Mayo Alumni

Mayo Medical School—
30 Years of Excellence
Features

2 Mayo Medical School: 30 years of excellence
When Mayo Medical School opened in 1972, it set out to be different by offering small class sizes, close relationships between instructors and students and early exposure to patient care. Nowadays those are features at most medical schools. Several graduates tell the stories of the quality of its students and their experiences in medical school.

10 The needs of the research patient come first: Mayo Foundation’s Institutional Review Board responds to dramatic changes in clinical research
Required changes from federal regulators and Mayo Clinic’s commitment to excellence brought changes for the Institutional Review Board.

14 Conversations with Dan Clark — “Chicken Soup for the Soul” author
Dan Clark tells how we find inspiration to do great work and recalls the inspiration his father found during his care at Mayo Clinic.

18 The road taken: a profile of Dr. Michael H. Trujillo
Michael H. Trujillo, M.D., went into medicine to help people. Throughout his career, he has used his talent and insight as director of the Indian Health Service to help more than 1.5 million American Indians and Alaska Natives served by this federal agency.

Mayo Update

26 News briefs
31 Alumni meetings
32 Postgraduate meetings
32 Alumni news
33 Staff news
34 Fellow, resident and student news
34 Obituaries
36 Financial Report
In the year since the tragic events of September 11, a great deal has changed in the attitudes and actions of the citizens of the world. We all have come to more fully realize our strengths and vulnerabilities, and more directly appreciate that attitudes and events across the globe can affect all our lives whether we live in the United States, Europe, Asia, or South America. The word “globalization” has been used to describe changes in business. And medicine has a heritage as a global endeavor that spans more than a century. From the early periods in their practice, the Mayo family traveled the globe to meet fellow physicians, and the knowledge they shared benefited patients around the globe. Medical innovation knows no boundaries, and the widespread dissemination of the discoveries that benefit our patients is an obligation of all who practice the art and science of medicine.

In the same way, the Mayo Clinic Alumni Association is a global community, with more than 15,000 members throughout the world. Our association serves as a forum for the sharing of knowledge and friendship. We appreciate the kind words and encouragement expressed by our international members during this difficult year. It is our hope and expectation that members of the Alumni Association will continue to provide leadership in relieving the burden of disease throughout the world, and help illustrate the common bonds of humanity, rather than the differences, which seem to dominate the daily news.

Sincerely,
David Herman, M.D.
Secretary-Treasurer
Mayo Clinic Alumni Association
The words describe both the philosophy of the school, which enrolls only 42 applicants per year, and the excellent quality of time in the school’s short history. Most medical schools exist with histories that stretch further than the 30 years celebrated by Mayo Medical School. But those institutions would be hard-pressed to match the rise to prominence achieved by Mayo in a mere three decades.

**Daring to be Different**

From the beginning, Mayo Medical School set itself apart from other medical schools. Instead of large, anonymous education, Mayo offered intimate class sizes, close relationships between instructors and students and early exposure to patient care. These were the early standards of the fledgling school in 1972. Today, they are concepts embraced by medical schools around the world.

“In the beginning, some of our physicians worried their new responsibilities might interfere with patient care,” recalls retired dean Burton Sandok, M.D. “But we soon learned that teaching and practicing medicine enhanced each other. The rewards of training new doctors far outweighed the burdens.”

During his tenure, Dr. Sandok led a group devoted to deciding the mission of medical education at Mayo Clinic through a detailed strategic planning process. “After a year of weekly meetings, we emerged with a plan to put the Mayo Medical School on the same national footing as the Mayo Clinic,” he says.

As Dr. Sandok and other Mayo Medical School leaders began to operate within their clear vision for medical education, they found a variety of issues confronting the medical school. The need for a broad, diverse pool of applicants, the reduction of the debt burden of graduates and the integration of basic science curriculum with outstanding clinical training were some of the earliest challenges.
Determined to be “The Best”

The challenges were met with innovation and strategic advancement. In response to the need for financial assistance for medical education, the school explored a variety of sources for support.

“A scholarship program was developed — largely funded by philanthropy — that significantly reduces the debt load of our graduates,” says Anthony Windebank, M.D., who was appointed dean of Mayo Medical School in 1998.

“A scholarship program was developed — largely funded by philanthropy — that significantly reduces the debt load of our graduates,” says Anthony Windebank, M.D., who was appointed dean of Mayo Medical School in 1998.

“Nationally, it is common for a new doctor to start a residency owing $120,000 or more. Through the assistance we offer, the average debt load of an MMS graduate is usually less than $50,000.”

The school set about to recruit the best students from all over the country.

“We choose students from the brightest candidates in the country,” Dr. Windebank says. “Our applicants have among the highest grade point averages and Medical College Admission Test scores of any medical school in the nation. But grades and
test scores are only two aspects of consideration for entrance. We screen and review application letters and conduct phone interviews to reduce the number of candidates from approximately 3,000 to about 250. Those individuals are then invited to Rochester for an interview where they are judged on their potential to be the finest doctors in the world, committed to service and leadership in their profession and communities. All 50 states are represented in the diverse student body. The Class of 2000 included 23 women and 19 men; nine Minnesotans; and eight underrepresented minorities. Their ages range from 20 to 40 years.

“And we look for people skills,” Dr. Windebank says, “The compassion, the empathy; qualities necessary to be outstanding physicians. When we select the final 42, they indeed are a special group of individuals.”

The school is focusing on a new faculty development program to enhance the teaching skills of the medical school instructors, offering workshops and continuing education courses to help outstanding clinicians and surgeons excel as teachers, too.

“I'm convinced that you can’t develop as a good leader, or physician, unless you’re a teacher as well,” says Kerry Olsen, M.D., a member of Mayo Medical School’s first class in 1976, and now an internationally recognized surgeon and professor at Mayo Medical School. “I simply couldn’t imagine the clinic without the medical school. Not only are a large number of our current staff graduates of the school, but the very presence of students makes everyone here better. There’s no better way for a physician to stay on the cutting edge of technology and issues than to have students constantly asking questions about procedure, techniques, and the latest issues. It’s a constant reminder to me that you never graduate, you never stop learning.”

Dr. Windebank is eager for new challenges in the next decade. “The explosion of knowledge in science and technology has us all scrambling to keep pace,” he says. “It is safe to say that the way we practice medicine now will in no way resemble how we will practice in 20 years. But as the leading medical center in the world, receiving the best and brightest students, we look forward to the challenge.”

**A Covenant of Compassion**

When Mayo Medical School opened its doors in 1972, Raymond Pruitt, M.D., the school’s founding dean, introduced a “covenant” between the school and its students under which it would operate. During the opening convocation address he said, “With the eyes of compassion they assessed the brilliance of their technologies, and with the yardstick of the humane they measured the benefactions of their science.”

As Mayo Medical School enters its fourth decade, Dr. Pruitt’s covenant seems as vital today as when it was first formed.

—Scott Bestul

“With the eyes of compassion they assessed the brilliance of their technologies, and with the yardstick of the humane they measured the benefactions of their science.”

—Raymond Pruitt, M.D.
Each Mayo Medical School graduate has a special story. *Mayo Alumni* talked with four who represent the decades of the school’s history.

“The first time an attending physician asked me a question while doing rounds, I got the classic ‘flight’ response.”

—Michael-Alice Moga, M.D.

**Michael-Alice Moga (2002)**

As a recent graduate of Mayo Medical School, Michael-Alice Moga, M.D., remembers some of the new challenges she encountered as a doctor-in-training. “The first time an attending physician asked me a question while doing rounds, I got the classic ‘flight’ response,” she laughs. “I figured it would be like those shows on TV, where the doctor asks the student a question and if they know the answer they’re asked another, then another, until they run out of answers and look like a fool. Of course, that never happened to any of us. I had the sincere impression that my opinion was valued and respected. Many of my friends (from undergraduate school Johns Hopkins) went on to other medical schools, and they didn’t have nearly the positive experience I did.”

Now at Boston’s Massachusetts General Hospital, Dr. Moga will complete a three-year pediatrics residency. She hopes to pursue a fellowship in pediatric sports medicine, which would be a perfect fit for the standout high school and collegiate soccer player. “Sports have been a big part of my life,” she stresses. “I’ve applied the skills I learned there in all aspects of my training. I’d love to use athletics to influence children, and that’s something I’ve tried to do when conducting clinics for young players.”

Dr. Moga’s positive medical school experience prompted her to consider a career in medical education. “My mother is a teacher, so I think teaching is in my blood,” she says. “Education has a positive influence on a person’s life at many levels. At MMS, I remember how Dr. (Charles) Rohren (Community Internal Medicine) made me feel like I’d made a major change in my second year, like I could really do this and treat patients. And Bill (William) Edwards (M.D., Anatomic Pathology) loved what he did so much; he motivated us all to find our niche and pursue it with passion. They both had such contagious enthusiasm and concern for their students.”

At the threshold of a long career, Dr. Moga credits Mayo Medical School for building a solid foundation upon which she will construct her practice. “A medical student at Mayo is given so much responsibility, encouraged to push the limits, and to get out of the comfort zone,” she recalls.
Michael Ackerman (1995)

As an M.D./Ph.D., student at Mayo Medical School, it took Michael Ackerman seven years to earn the title “Dr. Ackerman.”

After completing the first two years of medical school, he switched hats and entered the Guggenheim Building to complete research toward his Ph.D. “After three years of research, I returned to complete medical school,” he recalls. “It was a long and difficult path. When a person is treating patients, there is something to hang your hat on at the end of every day. Research is intellectually rewarding, but the results and rewards can be so intangible and delayed. As someone who wanted to be a patient-seeing doctor, I found it very challenging.”

Dr. Ackerman’s dual training paid off one day in 1996. “I was on my first night of call in the ICU when a 10-year-old boy was brought in. He drowned in a pool and was resuscitated,” he says. “As I worked with him I realized the boy had a rare condition associated with the ion channels in his heart. Ion channels were the focus of my research and suddenly it all made sense. We were told in the program that we were to be ‘bridges between the bench and the bedside’ and for the first time I could see that happening. It was a rewarding moment.”

Dr. Ackerman is the director of the Long QT Syndrome/Sudden Death Prevention Clinic; senior associate consultant of cardiovascular diseases and cardiology; and assistant professor of medicine, pediatrics, and molecular pharmacology and experimental therapeutics at Mayo Medical School.

“People tease me about having the three shields tattooed somewhere, and I admit I’m a born-and-bred Mayo guy,” he laughs. “One of my favorite quotes was Dr. Charles Mayo’s advice to ‘heal the sick and advance the science.’ I hope my work reflects that mission.”

Dr. Ackerman devotes great attention and energy to his teaching. “To see students get that fire in their bellies is a wonderful reward,” he says. “Our students are so bright and talented, all they need is for the instructors to not get in their way. I remember well the value of my own training; the early exposure to patients, the intimate class sizes, the privilege of studying under physicians who taught us not only the science, but the art of medicine. I read an article not long ago about new models for effective teaching and learning, and I recognized immediately that MMS had been following those procedures step-for-step since the beginning.”

“One of my favorite quotes was Dr. Charles Mayo’s advice to ‘heal the sick and advance the science.’ I hope my work reflects that mission.”

—Michael Ackerman, M.D.
Jennifer Hines (1986)

More than miles separate Rochester, Minn., from Phnom Penh, Cambodia. From the clean, storied buildings of Rochester where she laid the foundation for her medical career, Jennifer Hines, M.D., has journeyed to a place where huge barriers confront physicians attempting to deliver sound health care.

“In 1998, I was approached by staff at Sihanouk Hospital Center of Hope (SHCH) at a HOPE Health Conference,” Dr. Hines says. “They challenged me to volunteer there, so I signed on for a two-month stay… and I’ve been here for three years.”

Dr. Hines’ devout religious beliefs and “a dream that I could take my simple medical knowledge and skill and multiply it in a developing country” led her to Sihanouk Hospital Center of Hope. But she was unprepared for the depth of the challenges she would confront. “I didn’t know the horrendous situation with their health care,” she admits. “Cambodia has the highest prevalence rate of HIV/AIDS in southeast Asia. When I arrived, we lacked computer access for our doctors, teaching materials, drug formulary… The country is very poor and the government is dependent on outside financial aid. And the people themselves often don’t see the value in being well cared for. Illness is just a part of life and they feel they cannot change it.”

Working with her Cambodian colleagues, Dr. Hines has watched the Sihanouk Hospital Center of Hope grow into a force for health care in the country. The hospital has 11 medical and 13 surgical beds and provides free health care and medications for all patients. Sihanouk Hospital Center of Hope averages 5,000 patient visits per month and has a full-time HIV department staffed by five doctors and two counselors. “We see most of our patients outside — about 300 per day — and recently received additional funding for an annex,” Dr. Hines says. “It will house outpatient chronic care, an expanded laboratory, and research office space. We are one of the few non-government organizations here that is a designated site for a national tuberculosis program, and our disease management clinic is taking on this chronic and debilitating disease like no other facility in this country has in the past.”

Dr. Hines has often reflected on her own experience at Mayo Medical School as she trains other doctors. “At Mayo, I was able to learn medicine in a pure way,” she says. “This is a very ‘rote-memory’ society and it’s very difficult to get the staff to retain what we teach them. I use Mayo Clinic Proceedings for background references and have my doctors read key articles that are easy to understand, discuss and apply. In the U.S., one can be penalized for not ordering the right — or latest — test; here, the goal is to recognize the simple clinical finding that might save a life. I am glad that Mayo continues to see the need to produce doctors who can be effective no matter where they are and what they have to work with. Having a servant’s heart will make the difference in health care all over the world.”

“...and what they have to work with.”

—Jennifer Hines, M.D.
Suzanne Ildstad (1978)

Anyone doubting the irony of life should consider Suzanne Ildstad, M.D. As a highly-focused surgeon, Dr. Ildstad used to question the medical community’s emphasis on research.

“Quite simply, I thought it was a waste of time,” she recalls. “For me, surgery was the be-all and end-all of practice, and I used to debate that at great length with colleagues. But I was encouraged at several instances to consider research. At one point one of my colleagues told me, ‘You simply ask too many questions.’ ”

Eventually, Dr. Ildstad relented and followed her inquiring mind into a research fellowship at the National Institutes of Health, and in the years since has become a noted researcher in the field of bone marrow and solid-organ transplants.

Currently the head of the University of Louisville’s Institute for Cellular Therapeutics (ICT), Dr. Ildstad leads a team of researchers seeking cures for a host of diseases ranging from leukemia to sickle-cell anemia. Dr. Ildstad’s work on facilitator cells has made transplant surgery more successful, and it has also reduced the need for immuno-suppressant drugs. ICT was responsible for a well-publicized bone marrow transplant from a baboon to an HIV-positive human patient. The mixed results of the case (the patient eventually rejected the baboon marrow, but went from a high virus load to barely detectable levels within a year and is alive and working some four years later), didn’t diminish Dr. Ildstad’s focus on cross-species transplantation.

“The potential benefits for those waiting for transplants are too great to give up,” she says firmly.

Dr. Ildstad’s work has brought her attention outside of the laboratory, but she deflects personal glory, focusing instead on the teamwork necessary to achieve such breakthroughs.

“The only way to accomplish things is through a multi-disciplinary approach,” Dr. Ildstad stresses. “When I first came to Louisville, the bone marrow people had never met the solid-organ people, but now we function as a team. That’s the only way to make progress. Research moves very slowly; you have to have a group of people who are bright, committed and believe in what they’re doing.”

As a graduate of one of Mayo Medical School’s first classes, Dr. Ildstad is quick to credit the solid foundation she gained there. “The school had such a firm emphasis on treating the patient as a person, and that’s something that’s never gone away for me,” she says. “At ICT, we view the patient as part of the team as we work to find cures.”

—Scott Bestul

“The school had such a firm emphasis on treating the patient as a person, and that’s something that’s never gone away for me.”

—Suzanne Ildstad, M.D.
Nearly 30 years have passed since Mayo Clinic became one of the first institutions in the country to have its Institutional Review Board recognized by the federal government. Formed in 1974 after federal concerns about patient safety, medical review boards became a requirement when medical institutions accepted federal funding for human subject research.

Today, medical institutions are instituting more changes in their review boards at the behest of federal regulators, adding greater oversight of medical studies involving patients. Since 1999, a series of research errors and rule violations has been documented at U.S. medical research institutions prompting the Food and Drug Administration to recommend changes in Institutional Research Boards. The FDA concluded that many of the errors and research violations were the results of an explosion in research activity that overburdened those organizations’ Institutional Review Boards.

As a result of its investigations, the FDA and the Office for Human Research Protections of the Department of Health and Human Services responded with a demand for more regulation of medical review boards.
Mayo Clinic joins the nation in response

Investigators at Mayo Clinic welcomed the new scrutiny. Mayo Clinic, too, has seen an increase in the number of clinical trials and has developed its own responses to go along with the new requirements from the federal agencies.

“Ten years ago, we had 600 new protocols submitted annually to the IRB. In 2001, that number increased to 2,700,” says Eugene DiMagno, M.D., director of the Mayo Foundation Office for Human Research Protection; chair of the Serious Adverse Event Board; and chair of one of Mayo Clinic’s four general IRBs. The Foundation Office for Human Research Protection and the entire IRB system serves Mayo Clinic at its three sites.

The history of Mayo Clinic’s commitment to research safety has been guided by the principle of placing the patient’s needs first. The principle fits well into the efforts under way in the research community to further strengthen rules and policies designed to protect patients.

As a national push began for changes in the oversight of human patient research, Mayo Clinic concurred by restructuring the process for Institutional Review Boards to address the requirements set forth by federal agencies.

While there were several well-publicized tragedies at other research centers that focused the efforts of the national research community and federal agencies, the reasons for the restructuring were many.

“New federal regulations have increased the burden on the IRB,” Dr. DiMagno says. “For example, we used to have an expedited process to review continuing progress reports but now greater than minimal risk protocols must be reviewed by a full IRB, and the reviews must be substantive and meaningful. So we now have about 5,700 active human studies and approximately half need to be reviewed by a fully constituted IRB at a minimum of at least once a year. This effort has almost doubled the work load of the fully constituted IRBs.”

Foremost in the decision to restructure, however, was the steady increase in the number of clinical trials sponsored by the biotechnology industry. These changes in the regulatory environment led Mayo Clinic investigators and leadership to consider a future that continued to secure the well being of all patients in clinical trials.

Five IRBs share the workload

In 2000, Mayo Foundation increased the number of Institutional Review Boards from one to two. Two years later, three more Institutional Review Boards were added.

Four of the IRBs were established to review, approve, disapprove or defer new protocols and progress reports for earlier evaluated protocols.

The fifth IRB was established as the Serious Adverse Events Review Board. It serves to review serious adverse event (SAE) reports and to evaluate revisions of consent forms for clinical trials when additional risks to research subjects appear after initial approval.

The restructuring increased the Mayo Foundation IRB membership of physicians and scientists from 18 to 27, and tripled the number of support staff.
Federal guidelines and Mayo’s response

In a further effort to protect patient participants in clinical trials, the FDA and Office for Human Research Protections (OHRP) established increased oversight and mandatory compliance with higher standard regulations. Should protocol modifications arise during a specific clinical trial, the IRB would be called upon to review and measure the risk.

After the OHRP determined many members of health-care IRBs were under-qualified and inadequately educated in regard to protocol or issues of patient protection, the federal regulatory bodies mandated education in human subject research protection for IRB investigators and board members.

“In response to the OHRP mandate, we developed a Web-based education program that every Mayo investigator involved in human research must successfully complete before their study can be approved,” Dr. DiMagno says. “We also have conducted human research protection education programs in every division and department in Rochester and have held medical grand rounds at all three sites.”

Before the studies are presented to the IRBs, they’ve been analyzed in the division or department where the researcher works. Dr. DiMagno says the system is designed to refine and improve the studies and provide additional oversight to ensure the patients are being protected and the science is meritorious.

Other educational efforts include quarterly programs for nurse coordinators and a biannual program for IRB members telecast to Jacksonville and Scottsdale.

Dr. DiMagno says the education efforts, the thorough reviews of studies by multiple review boards and the feedback researchers receive...
on the reviews all add up to a good system that makes research studies more effective and provides many safeguards for patients.

“Education of our investigators is an ongoing and expanding effort, and we are likely to do more in this area,” Dr. DiMagno says. “We need to be as certain as we possibly can be that research is done in an ethical way. That’s what we’re about.”

### Additional safety steps

In addition to federally mandated protection, Mayo Clinic also incorporated additional efforts to strengthen responsible oversight of clinical trial participants.

A short consent form explaining the process of a research project is available in 11 languages. Mayo Clinic provides interpreters to translate the longer forms of specific studies to make sure that language is not a barrier in understanding and participating in clinical trials.

Each protocol is assigned three reviewers to ensure a thorough evaluation of the scientific validity and risks of the protocol. All continuing protocols are reviewed annually. Because of the degree of sub-specialization in the studies, Mayo Clinic requires an expert to examine every protocol.

“Our first obligation is to the patient’s protection,” Dr. DiMagno says. “For example, in certain circumstances an IRB may disapprove a study if it is a placebo-controlled trial of a new treatment when an approved treatment for a condition already exists. And if we feel that a protocol’s risk-benefit ratio is inappropriate, we either disapprove it or mandate a change in the study and closer monitoring of the study so that a small number of persons can be enrolled. In that case, the study must be reviewed again before we allow a larger group to participate.”

New FDA guidelines were the catalyst for Mayo forming a separate gene therapy advisory committee to the IRB. The committee reviews gene therapy studies every six months.

“We make certain our investigators understand they are required to report serious adverse events,” adds Dr. DiMagno. “We feel the addition of a separate board with the time to thoroughly review serious adverse effects is an important safety improvement.”

### Minimizing financial conflicts of interest

In recent years, a revolution in genetic research encouraged partnerships between medical centers and biotechnology corporations.

Federal investigators and many institutions are on watch to guard against financial arrangements that tie medical researchers too closely to biotechnology companies and others with a financial interest in the outcomes of the research efforts.

Mayo Clinic minimizes conflict-of-interest problems by adhering to policies about the activity of investigators engaged in medical studies. Mayo also has a committee to monitor conflict-of-interest. Mayo’s not-for-profit status ensures revenues from clinical trials are earmarked for Mayo Clinic’s educational and research missions.

“Research is represented by one of the three shields,” Dr. DiMagno says. “It’s a huge undertaking at Mayo, and we have a responsibility to make sure that participants are protected.”

Dr. DiMagno says the state of research is good, but can always use additional scrutiny. Any death is one too many, Dr. DiMagno says. But he also notes that when contrasted with the number of patients who take part in research studies throughout the United States, the incidents of tragedy are rare. Most studies go well and the patients are well-protected.

“We have a great deal of trust in our investigators, and we have a good system of checks and balances,” Dr. DiMagno says. “Under our restructured system, I am confident in our ability to discover when something is amiss. With the combination of our level of medical and scientific expertise, our caring philosophy and our thorough monitoring of the research process, participants in clinical trials at Mayo Clinic can feel safe.”

—Yvonne Hubmayr
Conversations with

Dan Clark
A diversity introduces us to ourselves,” says author, songwriter and international speaker, Dan Clark. “If you really think about it, pain is a signal to grow, not to suffer. And once we learn the lesson the pain is teaching us, the pain goes away.”

Clark discovered his true passion during the most painful experience of his life. In 1980, the primary contributing author to the best-selling book series, “Chicken Soup for the Soul,” was attending the University of Utah on an athletic scholarship. At the time, he was projected as a top draft pick in the National Football League.

But his athletic career was cut short by a paralyzing injury. He cracked a vertebra and severed the axillary nerve in his right deltoid. His brain was traumatized, his eye drooped, he experienced a loss of speech, his right side was numb and his arm was useless. Sixteen doctors and medical science gave him little hope, yet within 13 months Clark battled back to a full recovery.

As he recovered, he was asked to speak to various organizations and corporations. In 1982, the nationally known motivational speaker and trainer, Zig Ziglar, sponsored Clark into the National Speakers Association. From that introduction, Clark began a career that has taken him to more than 3 million people in all 50 states and in 25 countries on five continents. He has written 20 books and has been anthologized in over 30 million books in 20 languages.

Today, Clark lives in Salt Lake City with his family. He spoke to patients and employees at Mayo Clinic Heritage Days, last year. Heritage Days is an annual Rochester event that honors the men and women, past and present, who have served at Mayo Clinic.

Clark has another connection to Mayo Clinic; his father was a patient at Mayo Clinic during a battle with cancer.

How did you get interested in public speaking and writing?

When I was hurt playing football, not only did I lose my athletic dream, I lost my identity. Sure, playing football was what I did, not who I was, but I didn’t realize it then.

And when we identify ourselves in terms of what we do, instead of who we are, we become human doings instead of human beings — unacceptable if real success and lasting happiness are what we seek.

When I was at my lowest point of depression, I was given a recording of a speech by Zig Ziglar. I thought his mom had run out of names! I listened and it changed my life. It got me dreaming and feeling again.”

Why do your stories appeal to and inspire so many people?

Hearing or reading an inspirational story fills us with hope for humanity. Most people don’t have time to read a long novel, but everybody has time and a need for a quick laugh or emotional “pick-me-up.”

A great short story is written exactly like a hit song. As a songwriter I learned to take an entire tale and condense it into a three-minute tune. Every song ever written uses the same 12 notes. The only difference between one song and another song is the order in which the 12 notes fall and the timing between the notes.

And the only difference between a great hit song and a poor song is passion, creativity and imagination.

In the same way, the only difference between a great administrator and a poor administrator, a great physician and a poor physician, a great employee and a poor employee, is passion, creativity and imagination.

It’s not what we know, but how we use what we know that makes the difference.

I write and tell stories that remind us that we are all songwriters. Every new day gives us a fresh chance to arrange the 12 notes of life and write a hit song about ourselves and make a difference to others.

Describe your personal experience with Mayo Clinic.

At Mayo Clinic, I experienced more passion, creativity and imagination, and service-above-self than in any other health care facility. I have several friends who are physicians who did internships or residencies at Mayo.
Clinic and carry Mayo’s influence throughout their practices; I believe they are in a special class of their own.

In the mid-1980s, my father was diagnosed with carcinoid cancer in the small intestine. After surgery, it was discovered that the cancer had progressed into his abdomen.

My dad’s physician attended a medical meeting where a Mayo Clinic oncologist presented a paper on carcinoid cancer. He referred my dad to Mayo Clinic. And so he became one of 25 experimental patients in carcinoid research at Mayo where he received an experimental chemotherapy growth hormone. For the next six years he injected himself three times each day.

My dad was the ultimate success story. The Food and Drug Administration approved the drug and now it’s the most commonly used chemotherapy treatment for carcinoid cancer.

About two months before my dad passed away, he gathered the family and told us, “True motivation comes from focusing on purposes, instead of just setting goals.”

Although in pain, my father wanted to survive for medical science purposes. He wanted to give something back to Mayo in appreciation for the compassionate care he’d received.

Under Mayo Clinic’s care, my dad lived for six and a half years, finally losing his battle with cancer on October 12, 1990.

You’ve been to many different medical centers for your various injuries. How is Mayo Clinic different?

My father told a story about his first visit to Mayo. He said that when he arrived and visited with a team of doctors, one of them said, “Mr. Clark, we’re all going to die. And once we realize that, we’ve got to figure out how to live.”

A powerful and truthful claim. Even though he was only one among the thousands of patients and employees in this giant organization, my dad was made to feel like he was the most important person here.
He was escorted and assisted from room to appointment — and was never left by himself. My dad came to Mayo in a wheelchair and five days later walked out with hope, a smile, greater faith and more knowledge about his condition.

After each of his Mayo experiences, my dad returned home believing he was one of the most important people in the whole world. Once he commented, “Danny, it’s taken me this long to figure out what you do as an author and professional speaker. You help heal hearts — just like Mayo.”

On one of my dad’s visits to Rochester, he had an experience that epitomizes the polished, professional and compassionate service rendered by every one in every department. Our family affectionately calls it the “Mayo Way.”

Dad was to be tested by a special echocardiograph. This machine had been newly developed and had not yet been acquired by other hospitals in the United States.

In due course, dad was lying on the table. The incredible Dr. A. Jamil Tajik hovered over him. My father’s own words describe what happened:

“After preparations got under way, Dr. Tajik asked me if I had any of my family with me. I told him that I was alone. He said he had to advise me of some risks in using the machine. At the end of a tube was a mirror-like tip through which the action of the heart was to be relayed to the screen. The doctor explained that as he attempted to thrust the tube down my throat there was the possibility that the esophagus could be cut, or even the heart. I asked him, ‘What then?’ and he replied that I would die on the table. With a deep breath, I knew I could trust the good doctor and agreed to start the procedure. The first try the tube would not go down. He pulled it back up and the second try was successful.

“I presume that the nurse noticed a tear in my eye as we proceeded with the test. She gently held my hand and whispered that everything would be all right. I never felt the need for a third-party support as strongly as I did at that moment. And, in the ‘Mayo Way’ that dear nurse, whose name I will probably never know, gave me, through her soft voice and tender touch, the beautiful knowledge that I would be fine. As I lay helpless on that uncomfortable bed 1,000 miles from home, she refused to let me feel alone.”

— Jacquelyn Johnson Gosse

“True motivation comes from focusing on purposes, instead of just setting goals.”
Choosing one’s direction in life is exciting, especially for a young physician. The destinations ahead may be unknown but once the path is clear, the purpose of the journey is established.

Michael H. Trujillo, M.D., graduated in 1974 as the first American Indian to receive a medical degree from the University of New Mexico School of Medicine in Albuquerque. Four years later, Dr. Trujillo completed his internal medicine residency training and became medical director at the Acoma-Laguna Hospital in San Fidel, N.M., about 60 miles west of Albuquerque.

There, he found that many of his patients were people with whom he had grown up in the Laguna Pueblo. Sometimes his medical skills were of no help. The people who came to him suffered the effects of unhealthy lifestyles or chemical abuse.

It was a painful time for Dr. Trujillo, who knew that the problems he encountered were not healed by medical practice alone. Early intervention was the cure, he thought. If prevention programs,
education and greater resources had been in place, perhaps his patients would have lived longer, healthier lives.

“Many of my patients were friends from elementary school, some of whom eventually died as a result of accidents or untreated illnesses,” Dr. Trujillo says. “When you go into a field like medicine, you do more than try to help. You also try to make a difference.”

Making a difference

From New Mexico to Oregon, Dr. Trujillo answered the call to care for American Indian communities in need. His willingness to serve was noticed by many.

In 1993, he was deputy director and chief medical officer of the Indian Health Service in Portland, Ore., when he received a late-night phone call. It was a tribal leader from Alaska, calling to inform him that his name had been submitted to President Bill Clinton to become the next director of the Indian Health Service. That trust would continue to grow as he moved ahead, and the opportunity to make a difference for millions of American Indians and Alaska Natives became a reality.

Dr. Trujillo has spent the past eight years as the leader of the $2.8 billion agency that is the principal federal health care advocate and provider for approximately 1.5 million American Indians and Alaska Natives in more than 560 federally recognized tribes in 35 states.

The agency, headquartered in Rockville, Md., is composed of 12 regional offices, a system of 49 hospitals, 221 health centers, 123 health stations, and 170 Alaska village clinics, and provides support to 34 urban projects that range from community health to comprehensive primary health care services. It has more than 15,000 employees.

“There are multiple complexities with the Indian Health Service, and Congress has never fully funded what has been needed,” says Philip Lee, M.D., a 1955 Mayo Clinic internal medicine fellow. Dr. Lee served as assistant secretary of Health, Education and Welfare from 1965 to 1969 and assistant secretary of Health and Human Services from 1993 to 1997. “Mike has been able to articulate a vision for the Indian Health Service aimed at empowering the tribes to make decisions about the health care of tribal members.”

Dr. Trujillo completed his second term as director of the Indian Health Service in June 2002. He also is an assistant surgeon general and holds the rank of rear admiral in the Commissioned Corps of the Public Health Service. He is on temporary assignment with the Office of the Surgeon General and is reviewing the next road in his career.

Former President Clinton says Dr. Trujillo’s advocacy for American Indians brought about changes that will help future generations.

“He has been an effective advocate for American Indians and has worked tirelessly at improving the quality of health care, education and employment opportunities for tribal nations — a vital part of today’s America and

“When you go into a field like medicine, you do more than try to help. You also try to make a difference.”

—Michael H. Trujillo, M.D.
an even more vital part of tomorrow’s America,” says former President Clinton. “I know the effects of the positive changes he brought to IHS will continue to bring good things to the Native American community.”

Dr. Trujillo credits his background, which includes his preventive medicine fellowship from 1982 to 1984 at Mayo Clinic in Rochester, for building the experiences he needed to succeed as director of the Indian Health Service.

**The strength of encouragement**

His father, Miguel, was one of his most important influences. Dr. Trujillo remembers the way in which his father told stories of the medicine man clan in the Isleta Pueblo, south of Albuquerque. His grandfather was regarded as a healer in the tribe.

Josephine Waconda, R.N., Dr. Trujillo’s sister, was the first American Indian woman to carry the rank of rear admiral in the Commissioned Corps of the Public Health Service. She remembers her younger brother as quiet and independent.

“He was always trying to figure out things; very inquisitive, but quiet,” she says. “He was quite independent for a little boy. He did not like people doing things for him.”

Dr. Trujillo’s journey in becoming a physician was one that evolved with the help of his high school teachers.

“I know the effects of the positive changes he brought to IHS will continue to bring good things to the Native American community.”

—Former President Clinton

*Former President Bill Clinton congratulates Dr. Michael Trujillo on his appointment as Director of Indian Health Services.*
and university professors who recognized his abilities.

“We didn’t know what he’d end up doing, but we knew he’d do it well,” says Maggie Perkins, Dr. Trujillo’s high school English teacher at Verde Valley School in Sedona, Ariz.

Perkins’ husband, Cliff, also was a teacher and Dr. Trujillo’s counselor at the school. He says the young Trujillo had talents that ranged from the arts to language. And his talents on the athletic fields, particularly his strong pitching arm on the baseball team, matched his academic abilities.

As a child, Dr. Trujillo’s exposure to medical providers was limited to visits to the nurse for vaccinations or to the dentist who occasionally visited the Laguna Pueblo. “I never knew an Indian physician until I became one myself,” he says. “In my early years, without any role models, I never considered medicine as an area that Indians could pursue.”

**A heritage of humanitarian ambition**

Ambition is a predominant trait in Dr. Trujillo’s family. His father was the first from his pueblo to earn a college degree. In 1948, the elder Trujillo was refused the right to vote in New Mexico state elections, even though he had just served with the U.S. Marines in World War II and helped recruit many of the Navajo code talkers. He sued the state of New Mexico for the right of American Indians living on reservations to vote; he prevailed and changed state law.

“Our parents were educators and they made us understand that we were going to get an education, so we could take care of ourselves and our families,” says Waconda, who retired five years ago as director of the Albuquerque Area Indian Health Services.

And, Dr. Trujillo emphasizes he was interested in doing something different from those around him.

Sitting in his science classes at the University of New Mexico, he was often the only American Indian student. There were few Indian students attending the university in the early 1960s.

“Early on in my studies, I was interested in political science and history, but I had some professors who encouraged me to take various science courses and steered me in a different direction,” Dr. Trujillo says.

After he earned his undergraduate degrees in biology, chemistry, history and political science, Dr. Trujillo worked part-time at the medical school, washing laboratory ware and preparing bacteria media. Hard work is part of the family tradition as well as ambition.

“We all worked very hard,” Waconda says. “My father would say, ‘If you write a paper, get it done early. If you have a project, always do more.’ We grew up with that. He would say, ‘Remember, whatever you do, people will judge all Indian people by your efforts.’ It was his reminder to always do everything well.”

In 1970, Dr. Trujillo received his master’s degree in microbiology and biochemistry. And then he became a medical student at the University of New Mexico School of Medicine.

“On rounds at medical school with other students,” Waconda says, “someone would ask him to move a bed or do something else, because they didn’t know he was a medical school student. It was very new for people to think of Indians as doctors.”

In 1974, when he became the first American Indian graduate of the medical school at the University of New Mexico, there were fewer than 100 American Indian physicians in the United States. Today, there are more than 1,200.

But Dr. Trujillo would like to see more. “It is disappointing that the
number of physicians who are American Indian is around 1 percent of all physicians,” he says. “There are many qualified American Indians and Alaska Natives who would become great physicians if they received the encouragement. Unfortunately, most college recruitment efforts occur away from reservations and not where Indian youth live.”

Dr. Trujillo had the opportunity to do his internal medicine residency at Mayo Clinic. Instead, he chose to stay in New Mexico, working in the clinics and hospitals that serve American Indians. A few years later, he did come to Mayo Clinic to do a fellowship.

“I remember walking into Mayo and feeling like I was walking into a different world,” Dr. Trujillo says. “It was completely different from what I’d been involved with in terms of services, expertise, technology and resources. It was such an exceptional program and very exciting.”

Dr. Trujillo received his master’s degree in public health from the University of Minnesota during that time. Later, he served the Indian Health Service as deputy area director and chief medical officer at area offices in Phoenix, Aberdeen, S.D., and Portland, Ore. He also served in other capacities in the Indian Health Service, the Public Health Service Regional Office in New York City and the Federal Medical Center of the Bureau of Prisons in Rochester, Minn.

“I served in many places and have traveled a great deal,” Dr. Trujillo says. “I could tell you where the coffee pot is in many of the small clinics and hospitals. I know the people there.”

Dr. Michael H. Trujillo, M.D.

I remember walking into Mayo and feeling like I was walking into a different world.

—Michael H. Trujillo, M.D.

An appointment of distinction

“He’s not a hierarchical guy, he’s a collaborative guy,” Dr. Lee says.

Dr. Trujillo’s appointment in 1994 as director of Indian Health Service was one that marked many “firsts.” He was the first President-appointed and Senate-confirmed director of the Indian Health Service for the Department of Health and Human Services. He also was the first full-blood American Indian to become the agency’s director.

Even so, those things matter little to him, says his sister.

“When you’re a Native American on the reservation or a pueblo you work more as a group of people,” Waconda says. “Maybe in the non-Indian world it’s more significant to be first but in the Native American world it’s not. Rather than take a lot of recognition for yourself, you work to get groups to come together for a common good.”

And that style of leadership has shown results, Dr. Lee says.

“The consultation and inclusion of the tribes have strengthened the agency to be an effective partner in the Indian health care system,” Dr. Lee says.

For example, Dr. Trujillo included the tribes in the budget development process, partnered in program development, set budget and health priorities, and reorganized the agency to be more responsive to the needs and voices of the American Indian people.

Congress doubled the agency’s budget during his eight years as director, bringing new resources to long-neglected problems. There is a long history of the federal obligation to provide health care to American Indians and Alaska Natives established in laws, court rulings and treaties signed in exchange for land.

He also pushed initiatives that

Dr. Trujillo meets with tribal officials at the Chippewa-Cree Health Center on the Rocky Boy’s Indian Reservation in north-central Montana.

Dr. Trujillo’s work in reaching out to Native American leaders was a hallmark of his two terms as director of the Indian Health Service.
emphasized the alliance between traditional and modern medical practices, and between community traditional healers and Indian Health Service health-care providers. Other initiatives focused on women’s and children’s health, and educating policymakers about the legal relationship between the federal government and tribal nations.

Dr. Trujillo established new relationships with groups that, in the past, had not worked with the agency. The agency did extensive work to coordinate and facilitate programs for American Indian health care among academic medical centers both in the Midwest and Southwest. A growing involvement in international activities began with a number of countries in Latin America, South America, New Zealand, Australia and Canada.

In addition, the agency developed a memorandum of agreement between Canada and the United States to begin a more formal relationship between the two countries to improve health care for North American Indians.

His office is filled with reminders of American Indian culture: Hopi kachina dolls, Navajo sand paintings, rugs, ceramics and other artifacts. Native prayers, singing and dancing now open many national Indian health meetings and conferences, reflecting what Dr. Trujillo encouraged.

Advocacy on the Hill

Dr. Trujillo has appeared before Congress on behalf of American Indians many times. His work of advocacy is also part of his heritage. He is the third generation of his family to face Congress on behalf of issues affecting the lives of American Indians. Along with his father’s work for American Indian voting rights, his maternal grandfather, Ulysses Grant Paisano, a Laguna Pueblo tribal governor, went to Capitol Hill frequently in the 1920s and 1930s to battle for tribal rights.

Dr. Trujillo’s appearances before the House and Senate committees often underscored the needs of American Indian health care. A recent study found that the average cost of American Indian health needs exceeds funding available by 40 percent. The study also found that funding for the Indian Health Service fell $1.3 billion short of parity with mainstream personal health plans.

And despite gains in life expectancy among American Indians (71 years), death rates for American Indians are higher than the general population of the United States.

On his final day as director of the Indian Health Service, Dr. Trujillo told the agency’s employees: “Each day it has been a joy for me to come to work because I knew we would be making a positive difference in the lives that we touched; that we were helping to raise the health status and improve the quality of life not only for all the Indian people of today, but for all the generations to come. Always remember whom we really serve — our brothers and sisters, our aunts and uncles, our mothers and fathers, and all of our Indian people. Always listen, be respectful, touch with a caring hand and honor our forefathers.”

What began as a journey nearly 30 years ago for a young American Indian physician helping his community, has brought Dr. Michael Trujillo to a leadership position helping American Indians and Alaska Native people across the nation.

—Michael Dougherty
Nominations are being sought for two new awards from the Mayo Clinic Alumni Association to recognize outstanding work from alumni in their professions and communities.

The Mayo Clinic Alumni Association Humanitarian Award and the Mayo Clinic Alumni Association Professional Achievement Award will be given every two years when alumni gather for the Mayo Clinic Alumni Association International Meetings. The awards will be given the first time on Oct. 4, 2003, at the President’s Dinner in Scottsdale, Ariz. The Fairmont Princess is the meeting headquarters. Mayo Clinic in Scottsdale will host the meeting.

Nominations for the two awards close March 1, 2003. Criteria for the awards and nomination forms are included in this issue of Mayo Alumni.

“These awards not only recognize the contributions our alumni make in their profession, but also the contributions they make in the communities where they live,” says Susan Wynn, M.D. (Allergy ’88), a private practice physician with Fort Worth Allergy and Asthma Associates, who chaired the Mayo Clinic Alumni Association Award Committee that developed the awards.

The Mayo Clinic Alumni Association Humanitarian Award will be given to alumni who have demonstrated the commitment of the Mayo brothers to service of humanity.

The Mayo Clinic Alumni Association Professional Achievement Award will be given to alumni who have demonstrated the commitment of the Mayo brothers to practice, education and research.

The new awards have been developed to further recognize the diverse talents, contributions and accomplishments of its alumni.

The awards were individually designed by David Factor, a medical illustrator at Mayo Clinic in Rochester, who took his inspiration from the criteria for the awards and matched it to elements in Mayo Clinic’s inspiring Plummer Building.

“Based on the criteria of the awards, I went to the rich décor of the Plummer Building to find something that visually said those things,” Factor says.

For the Mayo Clinic Alumni Association Professional Achievement Award, Factor found a four-foot medallion that adorns the 14th floor of the Plummer Building. In it is Athena, the Greek goddess of wisdom. Athena represents the power of the mind. She does not act rashly, but wisely considers her strategies. Athena symbolizes the ability to conquer fear with intelligence and vision. “It struck me that this would be appropriate for a professional achievement award that is based on research and teaching, the dissemination of knowledge,” Factor said.

On the first floor of the Plummer Building, many of the bronze elevator panels are engraved with medical scenes. There, Factor found his model for the Mayo Clinic Alumni Association Humanitarian Award. It is an ornate elevator panel depicting a physician placing his stethoscope on a young patient’s chest. The award communicates the qualities that comprise a physician’s practice: compassion, caring and competence. The strength of the physician-patient relationship is evident in the artist’s work.

—Michael Dougherty
Mayo Clinic Alumni Association Professional Achievement Award

The Mayo Clinic Alumni Association Professional Achievement Award acknowledges significant contributions by an alumnus or alumna from Mayo Graduate School of Medicine, Mayo Graduate School or Mayo Medical School. Accomplishments may be in a clinical program, a research program, an educational program, or an administrative field and must be exceptional in nature. The recipient(s) will demonstrate the commitment of the Mayo Brothers to practice, education, and research.

Dr. C. H. Mayo said, “Medicine gives only to those that give, but her rewards for those who serve are ‘finer than much fine gold.’” This award is intended to recognize the significant contributions of individuals who contribute in an exceptional manner to the care of patients or participate in research endeavors or educational or administrative commitments.

The Award

The award will be presented biennially at the Mayo Clinic Alumni Association International Meeting. Travel and hotel expenses will be provided. Recipient(s) must attend the Mayo Clinic Alumni Association International Meeting in order to receive the award.

Criteria

A Mayo Clinic Alumni Association member in active practice who meets one or more of the following:

- 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 Process

To be considered for this award, a completed nomination form and letter by a Mayo Clinic Alumni Association member, nominee’s curriculum vitae and bibliography, letters of recommendation, and supporting information should be submitted. Supporting information may include letters of commendation, awards, journal articles, or other information to support the nomination. The nomination should include specific examples of how the nominee has exceeded expectations in his/her area.

A committee comprised of representatives from the Mayo Clinic Alumni Association, the Mayo Clinic Alumni Association administrator, and the secretary-treasurer of the Association will review the applications and select the recipient(s).

For more information:  Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905
Telephone: 507-538-1663
Fax: 507-284-0999
E-mail: mayoalumni@mayo.edu

“The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician.”

— Dr. W. J. Mayo
Mayo Clinic Alumni Association
Professional Achievement Award

Nomination Form

Please print or type and return this form and supporting material to the address given below by March 1, 2003.

Nominator Information

Name_______________________________________________________________________________________________________

Title________________________________________________________________________________________________________

Address________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Phone number___________________________________________  Fax number_______________________________________

E-mail address______________________________________________________________________________________________

Nominee Information

Name_______________________________________________________________________________________________________

Title________________________________________________________________________________________________________

Address________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Phone number___________________________________________  Fax number_______________________________________

E-mail address______________________________________________________________________________________________

Each nomination packet must include:

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Curriculum vitae and bibliography
- Supporting letters (3-5 are recommended)
- Letters of commendation, awards, newspaper articles or other information (Optional)

Send nomination to:  Mayo Clinic Alumni Center
200 First Street S.W.,
Rochester, MN 55905

Telephone: 507-538-1663
Fax: 507-284-0999
E-mail: mayoalumni@mayo.edu
Mayo Clinic Alumni Association Humanitarian Award

The Mayo Clinic Alumni Association Humanitarian Award acknowledges significant contributions by an alumnus or alumna of Mayo’s education programs to the welfare of a community, country or humanity, beyond any volunteer service to Mayo. The recipient(s) will demonstrate the commitment of the Mayo Brothers to service of humanity.

W. J. Mayo said, “…any person who had physical strength, intellectual capacity or unusual opportunity held such endowments in trust to do with them for others in proportion to his gifts.” This award is intended to recognize the significant contributions of individuals who enrich the lives of people through service to the community in the areas of public health or public service.

The Award
The award will be presented biennially at the Mayo Clinic Alumni Association International Meeting. Travel and hotel expenses will be provided. Recipient(s) must attend the Mayo Clinic Alumni Association International Meeting in order to receive the award.

Criteria
A Mayo Clinic Alumni Association member who meets 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 under-served populations or provides services in challenging situations

Nomination Process
To be considered for this award, a completed nomination form and letter by a Mayo Clinic Alumni Association member, nominee’s curriculum vitae and bibliography, letters of recommendation and supporting information should be submitted. Supporting information may include letters of commendation, awards, newspaper articles, or other information to support the nomination. The nomination letter should include examples of how the nominee has contributed to public health or service.

A committee comprised of representatives from the Mayo Clinic Alumni Association, the Mayo Clinic Alumni administrator, and the secretary-treasurer of the Association will review the applications and select the recipient(s).

For more information:
Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905
Telephone: 507-538-1663
Fax: 507-284-0999
E-mail: mayoalumni@mayo.edu

“All who are benefited by community life, especially the physician, owe something to the community.”
— Dr. C. H. Mayo
Mayo Clinic Alumni Association
Humanitarian Award

Nomination Form

Please print or type and return this form and supporting material to the address given below by March 1, 2003.

Nominator Information

Name_______________________________________________________________________________________________________
Title________________________________________________________________________________________________________
Address________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Phone number___________________________________________  Fax number_______________________________________
E-mail address______________________________________________________________________________________________

Nominee Information

Name_______________________________________________________________________________________________________
Title________________________________________________________________________________________________________
Address________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Phone number___________________________________________  Fax number_______________________________________
E-mail address______________________________________________________________________________________________

Each nomination packet must include:

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Curriculum vitae and bibliography
- Supporting letters (3-5 are recommended)

Letters of commendation, awards, newspaper articles or other information (Optional)

Send nomination to:  Mayo Clinic Alumni Center
200 First Street S.W.
Rochester, MN 55905
Telephone: 507-538-1663
Fax: 507-284-0999
E-mail: mayoalumni@mayo.edu
Resources to help you stay connected with Mayo Clinic and the Mayo Clinic Alumni Association

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

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

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

For Mayo Clinic and health information on the Web:
www.mayo.edu
www.mayoclinic.org
www.mayoclinic.com

Alumni Center Information
Mayo Clinic Alumni Center
507-284-2317
Karen Skiba
Administrator
507-538-0162
E-mail: mayoalumni@mayo.edu

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

Doctors Mayo Society
Mark Hintz
800-297-1185

Department of Development
800-297-1185

Physician Referral Information
Rochester  800-533-1564
Jacksonville  800-634-1417
Scottsdale  800-446-2279

Executive Health Program
Rochester  507-284-2288
Jacksonville  800-634-1417
Scottsdale  480-301-8088

Mayo Medical Laboratories
800-533-1710

Mayo Clinic MedAir, Mayo One
800-237-6822

Regional Visiting Faculty Program
Rochester  507-284-2242
Jacksonville  904-953-2944
Scottsdale  480-301-7348

Visiting Clinician Program
Rochester  507-284-3432
Jacksonville  904-953-2944
Scottsdale  480-301-4338

Continuing Medical Education
Rochester  800-323-2688
Jacksonville  800-462-9633
Scottsdale  480-301-4580

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
Michael Griffin
507-284-9114
www.mhs.mayo.edu

Medical Journal
Mayo Clinic Proceedings
800-707-7040
www.mayo.edu/proceedings

For information about Mayo Clinic and the Mayo Clinic Alumni Association:

Mayo Clinic Alumni Association
29

Fall 2002 Mayo Alumni
Dr. George Bartley named as next chair of the Mayo Clinic Jacksonville Board of Governors

The Mayo Clinic Jacksonville Board of Governors and the Mayo Foundation Executive Committee have selected George Bartley, M.D., as the next chair of the Mayo Clinic Jacksonville Board of Governors.

As previously announced, Denis Cortese, M.D., will continue to serve as chair of Mayo Clinic Jacksonville until later this year when he begins a period of transition with Michael Wood, M.D., to assume the role of president and chief executive officer of Mayo Foundation. Dr. Bartley will assume his responsibilities in Jacksonville on Jan. 1, 2003.

“We are fortunate in the appointment of Dr. Bartley,” Dr. Wood says. “He will be an exceptional addition to the Mayo Clinic Jacksonville community, continuing the strong leadership of Dr. Cortese as Jacksonville moves forward in the planning process for a new Mayo hospital on the Davis campus.”

Dr. Bartley has been a consultant in ophthalmology at Mayo Clinic in Rochester since 1986 and is a professor of ophthalmology at Mayo Medical School. His subspecialty interest is oculoplastic and orbital surgery. He has chaired the Department of Ophthalmology and served as director of the department’s residency program. Dr. Bartley is a member of the Mayo Clinic Rochester Board of Governors and has served as vice chair of the board’s Administrative and Finance committees. He has been a member of the Personnel Committee and currently serves on the Research Committee, the Mayo Foundation Education Committee and the Foundation Finance Committee. He has been vice chair of the board of directors for Albert Lea Medical Center, Albert Lea, Minn., a part of the Mayo Health System, and currently serves on the board for Charter House, a retirement living center in Rochester.

“Dr. Bartley’s enthusiasm and his thoughts about Mayo Clinic Jacksonville and the future will be great assets to his new role,” says Dr. Cortese. “I look forward to working with him during this period of transition, sharing our best hopes and our highest expectations for Jacksonville and its ongoing role as one of the three ‘doors’ of Mayo Clinic.”

“I’m honored to be selected to take up the work of Dr. Cortese,” says Dr. Bartley. “Mayo Clinic Jacksonville has many strengths and many opportunities ahead. With vision, focus and the continued hard work of its talented staff, Jacksonville is capable of becoming the preeminent academic medical center in the southeastern United States, and helping Mayo to establish itself as a national health care organization. I am glad to be a part of that effort and to work toward that goal.”

Mayo Clinic develops rapid detection smallpox test

Mayo Clinic researchers have developed a DNA-based test that can rapidly detect tiny amounts of the deadly smallpox virus. The test has potential to alert local public health officials quickly in the event of a bioterrorism attack involving smallpox, and to more rapidly determine how far the virus has spread.

According to a paper published in the June 2002 issue of the Journal of Clinical Microbiology, the test detects as few as five to 10 copies of smallpox virus DNA in a sample and is able to distinguish smallpox from among relatively benign related viruses. Only two laboratories in the United States can safely support testing of a potential smallpox outbreak using currently available methods; the new molecular test could be performed in the future at many other qualified laboratories.

“The stockpiling of smallpox virus for military and terrorist use has been recognized as a significant threat by the Centers for Disease Control and the U.S. military,” says Thomas Smith, Ph.D., a Mayo Clinic microbiologist and director of the team that developed the test. “Furthermore, the partial immunity some people have due to previous vaccinations means smallpox cases that would arise from a future terrorist attack may not look exactly like those of three decades ago. This makes early and rapid laboratory diagnosis important, to help public health officials prevent the spread of this highly contagious disease.”

The test uses the Roche LightCycler Instrument (Roche Applied Science; Indianapolis), following a Mayo Clinic-developed protocol, to rapidly multiply copies of Orthopoxvirus DNA through polymerase chain reaction.
Fall 2002    Mayo Alumni

31

(PCR). Further analysis distinguishes smallpox from the related cowpox, monkeypox and vaccinia viruses. Chickenpox and herpes simplex viruses are not targeted or detected. This instrument is the same one Mayo Clinic used to develop a rapid anthrax test last year in the wake of mailroom contaminations.

Analytical time for the test is less than one hour. For safe processing of specimens, including autoclave steam sterilization, the total time required for the test is about two hours.

In addition to its rapid and accurate results, a key benefit of the new test is its safety and suitability for widespread use. “Transporting highly infective samples to specialized government laboratories delays results and increases the risk of the disease spreading,” says Dr. Smith. “With the new test, however, samples can be immediately sterilized with an autoclave to destroy their infectivity without affecting viral DNA as a target for the LightCycler PCR. Widespread LightCycler availability, combined with standard autoclave sterilization in almost every medical facility, may make local laboratory diagnosis possible for bioterrorism events involving smallpox virus.”

Mayo Clinic's reputation for overall excellent patient care,” said Doreen Frusti, R.N., chair of Mayo Clinic’s Department of Nursing. “We have a high standard of care at Mayo Clinic, and this award by the nursing profession acknowledges our excellent nursing service.”

As nursing continues to be an in-demand profession, the redesignation of the award is an important recruiting tool for Mayo Clinic.

“Of Mayo Clinic applicants for nursing positions, 60 percent cite the Magnet award as a factor for applying,” Frusti said. Mayo Clinic has a total of 5,200 registered and licensed practical nurses on staff in Rochester.


A paper about the autoclave’s use and how it can aid laboratories in the safe detection of smallpox was published in the July 2002 issue of Mayo Clinic Proceedings.

Mayo Clinic and Roche are working with relevant U.S. government agencies to provide the test protocol and supplies for validation and possible use in the evaluation of suspected smallpox cases.

Mayo Clinic nurses receive award for excellence in nursing

Nursing at Mayo Clinic in Rochester recently received the prestigious Magnet award for “Excellence in Nursing Services.” The Magnet award is the highest level of national and international recognition accorded to organized nursing services.

Given by the American Nurses Association’s American Nurses Credentialing Center, the award was developed to recognize health care organizations that provide the best in nursing care, have a nursing leadership structure and uphold a professional nursing practice. Mayo Clinic’s award is a redesignation of its original award, meaning it has continued to meet or exceed the criteria.

When Mayo Clinic received its first Magnet designation in 1997, it was only the fifth health-care organization to receive the award since its inception in 1994. Today, there are 50 organizations in 22 states that have been awarded the designation. Mayo Clinic is the only organization in Minnesota that has received the Magnet award.

“The award illustrates Mayo Clinic’s reputation for overall excellent patient care,” said Doreen Frusti, R.N., chair of Mayo Clinic’s Department of Nursing. “We have a high standard of care at Mayo Clinic, and this award by the nursing profession acknowledges our excellent nursing service.”

As nursing continues to be an in-demand profession, the redesignation of the award is an important recruiting tool for Mayo Clinic.

“Of Mayo Clinic applicants for nursing positions, 60 percent cite the Magnet award as a factor for applying,” Frusti said. Mayo Clinic has a total of 5,200 registered and licensed practical nurses on staff in Rochester.


Mayo Clinic researchers develop a new imaging test for diagnosing breast cancer

Mayo Clinic researchers have found that breast tumors can be detected with a new imaging technique called magnetic resonance elastography. This test uses a combination of sound waves and MRI to evaluate the mechanical properties of tissues within the breast. In the future, this could mean earlier and more reliable diagnosis of breast cancer. The study was published in the June 2002 issue of the American Journal of Roentgenology.

In the study, investigators modified an MRI scanner to beam sound waves into the breast during MR imaging. A scanning technique developed by the Mayo researchers
provides data, which is processed to yield images displaying the mechanical properties of breast tissues.

“Malignant breast tumors tend to be much harder than normal tissues and most benign tumors,” says Richard Ehman, M.D., a Mayo Clinic diagnostic radiologist and principal investigator of the study. “This explains why breast cancer is often detected by physical examination simply on the basis of a very hard lump in the breast.”

The MR elastography technique was tested on six healthy women and six women with known breast cancer. The images of women with breast cancer demonstrated areas of very high tissue stiffness corresponding to the known tumors. On average, the stiffness of the breast cancer tissue was more than four times higher than the surrounding tissue.

“The goal of our research is to determine whether we can use this new MR elastography technique to improve the accuracy of MRI for breast cancer diagnosis, thereby reducing the need for biopsies,” Dr. Ehman says.

This research is supported by a grant from the National Cancer Institute.

Mayo Clinic study finds leaky valve leads to common, risky heart rhythm disturbance

Mayo Clinic doctors have found that atrial fibrillation is common in patients with leaky mitral valves, suggesting that surgical valve repair should be more strongly considered in those patients.

The research findings were published in the July 3, 2002, edition of Journal of the American College of Cardiology.

“Patients with mitral regurgitation who develop atrial fibrillation have a problem that should be addressed promptly,” says Maurice Sarano, M.D., a Mayo Clinic cardiologist and senior author of the study. “Our findings suggest that we need to be much more aggressive about getting these patients into surgery.”

The study followed 449 patients with mitral regurgitation. The researchers theorize that the backward pressure causes stress that enlarges the left atrium and eventually leads to atrial fibrillation.

While all of the patients had started with normal heart rhythms, almost half developed atrial fibrillation within 10 years, and those patients had higher rates of heart failure and cardiac death than the ones who maintained normal rhythm. Advancing age and increased left atrial size were the two factors that predicted which patients would go on to develop rhythm disturbances. The rhythm problem was similar in patients with so-called “flail leaflets” and also in those with mitral valve prolapse.

“This study suggests that a patient with mitral regurgitation who has an enlarged left atrium is likely on the way to atrial fibrillation,” says Dr. Sarano. “For these patients, surgery to correct the valve problem should be considered. Research into medical therapies to reduce pressure on the atrium must continue, but given the very low risks of surgical repair and the high risks of atrial fibrillation and its negative consequences, this tilts the balance in the direction of the surgical approach. At the very least, these patients should be closely monitored for the onset of atrial fibrillation.”

“For patients with degenerative mitral valve disease who are already experiencing atrial fibrillation, the decision is much more clear cut. The valve should be repaired surgically to reduce stress on the atrium, and a MAZE procedure, which helps redirect stray electrical impulses in the heart, may be considered to eliminate the atrial fibrillation.”

Mayo Foundation trustees announce two named professors

The Mayo Foundation Board of Trustees at its meeting in August honored two Mayo Clinic physicians with Mayo Medical School named professorships.

The board awarded Cheryl Conover, Ph.D., an endocrine researcher at Mayo Clinic in Rochester, the George M. and Edna B. Endicott Professorship in Medicine. The board also awarded Steven Younkin, M.D., Ph.D., a neuroscientist at Mayo Clinic in Jacksonville, with the George M. Eisenberg Professorship.

The Endicott Professorship in Medicine was established in 1977 by Mr. and Mrs. George M. Endicott of Grosse Point Farms, Mich., through personal gifts and gifts from their
foundations, the Endicott-Bohn Foundation. The Endicotts and their foundation also have provided significant contributions for diabetes research. The late Mr. Endicott was chairman of the board of the Charles B. Bohn Corporation and the Roytan Corporation, and he was a director of the Michigan National Corporation, Michigan’s largest statewide multibank holding company.

Dr. Conover is the director of the Endocrine Research Unit at Mayo Clinic in Rochester and a professor of medicine at Mayo Medical School. She received her Ph.D., in physiology/biochemistry from Boston University and completed her postdoctoral training at Stanford University Medical Center. She holds grants from the American Heart Association, Gro Pep Ltd. Research, Diagnostics Systems Laboratories and the U.S. Department of Defense. Her research focuses on insulin growth factors and their role in cell and tissue growth. She joined the staff of Mayo Clinic in Rochester in 1989.

George M. Eisenberg of Chicago established the Eisenberg Professorship in 1988. Mr. Eisenberg has endowed eight professorships at Mayo Clinic, two of which are George M. Eisenberg Professorships. Mr. Eisenberg founded American Decal & Manufacturing Company, which immediately became a success and grew to become an international leader in specialty printing. His gifts to Mayo Clinic include donations for research in the fields of cardiology, colon and rectal surgery, dermatology, endocrinology, ENT and pituitary. In addition to endowing eight professorships at Mayo, his lifetime gifts included major support for research equipment, the endowment of Mayo Medical School, and contributions to Rochester Methodist Hospital and Saint Marys Hospital prior to the 1986 merger of the hospitals with Mayo Clinic. In 1989, the main building of Rochester Methodist Hospital was named in Mr. Eisenberg’s honor. He also left half of his estate to Mayo as a research endowment, with a primary emphasis in cancer.

Dr. Younkin is chair of the Center for Neuroscience at Mayo Clinic in Jacksonville and a professor of pharmacology at Mayo Medical School. He received his Ph.D., in pharmacology and later his medical degree at the University of Pennsylvania in Philadelphia. He completed a residency in anatomic pathology/neuropathology at University Hospitals, Case Western Reserve University School of Medicine, in Cleveland. He joined the Mayo Clinic staff in 1995.

Dr. Younkin is recognized internationally for his groundbreaking work in Alzheimer’s disease. For his work, he received two prestigious awards for research on this disease: the Metropolitan Life Foundation Award and the Potamkin Award. He also received the Zenith Fellows Award given by the Alzheimer’s Disease and Related Disorders Association.

“Stronger back muscles reduce spine fractures in postmenopausal women”

A Mayo Clinic study has found that a back-strengthening exercise program can provide significant long-lasting protection against spinal fractures in women at risk for osteoporosis. The research findings were published in the June 2002 edition of BONE: Official Journal of the International Bone and Mineral Society.

“This study provides strong evidence that even without hormone replacement therapy, a specific exercise program can reduce the risk of vertebral fractures in elderly women and that this benefit lasts several years,” says Mehrsheed Sinaki, M.D., a Mayo Clinic physical medicine specialist and the lead author of the study. “Back extension exercises significantly reduced bone loss and reduced vertebral compression fractures.”

The study involved 50 healthy postmenopausal women, ages 58-75. Twenty-seven had performed back-strengthening exercises for two years, while the other 23 served as the control group. While there was no difference in bone mineral density between the two groups at the end of the two-year exercise period, members of the control group were 2.7 times more likely to have vertebral compression fractures at the end of 10 years. The exercise group retained a significant advantage in back strength, even eight years after the exercise program ended, and its members had lost less bone density than those in the control group.

“Exercise requires more effort than taking a pill, so getting patients to comply with an exercise program is more difficult,” says Dr. Sinaki. “However, because the benefits of exercise continue even after the program is completed, perhaps this should lead us to consider more short-term, intensive exercise programs that will be easier to maintain. This study provides good evidence that we should investigate such an approach, both as an alternative treatment for those patients who are not able to tolerate hormone replacement or drug therapies and as a supplement to those therapies.”
Mayo Clinic researchers find useful test for identifying patients at risk for sudden death from a genetic cardiac condition

Genomic medicine has helped Mayo Clinic researchers find a renewed use for a test once deemed ineffective in detecting a cardiac condition sometimes cited as the cause of previously unexplained sudden deaths.

“This is a test we use to determine if patients are at risk of long QT syndrome,” says Michael Ackerman, M.D., Ph.D., director of the Long QT Syndrome Clinic at Mayo Clinic and the principal investigator of a study that appears in the May 2002 issue of Mayo Clinic Proceedings. “We feel the best place for patients to have their first episode is under medical care rather than while running down the street.”

Mayo Clinic researchers discovered a unique response among certain patients with long QT syndrome when epinephrine was infused into their bodies, while being monitored with a 12-lead electrocardiogram. In the past, when the genetic sub-types of long QT were not known, the response to adrenaline was scattered and not definitive.

“Human Genome Project insights have translated into a revival of an old clinical test,” says Dr. Ackerman. “It was rediscovered as potentially useful when you understand the response to the test depends on the underlying genetic defect.”

The study identifies a specific response in people with long QT syndrome 1 (LQT1) compared with other genotypes of long QT syndrome. LQT1 affects about 1 in 20,000 people and can have effects ranging from fainting to sudden death. It is suspected in some unexplained drownings.

“The present work represents a welcome bridge between the molecular genetics of cardiac ion channelopathies and the application of this knowledge in the diagnosis and management of these patients,” writes James C. Perry, M.D., of Children’s Hospital in San Diego, Calif., in an accompanying editorial.

Long QT syndrome is the first genetically defined type of arrhythmia to be understood at the molecular level. Long QT syndrome is a genetic condition that affects the heart’s electrical system where the electrical recharging process (measured by the QT interval on the ECG) is longer than normal. Usually, patients have no problem with this condition, but certain triggers like swimming, intense physical exertion or being suddenly startled or frightened can set it off, causing fainting spells, seizures or even death from ventricular fibrillation. Long QT syndrome affects approximately 1 in 5,000 people.

The study looked at 37 patients between May 1999 and April 2001 who were genotyped with long QT syndrome in Mayo’s Sudden Death Genomics Laboratory directed by Dr. Ackerman. Their results were contrasted with 27 healthy volunteers. The patients were monitored continuously with a 12-lead ECG during the epinephrine QT stress test.

The test takes about an hour to conduct. The patient is lying on his or her back when the epinephrine is infused into the arm intravenously. It is done under medical supervision and the patient is fitted with defibrillator pads in case of a cardiac episode. More than 100 of these epinephrine challenges have been conducted to date without any complications, Dr. Ackerman said.

He said further testing is needed to determine if the paradoxical response to adrenaline observed in this initial study is specific only for this particular genetic abnormality of long QT subtype 1.

New radioimmunotherapy drug proves highly effective for killing off B cell non-Hodgkin’s lymphoma

A Mayo Clinic study indicates the first of a new class of drugs involving radioimmunotherapy helped a significant number of patients with low-grade B cell non-Hodgkin’s lymphoma who have exhausted treatment options.

The study, published in the May 15, 2002, issue of Journal of Clinical Oncology, investigated the ability of the drug Zevalin to hone in on and kill off the non-Hodgkin’s lymphoma B cells. Zevalin is the first radioimmunotherapy drug developed specifically to fight this cancer of the lymph glands that, for unknown reasons, is on the increase in the United States. About 56,000 people are diagnosed with this cancer annually.

The randomized study involved 143 patients with B cell non-Hodgkin’s lymphoma who had previously failed the standard chemotherapy treatments. The study found that 80 percent of patients who received Zevalin experienced a positive response in that their tumor shrunk. That compared to a 56 percent response rate in patients receiving only Rituxan.

Most noteworthy, 30 percent of the patients receiving Zevalin achieved complete remission with no evidence of the cancer present, compared to only 16 percent of patients taking Rituxan. Radioimmunotherapy combines...
Nominations requested for Balfour and Kendall research awards

Mayo Clinic Alumni Association members are encouraged to submit nominations for the 2003 Donald C. Balfour and Edward C. Kendall awards for meritorious research. Nominations will be accepted until Dec. 31.

The Balfour Award recognizes outstanding research by a resident of the Mayo Graduate School of Medicine whose primary training is in a clinical field. The Kendall Award recognizes outstanding research by a postdoctoral fellow or research associate who is within five years of having received the doctoral degree and whose research being considered for the award was completed during the first postdoctoral fellowship.

Any Mayo Clinic Alumni Association member may nominate candidates by writing to Carol Demulling, Mayo Clinic Alumni Association, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; by calling 507-538-1663 or e-mailing mayoalumni@mayo.edu.

Mayo Foundation Distinguished Alumnus Award call for nominations

Nominations for the 2003 Mayo Foundation Distinguished Alumnus Award will be accepted until Dec. 13. The award recognizes exceptional contributions by alumni in the areas of medical care, research, education and administration.

Any Mayo Clinic Alumni Association member may nominate candidates by writing to Carol Demulling, Mayo Clinic Alumni Association, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; by calling 507-538-1663 or e-mailing mayoalumni@mayo.edu.

Nominations must include a summary of the attributes of the alumnus or alumna, a copy of the individual’s curriculum vitae and supporting letters. Three letters are recommended, and they may be sent from both alumni and non-alumni.

Award recipients will be honored during commencement ceremonies in May 2003.

monoclonal antibodies, which are antibodies produced in a laboratory to react against a cancer cell, with the ability of radiation to kill off cancer cells. The mixture of radiation and antibodies is given intravenously.

“Unlike chemotherapy which goes through the whole body, Zevalin carries the radiation payload directly to the tumor,” says Thomas Witzig, M.D., a Mayo Clinic hematologist. “The drug radiates only about a five-millimeter area around the tumor.”

Along with its ability to hone in on cancer cells, the drug is easier on patients physically.

Dr. Witzig and Gregory Wiseman, M.D., a Mayo Clinic nuclear medicine specialist, led the phase III research study. This study was one of several clinical trials on the drug conducted by Mayo Clinic and nine other cancer centers in the United States. The cumulative results led to the recent approval of Zevalin by the Food and Drug Administration for treatment of patients with relapsed B cell non-Hodgkin’s lymphoma.

Alumni meetings

Receptions

American Society of Plastic and Reconstructive Surgery, Nov. 2-6, 2002, San Antonio, Texas
American Academy of Maxillofacial Prosthetics, Nov. 3-6, 2002, Orlando, Fla.
Society for Neuroscience, Nov. 5, 2002, Orlando, Fla.
American Heart Association, Nov. 18, 2002, Chicago, Ill.

Postgraduate meetings

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.

Sports Medicine Symposium, Nov. 1-2, 2002
Mayo Clinic Nicotine Dependence Seminar: Counselor Training and Program Development, Nov. 3-6, 2002

Current Concepts in Primary Eye Care, Nov. 7, 2002
Clinical Reviews, Nov. 11-13, 2002
OB/GYN Clinical Reviews, Nov. 14-16, 2002
Cardiology Today and Tomorrow, Nov. 21, 2002
Managing Care in Rural Settings, Nov. 21-22, 2002
Cardiology Today and Tomorrow, Dec. 5, 2002
Gastroenterology and Hepatology — 2003, Feb. 3-7, 2003, Freeport, Grand Bahamas
Selected Topics in Internal Medicine, Feb. 3-7, 2003, Kauai, Hawaii
Sixth Mayo Clinic Endocrine Course, Feb. 23-28, 2003, Big Island, Hawaii

1940s
Russell Long (General Surgery ’45) retired from his surgical practice in 1980 and now does flight physicals for the Federal Aviation Administration. He has completed more than 26,000 physicals.

1960s
Dale Anderson (General Surgery ’65) is coordinator of Minnesota ACT NOW Project, a group of artists and medical professionals who identify theater techniques that can be played out in everyday life. He recently authored a book related to the subject, Never Act Your Age: Play the Happy Childlike Role Well at Every Age.

James Chan (Pediatric and Adolescent Medicine ’67) is director of research at The Barbara Bush Children’s Hospital at Maine Medical Center in Portland, Maine. He also is professor of pediatrics at the University of Vermont College of Medicine.

1970s
Victoria Nichols-Johnson (Obstetrics & Gynecology ’75) received a master’s degree in administrative medicine and population health from the University of Wisconsin. Dr. Nichols-Johnson is associate professor and assistant program director at the Southern Illinois University School of Medicine.

Friedrich Port (Internal Medicine ’70, Nephrology ’73) is president of the University Renal Research and Education Association, a not-for-profit research foundation dedicated to medical outcomes research and training, focused primarily on kidney disease and solid organ transplantation. It is based in Ann Arbor, Mich.

Hugo Tapia (Nephrology ’73) is president of the Peruvian-American Medical Society, a group of approximately 600 Peruvian-born physicians who practice in the United States. Dr. Tapia is the medical director of three dialysis clinics and co-director of two others owned by Gambro Healthcare in Florida. He was recently featured in a story in The Ledger newspaper of Lakeland, Fla.

James Zalla (Dermatology ’70) of Florence, Ky., has begun his four-year term as a member of the Board of Directors of the American Academy of Dermatology.
Michael Ackerman received the Travel Award from the Society for Pediatric Research.

Franklin Cockerill was elected to Fellowship in the American Academy of Microbiology.

William Cooney was the featured lecturer at the Bradford Eaton Memorial Lecture.

Gordon Dewald was presented the Outstanding Achievement award by the Association of Genetic Technologists.

Gerald Gilchrist led a delegation of pediatricians and pediatric nurse practitioners to China at the invitation of the Chinese Ministry of Health.

Peter Gloviczki was elected treasurer of the Society for Vascular Surgery and also was elected into its executive council.

Douglas Gracey was appointed the American College of Chest Physicians Governor for Minnesota.

Sharonne Hayes received the 2002 Wenger Award for Excellence in Healthcare at the National Coalition for Women with Heart Disease.

Richard Helmers received the 2002 American Thoracic Society Presidential Commendation.

Joseph Hung was appointed chair of the Committee on Pharmacopeia by the Society of Nuclear Medicine.

Steven Kavros has been appointed to the Minnesota Board of Podiatric Medicine.

Keith Kelly received the 2002 Founders’ Medal from the Society for Surgery of the Alimentary Tract.

Douglas Mair was the 2002 John D. Hughes Visiting Professor of Pediatrics at the Riley Children’s Hospital.

Michael McGoon was installed as chair of the Scientific Leadership Council in the Pulmonary Hypertension Association.

Laurence Miller was named deputy director of the Mayo Clinic Cancer Center.

Bernard Morrey was inducted into the Royal College of Surgeons of Edinburgh as an honorary fellow.

David Mrazek was appointed director of the American Board of Psychiatry and Neurology.

H. Bryan Neel delivered the Paul H. Ward, M.D., Society Lecture.

B. Lawrence Riggs received the Yank D. Coble, Jr., Distinguished Service Award from the American College of Endocrinology.

Joseph Segura was named member of council, Royal College of Surgeons of Edinburgh.

Ann Vincent received the 2002 New Investigator Award of the North American Menopause Society.

Jeffrey Winters received the Junior Investigator Award from the American Society for Apheresis.

Co-authors were James Gloor, Alvaro Pineda, and S. Breandan Moore.

Earl Wood received the H. Strughold award from the Space Medicine Branch of the Aerospace Medical Association.

Kale Bodily (Mayo Medical School) won the American Association of Clinical Anatomy Pre-Doctoral Travel Award for an outstanding presentation.
Harold Burkhart (Cardiac Surgery) and Jessica Donington (Thoracic Surgery) were selected as recipients of the 2002 O. T. Clagett Travel Awards.

Michael Kendrick (Surgery) is the 2002 recipient of the H. K. Gray Travel Award presented annually to a resident in the Department of Surgery who has demonstrated clinical excellence during surgical training.

Geza Mozes (Surgery) is the 2002 recipient of the Kaare K. Nygaard Travel Award, presented annually to a resident in the Department of Surgery who has demonstrated excellence in clinical research during surgical training.

Gustavo Oderich (Surgery) is the 2002 recipient of the Kaare K. Nygaard Travel Award, presented annually to a resident in the Department of Surgery who has demonstrated excellence in clinical research during surgical training.

Kristin Vickers Douglas (Psychology) received the Howard Rome Fellow’s Writing Award from the Department of Psychiatry and Psychology. Her paper, which has been submitted for publication, is titled “Depressed and Non-Depressed Young Adult Tobacco Users: Differences in Coping Style, Exercise Level, and Weight Concerns.”

Farhad Zangeneh (Endocrinology) was awarded a research grant from the Endocrine Fellows Foundation for his project with Robert Rizza entitled “Assessment of the Effect of Route of Delivery of Glucose on Plasma Glucose Concentration, Endogenous Glucose Production and Splanchnic Glucose Extraction.” Dr. Zangeneh also was recently elected the Fellows-in-Training representative for the American Association of Clinical Endocrinologists Board of Directors.

Obituaries

1940s

John Ambrusko, 88, died April 25, 2002. Dr. Ambrusko received his medical degree in 1937 from the University of Buffalo Medical School. He enlisted in the U.S. Navy midway through his surgery fellowship at Mayo Clinic. Dr. Ambrusko became a lieutenant-commander and served as a physician on a destroyer in the South Pacific and at a field hospital in the New Hebrides Islands. He returned to Mayo Clinic after the war and completed his fellowship in general surgery in 1947. Dr. Ambrusko joined the medical faculty of State University of New York at Buffalo, where he remained for 10 years before opening a private practice. In 1950, with the Sisters of Mercy, he helped found the Kenmore Mercy Hospital. Dr. Ambrusko held the post of chief surgeon and chairman of the hospital’s surgical department. He was chief medical consultant to Niagara Mohawk Power Corp., from 1954 to 1978. After cataract surgery forced him to give up his surgical career, he moved to Florida in the late 1970s to begin a new career as public health director of the Manatee County Health Department in Bradenton, Fla. He also served as an associate medical examiner for the State of Florida from 1980 to 1995.

Manuel Carmona, 87, died July 29, 2001. Dr. Carmona received his medical degree in 1941 from Jefferson Medical College in Philadelphia. He interned at Cooper Hospital in Camden, N.J., before beginning a surgery residency at Mayo Clinic. He interrupted his residency to serve as a commissioned officer in the U.S. Army Medical Corps with the 234th General Hospital in the China-Burma-India Theater. He returned to Mayo Clinic and completed his residency and a master’s degree in surgery in 1948. He moved to Hollywood, Fla., and began his surgical practice. During his career, he was chief of surgery at Hollywood Memorial Hospital. He retired in 1973.

James DuShane, 90, died Aug. 16, 2002. Dr. DuShane received his medical degree in 1937 from Yale University. He interned at Yale, New Haven Hospital from 1937 to 1938, was a pediatric resident from 1938 to 1939 and then worked at Chicago Children’s Memorial Hospital until 1942. From 1942 to 1944, he was in private practice in pediatrics in Evanston, Ill., and an instructor at Northwestern University Medical School. He served in the U.S. Naval Reserve from 1944 to 1946. Dr. DuShane joined the Mayo Clinic staff in 1946 and worked until retirement in 1974. At Mayo Clinic, Dr. DuShane was head of the pediatric section from 1957 to 1966 and served on the Board of Governors. He served as co-founder and first chairman of the sub-specialty board of Pediatric Cardiology of the American Board of Pediatrics. He was a pioneer in Mayo’s pediatric cardiology and children’s open heart surgery.

Eugene Olcott, 82, died March 20, 2002. Dr. Olcott received his medical degree in 1943 from the University of Louisville. He served as a captain in the U.S. Army during World War II, receiving the World War II Victory Medal and the National Defense Service Medal. Dr. Olcott completed a surgery fellowship in 1948 at Mayo Clinic and moved to
Douglas Rooke, 88, died June 18, 2001. Dr. Rooke received his medical degree in 1937 from Queen’s University in Kingston, Ontario, Canada. He was an intern and resident at Ottawa Civic Hospital in Ontario. He began a fellowship at Mayo Graduate School of Medicine in 1940, but interrupted his fellowship to serve in the Royal Canadian Army Medical Corps with the rank of major. He resumed his fellowship in 1946 and completed the neurology fellowship in 1949. Dr. Rooke joined the Mayo Clinic staff in July 1949. In 1950, he received a master’s degree in neurology from the University of Minnesota. He was named an instructor in neurology at Mayo Graduate School, later became an assistant professor of clinical neurology, and in 1969 was appointed associate professor of clinical neurology in Mayo Medical School. Dr. Rooke served as secretary of the voting staff of Mayo Clinic in 1969 and 1970. Dr. Rooke retired in 1977.

James Shelden, 93, died Aug. 1, 2002. Dr. Shelden received his medical degree from the University of Minnesota and later trained in radiology at Mayo Clinic, finishing his residency in 1943. He served overseas with the Mayo Clinic unit during World War II. Dr. Shelden returned from his service and moved to Lakeland, Fla., in 1946, and joined the Watson Clinic. He served as president of several medical societies and associations during his career: Florida Radiological Society (1956), Polk County Medical Association (1956) and West Coast Radiological Society (1960). He retired in 1980.

1950s

Wilford Brooksby, 84, died June 10, 2001. Dr. Brooksby received his medical degree in 1943 from Northwestern University Medical School. He completed his residency in internal medicine at Mayo Clinic in 1944 and a fellowship in neurology and psychiatry in 1950. Dr. Brooksby moved to Eugene, Ore., and served on the staffs of Sacred Heart Hospital and McKenzie-Willamette Hospital. He also helped develop the Lane County Mental Health Clinic. Dr. Brooksby was on the faculty of the University of Oregon Student Health Center and Counseling Center for 28 years. He retired in 1983.

Robert Hughes, 76, died April 16, 2002. Dr. Hughes received his medical degree in 1948 from the University of Western Ontario. He completed a neurology surgery fellowship in 1955 at Mayo Clinic and entered private practice in Hamilton, Ontario, Canada. Dr. Hughes served as chief neurosurgeon at St. Joseph’s Hospital in Hamilton from 1965 to 1979 and was assistant clinical professor of neurosurgery at McMaster University from 1972 to 1979. He moved to Houston in 1979, continuing private practice until he retired in 1985.

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

1960s

Henry Jackson, 72, died Jan. 8, 2002. Dr. Jackson received his medical degree in 1956 from the University of Louisville, before serving a one-year internship at the U.S. Naval Hospital at Camp Pendleton, Calif. He completed an orthopedics residency in 1967 at Mayo Clinic. Dr. Jackson went into private practice in orthopedic surgery in Lancaster, Calif., where he worked until retirement in 1991. He moved to Covington, La., after retirement.

William Mitchell, 77, died Feb. 22, 2002. Dr. Mitchell received his medical degree in 1952 from the University of Louisville and went on to complete an orthopedics fellowship at Mayo Clinic in 1960. He went into private orthopedics practice in Louisville, Ky., in 1960. During his career, he was president and chief of staff at Audubon Hospital and president of the Kentucky Orthopedic Association. He retired in 1987.

1980s

William Merlin, 46, died Aug. 6, 2000. Dr. Merlin received his medical degree in 1980 from the University of Minnesota. He completed his internal medicine residency in 1983 at Mayo Clinic, before joining Park Nicollet Clinic in St. Louis Park, Minn. Dr. Merlin worked at Park Nicollet until 1995 when he left to join University Medical Group in Dallas. In 1998, he became chief executive officer of Yale-New Haven Health Clinics in New Haven, Conn. He was a volunteer physician every summer at Many Points Boy Scout Camp in Minnesota. He was enrolled in the Barney School of Business MBA program at the University of Hartford at the time of his death.
Mayo Clinic Alumni Association Financial Report

STATEMENTS OF FINANCIAL POSITION – MODIFIED CASH BASIS
December 31, 2001 and 2000

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS RECOGNIZED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$18,315</td>
<td>$8,837</td>
</tr>
<tr>
<td>Investments, at fair market value</td>
<td>530,364</td>
<td>747,768</td>
</tr>
<tr>
<td><strong>Total Assets Recognized</strong></td>
<td>$548,679</td>
<td>$756,605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES RECOGNIZED AND NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities Recognized:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales tax payable</td>
<td>$528</td>
<td>$261</td>
</tr>
<tr>
<td>Net Assets, Unrestricted</td>
<td>548,151</td>
<td>756,344</td>
</tr>
<tr>
<td><strong>Total Liabilities Recognized and Net Assets</strong></td>
<td>$548,679</td>
<td>$756,605</td>
</tr>
</tbody>
</table>

STATEMENTS OF ACTIVITY – MODIFIED CASH BASIS
Years Ended December 31, 2001 and 2000

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES RECOGNIZED:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$263,815</td>
<td>$227,274</td>
</tr>
<tr>
<td>International meeting fees</td>
<td>219,507</td>
<td>-</td>
</tr>
<tr>
<td>Sale of Mayo Alumni mementos</td>
<td>60,826</td>
<td>54,650</td>
</tr>
<tr>
<td>Interest and dividends</td>
<td>22,216</td>
<td>79,747</td>
</tr>
<tr>
<td>Realized gain (loss) on sales of investments</td>
<td>7,639</td>
<td>32,389</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(59,204)</td>
<td>(127,800)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,477</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total Revenues Recognized</strong></td>
<td>$516,276</td>
<td>$266,360</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENSES:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations expenses</td>
<td>$204,843</td>
<td>$240,237</td>
</tr>
<tr>
<td>Alumni directory</td>
<td>-</td>
<td>8,560</td>
</tr>
<tr>
<td>Alumni foreign trips</td>
<td>21</td>
<td>4,477</td>
</tr>
<tr>
<td>International meetings</td>
<td>380,110</td>
<td>65,054</td>
</tr>
<tr>
<td>Receptions</td>
<td>50,342</td>
<td>63,707</td>
</tr>
<tr>
<td>Regional meetings</td>
<td>17,285</td>
<td>23,238</td>
</tr>
<tr>
<td>Specialty meetings</td>
<td>(76)</td>
<td>(225)</td>
</tr>
<tr>
<td>Mayo Alumni Mementos</td>
<td>24,505</td>
<td>32,259</td>
</tr>
<tr>
<td>Alumni awards</td>
<td>18,516</td>
<td>4,152</td>
</tr>
<tr>
<td>Mayo Graduate School</td>
<td>9,001</td>
<td>6,861</td>
</tr>
<tr>
<td>Mayo Graduate School of Medicine</td>
<td>9,737</td>
<td>9,982</td>
</tr>
<tr>
<td>Mayo Medical School</td>
<td>9,395</td>
<td>8,183</td>
</tr>
<tr>
<td>Heritage program</td>
<td>5,090</td>
<td>2,509</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$724,469</td>
<td>$468,994</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in Unrestricted Net Assets</strong></td>
<td>$(208,193)</td>
<td>$(202,634)</td>
</tr>
<tr>
<td><strong>Unrestricted Net Assets, beginning of the year</strong></td>
<td>756,344</td>
<td>958,978</td>
</tr>
<tr>
<td><strong>Unrestricted Net Assets, end of the year</strong></td>
<td>$548,151</td>
<td>$756,344</td>
</tr>
</tbody>
</table>
Mayo Clinic 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., Chicago, 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., Anchorage, Alaska
Thomas Behrenbeck, M.D., Rochester, Minn.
Stephen F. Bowen 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., Tecamachalco, 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 I. Rother, M.D., Kensington, Md.
Elizabeh A. Shuster, M.D., Jacksonville, Fla.
Umberto Squarcia, M.D., Pavia, Italy
Thomas J. Tachovsky, M.D., Bethlehem, Pa.
Gerald L. Woolam, M.D., Lubbock, Texas
Robert S. Wooten, M.D., Memphis, Tenn.

Editorial staff

Managing Editor — Suzanne Leaf-Brock

Editor — Michael Dougherty

Art Director — Mary Ayshford

Feature Writers — Scott Bestul, Michael Dougherty, Jacquelyn Johnson Gosse, Yvonne Hubmayr

Mayo Update Contributors — Lee Aase, Mary Lawson, John Murphy

Editorial Assistant — Kristine Schuchard

Photographers — Joseph Kane, Randy Ziegler

Advisory Board — Roxann Barnes, M.D., Colum Gorman, M.D., Ph.D., David Herman, M.D., Suzanne Leaf-Brock, 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
Web Site: 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 schuchard.kristine@mayo.edu; or telephone 507-284-2450; or fax 507-284-8713. Send address changes to the Mayo Clinic 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 Alumni

© 2002, Mayo Press

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

Mayo Alumni Center e-mail address: mayoalumni@mayo.edu
Web Site: 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 schuchard.kristine@mayo.edu; or telephone 507-284-2450; or fax 507-284-8713. Send address changes to the Mayo Clinic 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 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., Chicago, 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., Anchorage, Alaska
Thomas Behrenbeck, M.D., Rochester, Minn.
Stephen F. Bowen 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., Tecamachalco, 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 I. Rother, M.D., Kensington, Md.
Elizabeh A. Shuster, M.D., Jacksonville, Fla.
Umberto Squarcia, M.D., Pavia, Italy
Thomas J. Tachovsky, M.D., Bethlehem, Pa.
Gerald L. Woolam, M.D., Lubbock, Texas
Robert S. Wooten, M.D., Memphis, Tenn.

Editorial staff

Managing Editor — Suzanne Leaf-Brock

Editor — Michael Dougherty

Art Director — Mary Ayshford

Feature Writers — Scott Bestul, Michael Dougherty, Jacquelyn Johnson Gosse, Yvonne Hubmayr

Mayo Update Contributors — Lee Aase, Mary Lawson, John Murphy

Editorial Assistant — Kristine Schuchard

Photographers — Joseph Kane, Randy Ziegler

Advisory Board — Roxann Barnes, M.D., Colum Gorman, M.D., Ph.D., David Herman, M.D., Suzanne Leaf-Brock, 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
Web Site: 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 schuchard.kristine@mayo.edu; or telephone 507-284-2450; or fax 507-284-8713. Send address changes to the Mayo Clinic 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 Alumni

© 2002, Mayo Press

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

Mayo Alumni Center e-mail address: mayoalumni@mayo.edu
Web Site: 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 schuchard.kristine@mayo.edu; or telephone 507-284-2450; or fax 507-284-8713. Send address changes to the Mayo Clinic 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.