidisciplinary practice — and it is. But participation in IDCOP forced us to look at our practice with new eyes. That’s when we discovered areas where there are some inefficiencies. IDCOP introduced us to innovative models that can help us improve our practice. And our imminent move to the Gonda Building makes this an ideal time to change these models.”

Idealized Design of Clinical Office Practices

IDCOP grew out of the realization by primary care physicians that some of their current practice models are 50-year-old anachronisms that do not work well in today’s health care environment. The integrated practice Rochester will undertake is a design that is used by Mayo Clinic in Jacksonville.

In 1998, a design team composed of physicians and researchers set out to identify methods and approaches
to find new ways to satisfy both patient and physician. They articulated a set of principles for effective office-based care that have much in common with the Mayo Clinic Model of Care. In 1999, they enrolled 34 health care teams to test and deploy their new models. Mayo Clinic Rochester’s Breast Clinic and Breast Imaging team came on board in 2000.

At the heart of IDCOP is a focus on four themes for change: patient access to care and information; interaction between the patient and the care team; reliable provision of effective care; and vitality indicated by “a contented staff, a spirit of innovation and financial stability.”

**Applying IDCOP ideas to Mayo’s practice**

Breast Clinic and Breast Imaging IDCOP team members found that many of the models presented to them were designed for primary practice and did not easily translate to a multispecialty and academic practice. For example, when dealing with patient access, the IDCOP vision is to provide access to the patient’s own physician 24 hours a day, every day of the year — an unrealistic vision for an academic institution whose clinicians have time allotted for education or research.

“We found the collaborative a great way to instill ideas, but we quickly discovered that the challenge is to take the initiative to make it work in your individual practice,” says Dr. Pruthi.

The team was taught to plan a timeline using multiple rapid pilot programs, called Plan-Do-Study-Act (PDSA) cycles, during which they collected data, analyzed it, then presented it to their group to decide whether to incorporate the model into the practice. The program has inspired improvements in several areas.

“We want the day to go as smoothly as possible for our patients and we have already made several changes,” says Dr. Pruthi. “An examination of the steps that patients go through when they first come to us revealed an unnecessary step for those patients who come to us for a second opinion on an abnormal mammogram.”

Before the pilot program, such patients first stopped at the Breast Clinic, on West 12 in the Mayo Building, to pick up their appointments. However, the data revealed that this was a group whose first appointments are often at Breast Imaging, 10 floors below. In their case, radiologists need to read the abnormal mammograms and complete additional mammograms or ultrasounds before the Breast Clinic appointment. The IDCOP team next implemented the changes necessary to send these patients directly to Breast Imaging, making this very difficult day a little less taxing for them.

**Improving satisfaction for all patients**

Come spring and integration, patients will appreciate the greater convenience of having the Breast Clinic and Breast Imaging areas adjacent to each other. Not only will the shuffle between 10 floors be eliminated, but also a private walkway will allow patients to move between clinical and service areas without having to undress and redress between appointments.

Another pilot program aimed at improving patient satisfaction revealed that patients were anxious because they did not know what to expect during their day at the Breast Clinic.
“Our multidisciplinary practice brings all caregivers together in one place, which is very convenient for the patient,” says Dr. Pruthi. “But we never told the patient that her day might involve appointments with a nurse, an internist, a surgeon, an oncologist and a radiology oncologist and that extended consultations or waiting times for test results might change her appointment times.”

The remedy was a simple education tool — a brochure called Welcome to the Breast Clinic that provides a detailed explanation of what a patient can expect in the course of her day at the Breast Clinic.

The team made another simple change. It was to replace the wording of a card that the patient fills out before her first appointment, from “What are your symptoms?” to “What are your expectations for your visit to the Breast Clinic?”

“The modification gives patients an opportunity to tell us their concerns,” explains Dr. Pruthi. “It provides an avenue to a more personalized approach to the way we deliver care.”

Group members are now aware that they cannot make assumptions about patient likes and dislikes.

“We assume that women don’t want to wait when they come to us with a breast abnormality,” says Dr. Pruthi. “But perhaps some women need more time to assimilate all of the information before they become comfortable with their decision. To measure the impact of how we provide care, our next step is to have our patients complete a patient satisfaction survey in time to make changes before the move to the Gonda Building.”

The access challenge

In a multidisciplinary health care center, expedient delivery of care is much like building a house. To meet the completion deadline, the various teams of tradespeople have to be available to work on the project when they are needed. Anyone who has built a house knows how difficult it is to schedule, and adhere to, such a series of interdependent appointments.

“There’s no point in the Breast Clinic having improved access if there are no available appointments with breast imaging or the surgeon,” says Dr. Pruthi. “This is the special challenge faced by a multidisciplinary practice, such as Mayo Clinic, when it attempts to improve patient access. We have begun to meet that challenge by collecting data about our practice to determine the demand for each diagnosis that we commonly see, and for the number of same-day and 48-hour access appointments.”

Once the demand for consultations and the capacity to meet that demand has been assessed, the IDCOP team will work on building an access model that fits the individual practice.

A work in progress

The Breast Clinic and Breast Imaging team is the first Mayo Clinic Rochester group to participate in the IDCOP collaborative.

“We are pleased with the way we have been able to use the IDCOP models to improve the way we do our work,” says Dr. Pruthi. “We look forward to continuing to uncover and improve upon inefficient practice models and to spread what we have learned in order to help fulfill Mayo’s mission to provide the best care to every patient every day.”

— Yvonne Hubmayr
EIGHTEEN volunteers, including five from Mayo Clinic Rochester, embarked on a medical mission to China last spring at a time when United States—Chinese relations were extremely strained. In the wake of the capture of an American reconnaissance plane at Hainan Island and the detention of its crew by the Chinese government in early April, plans for the medical mission proceeded with trepidation.

The goal of this humanitarian mission by Children’s HeartLink (see sidebar) was to provide cardiac care for underprivileged children in central China who have heart disease. Concerns about the team’s trip were eased just days prior to departure when the detained United States soldiers were released. Volunteers from Minnesota set out to soothe tense diplomatic relations in their own, very special way.
The mission

The Children’s HeartLink (CHL) team, led by Joseph Dearani, M.D., of Mayo Clinic and Demetre Nicoloff, M.D., of Cardiac Surgical Associates, P.A., both pediatric cardiac surgeons, was composed of Mayo staff and medical professionals from various Twin Cities hospitals. Many of the volunteers had made the trip to First Affiliated Hospital of Lanzhou Medical College in Gansu Province previously, but for the volunteers from Mayo, it was their first trip to China.

Children’s HeartLink had previously organized trips to China to offer education and training, as well as to provide funding for surgeries and distribute donated medical equipment. Previous trips had found conditions in the hospital challenging, and yet CHL had identified First Affiliated Hospital as an institution that, with assistance and improvement to the pediatric cardiac surgery program, had the potential to serve a great number of needy children. The staff at the hospital possessed the skills to make this possible.

First Affiliated Hospital is an integral part of Lanzhou Medical College, but is very different from the United States definition and understanding of a university hospital. The hospital serves the underprivileged of Lanzhou, a city of 2.76 million people, as well as those of the surrounding Gansu Province, estimated to be home to more than 22 million people. Because of its remote location and the large patient population that it serves, resources and equipment are extremely scarce.

Gansu is in central China, about 600 miles west of Beijing, on the upper part of the Yellow River. Most of the province consists of mountains and plateaus, making travel to the hospital daunting.

One child’s experience

We were reminded of the implications of the one-child-per-family policy with one patient, Gao Xiangmei, who was named after her adoptive mother. Because the Chinese embrace the tradition that the sons carry on the family name, girls in rural areas are sometimes given up for adoption.

The woman who found her, having already raised two grown sons, took in the abandoned baby. Within the first month, it was discovered that baby Xiangmei had a heart defect. Family and friends encouraged the parents to take the baby to an orphanage, recognizing the expense of caring for her would burden the family. Despite these challenges, the parents decided to proceed with the adoption.

The girl quickly won the hearts of her adoptive family and was nicknamed “Smiley.” Due to her heart condition, things were not always happy. Xiangmei tired easily and squatted to catch her breath after running only short distances. Surgery to correct Xiangmei’s Tetralogy of Fallot and atrial septal defect exceeded the family’s financial means.

The family had learned of Children’s HeartLink in a news story during CHL’s previous mission to Lanzhou. Unfortunately, by the time they had heard of the news, the mission had been completed. The family began to save money in hopes of paying for an operation, seeding their funds with a donation from the eldest son. They finally collected enough to make the trip to Lanzhou, which was more than 300 miles by bus on bumpy dirt roads.

The team operated on Xiangmei early within the week. She did well intraoperatively, but had a difficult and prolonged postoperative course. Upon arrival to the hospital, we found Xiangmei’s mother in tears because all the other children...
operated on the same day as Xiangmei had been discharged from the intensive care unit and her daughter had not. She feared that her daughter was dying. During the tearful encounter, we reassured her that all her daughter needed was more time to recover. Despite her slow recovery, she eventually left First Affiliated Hospital of Lanzhou to return home to her family.

Resources unavailable

Despite being very isolated and remote, throughout history Gansu Province has been an important strategic outpost for the Chinese Empire and a significant stop on the ancient “Silk Road”. It’s a harsh and barren land, fraught with frequent earthquakes, drought and famine, which have slowed
economic progress and development. Seeing the area around Lanzhou, it was easy to understand why CHL chose First Affiliated Hospital as a site to extend financial assistance. There are many poor families struggling to make ends meet, lacking the means to pay for medical attention for their children. The lack of resources combined with long, arduous travel and expensive medical costs far out of reach for most families in China, make cardiac care generally unavailable and unaffordable.

“There is a definite lack of equipment for smaller children, and many supplies are used repeatedly to conserve costs.” explains volunteer Allison Cabalka, M.D., pediatric cardiologist at Mayo Clinic Rochester. “For a catheterization procedure, for example, a patient’s family will typically pay for every part of the procedure, including oxygen used. The average cost is 4,000 yuan, or about $500. This may be twice as much as a family makes in one year.”

Successful mission

The team worked side-by-side with physicians from First Affiliated Hospital of Lanzhou Medical College to diagnose and treat needy children with cardiac disease. The children were identified as challenging cases prior to our arrival. In total, 31 children underwent diagnostic transthoracic echocardiography, one underwent diagnostic cardiac catheterization and 13 underwent successful open-heart surgery to correct their cardiac defects.

One of the most gratifying cases was that of Shi Xiaoyan. She was extremely small at nine months old, and was the youngest and smallest child (9.5 pounds) to ever undergo heart surgery at First Affiliated Hospital. She had always been a sick baby, according to her parents, who attributed the illnesses to a large household, with grandparents, aunts and uncles, and cousins living together. In fact, she was small due to a large ventricular septal defect. With her mother unemployed and the family barely making ends meet on her father’s salary, paying for Shi Xiaoyan’s surgery would have been impossible. Her surgery was successful and we sent her home with her relieved family.
Education a priority

Over time the focus of Children’s HeartLink has shifted toward training medical personnel abroad so they can eventually provide quality care in their native countries. More children will ultimately be helped using this new approach.

With its guiding philosophy of “teach a man to fish and he eats for a lifetime,” Children’s HeartLink aims to provide continued financial, technical and educational support in less advantaged countries so they can ultimately and independently provide sustainable cardiac care to their own citizens. To advance its philosophy, HeartLink has made education the cornerstone of its medical missions.

“The most important thing we do is to help train surgeons, nurses and other medical staff to take care of the children after we leave,” says Dr. Nicolaoff. “We’re only there a short time. What happens after that is important. Our job is to help them better understand heart disease and ways of effectively treating the many children needing help.”

Not “All work and no play”

Although the fact that all members of the medical team worked hard during their time in Lanzhou evaluating patients, doing cases and providing educational opportunities, we also had some free time to see China’s amazing sites. The Chinese provided excellent hospitality, hosting elaborate banquets and site-seeing opportunities.

One day was devoted to touring the Terra Cotta Soldiers of Xi’an, touted as the “eighth wonder of the world.” A one-hour plane ride from Lanzhou, the area surrounding Xi’an is peppered with tombs of ancient Chinese emperors. The most famous of these is the burial site of Emperor Ying Zheng, who commissioned a burial site of epic proportions for himself during the Qin Dynasty. Work on the site continued for nearly 40 years, utilizing the talents of more than 700,000 workers and artisans, many of whom were buried alive within the tomb to prevent the exact location of the tomb from being revealed once the emperor was laid to rest.

To ensure his grave was guarded for all eternity, Emperor Ying Zheng had more than 8,000 clay models of his army’s warriors buried with him as well as clay models of servants and horses. Poised to march into battle, columns of Terra Cotta soldiers and horses stood ready to counter enemy attack. Although the body of each soldier type is identical, each head is unique in its facial features and hairstyle and appears to be modeled upon an individual face. Their amazing realism was eerie.

The emperor’s plan to assure a concealed grave site worked until 1974 when a peasant farmer, drilling a well to irrigate his fields, unearthed the first piece of evidence that led to one of the most stunning archeological finds of the last century. The medical team was lucky enough to meet the farmer who made this amazing discovery.
Future missions

When Children’s HeartLink was founded in 1969, its focus was to raise money via fund raising and donations, making it possible to bring children from developing countries to the United States for treatment of their cardiac anomalies.

In one instance during the trip, transporting a child to our country would have been the best option. The Chinese had none of the specialized equipment needed to deal with the situation and, as a result, we were forced to cancel one surgery. The child had multiple congenital anomalies and a difficult airway, making intubation impossible. I was frustrated that we couldn’t help the child and, for me, it was clearly the low point of the trip.

Despite troubles getting donated medicines and supplies through customs and working with the bare essentials for equipment at the hospital, the mission achieved its objective of enhancing and expanding the available cardiac services for children of Gansu Province. For the group of medical professionals who volunteered to make this long journey to participate in a humanitarian mission, it was a very satisfying experience.

By working with the United States team, the Chinese gained new skills and knowledge, which they can apply to the diagnosis and treatment of pediatric cardiac disease long after the mission is complete. They also viewed firsthand the value of teamwork and collaboration. Ongoing political tensions between the United States and China are unlikely to hinder cooperation between Mayo doctors and their Chinese counterparts. And names like Shi Xiaoyan and others will have a place in my heart forever.

— Roxann Barnes, M.D.
"Kerry’s on the Board of Governors … he deals with all the space issues at Mayo Rochester … he’s an academic all-star … he carries a huge surgical caseload … he’s a great papa … he never says a bad word about anyone … and he’s in great physical shape — for an old guy.

Kerry’s one of my heroes.”

— Mark Warner, M.D.
A busy, balanced life: a profile of Dr. Kerry Olsen

Kerry Olsen, M.D., spent the past Labor Day vacation in the middle of the Canadian wilderness, map in hand, with a goal of reaching a designated checkpoint within five days.

“We took a seaplane north of Quetico Park, the Canadian side of the Boundary Waters, and were dropped on a border lake,” says Dr. Olsen, who made the trip with his wife Carole and another couple, Phil Vickers and Margy McNamara. “We had five days to canoe and portage 50 miles to the pickup point.”

Starting their canoe adventure at Lac La Croix, the party spent long days paddling into the wind on choppy lakes, avoiding a rogue bear that Quetico Park officials were trying to kill.

“It was a fantastic getaway,” says Dr. Olsen, who has made about 20 trips to the Boundary Waters Canoe Area to hike, canoe and explore the countryside. “Wonderful fishing, super weather and great friends.”

The same sense of adventure permeates his work life.

Days typically begin with a rousing game of racquetball with his buddy Mark Warner, M.D., a Mayo Clinic anesthesiologist, and often end with a friendly game of tennis with Carole. In between, he performs some of the most complicated head and neck cancer surgical cases in the world and leads the effort to construct the largest facilities expansion in Mayo Clinic’s history. As a member of the Mayo Clinic Rochester Board of Governors and numerous other Mayo committees, he gracefully juggles a busy surgical practice, a devotion to teaching, an administrative career and family life.

“I’ve never liked to focus on just one thing; I’ve always enjoyed doing many different things,” says Dr. Olsen.

Native son

Dr. Olsen grew up in the rural portion of the Twin Cities suburb of Minnetonka. The son of Jim Olsen, a developer, businessman and inventor, and Esther Olsen, a musician and mother, Dr. Olsen credits his parents as being very influential in his life. Through them he developed a strong work ethic, commitment, love of the arts and a lifelong quest for learning and trying new things. The oldest of six children, he played football, basketball and ran track, spent summers at his grandparents’ cabin in northern Minnesota and, after taking some flying lessons, aspired to a career as a pilot.
“When you treat cancer patients, you get to be involved in the celebration and joy of recovery. Other times all you can do is be there to hold a hand and be a friend. Over the years, I have learned that life is a gift. Live it fully day by day because you don’t know what tomorrow will bring.”
— Kerry Olsen, M.D.

“I never anticipated going into medicine,” he recalls. “I was planning to go to the Air Force Academy. But when I took my physical examination, they discovered that I was colorblind. Because I would have had restrictions on flying, I decided to go to Northwestern University instead.”

Dr. Olsen started studying economics as a pre-cursor to law school, which would use his skills in analytical, logical thinking. After taking a course in contract law, however, he crossed law school off his list. He continued majoring in economics but became interested in the sciences since many of his friends were pre-med.

“I got into the sciences late,” he says. “I took only one class during my sophomore year, inorganic chemistry. By my junior year, I decided to take organic chemistry and some biology classes along with my economics major courses. I was thinking of being an organic chemist, but by the end of my junior year, I decided to apply to medical school.”

Dr. Olsen crammed a year of physics into one summer school class, added a few more science electives to his academic course load, took the MCAT and applied to medical school. He chose to attend Washington University.

“Then I heard from my father, who knew a physician at Mayo, that Mayo might open a medical school in the fall,” he explains. “In January, I learned that Mayo was taking applications, and so I decided to apply.”

Beginning with Mayo Medical School

The decision to start a medical school had been a long time coming for Mayo Foundation. Discussions about the topic began in the 1950s. In the late 1960s, Mayo Clinic leadership spent several years studying and planning before opening the school in 1972.

After being accepted at Mayo Medical School (MMS), Dr. Olsen withdrew from Washington University and prepared to become one of 40 students in Mayo’s charter class.

“I had never been to Rochester, and I didn’t know much about Mayo Clinic other than its reputation,” Dr. Olsen notes. “But I thought if Mayo was going to open a medical school, they would do it right. I knew I would be part of a small class, and that I would get a very good personal and clinically-based education.”

The Class of 1976 was non-traditional. According to Celebrating 25 Years: Mayo Medical School 1972 – 1997: “The students seated in the auditorium reflected a toned-down version of the rebellious youth of the ‘60s and early ‘70s. … Faculty, often in pinstripes and vests, addressed students, some of them wearing beards, sandals, miniskirts, long hair and headbands.”

“Coming from the era of Vietnam, Kent State and flower children, we were unique,” Dr. Olsen says. “I think many people in Rochester were probably surprised to see long-haired students showing up in jeans with backpacks. But we were good students.”

Initially attracted to family medicine because of his undergraduate studies on the medical economics of underdeveloped countries, Dr. Olsen changed his mind again when he observed surgery.

“One I spent time in the surgical field, I knew I wanted to do surgery,” he explains. “I enjoyed the challenges of the OR (operating room), the excitement of the OR. I like solving a diagnostic puzzle, but I especially like correcting it with my hands. I’m a person who likes to analyze something, find the problem, fix it and move on. That is what appealed to me about surgery.”

He chose ENT for the variety and challenge — from microscopic surgery of the middle ear to major head and neck surgery and cosmetic surgery.

He stayed at Mayo to do his residency and completed additional training in cosmetic surgery in Boston. Then he joined the Mayo Clinic Rochester staff and established a career here.

Early on, Dr. Olsen did everything in his field — ear, nose, throat, cosmetic, and head and neck tumor work. But as his practice grew, he chose to focus solely on benign tumors and cancers of the head and neck. He has a special interest in salivary gland and parapharyngeal tumors.

“When you treat cancer patients, you get to be involved in the celebration and joy of recovery. Other times all you can do is be there to hold a hand and be a friend. Over the years, I have learned that life is a gift. Live it fully day by day because you don’t know what tomorrow will bring.”
— Kerry Olsen, M.D.
“He never gets in trouble. He makes the difficult look effortless.”

Today, Dr. Olsen has one of the busiest head and neck cancer practices in the nation and operates 10 hours a day, two days a week.

“Cancers of the head and neck can be very devastating,” Dr. Olsen says. “Far from a simple lump, head and neck tumors affect how we look, how we eat, how we talk and how we breathe. It’s very challenging to remove these tumors and continue to preserve function and appearance.”

This type of practice really uses the strengths of the Mayo Clinic, according to Dr. Olsen. He regularly works with a team of physicians and surgeons — oral surgeons, plastic surgeons, ophthalmologists, thoracic surgeons and neurosurgeons — to address the individual needs of the patient.

“When you treat cancer patients, you get to be involved in the celebration and joy of recovery,” Dr. Olsen reflects. “Other times all you can do is be there to hold a hand and be a friend. Over the years, I have learned that life is a gift. Live it fully day by day because you don’t know what tomorrow will bring.”

Sharing and discovering advances in medical knowledge has been a major part of Dr. Olsen’s career at Mayo. He’s a devoted teacher with high expectations, and his residents have recognized him five times as Teacher of the Year. In addition to lecturing in this country and abroad, Dr. Olsen has authored nearly 150 papers and book chapters.

“You can’t be a good leader unless you are a good teacher,” says Dr. Olsen.

Sealing Mayo’s values in stone

While serving on the Clinical Practice Committee in 1998, Dr. Olsen was asked to lead a group that defined the Mayo Clinic Model of Care — the core elements of Mayo Clinic’s practice that should be preserved as medicine evolves. He is passionate about preserving Mayo’s unique Model of Care. His latest assignment, overseeing the construction of the Practice Integration Projects (PIP), sets those words in stone … and granite and marble. The main component of the PIP is the construction of the Gonda Building.

“To some extent, I believe that we’ve helped define the future practice of medicine at Mayo Clinic,” notes Dr. Olsen. “I’ve enjoyed the work because it’s a tangible way in which I can contribute to the practice. Also, I have been fortunate to work with a team of the most talented people ever assembled at Mayo.”

Throughout the planning and construction, Dr. Olsen, a core group of committee members from the Department of Facilities and System Support Services and the architects, have held impromptu meetings in the Rochester Methodist Hospital surgeons’ lounge between Dr. Olsen’s cases. The group always huddled in the same corner of the room, where Dr. Olsen’s overflowing briefcase marked his spot. “Kerry’s Corner” also provided a great view of the Gonda site.

“It has been like watching your own house be built,” Dr. Olsen says, as he looks out the window onto the 20-story, white granite building that covers a city block. “It’s fun to see the day-to-day progress and watch decisions come to fruition.”

Attention to detail, intense focus on task and a balanced temperament...
have made Dr. Olsen succeed in what can be a difficult position of leading a committee that decides who gets more space — and who doesn’t.

“Dr. Olsen is very even-keeled... non-flustered,” says Doug Holtan, Department of Systems and Procedures, who worked with Dr. Olsen on the Gonda Building project. “He’s performed the difficult job of managing space at the Mayo Clinic exceptionally well.”

“When Dr. Robert Hattery asked me if I’d chair the PIP committee, I was a little bit overwhelmed,” Dr. Olsen recalls. “I was president of the staff and very busy with my practice and other administrative responsibilities. But, I also wanted to seize this once-in-a-lifetime opportunity.”

Before Dr. Olsen was named to lead the efforts on the PIP, he had overseen many of the facility projects at Mayo. He chairs the Rochester Facilities Committee and served as chair of the Clinical Practice Committee’s Space Sub-Committee for 10 years. He has also been involved in master planning the Rochester campus.

Mayo leadership had been planning to build on the block north of the Mayo Building for more than a decade. Dr. Olsen had served on some of the initial planning groups. Now he would lead a group that would give shape to the vision. The committee began meeting in the fall of 1996 and had a proposal approved by the Board of Trustees in February. The committee then set about its work, creating a space to ensure that everyone and everything would work together to benefit patients.

“We want patients to sense that they’re entering a place that has permanence, strength and expertise,” he explains. “We want people to view Mayo Clinic as a refuge of healing and hope. Much care has gone into the design and selection of art and building materials to reach these goals.”

Life quest

Dr. Olsen’s passion for work is complemented by his love of family and zest for life.

He and his wife Carole met when they were juniors at different Minnesota high schools. She had noticed him at a school function, thought he was cute, and, being outgoing and fun-loving, decided to introduce herself.

This conversation was the beginning of their 35-year relationship. After graduating from high school, they were inseparable. They went to college together and married after they finished their undergraduate studies.

Carole admits that the long hours during Kerry’s medical school, residency and career have, at times, been difficult for her. “Kerry always gives 100 percent of himself to whatever he’s doing. You see that in his surgical practice and his work on the Gonda project. When he comes home, he does the same for our family.”

— Carole Olsen
Carole, who taught in the Rochester School District for seven years, stayed home to raise their four children: Jennifer, 24, now works on a horse-breeding farm and hopes to be an Olympic dressage rider; Steve, 22, is finishing a biology degree from the University of Minnesota – Duluth; David, 20, is also a student at Duluth majoring in electrical and computer engineering; and Laura, 18, is a social, free-spirited freshman at the University of Colorado. Carole recently returned to school and now works part time as a massage therapist.

“I realized early on that I couldn’t do everything,” Kerry says. “When our kids were young, we spent all the free time that we had with them.”

“Babies in backpacks,” as Carole calls it. They started getting the kids into the outdoors very early on. As the children got older, the Olsen family’s activities included skiing, snowboarding, camping, rafting, fishing, rock climbing and mountain biking. Some of Carole’s favorite memories are of family road trips to the Badlands and national parks.

Now that the kids are out on their own, the Olsens have more time together as a couple. They participate in a marriage group that keeps their relationship grounded. They play tennis and spend more time at their cabin, kayaking, fishing, water skiing, sailing their catamaran, biking and even relaxing. And they make lists of things that they want to do together in the future: scuba diving, big boat sailing, taking sculpting lessons, fly fishing and rafting the Colorado River through the Grand Canyon. Carole also votes for more camping, because Kerry always does the cooking on these excursions.

“I’ve offered to buy him a Coleman grill for our kitchen, but it hasn’t worked,” she laughs.

When he’s not exploring, Kerry enjoys reading. He has taken a special interest in studying how the 16th United States president, Abraham Lincoln, led the nation through a time of tremendous challenge with incredible integrity. Another close-to-home favorite is William Worrall Mayo, M.D., the patriarch of Mayo Clinic.

Even with long work days, Dr. Olsen likes to relax with a good adventure, biographical or historical novel.

“I get by on little sleep — about six hours a night,” he says. “That allows me to get up and do more things.

Fortunately I have been blessed with good health,” he continues. He hasn’t missed a day of work in more than 20 years.

— Roshelle Plutowski
Resources to help you
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For information about Mayo Clinic’s three practices and biomedical research and education programs, visit: www.mayoclinic.org

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- **Mayo Health System**
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  [www.mhs.mayo.edu](http://www.mhs.mayo.edu)

- **Health Information from Mayo Clinic**
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- **Employment Opportunities**
  Mayo Clinic Human Resources
  For information about employment opportunities at Mayo Clinic sites, visit: [www.mayoclinic.org](http://www.mayoclinic.org)
  or e-mail: careers@mayo.edu
  You will be asked to specify Rochester, Jacksonville or Scottsdale for specific employment opportunities.

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Mayo Foundation honors new named professors

Two Mayo Clinic Rochester physicians, Rick Nishimura, M.D., and Thom Rooke, M.D., with Mayo Medical School were honored with named professorships by the Mayo Foundation Board of Trustees at its meeting in November.

Dr. Nishimura is the Judd and Mary Morris Leighton Professor in Cardiovascular Disease and Hypertension. The award was established in December 2000 by Mr. and Mrs. Judd Leighton of South Bend, Ind., in honor of their physician, Alexander Schirger, M.D., a Mayo Clinic cardiologist.

Dr. Nishimura, a Mayo Clinic cardiologist and a professor of medicine at Mayo Medical School, has lectured more than 170 courses and has published 190 manuscripts. He received his medical degree at Rush Medical College in Chicago, Ill., and completed his residency at Mayo Graduate School of Medicine.

Dr. Nishimura has received the Mayo Graduate School Teacher of the Year Award nine times, Outstanding Teacher in Cardiovascular Diseases Award 12 times and the Plummer Award for Distinguished Clinician. He joined the staff at Mayo Clinic Rochester in 1983.

Dr. Thom Rooke is the John and Posy Krehbiel Professor in Vascular Medicine. Mr. and Mrs. Krehbiel established this professorship in 2001. The Krehbiels are longtime Mayo Clinic patients. Mr. Krehbiel greatly benefited from treatment he received in the Gonda Vascular Center, and his gratitude for that care resulted in the establishment of this Professorship in Vascular Medicine.

Dr. Rooke, a Mayo Clinic cardiologist and professor of medicine at Mayo Medical School, also serves as the director of the Gonda Vascular Center and head of the Section of Vascular Medicine. He founded the Mayo Clinic Wound Care Center and became its director in 1994. He received his medical degree at Johns Hopkins University and completed his internal medicine residency at Mayo Graduate School of Medicine. He became a staff member at Mayo Clinic in 1989.

Dr. Victor Trastek named next chair of the board of governors for Mayo Clinic Scottsdale

Victor Trastek, M.D., has been selected as the next chair of the Mayo Clinic Scottsdale Board of Governors, beginning June 1, 2002.

Michael O’Sullivan, M.D., the current chair of the Mayo Clinic Scottsdale Board of Governors, has announced that he intends to retire effective June 1, 2002. Dr. Trastek will assume his new duties at that time.

A Mayo Clinic staff consultant since 1981, Dr. Trastek has served in leadership roles at the Rochester and Scottsdale campuses as well as at the Foundation. He is currently a member of the Mayo Clinic Scottsdale Board of Governors. He has had extensive experience as a Division and Department chair, most recently as Chair of the Department of Surgery in Scottsdale. Dr. Trastek is a professor of surgery at Mayo Medical School and has achieved national recognition for his contributions to esophageal surgery and as a proponent and practitioner of continuous improvement in health care.

“The selection committee and I are confident Dr. Trastek has the combination of strategic and operational skills needed to lead Mayo Clinic Scottsdale into the 21st Century,” said Michael Wood, M.D., president and chief executive officer, Mayo Foundation. “This decision was reached with significant input from a broad representation of Mayo leadership, including extensive interviews with Scottsdale staff and each of the Scottsdale Board members.”

Physicians recognized as Distinguished Clinicians for 2001

The voting staff of Mayo Clinic recognized the 2002 Distinguished Clinicians during the annual staff meeting. Three physicians were recognized as the Distinguished
Letter from the President

On September 11, 2001, all of our lives changed, some subtly, others drastically. One month later, in the aftermath of that tragic day, we had our 62nd International Mayo Medical Alumni meeting in Rochester. I arrived several days early and had the opportunity to visit West-6 Surgery, and spoke with the fellows who are still enthusiastic, dedicated and professional. I also walked to Saint Marys Hospital and except for a few aches and pains, and the squeak of my knee brace, I felt as if I was 25 years old again.

Yes, the physical landscape of Mayo Clinic Rochester is different, especially the newly-opened Gonda Building, but the Mayo commitment to educating fellows, and to serving its alumni is unchanged, and I was comforted by that when the rest of the world seemed to be so unpredictable.

The 62nd International Meeting was truly uplifting in terms of the scientific program and what the board of directors of our alumni association has accomplished. Long-range plans have been made to bring our alumni home – the 2003 international meeting will be held at Mayo Clinic Scottsdale and in 2005, we will meet at Mayo Clinic Jacksonville.

The Mayo Medical Alumni Association Board of Directors and I have also taken steps to simplify the process of patient referral to the clinic so the alumni can more easily refer patients and their families to clinic facilities. The board has also discussed a VIP program for our alumni so that they are prominently noted whenever they visit a Mayo campus.

The Mayo Medical Alumni Association has never been more visible or more active. The alumni board is committed to building clinical, social and professional relationships between our alumni and Mayo Foundation. I look forward to hearing from you with your comments or suggestions on how the Mayo Medical Alumni Association can serve you better.

Sincerely,

Christine Mroz, M.D.
President
Mayo Medical Alumni Association

Clinicians for 2001. They include Michael Brennan, M.D., endocrinology; Michael Stuart, M.D., orthopedics; and Joseph Segura, M.D., urology.

Dr. Brennan received his medical degree from the Royal College of Surgeons in Dublin, Ireland. A member of the Mayo staff since 1977, Dr. Brennan also serves as associate professor of medicine at Mayo Medical School.

Dr. Stuart received his medical degree from Rush Medical College in Chicago, Ill., and joined the Mayo staff in 1988. Since then, his name has become synonymous with the term “sports medicine” at Mayo Clinic. Dr. Stuart’s counsel has not only been sought by those at Mayo, but also by regional, national and international patients, including professional athletes.

Dr. Segura received his medical degree from Northwestern University in Chicago, Ill. He began his career at Mayo in 1972 and since that time has become internationally recognized for his work in urology.

Mayo Clinic announces election results from the annual meeting of the staff

The voting staff of Mayo Clinic elected new officers and councilors and confirmed new members of the Mayo Clinic Rochester Board of Governors at its annual staff meeting on Nov. 15. All new positions are effective Jan. 1, 2002.

David Ahlquist, M.D., was voted president-elect of the Officers and Councilors. Amy Williams, M.D., was named president. Teresa Rummans, M.D., serves as past-president.

Thomas Smith was voted secretary-elect for 2002. Deborah Lightner, M.D., was named secretary for 2002.

John Wilkinson, M.D., and Lisa Drage, M.D., were elected councilors for 2002. Drs. Wilkinson and Drage will succeed Charles Beatty, M.D., and Robert Brown, M.D., 2001 councilors. Newly-elected Board of Governors members were confirmed at the annual dinner. Each will serve a four-year term. They are Richard Ehman, M.D., Jeffrey Korsmo, Kerry Olsen, M.D., and Nina Schwenk, M.D.
New rapid anthrax test developed between Mayo Clinic and Roche Diagnostics

Mayo Clinic has developed a new DNA test to rapidly identify anthrax. Roche Diagnostics is making the test widely available to public health agencies, hospital laboratories and reference laboratories in the United States and other countries. The new test which was announced in November, can identify the presence of anthrax in less than one hour instead of days.

“The first thing people want to know in a case of suspected exposure is whether the agent was in fact anthrax,” says Franklin Cockerill, III, M.D., the Mayo Clinic microbiologist who led the development team. “Until now, local labs have been able to quickly determine the presence of a bacterium, but they can’t tell whether it is anthrax or not. The current process to identify the presence of anthrax may take several days. The events of the last several weeks require as rapid a response as possible.” Roche plans to give regional and local laboratories the ability to perform rapid DNA testing, eliminating the waiting period currently required at most laboratories to identify anthrax.

“This rapid identification will enable doctors to begin more timely treatment of patients who have been exposed to anthrax, and it will more quickly alleviate undue anxiety for people who haven’t been exposed,” says Dr. Cockerill.

The Mayo Clinic team led by Dr. Cockerill developed the test using Roche’s LightCycler instrument for polymerase chain reaction (PCR)-based assays. To make the test widely available, Roche significantly accelerated production of the reagents needed to run the assay. Mayo researchers have several years of experience in developing these types of assays.

“The speed and broad distribution of the LightCycler made it an ideal platform for developing the anthrax test,” says Martin Madaus, president and chief executive officer of Roche Diagnostics Corporation. “By combining our efforts, we were able to make this test available to qualified laboratories only a few weeks after beginning this initiative.”

The test materials will be made available to about two dozen geographically dispersed LightCycler-equipped laboratories. Mayo Clinic worked with the federal government to make the test formula available to federal agencies that request it, and offered its expertise to state and federal health officials in the wake of the reported cases of anthrax exposure. Roche is working with the FDA to determine requirements for expedited regulatory approval.

Initially, tests are being offered to laboratories at no charge.

Mayo Clinic recommends that it is best to have specimens tested at the nearest regional location to realize the full advantage of the rapid return of results that the new test offers.

“The time involved in transporting samples to Mayo Clinic also would undermine the main goal of the test, which is rapid identification,” says Dr. Cockerill. “That’s why we have helped Roche make the test available locally, to speed the preliminary diagnosis and improve patient care. We are pleased that after a few weeks of round-the-clock efforts, that goal has been achieved.”

Mayo Clinic staff members, Mayo Foundation contribute more than $358,000 to disaster relief campaign

Mayo Clinic staff members and Mayo Foundation contributed more than $358,000 in less than a month after the Sept. 11 tragedy.

Sharon Dunemann, administrator, Mayo Clinic Rochester, presented Mayo Clinic’s check donation to the Southeastern Minnesota chapter of the American Red Cross in Rochester.

Mayo Clinic staff members contributed a total of $258,141.88 of relief to those who were victims of the Sept. 11, 2001, terrorist attacks. Mayo Clinic matched $100,000 for a total contribution of $358,141.88.

In the hours that followed the events of Sept. 11, 2001, many Mayo Clinic staff members began asking how they could offer assistance to victims and families. In response, Mayo Clinic established a Disaster Relief Fund at the Mayo Employees Credit Union to be given to the American Red Cross.

The fund collection closed on Nov. 1.

Nobel laureate Dr. Louis Ignarro presents Mayo Graduate School lecture

Nobel laureate Louis Ignarro, Ph.D., spoke in October with local high school students and Mayo Clinic staff during a day of visits to Rochester as part of the Mayo Graduate School’s annual Occidental Petroleum Nobel Laureate Lectureship at Mayo Clinic.

Dr. Ignarro focused his talks with the technical explanations of his work entitled, “Nitric Oxide as a Unique Signaling Molecule in Cardiovascular Physiology.” But he also offered a
humorous and inside look at his experience being named as Nobel Prize winner and what the ceremony entails.

Dr. Ignarro is professor of pharmacology at the University of California’s School of Medicine in Los Angeles. Together with Drs. Robert Furchgott and Ferid Murad, he received the 1998 Nobel Prize in Physiology or Medicine for the landmark discovery that nitric oxide acts as a signal molecule in the human organism. Signal transmission by a gas, produced by one cell, which penetrates membranes and regulates the function of other cells is an entirely new principle for signaling in the human organism.

For decades, nitroglycerine has been used as a treatment for heart disease, but how it works was unknown. As a result of these discoveries, it’s now known that nitric oxide is a gas produced by blood vessel cells and that it acts like the drug nitroglycerine. The research revolutionized the knowledge about how messages are transmitted from cell to cell in the body.

Other researchers rapidly confirmed that nitric oxide is important, not only in regulation of the heart and blood vessels, but also for the nervous and immune systems. The discoveries opened the door to new diagnostic and therapeutic options, including the development of new medicines for cardiovascular disease and impotence.

Local and regional high school and college students attended a morning lecture entitled “The Road to Stockholm: A Nobel Mission.” The Occidental Petroleum Nobel Laureate Lectureship at Mayo Clinic was created through an endowment by Occidental Petroleum Corporation.

MayoClinic.com earns top grades from three judging panels

Three independent judging panels have recently given the MayoClinic.com health information Web site high marks for innovation, content and ease of navigation. MayoClinic.com was one of six recipients of the first-ever Kanter Award. The award, which is sponsored by the Kanter Family Foundation, honors exemplary journalistic work that fosters knowledge about the benefits of collecting and standardizing data on health outcomes, so patients and their doctors can use scientific, evidence-based information to guide their treatment.

Mayo Medical Alumni Association 2002 International CME program scheduled in Rome

Rome, Italy, is the location for the 2002 International Mayo Medical Alumni Meeting from Sept. 25-27. (Flight departure date is Sept. 23; return date can be Sept. 28 or 29.) Educational content is designed to focus on the areas of Genomics, Pediatrics, Genetics, Endocrinology, Women’s Health, Hypertension, Osteoporosis, Cardiac Disease, and Ophthalmology. Speakers will include distinguished Mayo and Italian physicians.

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Mayo Foundation has designated this educational activity for a maximum of 15.75 hours in category 1 credit towards the AMA Physician’s Recognition Award. (Each physician should claim only those hours of credit that he/she actually spends in the educational activity.)

Optional tours are available in Rome during non-educational program times for CME participants.

For those alumni and guests who wish to tour not only Rome but also Florence, Parma, and Venice, a full tour package is available (through Oct. 8). For more information on the CME program or the full tour, contact Concierge Travel Services in Rochester at 507-280-9066 (toll-free 877-280-9066); e-mail FreemanL@rconnect.com.
Filby-Clark was diagnosed with multiple sclerosis and sought out specialists at Mayo Clinic after the diagnosis. She called for an appointment in October and was registered as Mayo Clinic’s six millionth patient. About half of Mayo’s patients are from Minnesota, with the other half coming from out of state.

Mayo Clinic started assigning patient numbers in 1907. The first million patients were registered by 1938. Mayo registered its five millionth patient in 1995. Dr. Smith credits the increased volume in part to Mayo’s expanding health system. Mayo patients seen in Jacksonville and Scottsdale are included in the totals. Mayo saw 5,000 patients during 1907, which is the total of patients now registered weekly.

Cardiac gene identified as link to sudden infant death syndrome (SIDS)

A Mayo Clinic study published in the Nov. 14 edition of the Journal of the American Medical Association has identified a cardiac gene as a link to sudden death syndrome (SIDS). The finding represents the first molecular evidence to unlock the mystery behind SIDS.

A team of investigators led by Michael Ackerman, M.D., Ph.D., from Mayo Clinic, the Arkansas State Crime Laboratory, Baylor College of Medicine and the University of Wisconsin, Madison, examined 93 cases of SIDS or possible SIDS. Tissue collected from these cases was examined for a specific defect within a gene in the heart, the SCN5A gene. The SCN5A gene encodes a cardiac sodium channel that acts as an electrical tunnel and controls the heart’s rhythm. Two of the 93 cases possessed SCN5A mutations. This represents a key to preventing future infant deaths by considering lethal heart rhythm disturbances as a possible cause for some cases. Future research will build upon this finding to examine other potential causes of SIDS.

“There will certainly be multiple reasons for SIDS discovered in the future,” says Dr. Ackerman, a Mayo Clinic pediatric cardiologist. “Until advances related to the Human Genome Project, proving a cardiac electrical defect in SIDS has been difficult because there are no clues left at autopsy. Through molecular genetic testing on deceased infants, this study, however, identifies a whole new class of genes which could be considered for SIDS.”

Despite the efforts of nationwide campaigns recommending infants be placed on their backs during sleep, SIDS continues to be the leading cause of death in the first year of life. Nearly 3,000 infants in the United States will fail to reach their first birthday this year because of SIDS.

What is not yet established is how many SIDS cases can be traced back to cardiac gene mutations. However, if further research demonstrates that 5-10 percent of SIDS cases may be due to such defects, it may be possible in the future to identify such at-risk infants shortly after birth by special molecular genetic tests not currently available. Defects in the identified cardiac channel genes could lead to later risk of death by congenital long QT syndrome or Brugada syndrome in adolescence if a child escapes death by SIDS during infancy.

“This is step one of many that could eventually prevent SIDS,” says Dr. Ackerman. “This study attempts to make SIDS less of a mysterious
‘black box.’ We’re just starting to be able to identify those infants who may be at risk for SIDS and take steps to prevent the incidence of death.”

Mayo Clinic researchers find estrogen may provide protection from Parkinson’s disease

Mayo Clinic researchers have found that women who underwent hysterectomy had a threefold increased risk of developing Parkinson’s disease and that women who received estrogen after menopause had a 50 percent reduced risk of developing Parkinson’s disease.

The study was published in the September 2001 edition of Movement Disorders.

“Our findings imply that early loss of estrogen may increase a patient’s risk of developing Parkinson’s disease,” says Demetrius Maraganore, M.D., a Mayo Clinic neurologist and one of the study’s authors. “Our belief is that estrogen may play a role in preventing Parkinson’s disease.”

The study involved the review of medical records of 72 female patients who developed Parkinson’s disease between 1976 and 1995 while they were residents of Olmsted County, Minn. The research focused on the association of Parkinson’s disease with type of menopause (natural or surgical), age at menopause and postmenopausal estrogen replacement therapy.

“I think women need to consider our findings in the balance of all of the pros and cons of estrogen replacement therapy,” says Dr. Maraganore. “This is something they should discuss with their women’s health specialist, whether that be a family physician or gynecologist.”

Parkinson’s disease is a progressive condition that causes impaired movement and tremor. It may develop when certain movement control circuits deep in the brain become disordered as a result of cell degeneration. Roughly one million Americans suffer from Parkinson’s disease.

This is the first study of its kind to find an association between hysterectomy and Parkinson’s disease.

“We should not change public health policy on the basis of this study,” says Dr. Maraganore. “What our study calls for is more detailed investigation. By no means should our study influence a woman to decide against a hysterectomy if her physician is recommending it. Whether you have a hysterectomy or not, your risk for Parkinson’s disease remains very small.”

The Mayo Clinic researchers previously found consistently higher rates of Parkinson’s disease in men versus women, providing another clue to support the possible involvement of hormones in the makeup of the disease.

“In a previous study, we noted that men were one and one-half times more likely to get Parkinson’s disease than women,” says Dr. Maraganore. “The thought was that this is perhaps because men are in the workplace more and exposed to environmental toxins. An alternative possibility that our study puts forward is that perhaps women are protected from Parkinson’s disease by estrogen. This raises the question of whether we should be doing clinical trials of estrogen replacement therapy in postmenopausal women with Parkinson’s disease or potentially one day in postmenopausal women who might otherwise be at increased risk for Parkinson’s disease.

“Right now we don’t know how these findings will translate to men with Parkinson’s disease or men who are at increased risk for Parkinson’s disease,” says Dr. Maraganore. “But conceivably there may applications for men in the future.”

Initial findings of this study were presented at the 1998 American Academy of Neurology meeting.

Study finds older patients benefit as much from chemotherapy after surgery for colon cancer as younger patients

Older patients diagnosed with mid-stage colon cancer benefit as much from chemotherapy after surgery as younger patients with the disease, according to a study led by the North Central Cancer Treatment Group, a clinical trials cooperative group based at Mayo Clinic in Rochester, Minn.

The study results, published in the Oct. 11 issue of New England Journal of Medicine, conclude that age alone should not determine whether an older patient is offered chemotherapy after surgery for treatment of stage II and III colon cancer.

Daniel Sargent, Ph.D., a Mayo Clinic statistician and lead researcher on the study, analyzed the medical records of 3,351 patients diagnosed with colon cancer. These patients had previously participated in seven different randomized clinical trials conducted around the world to test the effectiveness of 5-FU based surgical adjuvant chemotherapy for colon cancer.

“We found that patients age 70 and older, who were judged by their physicians to be fit enough to undergo chemotherapy, had the resiliency to successfully withstand
the side effects,” says Dr. Sargent. “Most importantly, the older patients benefited as much from the chemotherapy as younger patients.”

The study showed that chemotherapy reduced the risk of death after surgery for colon cancer by 24 percent. The overall five-year survival rate for patients who had chemotherapy after surgery was 71 percent, compared with 64 percent for patients who did not receive chemotherapy.

Annually in this country about 96,000 people are diagnosed with colon cancer, and 46,000 people die of the disease. Colon cancer ranks second to lung cancer in the number of deaths it causes each year.

People age 70 years and older comprise more than 50 percent of patients with colon cancer. As people age, the risk of colon cancer increases.

According to Richard Goldberg, M.D., a Mayo Clinic oncologist and co-researcher on the study, chemotherapy treatment after surgery is known to significantly improve the survival rate of patients with stage III colon cancer and may benefit some patients with stage II colon cancer. These cancers are considered mid-stage and potentially curable.

However, he says, questions often arise whether elderly patients can physically withstand chemotherapy treatments. New or existing medical problems are more common in older patients and may interfere with the ability of elderly patients to tolerate the side effects of chemotherapy.

This study dispels some of those concerns.

“The results of our study should reduce concerns about excess toxicity and reassure physicians and patients that selected patients over the age of 70 can tolerate and benefit from chemotherapy as much as younger patients,” says Dr. Goldberg.

Study Finds Higher Incidence Rate of Reading Disability Among Boys

Boys were two to three times more likely than girls to be affected by reading disabilities, according to a Mayo Clinic study of 5,718 children in Rochester.

The objective of the study was to report the incidence of reading disability among school-aged children. Overall, the incidence of reading disability was 5.3 percent to 11.8 percent depending on the definition used to establish it.

The study’s results and an editorial on the topic appear in the November issue of Mayo Clinic Proceedings. “Our study provides a powerful opportunity to learn more about reading disability,” says Slavica Katusic, M.D., a Mayo Clinic epidemiologist and the primary author of the study. “These data demonstrate that reading disability is common among children and should be included among the differential diagnoses considered in children having problems with learning. Moreover, these data suggest that this diagnosis should be given a higher prior probability in boys than in girls.”

The majority — approximately 80 percent — of children identified as having learning disabilities have their primary academic problem in reading. The World Federation of Neurology defines reading disability as a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and sociocultural opportunity.

The study’s report is from an ongoing epidemiologic study of learning disability among all children born from 1976 through 1982 in Rochester. An interdisciplinary team of investigators used comprehensive, medical, educational and tutorial resources available on all 5,718 children.

Currently, there are no universally accepted tests, assessment batteries or standards for identifying children with learning disability. The Mayo researchers report that they employed the most widely used approaches to determine eligibility for reading disability intervention.

In an editorial in the same issue of Mayo Clinic Proceedings, Drake Duane, M.D., of the Institute for Developmental Behavioral Neurology in Scottsdale, Ariz., says the Mayo Clinic data have implications for shaping public policy.

“For society and its educational systems, the question of the incidence of learning disorders is crucial if the academic outcome for each learner is to be optimized,” writes Dr. Duane. “What are the characteristics of the students who require altered educational instruction, what specific alterations must that instruction entail, and when and for how long should it be delivered?”

He notes that the Mayo Clinic researchers point out that the Minnesota data does not overestimate the incidence of reading disability; they
are probably close to quantifying the actual occurrence, Dr. Duane writes.

“This report from an academic medical center powerfully demonstrates the utility of interdisciplinary investigation in matters of education that may help shape appropriate public policy,” Dr. Duane concludes his editorial.

**Postgraduate meetings**

For more information, please complete and return the tear-out card in this issue. Or you may call 1-507-284-2509 or 1-800-323-2688. Unless otherwise noted, meetings are held in Rochester.

**Frequently Encountered Clinical Ethical Dilemmas**, Feb. 20-22, 2002
**Mayo Clinic Interactive Surgery Symposium**, Feb. 24-March 1, 2002, Maui, Hawaii
**Fifth Mayo Clinic Endocrine Course**, March 3-8, 2002, Grand Bahama Island
**Fundamental Critical Care Support**, March 7-8, 2002
**Selected Topics in Internal Medicine**, March 11-15, 2002, Big Island, Hawaii
**Perspectives in Women’s Health**, March 21, 2002

**Dental Reviews 2002**, March 22-23, 2002
**Assessing Clinical Significance for Quality of Life Measures in Oncology Research: State-of-the-Science**, April 5-6, 2002
**Dental Reviews 2002**, April 5-6, 2002
**Advanced Management Program for Health Care Executives**, April 14-19, 2002
**Nineth International Surgical Pathology Symposium**, April 30-May 3, 2002, Rome, Italy
**ENT for the Primary Care Physician**, May 3, 2002
**Mayo Clinic 23rd Annual Practice for Internal Medicine**, May 6-10, 2002
**Perspectives in Women’s Health**, May 16, 2002

**Alumni news**

**1950s**

**Homer Peabody** *(Internal Medicine ’51)* was honored with his wife, Betty, by the Balboa Park Association for 65 years of volunteer service at Balboa Park. Dr. Peabody also plans to retire from Rees-Stealy Research Foundation in 2002 after more than 35 years with the organization.

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**Receptions**

- American College of Cardiology, March 18, 2002, Atlanta, Ga.

**Alumni meetings**

**Florida Regional Event**, Jan. 18, 2002, Ponte Vedra Beach, Fla.
1960s

**Phillip Nelson** (Orthopedics ’69, General Surgery ’64) is vice-chair of adult reconstruction for the Phoenix Orthopedic Residency Program at Maricopa Medical Center in Phoenix.

**Daniel Waite** (Oral and Maxillofacial Surgery) gave the keynote addresses at the annual meetings of oral and maxillofacial surgery in Caracas, Venezuela, and Mexico City.

1970s

**Douglas England** (Anatomic and Clinical Pathology ’77) received a teaching award from the residents of the Department of Pathology and Laboratory Medicine at the University of Wisconsin.

**Hugo Tapia** (Nephrology ’72) was elected president of the Peruvian-American Medical Society.

1980s

**Jeffrey Eckardt** (Musculoskeletal Oncology ’80) has been named the Helga and Walter Oppenheimer Chair of Musculoskeletal Oncology at UCLA School of Medicine in Los Angeles.

**Farid Gharagozloo** (General Surgery ’89, Thoracic Surgery ’92) has been named cardiothoracic surgeon-in-chief, professor and chair of cardiothoracic surgery at George Washington University Medical Center in Washington, D.C.

**William Hazel** (Orthopedics ’88) was inaugurated as the 181st president of the Medical Society of Virginia. He is an orthopedic surgeon with Commonwealth Orthopaedics & Rehabilitation, P.C., in Herndon, Va.

**Anders Melcher** (Physiology ’80) has joined Karolinska Hospital in Stockholm, Sweden, as senior consultant at the Department of Clinical Physiology, Thoracic Clinic, where he is responsible for the education of specialists.

1990s

**Mohammed Bagheri** (Transitional Year ’99) was appointed chief resident in the New York Medical College’s Department of Dermatology.

**James Bonner** (Radiation Oncology ’91) has been elected to a three-year term on the University of Alabama Health Services Foundation Board of Directors. He is a professor and chairman of radiation oncology at the university.

**Osaretin Idusuyi** (Orthopedics ’96) was guest editor at a symposium “Complications in Foot and Ankle Surgeries” for Clinical Orthopedic and Related Research (CORR).

**Stephen Meraw** (Periodontics ’99) was appointed chief examiner for the State of Michigan Specialty Licensing Board in Periodontics for 2001.

**Gregory Perez** (Mayo Medical School ’91, Dermatology ’95) has been named chair of the Department of Dermatology at Holy Cross Hospital in Fort Lauderdale, Fla.

**Patrick S. Ramsey** (Obstetrics and Gynecology ’96) received the Fred Zuspan Award for Excellence in Perinatal Research at the Society of Obstetric Anesthesia and Perinatology annual meeting. He joined the Division of Maternal-Fetal Medicine at the University of Alabama at Birmingham as an assistant professor this summer. Dr. Ramsey received a $370,000 Building Interdisciplinary Research Careers In Women’s Health (BIRCWH) training grant from the National Institutes of Health for his research focused on the role of perinatal inflammation and the development of neonatal bronchopulmonary dysplasia.

**Marco Ritt** (Plastic Surgery, Hand Surgery) was appointed as full professor of Hand Surgery at the University Hospital Vrije Universiteit in Amsterdam, the Netherlands.

**Staff news**

**Charles Adler** was named Chair of the Division of Movement Disorders, Department of Neurology, Mayo Clinic Rochester, Scottsdale and Jacksonville.

**Richard Berger** was elected as Councilor of the American Society for Surgery of the Hand.

**Paul Brazis** received the Distinguished Clinician Award.

**Thomas Colby** was the 2001 American College of Chest Physicians Medalist and presented the College Medalist Lecture.

**Jon Ebbert** was chosen to receive the Young Investigator Award from the American Society of Addiction Medicine.

**Peter Elkin** was elected co-chair of the Health Level 7 Clinical Templates Group. He also was confirmed as Vice-Chair of the Task Force on Consumer Health for the International Standards Organization’s Technical Committee on Health Informatics.

**Charles Erlichman** was appointed Associate Director for Medical Oncology of the journal Clinical Colorectal Cancer.

**Walter Franz III** received the Minnesota Medical Association’s Minority Affairs Meritorious Service Award.

**Thomas Gerber** received a Best Presentation award at the 29th Annual...
Meeting and Scientific Sessions of the North American Society for Cardiac Imaging. Co-authors include: Nolan Karstaedt, Ronald Kuzo, Richard Morin and Jerald Pietan.

**Gregory Gores** was appointed Medical Director of the Adult Liver Transplant Program.

**Donald Hensrud** was elected to the Board of Directors of the American Board of Physician Nutrition Specialists.

**Kyle Kircher** received the 2001 Pfizer/Parke-Davis Teacher Development Award. He was honored by the American Academy of Family Physicians Foundation for his commitment to education in the field of family medicine. Also, he was named the new assistant medical director of the Health Information Service Line, comprised of Health Connection, Mayo Clinic Tobacco Quitline and the Pregnancy Care Program.

**Robert Kyle** was elected President of the International Society of Amyloidosis at the ninth International Symposium on Amyloidosis. He also received the title “Socius Honoris Causa” from the Hungarian Section on Amyloidosis.

**Thomas Liesegang** received the Distinguished Career Award.

**Andrew Limper** will serve as a member of the AIDS and Related Research Study Section, Center for Scientific Review, National Institutes of Health.

**L. Joseph Melton III** received the 2001 Frederic C. Bartter Award from the American Society for Bone and Mineral Research. He also was named a “Highly Cited Researcher” by the Institute of Scientific Information.

**Bernard Morrey** was elected as an honorary fellow to the Royal College of Surgeons of Edinburgh.

**Manfred Muenter** was the recipient of the Springer Award for a lifetime achievement given by the American Parkinson’s Disease Association at the American Academy of Neurology meeting.

**Kenneth Nix** received the Distinguished Educator Award.

**Peter Pairolero** was elected chair of the American Board of Thoracic Surgery.

**Hamlet Peterson** was Visiting Professor at Indiana University and at Wayne State University.

**James Rae** was chosen by the Trustees of the National Foundation for Eye Research as the recipient of the Kinoshita Award and Lectureship.

**Randall Roenigk** gave Grand Rounds at Harvard University.

**Paula Schomberg** will serve as an American Board of Radiology representative on the Residency Review Committee for Radiation Oncology.

**Gary Sieck** was awarded a Research Educator Award from Mayo Graduate School. He was also appointed as a member of the Integrative, Functional and Cognitive Neuroscience Study Section, Center for Scientific Review, National Institutes of Health.

**Anthony Smith** served as a volunteer hand surgeon at the Chinle Hospital Navajo Area.

**Charles Thomas** was elected chair of the Midwestern Section of the American Federation for Medical Research.

**Gudni Thorsteinsson** received the Distinguished Career Award.

**Felix Diehn** (Mayo Medical School) has accepted a position in the 2001-2002 Class of the Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program Cloister Program.

**Alper Gurlek** (Nephrology) was awarded a 2001-2002 Fulbright Scholar grant.

**Ondrej Lisy** (PGY-1) took first-place with his research poster on the effects of mechanical unloading of the heart on natriuretic peptide synthesis at the American College of Physician-American Society of Internal Medicine Minnesota Chapter’s statewide Associates Program for residents.

**Elizabeth McDonald** (Mayo Medical School) won the research competition for medical students for the second year in a row for her work with Anthony Windebank on the mechanism of Cisplatin neurotoxicity. The competition was at the American College of Physician-American Society of Internal Medicine Minnesota Chapter’s statewide Associates Program for residents.

**Soundos Moualla** (PGY-2) took second-place in the clinical vignettes category for her work on “Pulmonary Embolus Presenting with Cullen’s Sign” at the American College of Physician-American Society of Internal Medicine Minnesota Chapter’s statewide Associates Program for residents.
Obituaries

1930s

Standiford Helm, 88, died March 28, 1998. Dr. Helm graduated from Northwestern University Medical School in 1935 before completing a fellowship in internal medicine at Mayo Clinic in 1939. He served as a major in the U.S. Army Medical Corps in the South Pacific during World War II. After the war, Dr. Helm practiced internal medicine in Evanston, Ill., until his retirement.

1940s

Edwin Andersen, 93, died July 6, 2001. Dr. Anderson received his medical degree from Stanford University Medical School in 1936. After his internship and pathology residency at the former Philadelphia General Hospital in 1939, he completed his internal medicine residency at Mayo Clinic in 1946. Dr. Anderson began a private practice in Pottstown, Pa., where he worked until retirement in 1995. During his career, he served on medical mission teams to Honduras and the Dominican Republic with the Christian Medical and Dental Association.

Russell Anderson, 87, died Feb. 13, 2001. Dr. Anderson graduated from Syracuse University Medical School in 1939. After an internship at Evanston Hospital in Evanston, Ill., he served as a major in the U.S. Army Medical Corps from 1941 to 1945. Dr. Anderson completed his fellowship in general surgery at Mayo Clinic in 1949. He established a private practice in Syracuse, N.Y. Dr. Anderson served on the clinical faculty of the Upstate New York Medical Center and was chief of surgery and president of the medical staff at Syracuse General Hospital. He was president of both the Central New York Surgical Society and Upstate New York Chapter of the American College of Surgeons, was a diplomat with the American Board of Surgery and was president of the Priestley Society from 1977 to 1978. Dr. Anderson retired from surgery in 1972 and moved to Prescott, Ariz., to serve as associate chief of staff for ambulatory care at the Prescott Veterans Administration Medical Center. He retired in Prescott in 1979.

Eugene Ellingson, 85, died Sept. 16, 2000. Dr. Ellingson received his medical degree from the University of Texas Medical School in Galveston. He completed a residency in surgery at Mayo Clinic in 1948. During his residency, he took a leave to serve as a captain in the U.S. Army Medical Corps during World War II. Dr. Ellingson worked in an army evacuation hospital in the European Theater. He was a fellow in the American College of Surgeons. He was a surgeon at the Texas Medical Center in Houston, where he worked until his death.

Donald Erickson, 87, died Dec. 8, 2001. Dr. Erickson received his medical degree from the University of Colorado Medical School before coming to Mayo Clinic to complete a fellowship in physical medicine and rehabilitation in 1944. Dr. Erickson served in the U.S. Navy during World War II, achieving the rank of lieutenant. After serving in private practice at Minneapolis, Dr. Erickson returned to Mayo Clinic in 1948, where he remained until retirement in 1980. He also was an area consultant for the Veteran’s Administration from 1948 to 1968. During the polio epidemic in the 1950s, Dr. Erickson flew polio patients to Saint Marys Hospital to use the iron lung. He helped establish physical therapy departments in small hospitals throughout the Upper Midwest. Dr. Erickson served as president of the American Congress of Physical Medicine and was a member of the President’s Council on Physical Fitness.

Joseph Geraci, 85, died Oct. 22, 2001. Dr. Geraci received his medical degree in 1940 from the Marquette University School of Medicine. He completed his residency in internal medicine at Mayo Clinic in 1951. He joined Mayo Clinic in 1951 and was eventually appointed to associate professor in the Mayo Graduate School of Medicine in 1962. He was a fellow of the American College of Physicians and the American College of Chest Physicians. Dr. Geraci retired in 1985.

William Glenn, 85, died Aug. 25, 2001. Dr. Glenn graduated from the University of Nebraska Medical School in 1940. He served as a captain in the U.S. Army 1st Auxiliary Surgical Group from 1941 to 1945. Following his service, he completed his residency in general surgery with Mayo Clinic in 1949. Dr. Glenn had private practices in Kearney and Falls City, Neb., before moving to San Antonio in 1970 where he was a member of the emergency room staff at Methodist and Baptist hospitals. He was a fellow of the American College of Surgeons and a member of the Priestley Society.
Jack Killins, 87, died July 21, 2001. Dr. Killins graduated from the University of Nebraska Medical School in 1937. He began a fellowship in surgery at Mayo Clinic, but was ordered to active duty in the U.S. Army in 1941. He served as a lieutenant colonel in the European Theater where his unit received Battle Stars for Central Germany and the Rhineland. Dr. Killins assisted with treatment of prisoners at Dachau. He completed his surgical training at Mayo Clinic in 1946. He was a member of the Priestley Society. Dr. Killins joined his brother in Green Bay, Wis., at the Green Bay Clinic. He spent his career in Green Bay. Dr. Killins served as president of the staff at both Saint Vincent and Bellin hospitals. He also was a member of the Doctors Mayo Society and was president of the State of Wisconsin Surgical Society.

Robert McMillan, 86, died Feb. 8, 2001. Dr. McMillan received his medical degree in 1938 from Johns Hopkins School of Medicine and began a fellowship in internal medicine at Mayo Clinic. He served from 1942 to 1946 in World War II. He eventually achieved the rank of major and was stationed in England and Ireland until his discharge. Dr. McMillan began a family practice in Southern Pines, N.C., in 1946 and worked there until he retired in 1984. During his career, he served as chief of staff of Moore Regional Hospital and St. Joseph Hospital, and was president of the Moore County Medical Society. He lived in Raleigh after his retirement.

John Ulrich, 86, died Sept. 20, 2001. Dr. Ulrich received his Ph.D., from the University of Minnesota in 1945. Afterward, he joined the staff of the Hormel Institute in Austin where he studied mycology and bacterial physiology. He came to Mayo Clinic in 1949 where he was first assistant in microbiology at Mayo Graduate School of Medicine. He was appointed to the Mayo Clinic staff in 1950 and eventually was named associate professor in 1965. He left Mayo Clinic in 1969 and became a professor at the University of New Mexico and later an assistant professor at the University of Minnesota. During his career he conducted research in hospital operating room procedures, worked on several government committees, including those with the National Institutes of Health and the National Aeronautics and Space Administration. He retired in 1982 and lived in Venice, Calif.

1950s
Gerhard Doerr, 74, died Sept. 26, 2000. Dr. Doerr received his medical degree in 1951 from the University of Heidelberg, Germany. He came to Mayo Clinic for an orthopedic surgery residency after completing an internship at St. Luke’s Hospital in Milwaukee and residencies at St. Joseph’s Hospital in Paterson, N.J., and St. Barnabas Hospital in Minneapolis. Dr. Doerr completed his fellowship at Mayo Clinic in 1959 and began an orthopedic surgery practice in Minneapolis. He moved to Boston in 1961 and became chief of orthopedic services at Lemuel Shattuck Hospital. In 1966, Dr. Glenn took a position with Case Western Reserve University/Highland View Hospital in Cleveland. He was named associate director of physical medicine and rehabilitation Metro Health/Highland View Hospital, associate director of physical medicine and rehabilitation for Metro Health’s center for skilled nursing care and assistant professor at Case Western Reserve University. He served in these positions from 1969 to 1993, retiring at the end of 1993.

Leonard Kurland, 79, died Dec. 4, 2001. Dr. Kurland received his medical degree from the University of Maryland School of Medicine in 1945. He entered the United States Public Health Service and received a master’s degree in public health from Johns Hopkins University. He studied neurology, biometry and medical statistics at Mayo Clinic from 1952-1955. He then remained in the USPHS, serving as the first chief of the epidemiology branch of the National Institute of Neurological Diseases and Blindness from 1955-1964. He returned to Mayo Clinic as chairman of the Department of Medical Statistics, Epidemiology and Population Genetics in 1964 and remained on the faculty until his retirement in 1995. Dr. Kurland helped establish what came to be known as the Rochester Epidemiology Project, which used the records of Mayo Clinic for population-based epidemiological studies. Dr. Kurland authored or co-authored 530 scientific papers and edited four books. He received the Charcot Award from the International Federation of Multiple Sclerosis Societies in 1983, The Mayo Medical School Faculty Service Award in 1987, and the Mayo Distinguished Alumnus Award in 1999. He received an Award for Distinguished Service on Behalf of Medicine and Humanity from the U.S. House of Representatives in 1992. In 1999 he was awarded the Alumnus Merit Award from Harvard University. In 2000 he received the Gold Key award from the Maryland Medical Alumni Association.
Mayo Update

Philip White, 80, died Aug. 21, 2001. Dr. White received his medical degree from George Washington University Medical School in 1942 and completed a residency in neurology at Mayo Clinic in 1953. He served in the U.S. Navy and was chief medical officer of the Seventh Naval District in Jacksonville, Fla. Dr. White was a professor of neurology at Indiana University School of Medicine until 1964, before joining the group of physicians who founded Barrow Neurological Institute in Scottsdale, Ariz., where he worked until 1966. He became a professor of neurology and chairman of the department at the Medical College of Wisconsin. Dr. White’s service to the Veterans Administration spanned 19 years and included being a physician consultant in Wisconsin, Texas, California, Ohio and New York. He became director of the VA Medical Center in Brecksville, Ohio, and chief-of-staff at Lakeside Hospital in Chicago. He was a fellow of the American Academy of Neurology and president of the American Epilepsy Society. He retired in September 1985.

Ellen Levin, 73, died Sept. 9, 2001. Dr. Levin received her medical degree in 1953 from the University of Illinois Medical School in Chicago and went on to complete residencies at Mayo Clinic in internal medicine (1959) and psychiatry (1961). She entered private practice in psychiatry in Highland Park, Ill., and was involved in physical medicine and rehabilitation and electrodiagnosis for Kenosha Memorial Hospital in Kenosha, Wis. Dr. Levin also worked at Veteran’s Administration hospitals and clinics in Saginaw, Mich., Tomah, Wis., and Marion, Ind.

Claude Davis, 59, died June 6, 2001. Dr. Davis graduated from the University of Wisconsin Medical School in 1967 and entered the U.S. Navy where he served until 1971. He completed his orthopedics residency with Mayo Clinic in 1975. Dr. Davis joined Ihle Orthopedics in Eau Claire, Wis., in 1975 and worked there until retirement in 1997. He also worked as a volunteer surgeon with Orthopedics Overseas, serving in the West Indies and Africa.

Bernard Mullen, 64, died July 29, 2001. Dr. Mullen graduated from the West Virginia University Medical School in 1964 and completed an internship at the University of Washington before he served in the U.S. Air Force as a medical officer in Okinawa. Dr. Mullen completed his residency in rheumatology at Mayo Clinic in 1972. He joined Polyclinic in Seattle in 1973 and worked there until he retired in July. Dr. Mullen served on the teaching staff of the University of Washington Medical School and served on the board of the Arthritis Foundation.

1960s
Hugh Greer, 69, died Oct. 2, 2001. Dr. Greer received his medical degree from the University of Kansas Medical School in 1960 and completed his residency in neurology at Mayo Clinic in 1964. He joined the Sansum – Santa Barbara Clinic in California, as its first neurologist in 1965. He worked at Sansum for his entire career, establishing its department of neurology and was instrumental in forming the Department of Undersea Medicine. He retired in 1997, but resumed practice in 1999. He was chairman of the clinic’s board of trustees.

1970s
Calvin Bergsma, 56, died July 7, 2001. Dr. Bergsma graduated from the University of Michigan Medical School in 1971, before serving as lieutenant commander and medical director of Indian Public Health Services in Tahlequah, Okla., from 1972 to 1974. He completed his residency in urology at Mayo Clinic in 1978. Since then he practiced with West Shore Urology, P.C., in Muskegon, Mich.

1970s
Claude Davis, 59, died June 6, 2001. Dr. Davis graduated from the University of Wisconsin Medical School in 1967 and entered the U.S. Navy where he served until 1971. He completed his orthopedics residency with Mayo Clinic in 1975. Dr. Davis joined Ihle Orthopedics in Eau Claire, Wis., in 1975 and worked there until retirement in 1997. He also worked as a volunteer surgeon with Orthopedics Overseas, serving in the West Indies and Africa.