In the shadow of the Himalayas, Mayo physicians and their clinic change a life.
Features

2  An act of healing: Two Mayo physicians and their institution change a life
Lakpa Sherpa, a Nepalese mountain porter, was severely scarred after a brutal bear attack in the Himalayas. An encounter in the Himalayas between Lakpa and two Mayo physicians changed all their lives.

8  From Reykjavik to Rochester…with hope
A unique relationship has emerged between Iceland and Mayo Clinic in the treatment of Icelandic citizens that utilizes Mayo’s patient evaluation tools and advanced surgical treatments for specific epilepsy cases.

12  Challenges and opportunities on Mayo’s horizon
Michael Wood, M.D., president and chief executive officer of Mayo Foundation, talks about Mayo’s response to the emerging changes in health care and the future opportunities for Mayo Foundation.

15  Low-key no longer: Mayo measures its economic impact on Minnesota: $3.97 billion in 2000
The figures behind Mayo’s impact on the state economy could prove useful in gaining state support for important future initiatives.

18  A profile of Dr. John Woods: The son of missionaries leads a life of service, outreach and healing
John Woods, M.D., Ph.D., grew up witnessing the missionary work of his parents in the United States and faraway lands. Their faith shaped his life, his medical practice and his service to community.

24  Alumni Magazine Resource Central

Mayo Update

26  News briefs
30  Alumni meetings
31  Postgraduate meetings
31  Alumni news
33  Staff news
33  Fellow, resident and student news
34  Obituaries
Letter from the President

During my first year as your alumni president, I have been delighted to meet and hear from so many of you. I especially enjoyed hearing from those of you who were at Mayo during my residency from 1972 to 1978. Such contacts confirm that our alumni are a busy, diverse group of physicians and researchers.

This issue features alumni experiences from Nepal to Iceland. But distinguished alumni are probably right in your own “back yard” (see page 28 featuring distinguished alumni). The newly updated alumni directory will help us keep in contact with each other.

I often say my years at Mayo Clinic in Rochester were the best of my professional career. These days, being in private practice is certainly a challenge and I look upon keeping in touch with Mayo as a survival technique. By maintaining our ties to Mayo Clinic, we discover the support of colleagues, educational opportunities and professional camaraderie. This fall, the Department of Internal Medicine celebrates its 35th anniversary, a perfect opportunity for all internists to return to Mayo. Our next Mayo Medical Alumni Association International Meeting will be at Mayo Clinic in Scottsdale, Oct. 2-4, 2003, and I look forward to seeing many of you there.

Enjoy the magazine and keep in touch.

Sincerely,
Christine Mroz, M.D.
President
Mayo Medical Alumni Association
When the doctors first met Lakpa Sherpa, a bandana hid his disfigured face. Mauled by a bear four years earlier, Lakpa was a social outcast because of his horrendous wounds.

The attack left Lakpa with extensive fibrosis and scarring that retracted his remaining lip tissue, creating a fearsome scowl.

Ostracized by all but his friends and family, Lakpa became a porter for Nepal tourists on mountain treks. He carried their bags, assisted in the hikes and helped as a guide. The work supplemented his farming income and provided a moderate amount of social interaction.

Christopher Sill, M.D., and Kenton Zehr, M.D., Mayo Clinic physicians, noticed Lakpa, a porter, during a mountain trek in Nepal in 2000, and coaxed him to tell his story and reveal the scars he tried to hide.

Their meeting in the Himalayas began a series of events that would change Lakpa’s life forever.

“We were hiking the Kangchenjunga region, the third highest mountain region in the world” says Dr. Sill, an anesthesiologist. “When Kenton and I first heard how Lakpa’s injuries had turned him into an outcast, we immediately wanted to do something to help.”

The bear attack

The day of the bear attack in 1998 began as any other for Lakpa, when he strapped on his machete and walked through the bamboo grove near his village of Nalbu, Nepal.

He was searching fresh twigs to fashion baskets for mountain climbing tourists. As he surveyed the forest from the top of the hill in the Himalayas of eastern Nepal, he scanned the trees for the most flexible stalks.

Then, it happened. Lakpa heard a noise in the bushes and turned to see a black bear lunging toward him. He tried to defend himself with his machete, and in doing so, he inflicted a small cut on the bear’s snout. The bear’s claws ripped into Lakpa’s right thigh.

For a moment, he thought the bear would back away, but instead, it charged again. Rising to try to escape, Lakpa threw himself down a hill, but tripped on a tree stump and lay helpless. Within seconds he felt the bear’s claws sink into his face.

Lakpa turned away from the excruciating pain, which ripped his flesh further. With his left foot, Lakpa somehow managed to shield his body from the bear and flipped the animal over his head.

Writhing in pain, Lakpa watched the bear tumble down the slope and disappear into the bamboo grove.

After the attack, he staggered toward his village, bloodied and suffering.

When it looked as though he would never make the 30-minute hike to town, his uncle found him stumbling down the path. With tender care, Lakpa was carried to the village shaman where he received herbal treatment for his horrendous wounds.

Like so many remote places, the care of the shaman was the best Lakpa could hope for.

“Modern health care is an expense far beyond the means of the majority of people in Nepal,” says Dr. Sill.

The act of healing:

Two Mayo physicians and their institution change a life
“I admire the Mayo brothers’ vision of traveling the world to learn the latest medical advances. I appreciate Mayo’s commitment to global consciousness — there aren’t many institutions that would help Lakpa the way he was helped here.”

— Kenton Zehr, M.D.
Charitable care at Mayo Clinic

When the physicians returned home, they applied to Mayo Foundation for charitable care on Lakpa’s behalf. Cases accepted by Mayo are often referred through a nonprofit agency or by a Mayo Clinic physician. Standard Mayo policy prefers domestic cases to international ones, and all requests go through a rigorous approval process.

“This was an unusual case,” says Kerry Olsen, M.D., chair, Administrative Committee of the Board of Governors. “It was accepted because there was no possibility of the patient receiving reconstructive surgery in Nepal, his disfigurement severely affected his quality of life, and both physicians and their families were willing to provide additional support. The patient also required highly specialized care by a team of physicians that truly utilized Mayo Clinic’s expertise.”

An unexpected complication

Soon after Mayo’s approval, Lakpa underwent pre-anesthetic medical evaluation, which revealed a loud systolic murmur. An echocardiogram confirmed a diagnosis of severe aortic stenosis.

“It was a surprise to us because, on the mountain, we saw him carrying heavy loads, sometimes ascending 4,000 feet a day, and often at extremely high altitudes,” says Dr. Sill. “However, upon questioning, he revealed a history of angina on exertion and frequent episodes of near syncope. We are grateful that the board took into consideration the fact that he was already here, and that he could die if we sent him back without treatment.”

Humanitarian roots

Dr. Zehr, a cardiac surgeon, was raised in a Mennonite family with a father who believed a good education was well supplemented by lessons to be learned on the farm.

“I dropped out of college after two years to run the family farm,” says Dr. Zehr. “But from early childhood, I wanted to be a surgeon. I read Helen Clapesattle’s book about the Mayo brothers and remembered one of its illustrations. It was of a man with a huge goiter. I couldn’t get the image out of my mind.”

Dr. Zehr still has the illustrated children’s edition of *The Mayo Brothers* on his library shelf.

“That book is part of the reason I ended up at Mayo after my training,” says Dr. Zehr. “I admire the Mayo brothers’ vision of traveling the world to learn the latest medical advances. I appreciate Mayo’s commitment to global consciousness — there aren’t many institutions that would help Lakpa the way he was helped here.”

Lakpa benefited doubly from Dr. Zehr’s decision to come to Mayo because the surgical procedure he required was the Ross procedure, a medical procedure in which Dr. Zehr specializes.

The Ross procedure is preferred over aortic valve replacement when there is reason to avoid the postoperative anticoagulation required with implantation of a
mechanical prosthesis. The procedure includes replacement of the diseased aortic valve with the pulmonary valve, and replaces the pulmonary valve using a homograph valve, which does not require postoperative anticoagulation.

“At the time, we thought Lakpa would return to Nepal as soon as he recovered from his surgeries,” says Dr. Zehr. “We wanted to avoid anticoagulation because he had no access to modern medical care in his homeland.”

Two host families

Last summer when Lakpa arrived in Rochester for surgery, he stayed with the Sill family. But they had not anticipated the second surgery. Their summer included plans for a trip to England to visit Dr. Sill’s family.

Learning of the circumstance, the Zehr family extended their hospitality to Lakpa. “After Lakpa’s cardiac surgery, he indicated that he would like to stay in the United States to learn English,” says Dianne Zehr. “We decided to sponsor him.”

Facial reconstruction

One month after cardiac surgery, Nho Tran, M.D., a plastic surgeon, performed Lakpa’s facial reconstruction — an extensive 12 hour procedure which Lakpa would not have been able to tolerate without prior aortic valve replacement. Dr. Tran used a forearm flap to reconstruct the defect of the nose, cheek and upper lip, and ear cartilage to repair the left side of his nose. The surgery also included repair of a contractive scar on the cheek, a right upper lip deformity and a lacerated tear duct.
Lakpa knows his life has been altered forever. “The doctors and nurses are like gods,” he says. “I don’t understand how they can be so generous. They don’t even know me.”

A second family

And so it came to pass that when the bear attacked Lakpa Sherpa, the assault led him to his new life with an American family. But not just any family. The Zehrs are members of the Mennonite fellowship, a faith community with a strong tradition of social justice, community outreach and ministry.

“If Lakpa goes home with English skills, he can improve his family’s income by taking leadership roles in the mountain treks,” says Dianne Zehr, who is assisting Lakpa with the paperwork needed for a student visa. “He might consider teaching English in the village schools.”

In addition to providing room and board, English lessons and ongoing health care for Lakpa, the Zehrs are also considering buying him a car. Their reasons are practical. If Lakpa has a vehicle, he can drive to the Immigration and Naturalization Service’s designated study center an hour away from Rochester to attend the necessary classes to obtain the equivalent of a high school diploma.

Dr. Zehr credits Dianne with the decision to sponsor Lakpa. He likes the idea that he was able to lead someone to health and a new life.

“He’s a member of our family now,” says Dr. Zehr.

— Yvonne Hubmayr
isolated in the North Atlantic, Iceland is an island half the size of Minnesota. It is a paradox of fire and ice with glaciers and volcanoes being common sights, and is sometimes called the “island of light” because of the nightless mid summer. However, Iceland can be a dark place for some with severe epilepsy. Until recently, a small number of epilepsy patients requiring surgical intervention could not be effectively treated in their home country. Now, Mayo Clinic is playing a role in helping those patients.

Broadening the scope of treatment

Although Icelanders enjoy a good medical system and the National University Hospital in the capital city Reykjavik treats over 30,000 patients each year, some medical specialties are not represented.
Elias Olafsson, M.D., is head of neurology service at the hospital, and began in 1996 to seek additional support from international colleagues to expand epilepsy treatment. Dr. Olafsson sees hundreds of epilepsy patients each year; only a fraction are candidates for surgical treatment. Nonetheless, the suffering of the minority impressed Dr. Olafsson.

He called upon Gregory Cascino, M.D., chair of the division of epilepsy at Mayo Clinic in Rochester. Together, Dr. Olafsson and Dr. Cascino began an Icelandic program to educate local physicians on advanced surgical practices for the treatment of epilepsy.

However, some Icelandic patients needed the specialized skill and technology that was not available in Iceland, and so they were brought to Mayo Clinic for surgery. In Iceland, the National University Hospital is administered by the Ministry of Health, which provides travel, lodging and treatment costs for any citizen of Iceland traveling for medical treatment.

The first Icelandic epilepsy surgical patient arrived in 1996, and responded so well to treatment that Mayo has cared for nearly 40 Icelanders since then.

“In the Western world, we’re slowly realizing that surgery is the only adequate treatment for some individuals with epilepsy,” says Dr. Olafsson, “but patients are carefully selected after other treatments have failed. With epilepsy, there are between 20 and 30 percent of patients who do not respond adequately to medication.

“Not all patients referred to Mayo Clinic can benefit from brain surgery,” says Dr. Olafsson. For example, Mayo Clinic can implant a vagus nerve stimulator in the neck to deliver electrical impulses to the brain. A patient’s epilepsy may

“When a doctor can essentially offer a ‘cure,’ you can imagine patient reaction. I have sent Icelandic epilepsy patients to Rochester with a disorder we could not adequately address and they return essentially cured of their condition. This is as close to a medical miracle as you get.”

— Elias Olafsson, M.D.
National University Hospital
Reykjavik, Iceland
A Bilingual Blessing

Katrin Frimannsdottir, an Icelandic-American interpreter, has been deemed a “bilingual blessing” to the Icelandic patients sent to Mayo Clinic in Rochester for epilepsy surgery. Without her services, these patients would be unable to communicate with their doctor.

“Even those who have some limited English language skills don’t know the medical terminology,” says Frimannsdottir, who also is the president of the Icelandic American Association of Minnesota and works part time in Mayo Clinic's Division of Marketing.

Frimannsdottir is one of a few Icelandic-speaking natives in Rochester. She moved from Iceland to the United States in 1990; and then to Rochester in 2000 with her husband, Haraldur Bjarnason, M.D., who began practicing as an interventional radiologist at Mayo Clinic.

“Icelandic patients are extremely grateful for the translation service,” says Frimannsdottir. “The patients are already impaired medically and physically because of their condition,” she says. “Add the fear of facing brain surgery and the language barrier and you are in an inconceivable situation.”

For Frimannsdottir, breaking down the language barriers and giving patients the peace of mind that comes from understanding their medical treatment is gratifying.

Perhaps the best indication of the success of this relationship between Iceland and Mayo Clinic is the attitude and deep appreciation expressed by the patients.

Two beautiful books about Iceland sit on a bookshelf in Dr. Cascino’s office. They remind him of the country he once visited and the patients who continue to come to him with hopes and dreams yet unfulfilled. “Before this program began,” says Dr. Cascino, “little could be done for these Icelandic patients, so they consider our treatment a break-through in their condition.”

A publication with panoramic photos of Iceland contains a typewritten memo from the grateful parents of a young boy who was treated at Mayo Clinic in 1998. They wrote, “Our son’s life has changed and he hasn’t had any seizures since the operation. We are so grateful to you and appreciate everything you’ve done for our son.”

Inside the other book is a handwritten inscription from a woman dated Jan. 4, 2001. The closing
Dr. Gregory Cascino has helped foster a special relationship between Iceland and Mayo Clinic.

Thank you

summarizes her experience as she signs, “your former patient.” She suffered from grand mal seizures half her life, endured severe injury from her seizures and was unable to drive an automobile. Now, since her surgical treatment at Mayo Clinic in 1999, she is seizure-free.

When symptoms of illness disappear, patients experience profound relief. For both Dr. Cascino and Dr. Olafsson, the cessation of seizure and diminished suffering are the real fruits of practice.

“Many patients referred to Mayo Clinic have had epilepsy their entire lives,” says Dr. Olafsson. “When a doctor can essentially offer a ‘cure,’ you can imagine patient reaction. I have sent Icelandic epilepsy patients to Mayo with a disorder we could not adequately address, and they return essentially cured of their condition. This is as close to a medical miracle as you get.”

— Lisa Muenkel
Earlier this year, Michael Wood, M.D., announced his final term as president and chief executive officer of Mayo Foundation. As he nears the mid-point of his fourth term leading Mayo Foundation, Dr. Wood talked with *Mayo Alumni* magazine and offered his insight into Mayo’s response to the emerging changes in health care and the future opportunities for Mayo Foundation.

**Mayo Alumni**: Our primary focus at Mayo has always been on the patient. What will be the key ingredients of Mayo’s focus in the future?

**Dr. Wood**: We’re in competitive times and need to embrace changes that will shape the health-care environment today and in the years ahead. But we cannot change our commitment to those seven words: the needs of the patient come first. That remains foremost.

We also need to continue to maximize patient safety. That means providing the processes and settings that keep patients safe from adverse drug reactions, accidents and mishaps. Mayo has spoken out nationally on this issue. We also must continue our resolute commitment to patient confidentiality and privacy, especially as the Internet comes to play an expanding role in health-care delivery and as the effects of genomics continues to evolve. And we must continue to be an active voice in shaping public policy as it impacts health care.

**Mayo Alumni**: What do you see as the most significant challenge to providing the highest quality of care in the years ahead?

**Dr. Wood**: The biggest challenge will be sustaining that level of care at the lowest cost. We want our services to be accessible to people who can benefit most from them.
This requires conservation of our resources and a constant commitment to managing expenses. Philanthropic dollars will continue to play an important role in helping us sustain high quality care through research and education.

Mayo Foundation has been fortunate in the past decade to receive maximized benefits from its investments. But Mayo is not immune to the pressures of the times. The problems of declining health-care reimbursement, the effects of an unsure economy, and the impact of world events all affect our strategic planning. In the future, our diversification activities — laboratory and reference services, technology transfer, health information publishing, and consulting services — through Mayo Collaborative Services, Inc., and Mayo Medical Ventures will continue to be important for funding our mission. Other funding sources, including the National Institutes of Health, will be essential.

**Mayo Alumni: How important will Mayo’s continued presence be in Washington, D.C.?**

**Dr. Wood:** Dr. Robert Waller recognized the need for Mayo to be involved in advocacy for health-care issues and almost single-handedly helped put Mayo on the map as an important and trusted resource to help shape public health policy. Bruce Kelly, director, Government Relations for Mayo Foundation, is based in Washington, D.C., and will continue to keep abreast of issues affecting health care. He is our voice on Capitol Hill. In addition, members of our Public Affairs Committee monitor national concerns important to Mayo. I think our patients, our staff and our alumni count on Mayo to provide leadership on health-care issues at a national level.

**Mayo Alumni: What is the future of Medicare and other health care-related reform?**

**Dr. Wood:** The Medicare Program has been a great social program, but it is in need of major repair. Fundamental reform will be necessary to make it sustainable for future generations. In its present form, Medicare puts inappropriate pressure on providers. Mayo has always supported a Medicare system that would foster choice, patient participatory decision making and individual responsibility, while ensuring a basic level of health care for everyone. We advocate a model similar to the Federal Employees Health Benefits Plan, which maximizes individual choice and minimizes government micro-management of the health-care system.

Among the reforms Mayo advocates is the need to reduce the complexity of regulations that now take time away from caring for patients. Two other issues continue to be of concern. The first is the need to shrink federal cuts in payments to doctors and hospitals, which resulted from the Balanced Budget Act of 1997. The second is to continue to provide support for adequate funding for biomedical research and medical education.

**Mayo Alumni: What do you foresee for managed care?**

**Dr. Wood:** Although managed care has been associated with a good deal of negative rhetoric, managed care has had a positive impact by focusing attention on conservation of health-care resources and other important issues. In the last few years, the market has reacted negatively to highly restrictive health-care plans and sent a strong signal that patients want choice, access and value in health-care services. It is likely that individual patients are going to become increasingly involved in making health-care purchasing decisions and managed care must change to meet consumer expectations. There is a clear movement toward evidence-based medicine and most pundits are predicting that managed care needs to be based on value and quality of outcomes. Thus we can expect that openly published “report cards” on health-care outcome measures and patient satisfaction surveys will be available and will guide patient decisions regarding selection of health plans, physicians and hospitals for their care.

**Mayo Alumni: What role will Mayo play in the application of genomics?**

**Dr. Wood:** There is a lot of excitement about genomics and with good reason. It clearly has the potential to revolutionize health care, but the timing of this impact is less certain. The next two to five decades should see tremendous progress in this area. Francis Collins, director of the NIH National Human Genome Research Institute, has suggested that we will see genetic-based diagnostic testing in application by 2010. We’re already seeing some of this here at Mayo Clinic with genetic-based diagnostic testing of chronic myeloid leukemia and the determination of optimal dose levels of chemotherapy.
In the decade that follows, we will likely be able to take genetic information and tailor patient treatment to some degree. We have instances of this in use now, but it will likely be even greater. The years 2020 to 2050 will likely herald the evolution of new applications, including the ability to alter a genetic profile and provide highly individualized treatment. Looking ahead, it will be the next generation or two that will see life expectancies improve because of genetic advances.

Mayo Alumni: What role will Mayo play in advancing new genetic findings?

Dr. Wood: Mayo is in an advantageous position to take new knowledge and apply it to understanding of human disease. The half million patients we see each year for a complete range of diagnostic dilemmas and serious illnesses give us a broad view of application. Mayo’s strength lies in its long tradition of clinical and basic research, and its emphasis on maintaining a comprehensive medical record.

With our progress toward an electronic medical record, we’ll be able to study data as part of prospective studies. I also think that strategic partnerships with industry, with appropriate safeguards, will also be a part of Mayo’s future in fully developing our genetic-based health-care capabilities. Such collaborations could provide essential components of genomic application and capitalize on the strengths of each partner.

Mayo Alumni: What lies ahead for Mayo in Florida and Arizona?

Dr. Wood: Mayo Clinic in Jacksonville and Scottsdale are growing. Each has about 275 physicians providing a full range of services. In both locations, tertiary level services are growing as well.

It is our vision to be one comprehensive organization in three locations, each of which represents an access door to Mayo Clinic. Our challenge in the years ahead will be to integrate Mayo relationships so that all patients know that no matter what Mayo Clinic site they access, they experience a consistent, high-quality, encounter.

Mayo Alumni: What does the future hold for Mayo Health System?

Dr. Wood: Mayo Health System sites have a focused mission: to provide quality patient care in community-based settings. It is our goal to maximize local oversight of these practices and to help each of the sites reach its full potential. I expect that there will be internal growth at each site in the years ahead and that Mayo’s relationship to each will continue to evolve.

Mayo Alumni: How does Mayo leadership prepare its staff for change?

Dr. Wood: In an ideal world, everyone would be equally prepared for change. It is our responsibility as leaders to communicate Mayo’s openness to change as one of its primary values. When Mayo employees are kept aware of how Mayo will change, there’s a feeling of belonging and a sense of ownership in the institution. Because we are an organization in multiple locations, we must be vigilant in encouraging a sense of mission at all sites and among all employees.

Mayo Alumni: What role do alumni of Mayo play in the institution’s future?

Dr. Wood: Mayo’s alumni relationships are an important strategic consideration for the institution. During the course of education, alumni spend one to seven years in day-to-day interactions with Mayo in various programs. We’re interested in maintaining these relationships over the course of their careers. We hope to do this by being an effective voice for alumni on health-care issues, by being a source of medical education and encouraging a global level of networking and collaboration that reaches beyond the AMA or specialty societies. Alumni also have been an important source of philanthropy, and we are grateful for that as well.

— Beverly Parker
Mayo measures its economic impact in Minnesota: $3.97 billion in 2000

Mayo Clinic’s impact on Minnesota’s economy has long been assumed but never quantified.

“Mayo hasn’t been assertive in the political arena,” says Minnesota State Sen. Sheila Kiscaden, a Republican whose district includes most of Rochester.

“When people talk about major businesses in Minnesota, they mention Target, 3M, Northwest Airlines, Medtronic,” says David Herman, M.D., a Mayo Clinic ophthalmologist and chair of Mayo’s state public affairs committee. “Mayo Clinic doesn’t show up on the radar screen.”

The low profile may be due to the Mayo culture of letting quality speak for itself. It also might be because of the complexity of Mayo Clinic’s contribution to the larger community.

“In the past we could talk about taxes paid and patients from Minnesota and elsewhere,” says Hugh Smith, M.D., chair of the Mayo Clinic Rochester Board of Governors. “But without specific data we couldn’t provide a detailed analysis of our economic impact on the state.”

The unprecedented study of Mayo’s economic impact puts Mayo’s contributions to the state’s economy in perspective, and provides Mayo with information that could prove useful at the state capital.

**Measuring Economic Impact**

As financial pressures continue to challenge the future of high-quality health care, Mayo began searching for a way to measure its economic impact. Mayo leaders hired Tripp Umbach Healthcare Consulting, a Pittsburgh-based firm that worked with United States academic medical centers on similar studies, to explore the economic impact of Mayo on the Minnesota economy.

“We find that there are many misperceptions about health-care organizations,” says Paul Umbach, president and CEO of Tripp Umbach. “For example, that they don’t pay taxes and somehow are not the economic or employment engine that other industries are.”

Tripp Umbach’s analysis of Mayo Clinic exposes those myths.

As a point of reference, the Twin Cities’ Mall of America generated $1.3 billion for Minnesota’s economy in 2000. Mayo’s contribution is three times that amount.

Mayo Clinic and Minnesota locations of Mayo Health System
delivered a $3.97 billion impact for the state of Minnesota. Mayo makes up 1.3 percent of the total state economy. It is unusual for any one organization to make up a full percentage of a state’s economy.

“Mayo Clinic’s impact in Minnesota is bigger than the state impact of any other health-care organization we have studied,” Umbach says.

In fact, the economic impact of Mayo Clinic on Minnesota’s economy exceeds that of all Minnesota’s professional sports and hospitality industries combined — about $2.73 billion.

**WHY MEASURE ECONOMIC IMPACT**

“We knew that what was good for Mayo was good for Minnesota,” Dr. Smith says. “But we needed to be able to prove that.”

There is an increasing urgency that the economic impact story be told and understood. “Mayo isn’t immune to the growing pressures on health-care organizations,” Dr. Smith says.

Those pressures include declining reimbursements and increasing costs that must be balanced against slim margins. Five to 6 percent is the margin that many in the health-care industry strive to achieve. Mayo Foundation’s margin in 2001 was about 1.3 percent.

To remain a preeminent medical center, Mayo must invest in its future. With declining reimbursement for medical activities and a weakened investment climate, Mayo needs new financial partnerships with government and industry to better manage financial challenges and to devote additional resources to important scientific advances.

Other major medical centers receive state support to meet this challenge, but Mayo pays a unique state provider tax. Mayo is asking Minnesota to recognize the challenge that Mayo and Minnesota share and consider a reduced tax burden or support for expanded genomics research.

**MAYO CLINIC: AN EXCELLENT INVESTMENT FOR MINNESOTA**

Mayo began sharing results of the economic impact study with policymakers in early 2002. “I think that everyone was surprised at how big the numbers were,” says Sen. Kiscaden.

“Mayo Clinic is an incredibly valuable asset to the state of Minnesota,” she says.

Tripp Umbach calculated Mayo’s return on investment to the state. In 2000, the state contributed a total of $9.2 million in partial support of Minnesota residents at Mayo Medical School, a family medicine residency program and medical technology programs. For every dollar Minnesota invested in Mayo, the economic return was $33.77.

Yet, Mayo is unique among the top-tier U.S. medical centers because it receives little state support and pays $93 million in state taxes. Many of the top-tier medical centers that are Mayo’s direct competition receive substantial grants or funding from their home states to help maintain their prominent positions.

Mayo Clinic is a national leader in medical research, with 2,000 researchers working on more than 3,400 studies, from laboratory research studies to multicenter clinical trials. In 2000, more than $230 million was devoted to research, about half of that self-funded by Mayo Clinic.

With the economic facts in hand, Mayo hopes to educate Minnesota policymakers that despite Mayo’s large economic impact, it operates on very thin margins. Ultimately, a major reduction in taxes or increased financial support will be needed to help maintain its leadership role in education, research and clinical care.

“Policymakers need to understand the best place to invest state resources,” Dr. Herman says. “The numbers show health care, and Mayo Clinic in particular, are good investments for Minnesota.”

**HOW THE STUDY WAS DONE**

Tripp Umbach combined two standard economic impact measurement procedures to provide a balanced economic picture of Mayo Clinic and Mayo Health System in Minnesota in 2000. They tracked Mayo spending in Minnesota and measured “fresh” dollars brought into Minnesota from out-of-state.

“The fact that Mayo spends money on salaries, buildings and equipment doesn’t make it a significant economic engine,” Umbach says. “To expand the state’s economic base, you need to bring in out-of-state dollars.”

The model, using an approach previously applied to other large health-care systems, takes into
“We knew that what was good for Mayo was good for Minnesota, but we needed to be able to prove that.”

— Hugh Smith, M.D.

account economic activity attributed to Mayo Clinic. It counts out-of-state dollars spent in Minnesota for medical care, as well as the dollars spent by the patient’s family for lodging and food in Rochester. It counts activity in local restaurants, hotels and other businesses that would not happen without the presence of Mayo Clinic, its patients and visitors. The model does not count Minnesota patient dollars.

Tripp Umbach used Mayo data as well as information from government and industry sources.

The report also contained other key economic findings including:

**Taxpayer:** Along with the $93 million Mayo pays in direct tax, it pays another $218 million in indirect taxes (personal income tax, sales tax, property tax and corporate income tax).

**Biggest employer:** Mayo Clinic and Mayo Health System are the largest non-government employer in Minnesota. Mayo Foundation employs about 30,000 people and generates another 39,000 jobs throughout Minnesota. From Canada to Iowa, one of every 50 Minnesotans has a job generated by Mayo. Mayo creates these employment opportunities without financial support from the state.

Compare these numbers with other Minnesota industries in the same time frame; the airlines created 62,600 jobs, while the computer industry created 45,500 jobs.

**Mayo Health System’s impact in the region**

The impact of Mayo Health System on Minnesota’s rural life is dramatic as well.

Mayo Health System includes 29 clinics, hospitals and other health-care services in southeastern Minnesota. These health-care facilities provide convenient, quality care in a largely rural, 11-county area.

While Mayo Clinic in Rochester remains the hub of Mayo services in Minnesota, the diversified structure of Mayo Health System makes it an important economic force in the region and state.

Mayo Health System’s total economic impact in the 11-county region was $368 million.

Mayo Clinic’s economic impact in the same region was $281 million. (The economic impact of Mayo Clinic in Rochester extends beyond Olmsted County because employees live outside that county, and Mayo Clinic purchases goods and services from vendors throughout the study’s 11-county region.)

Together, Mayo Health System and Mayo Clinic had a $649 million impact on the region.

Mayo Health System includes more than 13 organizations serving more than 60 communities in Minnesota, Iowa and Wisconsin. The study included only Minnesota facilities, and excluded those in Olmsted County.

Mayo Health System also provides sizable tax payments to Minnesota and accounts for a large number of jobs created in the communities it serves. In 2000, Mayo Health System generated $32 million in tax payments to Minnesota. Mayo Health System and Mayo Clinic together accounted for more than 11,000 jobs in the 11-county region — about one in every 20 workers.

While the report focuses on effects that can be quantified, Tripp Umbach also found that Mayo Health System provides other benefits to southeastern Minnesota that can’t be tracked by numbers, such as benefits of health care close to home, better community health and local job opportunities.

People in the 11-county area seek health care in their communities. According to other studies conducted by Tripp Umbach, a significant percentage of people in rural areas travel to other regions for health care. Without Mayo Clinic in Rochester, Tripp Umbach estimates that as many as 25 percent of Mayo Health System patients would be drawn to care outside of Minnesota.

Mayo Health System offers many ways for patients to improve their health — through prenatal classes, fitness and nutrition programs as well as many other opportunities. Improved community health adds economic benefits in many ways, such as reduced absenteeism and reduced demand for costly medical procedures.

Mayo Health System clinics and hospitals provide broad employment opportunities not always available in small communities, employment ranging from positions in maintenance, janitorial and housekeeping to opportunities for allied health professionals, support staff, consultants and specialists.

With these numbers, Mayo hopes to show lawmakers how further cuts in state or federal insurance programs could dramatically limit Mayo Health System’s ability to provide access to quality health-care services in Minnesota communities. More than half of all patients in Mayo Health System use some form of government-sponsored health insurance, and reimbursements from those plans do not cover costs to provide the services.

— Ronda Willsher
“I am the son of missionaries. The whole context of my life, however flawed or imperfect, has been as a person of faith.”

— John Woods, M.D., Ph.D.
A profile of Dr. John Woods: The son of missionaries follows a life dedicated to service, outreach and healing

When John Woods, M.D., Ph.D., was a boy living with his family in Beijing, the Japanese invaded China. “It was 1937,” he says, “and my father was a missionary for an interdenominational mission in Beijing where he taught at their seminary.” Dr. Woods was eight years old.

At the time of the invasion, many missionaries retreated and returned to their homelands. But Dr. Woods’ father continued to work in the field. It was a difficult time for the family. “In 1941, when the Japanese bombed Pearl Harbor, we were confined to the missionary compound for weeks,” says Dr. Woods, “After a time, we were allowed to travel the city, but we were never to leave.”

It was a time of international violence, nationalism and paranoia. Around the world, governments interned those who were believed to be a security risk. Dr. Woods’ father ministered to many countries and spoke Japanese, Korean, Chinese and English. To the Japanese invaders of war-torn China, all Americans were considered seditious, especially those with an agenda to serve the poor.

The family lived within the city limits, guarded by the Japanese until June of 1943. At that time Dr. Woods, his parents and three sisters were sent to a Japanese concentration camp in the province of Shantung. These experiences made a strong impression on the young boy.

“I am the son of missionaries,” says Dr. Woods. “The whole context of my life, however flawed and imperfect, has been as a person of faith.”

Deep roots in rich soil

Dr. Woods remembers his father’s ministry in Beijing as an impressive introduction to a life dedicated to service, outreach and healing. Even more so, he remembers his father’s love and attention. His parents, committed in their work for the community, never neglected their primary responsibility to family.

According to Dr. Woods, even the time of imprisonment in the Japanese concentration camp was not “a horror experience,” he says. “My father and mother took such excellent care of us that even while we lived under Japanese occupation, I had a wonderful childhood.

“I know it was a horrendous time in history. But when one looks back, it was actually a very interesting time as well. And I met some very good people in that camp. One of them was Eric Liddell, the Scottish athlete, Olympic gold medalist and inspiration for the movie, ‘Chariots of Fire.’ ”

The charismatic Liddell was 43 years old when he came to the camp. Dr. Woods was only an adolescent, but like him, Liddell was the son of missionaries. “He was an outstanding person,” Dr. Woods says, “admired and respected by all who knew him.” Liddell suffered a brain tumor in the camp, and died in 1945.

The Woods were imprisoned for six months. In December of 1943, their Japanese captors took them from the camp to Goa, India, where they boarded a Swedish vessel and were exchanged for Japanese prisoners of war.

Following their ordeal, the family returned to the United States where Dr. Woods’ father changed his mission field to California and Kentucky before returning to China.

A life of service

The fond memories of China are characteristic of Dr. Woods’ positive perspective on life and events. Looking back, he recalls his childhood with gratitude.

“I was truly blessed. My three sisters and I grew up with other missionary children who were fluent in Chinese and other languages. I attended the Peking-American School where the students were very motivated, and the education was
“Our responsibilities were to take care of the patients who came to the hospital, and we did a general practice. It was primitive. We had only a basic lab where we could do simple studies and basic X-rays.”

— John Woods, M.D., Ph.D.

Dr. Woods practiced medicine in a 16-bed hospital in Quito, Ecuador, in 1959.
accustomed to living overseas and in the subtropics.”

The young couple and their three small children spent two years in Panama before moving to Quito, Ecuador, where Dr. Woods practiced medicine in a 16-bed hospital in the jungle.

“Our responsibilities were to take care of the patients who came to the hospital,” he says, “and we did a general practice. It was primitive. We had only a basic lab where we could do simple studies and basic X-rays.

“Surgery, obstetrics, everything,” he says. “There was no one else to do what needed to be done. We did things we otherwise would not consider doing.”

The patients were members of the Mestizo and Indian population and were often reluctant to come to the hospital.

“They came to us when their traditional medicine had failed them, and they carried with them a worry that they would die in our hospital, away from their homes.”

It was during his time in Ecuador that Dr. Woods had his first exposure to the discipline of plastic surgery.

“A plastic surgeon came down to assist us,” he says, “and I saw what he could do with his little bag of tools. Great changes with small, efficient instruments. At that time I decided I needed more training.”

The quest for further education led Dr. Woods to seek training in general and plastic and reconstructive surgery at the Mayo Graduate School of Medicine and University of Minnesota.

“I was working with Dr. John Kirklin on a Ph.D. at the University when I became interested in research and by some fortune was given the opportunity to get involved in organ transplantation.

“Dr. Joseph Murray was at Brigham Children’s Hospital at Harvard. He

Deep in the jungles of Ecuador, the young Dr. Woods removed a bullet from the wound of an Ashuara Indian.
was a plastic surgeon, and gave me experience in transplantation overlapping with my final year in plastic surgical residence. Dr. Murray later won the Nobel Prize for the first successful renal transplant.”

Dr. Woods’ interest in reconstructive surgery focused on head, neck, mouth and other congenital formations.

When he joined the staff of Mayo Clinic, he worked primarily in organ preservation and transplantation, as well as reconstructive surgery.

“When I arrived, renal transplantation had been initiated by George Hallenbeck. I was privileged to work with him and with James DeWeerd. Together we did three hundred renal transplants.”

Impressed by the best

After all of his travels and experiences, Dr. Woods says working for Mayo Clinic was the most wonderful opportunity of his life.

“This is not false modesty. Many times I would walk from Rochester Methodist Hospital and look up at the Mayo Clinic and think to myself, ‘How did I ever get here? How could I be so lucky?’ My colleagues, the opportunities for research, my students in the Medical School were all so excellent. Such great company. I used to wonder if I was going to get to retirement before everyone found out how little I knew.”

Dr. Woods is alone in his opinion of his skill and ability. Jarrett Richardson, M.D., a Mayo Clinic psychiatrist, has known Dr. Woods since 1974.

“He is an amazing man, an amazing mentor,” Dr. Richardson says. “What I most admire about John is his persistent commitment to vulnerable people — in the clinic, in our community and around the world. John practices his life under humanitarian principles with an undying commitment to intellectual honesty. He is a role model for all of us who seek to care for our patients as whole people.”

Retirement as service opportunity

A life committed to serving others does not slow at retirement.

Dr. Woods and his wife Janet continue to volunteer their time and talent to enrich the lives of others.

“Janet is a talented musician, an accomplished organist and a wonderful mother,” he says.

Now in retirement, her life revolves more around her music, her faith and her family than ever before.

“One of the many things we have in common is our shared faith,” Janet says. “Our faith is very important to us. It always has been.”

“She has been the most wonderful, supportive wife I could ever expect,” says Dr. Woods. “She has lived a relative widowhood a good part of her life because I was so tremendously busy.”

Today, they take time to be together in missions to developing countries and to their community.

“I must attribute any modest success that has been achieved in my life first of all to a strong faith and to my wife’s strong support,” Dr. Woods says.

Now, he spends two days each week visiting hospice patients in Rochester.

“I work with Seasons Hospice. There, I have the opportunity to help my patients manage pain and daily functions. But I also have the opportunity to encourage them and even, with permission, to pray with them. I find they are not only receptive but appreciative of prayer.”
In Rochester, Dr. Woods is as respected for his considerable understanding of the Bible as he is for his reputation as a pioneer in organ/tissue transplant surgery and plastic/reconstructive surgery.

He teaches a nondenominational Bible study in Rochester that attracts more than 200 people each week.

“Dr. Woods is one of the people who helped bring about recent research on the interface between spirituality and medicine,” Dr. Richardson says. “He is a physician with a concern that every part of the patient be served, no need neglected.”

In addition to local service and missions, the Woods family travels overseas every quarter to provide medical mission service.

“I visited Haiti where we were able to set up a continuing medical education effort for physicians,” he says. “They cannot afford it and so we have been able to send some physicians to take the lead.

“I have always been interested in overseas missions. And as I approached the end of my professional tenure at Mayo Clinic, I started going overseas doing medical education and surgery in Asia, Africa and South America.”

“Dr. John Woods is admired by our entire staff because of the attributes he consistently displays,” says Dr. Stanhope. “His personality is winsome, and he has been a mentor to many in and outside his specialty. He is fun-loving, and always the perfect gentleman.”

Janet agrees. “He’s a good husband, a good father, a person of integrity and a man of faith.”

— Kristine Holmgren
Alumni Information and Giving

Mayo Alumni Center
Karen Skiba
Administrator
507-284-2317

E-mail: mayoalumni@mayo.edu

Alumni Relations Coordinators:
Betsey Smith
507-538-1164
Carol Demulling
507-538-1663

Department of Development
Laird Yock,
Individual Giving Officer
507-266-0125

Mayo Medical School
Anthony Windebank, M.D.,
Dean

Associate Deans for:
Academic Affairs:
Roger Harms, M.D.

Faculty Affairs:
Thomas Viggiano, M.D.

Student Affairs:
Patricia Barrier, M.D., M.P.H.

Mayo Graduate School
Paul Leibson, M.D., Ph.D., Dean

Associate Deans for:
Academic Affairs:
Richard Robb, Ph.D.

Student Affairs:
Richard McGee, Ph.D.

Kate Tarvestad
Administrator
507-284-0346

Education

Mayo Foundation Director for Education
Thomas Berquist, M.D.

Mayo Clinic Rochester
Department of Education Services
Marsha Hall, Chair
507-284-6158

Mayo Clinic Jacksonville
Division of Education Services
Mary Anderson, Chair
904-953-0420

Mayo Clinic Scottsdale
Division of Education Services
Sheila Collins, Chair
480-302-8314

Mayo Clinic
200 First Street SW
Rochester, MN  55905
507-284-2511

Mayo Clinic Jacksonville
4500 San Pablo Road
Jacksonville, FL  32224
904-953-2000

Mayo Clinic Scottsdale
13400 East Shea Boulevard
Scottsdale, AZ  85259
480-301-8000

For information about Mayo Clinic’s three practices, biomedical research and education programs, visit: www.mayoclinic.org
Mayo Graduate School of Medicine
Roger Nelson, M.D., Dean

Associate Deans for:
Medical and Laboratory Specialties:
Kathryn Stolp-Smith, M.D.

Surgery and Surgical Specialties:
Charles Beatty, M.D.

Internal Medicine and Medical Subspecialties:
Thomas Habermann, M.D.

Clinician-Investigator Program:
Karl Nath, M.D.

Visiting Medical Student Clerkship Program:
Robert Tiegs, M.D.

Mary Ellen Landwehr
Administrator
507-284-4084

International Personnel Office
Bruce Larson, Director
507-284-0354

Mayo School of Health Sciences
Claire Bender, M.D., Dean

Mary Burritt, Ph.D.
Associate Dean

Arnie Bigbee
Administrator
507-284-8153

Mayo School of Continuing Medical Education
Carole Warnes, M.D., Dean

International Education
Thomas McDonald, M.D.

Regional CME Programs
John Wilkinson, M.D.
Associate Director

Howard Schur
Administrator
507-266-2821

Referring Physician Information

Referring Physicians Service
507-266-5770

Employment Opportunities

Mayo Clinic Human Resources
For information about employment opportunities at Mayo Clinic visit: www.mayo.edu or e-mail: careers@mayo.edu

You will be asked to specify Rochester, Jacksonville or Scottsdale for specific employment opportunities.

Mayo Health System
Peter Carryer, M.D., Chair, Operations
507-284-7532
www.mhs.mayo.edu

Health Information and Educational Resources

For reliable health information and interactive health management tools, visit www.MayoClinic.com

Medical Library
Plummer 12
Michael Homan, Director
507-284-9595

Mayo Clinic Proceedings
Ann Sullivan, Executive Editor
507-284-0274

Mayo Section of Scientific Publications
LeAnn Stee, Section Head
507-284-8904

Mayo Center for Humanities in Medicine/Mayo Historical Unit
Jarrett Richardson, M.D., Medical Director
507-284-2585

Health Information and Educational Resources

For reliable health information and interactive health management tools, visit www.MayoClinic.com

Medical Library
Plummer 12
Michael Homan, Director
507-284-9595

Mayo Clinic Proceedings
Ann Sullivan, Executive Editor
507-284-0274

Mayo Section of Scientific Publications
LeAnn Stee, Section Head
507-284-8904

Mayo Center for Humanities in Medicine/Mayo Historical Unit
Jarrett Richardson, M.D., Medical Director
507-284-2585

Referring Physician Information

Referring Physicians Service
507-266-5770

Employment Opportunities

Mayo Clinic Human Resources
For information about employment opportunities at Mayo Clinic visit: www.mayo.edu or e-mail: careers@mayo.edu

You will be asked to specify Rochester, Jacksonville or Scottsdale for specific employment opportunities.

Mayo Health System
Peter Carryer, M.D., Chair, Operations
507-284-7532
www.mhs.mayo.edu
Denis Cortese, M.D., was confirmed by the Mayo Foundation Board of Trustees in May as successor to Michael Wood, M.D., as president and chief executive officer of Mayo Foundation.

Dr. Wood will continue to serve as president and CEO of Mayo Foundation until completion of his term in February 2003. In the meantime, Dr. Wood and Dr. Cortese will work together to achieve a thoughtful and orderly transition in leadership.

Dr. Cortese has been a consultant in thoracic diseases at Mayo Clinic for 26 years. He is a member of the Mayo Foundation Board of Trustees and the Foundation Executive Committee. He served on the Rochester Board of Governors from 1987 through 1992 and was chair of the Clinical Practice Committee in Rochester for three years. In 1999, Dr. Cortese was named chair of the Board of Governors at Mayo Clinic in Jacksonville and chair of the board of directors at St. Luke’s Hospital in Jacksonville. Dr. Cortese has conducted National Institute of Health-sponsored research and served as a member of the Mayo Foundation Research Committee. He is a professor of medicine at Mayo Medical School and has twice been voted teacher of the year in the Department of Internal Medicine.

The search committee, under the leadership of Bert Getz, chair of the Board of Trustees, began the search for candidates in February 2002. Leaders from all areas of Mayo Foundation interviewed with the committee, sharing issues facing the institution and discussing possible candidates for leadership succession. The Foundation Executive Committee’s selection of Dr. Cortese was forwarded to the Board of Trustees for confirmation.

“The role of the president and CEO of Mayo Foundation is a vital one in this institution,” says Getz. “It serves to unite Mayo Clinic — in all its locations and activities — in a shared vision and strategic direction. This unity will continue to be critical to the future success and ongoing excellence of Mayo Clinic.”

Dr. Wood has been a consultant at Mayo in orthopedics since 1979. He succeeded Robert Waller, M.D., in 1999 as CEO and president.

**Mayo Foundation posts 2001 financial results**

Mayo Foundation officials in April announced positive 2001 financial results from current activities — a key financial performance measure that includes all operations.

“Income from current activities — the best indicator of Mayo Foundation’s overall financial performance — was $53.2 million in 2001,” says Michael Wood, M.D., president and CEO of Mayo Foundation. “The result was significantly better than our performance in 2000, and essentially on plan. Our goal is to keep our core business performing well while increasing our financial reserves.”

Income from patient care totaled a record $115.3 million in 2001. Mayo Clinic health-care professionals served more than 500,000 patients. Patient visits increased by nearly 95,000 compared with figures from 2000. The number of laboratory tests, X-ray procedures, surgical cases and hospital admissions also increased, indicating a rising number of acutely ill patients seeking care at Mayo Clinic.

“Despite declining reimbursement and other challenges, Mayo’s financial success in 2001 is a direct result of increased productivity and expense management throughout the Foundation, as well as the generous support of Mayo’s benefactors,” says Dr. Wood. “We recognize that our current and future success is dependent upon our talented and committed staff.”

Another key financial indicator that Mayo leaders watch carefully is margin — income from current activities as a percentage of total revenue.

“Mayo Foundation operates on a very narrow margin — 1.3 percent for total operations including research and education,” says Robert Smoldt, chief administrative officer. “This margin — which we use to fund our mission in practice, education and research — will continue to be squeezed by external pressures such as reductions in Medicare physician payments. As it becomes more difficult to meet overall financial targets by operations alone, we will increasingly look to benefactors, government and industry with mutual aims to accomplish our objectives.”

Following is a summary of Mayo Foundation’s year:

- Income from current activities, which accounts for all operational activities, increased to $53.2 million from $16 million in 2000.
Mayo’s investment return, while better than industry benchmarks, was nonetheless negative in 2001. Mayo officials expect year-to-year variations in stock market results, and Mayo’s investment strategy is focused on multi-year performance. When investment results and interest costs were added to operational results in 2001, Mayo realized $59.1 million overall loss.

Income from patient care totaled $115.3 million in 2001. Demand for Mayo Clinic services remained high. Patient care revenues grew by 11 percent and expenses increased by 10.5 percent. Mayo’s total commitment to education increased to $140 million in 2001, with Mayo funding accounting for $104.3 million of this amount.

Total expenditures on research reached $296.3 million, up from $266.8 million last year. Extramural funding totaled $168.4 million, or nearly 57 percent of the total research budget. Mayo contributed $127.9 million to research endeavors.

Income from diversification activities — Mayo Medical Laboratories, Mayo Medical Ventures and Gold Cross, a medical transportation company, for example — grew to $29.6 million from $21.8 million in 2000. Income from these sources supports Mayo’s research and education programs.

Mayo received gross contributions of $146.3 million from 46,340 benefactors, patients and friends, alumni and staff, foundations, corporations and other philanthropic organizations. This total represents the fourth highest year since the Department of Development began in 1970. In addition, 487 benefactors informed Mayo that they would make future gifts that total about $100 million.

Salaries and benefits accounted for 58 percent of Mayo Foundation expenses in 2001.

Mayo Foundation added more than 1,900 physicians, scientists, students and allied health staff in 2001. (This number reflects average full-time equivalents.)

Balfour Alumni Awards presented

Horng Chen, M.D., assistant professor of medicine at Mayo Medical School, and Nicholas Vlahakis, M.D., a pulmonary and critical care fellow at Mayo Clinic, each received the 2002 Donald C. Balfour Alumni Award for Meritorious Research. The award is given annually by the Mayo Medical Alumni Association in recognition of accomplishment in research by a clinical resident or fellow.

Dr. Chen was born in Singapore. He received his medical degree (MB, BCh) from the Royal College of Surgeons in Ireland where he graduated with honors. Subsequently, he completed his residency training in internal medicine at Mayo Graduated School of Medicine and was also trained as a cardiology clinician-investigator at Mayo Graduate School of Medicine.

Dr. Chen joined the Cardiorenal Research Laboratory under the direction of John Burnett, Jr., M.D., as a research fellow in 1997. There, the focus of his research has been the local and circulating neurohormonal systems that contribute to heart failure and the development of novel therapeutic and diagnostic strategies. He has successfully completed laboratory studies looking at the natriuretic peptides, vasopeptidase inhibitors, endothelin, renin-angiotensin-aldosterone system and adrenomedullin in CHF, and translated laboratory studies to clinical studies where new therapeutic potentials for the treatment and possible prevention of heart failure are being applied.

In July 2002, at the conclusion of Dr. Chen’s appointment as Mayo Foundation Scholar, he will join the staff as a senior associate consultant in the Division of Cardiovascular Diseases.

Dr. Vlahakis completed medical school and internship at the University of Adelaide, South Australia in 1994 and an internal medicine residency at Mayo Graduate School of Medicine in 1997. He began his pulmonary and critical care fellowship and research in the awarded position of Mayo Clinician Investigator with Rolf Hubmayr, M.D., as his mentor. During this time he received a competitive national Glaxo Wellcome Pulmonary Fellow Research Award.

His research focused on ventilator-associated lung injury and specifically mechanisms of injury and repair in alveolar epithelial cells following physical deformation that simulates mechanical ventilation.
Dr. Vlahakis was the first to demonstrate that physical forces induce trafficking of intracellular lipid vesicles to the plasma membrane, facilitating changes in cell surface area and repair of alveolar epithelial cell injury. His findings further elucidate the pathophysiology of ventilator lung injury and identify potential novel cellular and pharmacologic targets for therapy. Upon completing his clinical fellowship in June 2002, Dr. Vlahakis will continue his research training as a Mayo Foundation Scholar for two years in the Lung Biology Center at the University of California San Francisco.

Kendall Alumni Award presented

Eduardo Chini, M.D., assistant professor of medicine and anesthesiology at Mayo Medical School, has received the 2002 Edward C. Kendall Alumni Award for Meritorious Research from the Mayo Medical Alumni Association. The award honors outstanding research by a postdoctoral fellow or research associate who is within five years of having received a medical or doctoral degree and whose research was completed during the first postdoctoral fellowship.

Dr. Chini is a native of Brazil. He received his medical degree in 1993 from the Universidade Federal do Rio de Janeiro (UFRJ), in Rio de Janeiro, Brazil. From 1993 to 1997, he was a research fellow at Mayo Clinic in the Department of Physiology, under the supervision of Thomas Dousa, M.D. From 1997 to 2001, Dr. Chini completed his residency in anesthesiology at Mayo Graduate School of Medicine. In 1998, he received his Ph.D. in biochemistry from the UFRJ in Brazil.

Dr. Chini's research focus is intracellular signaling. In 1995, during his fellowship training with Dr. Dousa, they discovered a new intracellular signaling molecule called NAADP. This molecule is a potent activator of intracellular Ca2+ release. Recently, NAADP has been implicated in several biological processes such as egg fertilization, pancreatic secretion, T-cell activation and others. In 2001, Dr. Chini joined the staff as a senior associate consultant in the Department of Anesthesiology at Mayo Clinic.

Mayo Clinic Distinguished Alumni Awards

Mayo Clinic recently honored three physicians for their contributions to medicine, research and education.

Valentin Fuster, M.D., Ph.D., Vay Liang W. (Bill) Go, M.D., and Kai Rehder, M.D., received Mayo Foundation Distinguished Alumni awards during the Mayo Medical School/Mayo Graduate School commencement ceremonies May 11, in Rochester. The awards recognize alumni of Mayo Clinic education programs who have achieved significant national and international distinction in their fields.

Dr. Fuster was recognized for his research in cardiovascular medicine and his efforts in education of future physicians. Dr. Fuster received his medical degree from Barcelona University and went on to obtain his Ph.D. from the University of Edinburgh before coming to Mayo Clinic for his residency in internal medicine in 1972. Following his fellowship in cardiovascular diseases at Mayo Clinic, he joined the Mayo staff. His research at Mayo focused on the role of the platelet in atherosclerosis, providing insight into the disease and its treatment. Dr. Fuster became the head of cardiology at Mount Sinai School of Medicine in New York in 1981. From 1991 to 1993, he was the Mallinckrodt Professor of Medicine at Harvard Medical School and chief of cardiology at Massachusetts General Hospital. Dr. Fuster returned to Mount Sinai Medical Center in 1993. He is the Richard Gorlin, M.D./Heart Research Foundation Professor of Cardiology at the Mount Sinai School of Medicine. He is also director of the Zena and Michael A. Wiener Cardiovascular Institute. Dr. Fuster has published more than 400 articles on the subjects of coronary disease, atherosclerosis and thrombosis; and is editor-in-chief of the cardiology textbook The Heart.

Dr. Go was recognized for his distinguished work in administration, his research career in digestive diseases and nutrition, and his training of future leaders in gastroenterology and nutrition. Dr. Go is co-founder and co-director of the University of California, Los Angeles (UCLA) Center for Human Nutrition. After receiving his medical degree from the University of Santo Tomas in Manila, Philippines, Dr. Go came to Mayo Clinic to complete his residency training in internal medicine and gastroenterology. He joined Mayo Clinic as a consultant in 1971 in the Gastroenterology Unit. He left Mayo in 1985 to assist in the restructuring of the National...
Institutes of Arthritis and Metabolism into two institutes. He then became director of the Division of Digestive Diseases and Nutrition, National Institute of Diabetes, Digestive and Kidney Diseases at the National Institutes of Health and chaired the nutrition coordinating committee at the National Institutes of Health.

Dr. Go moved in 1988 to become executive chairman of the Department of Medicine, UCLA School of Medicine. He returned to research and education in 1993, and was the director of the UCLA Nutrition Education program. In 1996, he co-founded the Center for Human Nutrition. Dr. Go is also a co-founder of the American Pancreatic Association and was the founding editor, and editor-in-chief of the journal, *Pancreas*. Dr. Go has trained a number of fellows who now provide leadership nationally and internationally in gastroenterology and nutrition.

Dr. Rehder was recognized for his scientific contributions in anesthesia and physiology and his mentorship of young scientists. Dr. Rehder is emeritus professor of anesthesiology and physiology, Mayo Medical School. He received his medical degree from the Albrecht Ludwig University Freiburg/Brsg. in Germany and came to Mayo Clinic, completing a one-year residency in internal medicine in 1958 and a four-year residency in anesthesiology in 1962. He returned to Germany where he was head of section of

---

**Nominations for Mayo Alumni awards sought**

The Mayo Medical Alumni Association is seeking nominations for awards that recognize the outstanding achievements and contributions of Mayo alumnae. The awards will be given in 2003.

**The Mayo Medical Alumni Association Humanitarian Award** is presented biennially at the Mayo Medical Alumni International Meeting.

The deadline for nominations is March 1, 2003. Eligible Mayo Medical Alumni members will meet one or more of the following criteria:

- Provides exceptional service through volunteerism or significant service to a population
- Promotes the art and science of medicine
- Is recognized for contributions to underserved populations or provides services in challenging situations

**The Mayo Medical Alumni Association Professional Achievement Award** is presented biennially at the Mayo Medical Alumni International Meeting. The award acknowledges significant contributions by an alumnus or alumna of Mayo Foundation education programs to the welfare of a community, country or humanity, beyond any volunteer service to Mayo.

The deadline for nominations is March 1, 2003. Mayo Medical Alumni members who are eligible should meet one or more of the following criteria:

- Provides exceptional leadership in clinical medicine
- Promotes the art and science of medicine through education
- Has shown significant leadership ability
- Is recognized for contributions to the research community
- Has had early career accomplishments with significant potential for further accomplishments

Nomination forms for the professional achievement and humanitarian awards will be included in the Fall 2002 issue of *Mayo Alumni* magazine. For more information on the awards, contact Betsey Smith at 507-538-1164 or via e-mail at smith.betsey@mayo.edu.
Department of Internal Medicine celebrates 35th anniversary in October

Alumni and colleagues will gather in Rochester on Oct. 3-6 for an event marking 35 years of Mayo Clinic’s Department of Internal Medicine.

Since its founding in 1967, Mayo Clinic Rochester’s Department of Internal Medicine has achieved a pre-eminent position as a patient-focused, academic department whose mission is to serve the patient and advance the science through education and research. The success of the department reflects past and present contributions of physicians, scientists, and administrative and allied health staffs.

The event, Celebrating 35 Years: Mayo Clinic Department of Medicine, will celebrate the department’s achievements and rich history. The anniversary event will provide an opportunity for past and present members of the department to gather together in Rochester to enjoy an exciting mix of social and educational programs.

The celebration begins on Thursday, Oct. 3 and includes an opening event on the history of the department.

Friday, Oct. 4, is devoted to a CME course on “Genomics and Medical Practice: Current Impact and Future Promise.”

On Saturday morning, Oct. 5, Hugh Smith, M.D., chair of the Mayo Clinic Rochester Board of Governors, will introduce “Scholarship in the Department of Medicine.” Saturday afternoon will begin with a presentation on faculty development within the Department of Medicine, followed by “The Joseph D. Tobin Symposium: Professionalism in Modern Medicine.” This session is also CME accredited.

On Saturday evening, “An Evening with Louis Rukeyser,” will be followed by a gala reception in the new Mayo Clinic Leslie and Susan Gonda Building. On Sunday morning, Oct. 6, the event will conclude with a breakfast and an update on Mayo Foundation.

Questions about the meeting may be directed to Gail Ludens, at 507-284-3725.

Alumni meetings

American Society of Plastic and Reconstructive Surgery, Nov. 2-6, 2002, San Antonio, Texas
Society for Neuroscience, Nov. 2-7, 2002, Orlando, Fla.
American Academy of Maxillofacial Prosthetics, Nov. 3-6, 2002, Orlando, Fla.
American Heart Association, Nov. 18, 2002, Chicago, Ill.

High Risk Emergency Medicine, Aug. 21-24, 2002, Whistler, British Columbia, Canada
International Conference on Giant Cell Arteritis and Polymyalgia Rheumatica, Aug. 22-25, 2002
Primary Care Update: A Four Corners Encounter, Aug. 23-24, 2002, Durango, Colo.
Perspectives in Women’s Health, Aug. 29, 2002
Practical Surgical Pathology, Sept. 12-14, 2002
Mayo Cardiovascular Review Course for Cardiology Boards and Recertification, Sept. 21-26, 2002
Cardiology Today and Tomorrow, Sept. 26, 2002
Pediatric Days, Sept. 26-27, 2002
Mayo Medical Education Symposium: A Reconnection of Scholars, Sept. 27-30, 2002
Gastroenterology and Hepatology Board Review, Sept. 29-Oct. 3, 2002
Perspectives in Women’s Health, Oct. 17, 2002
Update in Psychology, Oct. 17-18, 2002
Cardiology Today and Tomorrow, Oct. 24, 2002
Cardiovascular Review for Nurse Practitioners and Physician Assistants, Oct. 25, 2002
Clinical Reviews, Oct. 28-30, 2002
Geriatric Update for the Primary Care Physician, Oct. 31, 2002

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

Annual Update in Nephrology and Kidney/Pancreas Transplantation, July 11-13, 2002, Brainerd, Minn.
Mayo Clinic Exam Preparation Course for ABIM Certification and Re-certification, July 14-20, 2002
Mayo Clinic Coagulation Wet Workshop, July 25, 2002
Mayo Clinic Bleeding and Thrombosing Diseases: The Basics and Beyond, July 26-27, 2002
Psychiatric Genomics — Applications for Clinical Practice, July 29-Aug. 2, 2002

Alumni news

1950s
James De Weerd (General Surgery ’50, Urology ’51) was a member of the Deer Valley venue medical team during the 2002 Winter Olympics in Salt Lake City. He helped provide medical care at the moguls, aerals and slalom events for men and women.

1960s
Joaquin Aldrete (General Surgery ’67) has been honored with the First Annual Joaquin S. Aldrete Lectureship for his 30 years of service to the University of Alabama-Birmingham Department of Surgery and the field of gastrointestinal surgery. He retired as vice-chair of surgery at UAB in 2000.
James Gilbaugh (Urology ’68) has published the newest edition of his book Men’s Private Parts; A Pocket Reference to Prostate, Urologic and Sexual Health.
David Sanderson (Internal Medicine ’62) received an Alumni Service Award from Northwestern University.

1970s
John Duffy (Psychiatry ’65, Child and Adolescent Psychiatry ’67) has formed Integrated Healthcare Solutions consulting firm.

William Fleming (Neurology ’79) was installed as the 100th president of the Harris County Medical Society in Houston.

1980s
Chuen-Neng Lee (Cardiovascular Surgery ’85) is director of The Heart Institute and professor and chief of the Department of Cardiac, Thoracic and Vascular Surgery at National University Hospital in Singapore.

1990s
Andrea Ferrara (Physiology ’92, Colon and Rectal Surgery ’92) has been elected chairman of the Department of Colon and Rectal Surgery, Florida Hospital, Orlando, Fla., from 2002 to 2004.

Ronan O’Connell (Gastroenterology ’85, Colon and Rectal Surgery ’86) was appointed Newman Clinic Research Professor, Department of Surgery, Mater Misericordia Hospital, Dublin, Ireland. He was also appointed specialty editor of the British Journal of Surgery and associate editor of Diseases of the Colon and Rectum.

Marvin Seppala (Mayo Medical School ’84) was named vice president of medical affairs for Hazelden.

Janette Strathy (Obstetrics and Gynecology ’85) was elected assistant secretary of the American College of Obstetricians and Gynecologists.

Osaretin Idusuyi (Orthopedics ’96) received the 2002 Dr. Edwin A. Lee Memorial Award for community service from the Springfield chapter of the National Student Medical Association at the Southern Illinois University School of Medicine, where he is an assistant professor of orthopedic surgery.

Stephen Meraw (Periodontics ’99) was reappointed chair of the State of Michigan’s Specialty Licensing Oral Examination Committee for Periodontics. He was also appointed chair of the Ethics Committee for the American Association for Dental Research.

Chiming Wei (Cardiovascular Diseases ’96) was elected president of the Asian-Pacific Cardiothoracic-Renal Association.

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, 2002. (Flight departure date is Sept. 23; return date can be Sept. 28 or 29.) Educational content is designed to focus on genomics, pediatrics, genetics, endocrinology, women’s health, hypertension, osteoporosis, cardiac disease and ophthalmology. Speakers will include distinguished Mayo and Italian physicians.

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

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 one credit toward the AMA Physician’s Recognition Award. (Each physician should claim only those hours of credit spent in the actual educational activity.)

A full tour package is available (through Oct. 8) for alumni and guests interested not only in touring Rome but also Florence, Parma and Venice.

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
Staff news

Charles Adler was named to the editorial board of the journal Movement Disorders.

Steven Alutchler was elected a Fellow of the American College of Psychiatrists. He also was appointed to the Program Committee of the Federation of State Medical Boards.

Peter Berger was appointed to the American Heart Association’s Cardiac Catheterization and Intervention Cardiology Committee.

Nelson Brewer was named vice-chair of the Mayo Clinic Jacksonville Board of Governors.

Anthony Brissett received an Ontario’s Premier Award, one of six given each year to Ontario college graduates.

Miguel Cabanela is the elected president of the Hip Society.

Mark Dahl was presented with the Gold Medal Award from the American Academy of Dermatology.

Bruce Fye was installed as president of the American College of Cardiology.

Hossein Gharib was selected as president of the American Association of Endocrinologists.

Peter Gloviczki was elected president of the American Venous Forum. He also was elected president of the International Union of Angiology.

Philip Hagen was elected to a three-year term as Midwest Regent of the American College of Preventive Medicine.

Linda Herrick was elected to the Board of Directors of the Midwest Nursing Research Society.

David Holmes was named president-elect of the Minnesota Chapter of the American College of Cardiology.

Kenton Kaufman was appointed as a Fellow for the American Institute for Medical and Biological Engineering.

Judith Kaur received the North Central Cancer Information Service Partner Award.

Steven Kavros was awarded the International Angiology Scientific Activities Congress Organization prize.


Scott Litin was advanced to Mastership within the American College of Physicians-American Society of Internal Medicine.

Ricardo Lloyd was elected vice president of the United States and Canadian Academy of Pathology.

Virginia Miller was elected to a three-year term as Council for the American Physiology Society.

Mary O’Connor was selected as one of 15 orthopedic surgeons for the American Academy of Orthopedic Surgery’s Leadership Fellows Program.

Peter Pairolero was elected vice president of The Society of Thoracic Surgeons.

Steven Petrou served as chair for the Society for Urodynamics and Female Urology’s international meeting.

Charles Rohren was selected as national finalist for 2001 Humanism in Medicine Award.

Robert Simari has been named to a two-year term on a United States government panel with oversight of Recombinant DNA research.

Mehrsheed Sinaki received the American Association of Physiatrists Outstanding Service Award.

Thomas Smith received the Laureate of the 2002 Becton Dickinson award. He also presented the keynote lecture at the American Society for Clinical Microbiology meeting.

Henry Ting received his MBA in Medical Group Management.

David Utz was honored by the Minnesota Urologic Society’s establishment of the David C. Utz Award.

Ned Van Roekel was elected president of the American Academy of Restorative Dentistry.

Barbara Westmoreland received the A.B. Baker award of the American Academy of Neurology for Lifetime Achievement in Education.

Russell Wiesner was elected president of the United Network for Organ Sharing.

Michael Yaszemski has been appointed to the International Editorial Board of the journal Biomaterials. He also was appointed chair, National Institutes of Health, Tissue Engineering Study Section.

Fellow, resident and student news

Wade Alleman (Mayo Medical School) was named a winner of the American Medical Association Foundation Leadership Award. He is one of only 25 medical students selected for this award, given to medical students who have demonstrated strong non-clinical leadership skills in medicine or community affairs, and have an interest in further developing these skills.

Ruben Bonilla Guerrero (Clinical Pharmacology) was selected as the recipient of the 2002 Henry Christian Award. Dr. Bonilla Guerrero will receive his award during a special
presentation at the Clinical Research 2002 Conference.

Gavin Harewood (Gastroenterology) has been awarded the J. Arnold Bargen Award for 2002.

Konstantinos Lazaridis (Gastroenterology) has been awarded a Research Scholar Award from the Foundation for Digestive Health and Nutrition/American Gastroenterological Association. Dr. Lazaridis is currently a Mayo Foundation Scholar in the laboratory of Dr. Francis Collins at the National Human Genome Research Institute/National Institutes of Health, Bethesda, Md.

Ben LeSueur (Dermatology) was one of the top three award winners of the 2002 Alexander Fisher Resident Award.

Michael Pietila (Internal Medicine) was a recipient of the 2002 Henry Christian Award for the abstract entitled “Molecular Cloning of a Pneumocystis Carinii Meiotic Kinase Using Polymerase Chain Reaction.” Dr. Pietila will receive his award during a special presentation at the American Federation for Medical Research Clinical Research 2002 Conference. Charles Thomas (Pulmonary and Critical Care Medicine) is a co-author of the study.

Michael Rosol (Cardiovascular Diseases) received the “Recognition Award for Meritorious Research by a Young Investigator,” from the American Physiological Society at the Meeting of Experimental Biology. Senior author was Birgit Kantor (Cardiovascular Diseases).

Janet Thomas (Psychology) was selected to receive the 2002 LifeScan Diabetes Research Award from the Society of Behavioral Medicine for her abstract titled “The Prevalence of Affective Disorders in Low-Income Adults with Type 2 Diabetes.” She received the award at the SBM annual meeting in April.

### Obituaries

#### 1930s

Theodore Rasmussen, 91, died Jan. 23, 2002. Dr. Rasmussen received his medical degree from the University of Minnesota in 1934 and did his residency training with the Montreal Neurological Institute and Mayo Clinic, finishing a fellowship in neurology at Mayo in 1939. He served in the U.S. Army Medical Corps during World War II as a lieutenant colonel and was chief of two neurological sections on the frontlines in the China-India-Burma Theater. After the war, he became chair of neurological surgery at the University of Chicago. In 1954, Dr. Rasmussen moved to the Montreal Neurological Institute and McGill University. He became director of the institute in 1960 and focused his work on the surgical treatment of epilepsy and the compilation of epilepsy information in a database.

William Sibley, 95, died Nov. 19, 2001. Dr. Sibley received his medical degree from the University of Virginia in 1930. He interned at Charity Hospital in New Orleans and completed his residency training at Lewis-Gale Clinic in Roanoke, Va. Dr. Sibley spent a year and a half as a general practitioner, serving patients in the coal fields of West Virginia before he came to Mayo Clinic to complete a general surgery fellowship in 1938. He returned to Lewis-Gale Clinic to start his surgical practice. He enlisted in the U.S. Army, serving as a lieutenant colonel until 1946. Dr. Sibley worked at Lewis-Gale until his retirement in 1975. While there, he was chief of surgery and served as president of the clinic from 1962 to 1964 and 1973. Dr. Sibley was chairman of the Virginia State Committee on Trauma for the American College of Surgeons from 1958 to 1965.

#### 1940s

Waldemar Bianchi, 81, died April 5, 1998. Dr. Bianchi received his medical degree in his native Brazil before coming to Mayo Clinic for a fellowship in physical medicine and rehabilitation in 1947. Dr. Bianchi returned to Brazil and began his career as a rheumatologist. He helped start the Brazilian Society of Rheumatology in 1949. In 1952, Dr. Bianchi was appointed professor of physical medicine of the Faculdade de Ciencias Medicas, University of the Federal District, Rio de Janeiro where he became director of the new department of physical medicine at the University Hospital.

John Call, 88, died Nov. 21, 2001. Dr. Call received his medical degree from the University of Virginia. He completed a fellowship in internal medicine in 1943 and entered the U.S. Navy, serving as a lieutenant on a destroyer in the South Pacific during World War II. Dr. Call entered private practice in Richmond, Va., in 1946. While in practice, he served as chief of staff at Stuart Circle Hospital. He and his brother, Manfred, served as Virginia Commonwealth University’s first student health doctors. Dr. Call was also a member of the Doctors Mayo Society. He retired in 1988.

Charles Donald, 88, died Oct. 20, 2001. Dr. Donald received his medical degree from Tulane University in 1936. After his internship and residency, he
completed a fellowship in thoracic surgery at Mayo Clinic in 1942. He began practicing in Birmingham, Ala., where he developed the expertise in surgery to treat the congenital heart defect often referred to as “blue baby syndrome.” Dr. Donald was president of the Alabama Trudeau Society, a national tuberculosis organization. He joined five other physicians to start the heart surgery program at Baptist Monclair, Brookwood, and St. Vincent’s hospitals. The surgical group is known today as Cardio-Thoracic Surgeons.

James Gooch, 87, died June 14, 2001. Dr. Gooch received his medical degree from Tulane University in 1939. He served as a colonel in the U.S. Army during World War II. During his service, he was awarded the Purple Heart. Dr. Gooch completed his fellowship in otorhinolaryngology at Mayo Clinic in 1949. He was an assistant professor at Baylor University for two years before moving to Midland, Texas, where he established his practice.

Elizabeth Mussey, 88, died March 17, 2002. Dr. Mussey received her medical degree from the University of Minnesota in 1940. She received her master’s degree in obstetrics and gynecology from Mayo Clinic in 1947 and joined the staff at Mayo. Dr. Mussey became an associate professor at Mayo Graduate School of Medicine in 1968. She retired in 1974.

Donald Ralston, 88, died March 9, 2002. Dr. Ralston received his medical degree from Rush Medical College in 1939. Dr. Ralston served in the U.S. Army Medical Corps from 1941 to 1945. He completed his residency at Mayo in internal medicine in 1948, joined the staff and was appointed assistant professor of medicine at Mayo Medical School. Dr. Ralston was head of section of medicine from 1970 to 1974 and head of section of community medicine from 1974 to 1976. He retired in 1978.

Fletcher Sluder, 87, died Dec. 7, 2001. Dr. Sluder received his medical degree from Rush Medical College in 1938. He completed his fellowship in obstetrics and gynecology at Mayo Clinic in 1944. During World War II, Dr. Sluder served in the U.S. Navy in the Philippines on the USS Rocky Mount. After his service, he returned to his hometown of Asheville, N.C., where he spent his career in private practice. Dr. Sluder was president of the Buncombe County Medical Society. He also served as chief of staff at Memorial Mission Hospital in Asheville. Dr. Sluder retired in 1983.

John Webb, 85, died Nov. 7, 2001. Dr. Webb received his medical degree from the University of Texas Medical School in Galveston in 1941. He completed his residency in San Antonio, Texas, and completed a fellowship in general surgery at Mayo Clinic in 1948. He returned to San Antonio and practiced general surgery until his retirement in 1985.

1950s

Wesley Anderson, 77, died Oct. 3, 2001. Dr. Anderson served in the U.S. Army during World War II, before receiving his veterinary medicine degree and his Ph.D., from the University of Minnesota. He joined the Mayo staff in 1952. After leaving Mayo, he served as a professor at the University of Minnesota and later at the University of Saskatchewan, where he was head of the Department of Veterinary Anatomy. He came to Ohio State University in 1977 and served as chairman of the Department of Veterinary Anatomy. He retired in 1994. Dr. Anderson received the Distinguished Teaching Award from the Minnesota Medical Foundation in 1974 and was president of the American Association of Veterinary Anatomists from 1983 to 1984. He was president of the Canadian Association of Veterinary Anatomists and vice president of the World Association of Veterinary Anatomists.

David Johnsen, 81, died Oct. 19, 2001. Dr. Johnsen received his medical degree from George Washington Medical School in 1944. He entered the U.S. Army during World War II, attaining the rank of colonel. He completed a residency in plastic surgery at Mayo Clinic in 1952, and moved to Washington, D.C., where he practiced for 14 years. He then moved to Fort Lauderdale, Fla., where he worked in private practice in plastic surgery, retiring in 1990.

Richard Jones, 78, died Oct. 23, 2001. Dr. Jones received his medical degree from the University of Oregon in 1946. He served two years in the U.S. Navy as a flight surgeon before completing a fellowship in internal medicine at Mayo Clinic in 1954. Dr. Jones joined Virginia Mason Clinic in Seattle in 1954, where he was chief of staff from 1976 to 1981 and president of the board of directors from 1986 to 1988. He retired in 1989.

Raymond Randall, 81, died Jan. 3, 2002. Dr. Randall received his medical degree from Harvard Medical School in 1945 before entering the U.S. Army Medical Corps. Following his military service, he completed a fellowship in internal medicine at Mayo Clinic in 1951. He
moved to Boston for a cardiology residency and a teaching fellowship and returned to Mayo Clinic in 1953. At Mayo, Dr. Randall was a professor of medicine at Mayo Medical School and was head of section of endocrinology from 1963 to 1974. He retired from Mayo Clinic in 1985.

John Reynolds, 87, died Aug. 31, 2001. Dr. Reynolds received his medical degree from Stanford University, where he also completed his residency. He served in the U.S. Navy during World War II. After his service, Dr. Reynolds completed a fellowship in internal medicine at Mayo Clinic in 1950. He practiced internal medicine at Good Samaritan and Saint Vincent hospitals in Los Angeles and was a clinical professor at UCLA Medical Center. Dr. Reynolds moved to Hoag Memorial Hospital Presbyterian in Newport Beach, Calif., in 1972. He retired in 1993.

David Brown, 67, died Feb. 7, 2002. Dr. Brown received his medical degree from the University of Manitoba in 1957. He completed a fellowship in neurosurgery at Mayo Clinic in 1964. He began his practice at the Royal Columbia Hospital in New Westminster, British Columbia, where he became chief of staff. In 1973 Dr. Brown joined a practice in Claremont, Calif. During his career, he served as president of the Southern California Society of Neurosurgery.

Nelson Fox, 71, died April 7, 2002. Dr. Fox received his medical degree from the Medical College of Virginia in 1955. Dr. Fox served in the U.S. Air Force as a captain before he completed his fellowship in general surgery at Mayo Clinic in 1962. He entered private practice in Martinsville, Va., and served as president of the medical staff of Memorial Hospital of Martinsville and Henry County.

Lynwood Smith, 72, died Feb. 5, 2002. Dr. Smith served in the U.S. Navy, working in air intelligence from 1952 to 1956. He received his medical degree from the University of Kansas in 1960, and completed his residency training in internal medicine at Mayo Clinic in 1964, a fellowship in nephrology in 1965, and he joined the staff. During his career at Mayo Clinic, Dr. Smith was one of the surgeons who performed the first liver-kidney transplant in the United States. He was professor of medicine at Mayo Medical School, director of the Stone Clinic, chair of the staff development committee and medical director of Mayo Medical Ventures. He retired from Mayo Clinic in 1994.

1970s

David Martyn, 64, died Nov. 28, 2001. Dr. Martyn received his medical degree from Baylor University in 1963, and completed his residency in orthopedics at Mayo Clinic in 1970. He moved to Newport Beach, Calif., in 1971, and started his own practice. He served the staff of Hoag Memorial Presbyterian Hospital for 30 years.

1980s

Robert Brandenburg, 52, died March 24, 2002. Dr. Brandenburg received his medical degree in 1976 from the University of Minnesota. After a residency in internal medicine and a fellowship in cardiovascular diseases at Mayo Clinic in 1982, Dr. Brandenburg joined the Minneapolis Heart Institute where he practiced cardiology for 17 years.


2000s

Robert Speer, 37, died March 22, 2002. Dr. Speer received his medical degree from Mayo Medical School in 2000. Prior to his medical studies at Mayo, he was a medical specialist in the U.S. Army and a U.S. Border Patrol agent in Douglas, Ariz. At the time of his death, Dr. Speer was a second-year surgery resident at the University of Arizona Medical Center.
Mayo Medical Alumni Association

Officers
Christine T. Mroz, M.D., Memphis, Tenn.
President
T. Paul O’Donovan, M.D., Evergreen Park, Ill.
President-Elect
Scott C. Litin, M.D., Rochester, Minn.
Vice President
David C. Herman, M.D., Rochester, Minn.
Secretary-Treasurer
Gerald J. Bechamps, M.D., Winchester, Va.
Past-President

Executive Committee
Patty P. Atkinson, M.D., Rochester, Minn.
Gerald J. Bechamps, M.D., Winchester, Va.
Michael J. Ebersold, M.D., Rochester, Minn.
Joseph M. Fiore, M.D., Rochester, Minn.
Thomas M. Habermann, M.D., Rochester, Minn.
Peter Y. Hahn, M.D., Rochester, Minn.
David C. Herman, M.D., Rochester, Minn.
Scott C. Litin, M.D., Rochester, Minn.
Paul McCracken, Rochester, Minn.
Christine T. Mroz, M.D., Memphis, Tenn.
Roger L. Nelson, M.D., Rochester, Minn.
Mark D. Norris, Rochester, Minn.
T. Paul O’Donovan, M.D., Evergreen Park, Ill.
Peter A. Southorn, M.D., Rochester, Minn.
Thomas C. Spelsberg, Ph.D., Rochester, Minn.

Board of Directors
Monte L. Anderson, M.D., Scottsdale, Ariz.
David R. Baines, M.D., Seattle, Wash.
Thomas Behrenbeck, M.D., Rochester, Minn.
Stephen F. Bouven Jr., M.D., St. Louis, Mo.
Thomas W. Daugherty, M.D., Winchester, Va.
John B. Hardman, M.D., Atlanta, Ga.
Carol L. Juergens, M.D., Kodak, Alaska
Jaime G. Laventman, M.D.,
Tecnamatch.com, Mex.
Denis C. Nyam, M.D., Singapore, Singapore
Bruce A. Orkin, M.D., Washington, D.C.
Clarence R. Petrie, M.D., Fullerton, Calif.
Charles D. McPherson, M.D., Henderson, Nev.
Kristina L. Rother, M.D., Kensington, Md.
Elizabeth A. Stuster, M.D., Jacksonville, Fla.
Umberto Squarcia, M.D., Parma, Italy
Thomas J. Tuchovskiy, M.D., Bethlehem, Pa.
Gerald L. Woolam, M.D., Lubbock, Texas
Robert S. Wooten, M.D., Memphis, Tenn.

Editorial staff
Managing Editor — Kristine Holmgren
Editor — Michael Dougherty
Art director — Mary Ayshford
Feature writers — Kristine Holmgren, Yvonne Hubmayr, Lisa Muenkel,
Beverly Parker, Ronda Willsher
Mayo Update contributors — Michael Dougherty, Chris Gade, John Murphy,
Shelly Plutowski
Editorial assistant — Linda Binner
Photographers — Joseph Kane, Dean Riggott, Christopher Sill, M.D.,
Kenton Zehr, M.D., Randy Ziegler

Advisory board — Roxann Barnes, M.D., Colum Gorman, M.D., Ph.D.,
David Herman, M.D., Kristine Holmgren, Mary O’Connor, M.D., James Parish, M.D.,
Karen Skiba, Peter Southorn, M.D., David Toft, Ph.D., John Wilkinson, M.D., Laird Yock

Mayo Alumni Center e-mail address: mayoalumni@mayo.edu
Mayo Clinic Internet address: http://www.mayo.edu
Alumni Association Internet address: http://www.mayo.edu/alumni/alumni.htm

Mayo Alumni magazine is published quarterly and mailed free of charge to
physicians, scientists and medical educators who studied and/or trained at
Mayo Clinic, and to Mayo consulting staff. The magazine reports on Mayo Clinic
alumni, staff and students, and informs readers about newsworthy activities
throughout Mayo Foundation. Please send correspondence to: Mayo Alumni,
Mayo Clinic, 200 First Street S.W., Rochester, Minn. 55905; or via e-mail to
holmgren.kristine@mayo.edu; or telephone 507-266-2444; or fax 507-284-8713.
Send address changes to the Mayo Medical Alumni Association office at the
preceding address or e-mail to mayoalumni@mayo.edu.

Mayo Clinic is committed to creating and sustaining an environment
that respects and supports diversity in staff and patient populations.

MAYO CLINIC

Mayo Clinic
200 First Street S.W.
Rochester, Minnesota 55905

© 2002, Mayo Press
MAYO, MAYO CLINIC,
MAYO ALUMNI
and the Mayo triple-shield
logo are registered marks of
Mayo Foundation for Medical
Education and Research.

MC4409-0702