Illuminations

The Magazine for the University of Utah School of Medicine Alumni and Friends

Editor
Kristin Wann Gorang

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For editorial information or
corrections, call (801) 585-3818
Send address changes to:
Illuminations
Office of Alumni Relations
540 South Arapeen Drive, Suite 125
Salt Lake City, Utah 84108-1298
kristin.gorang@hsc.utah.edu

School of Medicine Alumni Relations Staff

Sara Kienke, Mary Jo Harrell, and Kristin Wann Gorang

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www.utahmedalumni.org
**Message from the Dean**

**As physicians we know** that caring for patients requires more than intellectual knowledge of disease or technical procedural skills. The role of a physician is to listen to a patient's deepest feelings to heal, when possible, but also to comfort when healing is not possible. Earlier this year at the annual White Coat Ceremony, our entering freshman class heard from the widely acclaimed physician-ethicist Margaret E. Mohrmann, M.D., Ph.D. A professor of pediatrics, religious studies, and medical education at the University of Virginia, Dr. Mohrmann is well known for introducing future physicians to the weighty ethical and spiritual aspects of their profession.

Dr. Mohrmann reminded our new students of the honor and obligation that is attached to the symbol of a physician's white coat. It represents science, authority and compassion.

Dr. Mohrmann spoke of the “real gift” of medicine. It's the idea that by opening ourselves to the suffering of our patients, we also open ourselves to celebrate in the recovery of our patients. She argues that, too often, physicians hide behind the white coat and don't experience the gift, or opportunity, that patients offer us. If you find yourself in need of a post-holiday pick-me-up or just a reminder about why you went into medicine, I encourage you to take a few minutes and listen to her remarks. You can find a recording of her presentation on the University's new podcast Web site at www.utah.edu/podcast. I'd enjoy hearing your feedback about Dr. Mohrmann’s remarks and encourage you to email me at david.bjorkman@hsc.utah.edu.

**This Issue of Illuminations**
We are committed to sharing interesting, timely, and relevant stories in every issue of Illuminations and I think you'll enjoy this issue. In the article, “No Conflict, No Interest” William Brody, M.D., Ph.D., discusses the inherent conflict of interest faced by physicians in the development of new technology and medical innovations. Dr. Brody is the president of Johns Hopkins University and delivered the 2006 Dr. and Mrs. Maxwell M. Wintrobe Endowed Lectureship.

Dr. Brody argues that individual researchers, physicians in practice, and research institutions all stand to gain financially or in reputation from technology transfers, royalty payments, and corporate sponsorships. So what is the answer? He believes universities should be “trusted agents of society” and proposes three acid tests to consider when reviewing potential conflict-of-interest relationships.

The News Notebook section reviews research developments at the School of Medicine and recognizes university faculty. The Alumni Notebook focuses on news from the Classes of 1947 to 1980, and highlights a few key class and member activities.

**And Finally**
We recognize that our strength as a school of medicine depends on forging strong relationships with many different groups and individuals, including our students, faculty and staff, campus colleagues, donors, business leaders, and legislators. Perhaps the most important partnership is with our alumni. We need your guidance, support, and historical perspective. You are our emissaries to the world, and how well you do reflects on how well we do.

In that spirit, enjoy the pictures in this issue of the Class of 1956 and the Class of 2010. Although 54 years—and a health-care system that has changed dramatically in technology, infrastructure, and patient needs—lies between them, both groups share the pride at being a member of the University of Utah’s School of Medicine, and the determination to make a difference in patients’ lives.

Best wishes for a happy and healthy new year.

Sincerely,

David J. Bjorkman, M.D., M.S.P.H
Dean, School of Medicine
Alumni President’s Message

Fred F. Langeland, M.D., ‘76

I would like to thank all of you for your support of the Medical Alumni Association. We appreciate your giving, whether it is through financial donations, being a student mentor, or participating in sponsored events, such as the Medical Alumni Weekend. Alumni involvement continues to grow, encompassing MD graduates, former house staff, faculty, and other graduates from the School of Medicine. We want all of you to feel a part of the Medical Alumni Association and thank you for your interest and support.

We hope you enjoy the pictures in this issue from the 2006 Awards Banquet and the nine class reunions. The reunions were well attended, and I believe many friendships were renewed.

If there is one thing that you can count on it is change, and so it is with the Medical Alumni Association. We had a very successful Alumni weekend last June but feel that spring presents the biggest Alumni Weekend ever! Please make plans now to attend! See the announcement on page 17 and make plans now to attend!

Alumni Association Director’s Message

It has been a busy seven years! I joined the staff of the School of Medicine Alumni office in the fall of 1999. The advances and growth of the programs and events the SOM Alumni sponsors is exciting. The energy and involvement of our wonderful Board of Directors is at an all time high. The physicians who serve on this board guide and support the many programs and events we sponsor.

This Illuminations magazine has grown from a newsletter to the stunning format you hold in your hands. We welcome Kristin Wann Gorang, Associate Director, as the new editor. We are always searching for School of Medicine alumni or department events to feature, so feel free to contact Kristin at kristin.gorang@hsc.utah.edu or 585-3818 with suggestions for profiles or articles.

Thanks to you, our donor base has grown from 101 individuals in 2000 to 231 in 2005, with an increase of 223% in the amount donated. In addition, 228 donors added $76,586 to a previous alumni building fund of $75,000 to name the Medical Alumni Hall in the Spencer F. and Cleone P. Eccles Health Sciences Education Building. Donations came from alumni and from friends of the School of Medicine. We greatly appreciate your financial support of the Medical Student Scholarship Fund, the Dean’s Greatest Needs Fund, and the school’s many departments and programs.

I look forward to the 2007 Medical Alumni Weekend scheduled for September 13-15, 2007. Plans are well under way for the biggest Alumni Weekend ever! Please see the announcement on page 17 and make plans now to attend!

We appreciate suggestions for programs or contacts you would like the Medical Alumni Association to provide and are happy to connect you with former classmates and associates.

It has been a busy and rewarding seven years and I look forward to another exciting year.

Mary Jo Harrell
Director
mharrell@hsc.utah.edu
801-581-8591
I will begin by saying that by nature and experience I am an entrepreneur, and that means I’ve seen or done everything you shouldn’t do in terms of conflict of interest. It isn’t entirely my fault. In part, times have changed. I actually started working in some areas of the medical device industry before the FDA regulated medical devices. Some things we did then you can’t do nowadays. Times have changed, but I’m guilty as charged. So in some ways, I feel specially qualified to offer advice on this subject.

I trained in cardiac surgery, and I think it’s a model both for innovation and for demonstrating issues of conflict of interest. Just consider how clinical trials got started in this field. The first operation on the mitral valve, called a mitral commissurotomy, was invented by Dr. Charles P. Bailey in Philadelphia, in 1949. He scheduled three patients in three different hospitals. I doubt that he had informed consent, at least by contemporary standards. He went to operate on the first patient, and the first patient died. He went to the second hospital, operated on the second one, and that patient died. He went to the third hospital, and the third patient lived, and the operation became a widespread success. But those were the days of taking more risks than we probably would allow today, and yet that’s how advances came, by taking extraordinary risks. I think taking risks is one of the issues we need to be concerned about when we talk about controlling for conflict of interest, and especially when people suggest we need to entirely eliminate conflict of interest. I want to suggest it can’t be done—and it shouldn’t be done.

Where do we draw the line between advancing the cause of science and the betterment of patient care on the one hand, and the pecuniary interest of physicians or scientists collaborating with industry to produce these advances on the other? We have an obligation not only to push the scientific frontier and deliver the best care, but also to try and insure that the results of what we do get into the private sector for the betterment of humanity. And yet, at what point do these pecuniary interests influence our ability to do that in a fashion that doesn’t harm the society that grants us this trust?

Twenty five years ago, I would have told you I cannot be bought; that I can be totally objective. Many of my colleagues say this today. But I have come to understand this is a slippery slope. Money and prestige and personal pride can all induce physicians and scientists to drift across the line, and as they do, conflicts of interest arise that can cause great damage.

Remember that bias is inherent in all clinical research. You would not do a procedure, you would not do a study, unless you felt there was a valid reason to do it and you believe the outcomes might prove or disprove a particular theory or that the treatment that you were recommending to a patient in a research study is likely to yield positive results. If you knew it was bad, you wouldn’t be administering the treatment. If you were a surgeon, you won’t perform an operation unless you believe that operation will deliver the very best outcome for the patient.

But it is also important to recognize that many accepted clinical treatment modalities upon closer scrutiny have been shown not to have positive effects. It used to be that children with slightly enlarged thymus glands were irradiated to prevent sudden death during anesthesia. Many of them went on not to sudden death, but to develop thyroid carcinoma twenty years later. The actual incidence of sudden death syndrome was not impacted at all by the thymic irradiation. The point is, just because we believe we have the patient’s best interests at heart doesn’t guarantee we achieve this.

Now what is not well known in the medical profession, but is generally understood in the field of psychology, is that there is a thing called the Rule of Reciprocation. Psychological studies show that people can be biased in their outcome by financial incentives.
If people get a free lunch, they behave differently toward the person who gave them the free lunch than if they have to pay for the lunch themselves. And so we have to recognize the possibility that when you get a trinket from a pharmaceutical company or you are a consultant, even though you think that this is not influencing your objectivity, subconsciously your behavior is modified. The trouble is, it is hard to quantify how much—whether my behavior might be quantified less or more—but this change is a well-documented phenomena.

The evidence is rather disturbing. In 1998, Dr. Henry Stelfox from the University of Toronto took 70 articles published in the journals on the efficacy of calcium channel antagonists used to treat heart rhythm disturbances. He went back to the authors to find out how many had financial relationships to the pharmaceutical companies that were making these channel antagonists. And he found that 96 percent of the articles that were favorable to these drugs were written by people who had financial relationships with the pharmaceutical companies, whereas only 37 percent who had connections, were negative. Obviously, it’s not conclusive proof—it wasn’t a prospective, randomized study. But you could infer that there may be significant bias by the fact that the people are consultants to the industry.

Another study, by Dr. Richard Smith in the British Medical Journal, looked at new, ‘third generation’ contraceptive agents that were supposed to reduce thromboembolic complications. And again, when he looked at how these were funded, he found that the studies funded by public money, like the NIH, showed that the complication rate with these new generation contraceptive agents was about the same as the complication rate with the previous generation ones. But what about the studies that were funded by the pharmaceutical industries making these contraceptives? No complications were recorded. You can draw your own conclusions, but it would certainly look like that there are significant conflict of interest issues at stake here.

We need to be especially sensitive to this, because universities are what we call “a trusted agent” in society. We have a unique status. We get to wear robes on graduation day. Think about it: only judges, the clergy, and learned members of the university are allowed to wear robes. It’s a vestige from the past, to be sure—but it’s also a signature emblem of the special role that society assigns us. They do not expect us to publish a report, and a year later, retract that report, saying the research was flawed. And they certainly don’t expect us to publish that report, knowing that it was biased by outside money. That trusted agent status is absolutely vital to our survival, and we have to always keep it foremost in our minds.

If people get a free lunch, they behave differently toward the person who gave them the free lunch than if they have to pay for the lunch themselves.

So if you’re a dean or vice president or university president, you might be tempted to say that the stakes are so high that what we ought to do is preclude any of these relationships. That’s the no-risk solution. If we just say, OK, no consulting, we’re going to be cloistered in an academic monastery and not have any outside engagement. And I can tell you, as a university president, that I would sleep much better if we did that. But there is another perspective to be considered. This is about the “Yin and Yang” of clinical research: whose perspective ought to dictate conflict of interest?

Should it be the individual patient? Should it be the population at large? Should it be the faculty member, or individual investigator? Should it be the Academic Medical Center; the School of Medicine; the hospital? Should it be the pharmaceutical industry? Or the FDA or other government regulations? Each of these constituencies clearly has a different set of priorities, needs and expectations. Who gets to choose?

And the answer is: You have to balance the needs and priorities and regulations of all these groups in order to fulfill our mission, which is to see that the best therapies get out to the most people. This is where the balance comes in, and it’s a tightrope walk.

One conclusion I have reached is that the first thing you do with conflict of interest you can’t avoid is to begin with exposure. Where conflict exists, lay it out on the table, and people can then decide what to do. Your institution can decide what to do. If you don’t disclose it, you are opening yourself up to needless risk. Disclosure doesn’t necessarily reduce or eliminate the risk. But it allows you to manage the conflict to promote transparency and minimize any adverse effects.

If you are a surgeon, and you invent a device and you don’t use the device, then no other surgeon is likely to use that device. So you have to allow your surgeon to use this device she has invented in clinical trials. Otherwise, it will never see the light of day. Studies have shown that patients are quite comfortable going to a physician who has a financial interest in a device or drug that they’re being given. But they want to know what that conflict of interest is. If you tell the patient in advance, they’re OK with that. This becomes even more problematic with new drugs or improved drugs, and at Johns Hopkins we’ve concluded that managing this conflict of interest is too complex to use a single set of guidelines, and you need, therefore, a committee to evaluate it.

The second piece of it is that if you don’t compensate physicians to do things, like participate in clinical trials, you have to recognize they may not get done. I’m not suggesting this is always the case, but oftentimes if pharmaceutical companies or device companies want something done, but they are unwilling or prevented from compensating the physician or the institution, it’s not likely to get done. We’re all very busy. This may not be something that will get me promoted or help me get my next grant. But it may be important for society, so as a practical matter, there needs to be compensation to bring new discoveries to light.

Another type of conflict of interest that has really escaped attention occurs
The first is a formula that I call fields. They are yours for the taking. Tests that help me navigate these minefields are your friends. Since I have already confessed that I have seen or done it all, I can also confide that I have developed three little tests that help me navigate these minefields. They are yours for the taking. The first is a formula that I call the acid test. If you are looking at a potential relationship wondering is this something we should or should not do, ask yourself: “Is there true value added provided by the faculty member or the institution that couldn’t be provided in some other way?” And then secondly, if there is true value added, how effectively can you manage the conflict of interest that arises as a result? I would say this is a function not just of what activity is being conducted, and how it’s being conducted, but also by whom. Because, very simply, there are some faculty that I would trust more than other faculty members in this regard. It’s a judgement call, and in this case the wisdom of the crowds ought to prevail. It really is best to allow a conflict of interest committee to make these calls, and to try to arrive at when something should be allowed and when not, by healthy and open debate. Then there is the New York Times test. If you wake up and pick up the paper, is this something you want to read about on your front lawn, standing there in your bathrobe? When I was at the University of Minnesota we went through a spell when we had all kinds of problems and I would get the paper in the morning and kind of open it up with one eye closed to see if I could go to work that day. But from that I learned that decisions that seem completely plausible and sensible on a piece of paper on your desk can look entirely different when described in the newspaper. And that’s not without reason. Most mistakes are matters of perspective—we lose sight of the forest for the trees, and focus so firmly on some partial piece of information that we stop seeing the bigger picture. Newspaper articles have an amazing ability to get us focused on the bigger picture. But I can tell you from experience, it is far far better to imagine them, than to have to open the paper and actually read them.

Which brings me to my final test, which I call the slobber test. One morning when I was at the University of Minnesota, and everything that could possibly be going wrong with my job seemed to be going wrong, I got a telephone call. At that time there was a famous basketball player, Christian Laettner, who was playing for the Minnesota Timberwolves. And one day the story came out that he lost his dog. Sure enough, the next morning I get a call from the veterinarian in the hospital: we have Christian Laettner’s dog in the medical school vivarium.

So you can imagine how I opened up the newspaper the next day. Anyway, we got through it; the dog was in quarantine, and although we had to pay, legally, and so forth, in the end dog and owner were reunited. In this case it was not an issue, did we make a mistake, but rather, how did we respond when we learned what had happened? This is the slobber test: when something does appear on the front page of the New York Times, it’s not that everybody will agree with it and not that you won’t get adverse publicity, but is it something you can stand up and defend—both to your own internal constituency and to those on the outside? If you made mistakes did you correct them? If you spotted trouble did you address it openly? Are you acting in good faith? If so, there will be controversies, yes, but you will always come through intact. And so there are my three tests: Are we doing something worthwhile? Is it justified in the larger context of society’s needs? Can we defend our behavior even if we have been shown to be in error? I think those are the three most important things to think about as we deal with conflict of interest. The decisions are frequently difficult to make, but with these criteria in mind if we err, we do so on behalf of the greater good.
A protein that promotes nerve and blood vessel growth will be tested in mice as part of $2.7 million in grants University of Utah School of Medicine researchers just received to study diabetes.

By spurring blood vessel and nerve growth, the protein, Netrin-1, potentially could prevent or reverse devastating complications of diabetes related to impaired circulation, such as limb loss, blindness, and cardiovascular disease.

The grants, two from the Juvenile Diabetes Research Foundation (JDRF), totaling $800,000, and one from the National Institutes of Health (NIH), providing $1.9 million over a five-year period, will also fund wider research into the cardiovascular complications of diabetes in mice models. This will include how the disease affects mitochondria, a key component in cells the body uses to convert glucose and fatty acids into energy for the heart. Heart disease is the most common cause of death among the nearly 21 million Americans with type 1 or type 2 diabetes.

University of Utah endocrinologist E. Dale Abel, M.D., Ph.D., associate professor of internal medicine and an investigator with the University's Program in Human Molecular Biology and Genetics, is principal investigator on the grants.

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On November 3 the first of six $300,000 annual checks was presented to The Utah Center for Advanced Imaging Research (UCAIR) at the University of Utah from the Ben and Iris Margolis Foundation. The grant will provide key support for groundbreaking imaging research in areas such as breast cancer, according to Dennis L. Parker, Ph.D., UCAIR director and the Mark H. Huntsman Professor of Radiology at the School of Medicine.

“The science of imaging is expanding by leaps and bounds,” Parker said. “With this generous Margolis Foundation grant, UCAIR is poised to go forward with leading-edge research to help make imaging even more useful in diagnosing disease and illness.”

Established in July 2002, UCAIR’s mission is to help M.D. and Ph.D. researchers in the U radiology department and their collaborators make significant contributions to medicine through medical imaging research. The center has more than 20 Ph.D. and M.D. faculty members.

The Margolis Foundation was founded in 1979 specifically to fund medical research. Originally from San Diego, Ben and Iris Margolis retired in Utah and their foundation has funded research in AIDS, Alzheimer’s disease, arthritis, cystic fibrosis, diabetes, epilepsy, and bereavement.

By 2026, Utah will have the nation’s fastest growing population of those 65 years and older. The U of U School of Medicine will be ready, thanks to a $2 million grant, “Comprehensive Program to Strengthen Physicians’ Training in Geriatrics,” received in June 2006.

Mark A. Supiano, M.D., professor and chief of geriatrics, and executive director of the U of U Center on Aging, is principal investigator for the grant from the Las Vegas-based D.W. Reynolds Foundation. Supiano also directs the Veterans Affairs (VA) Salt Lake City Geriatric, Research, and Education Center.

He and 45 U of U faculty and staff will use the grant to develop a curriculum in geriatric medicine, currently not required at most U.S. medical schools. Every U medical student will learn clinical skills to evaluate older patients’ functional status as well as screen for geriatric conditions often missed in routine care. Students’ progress will be tracked and assessed by a Web-based computer program to document their competency.

The U is one of 10 academic medical centers awarded a Reynolds Foundation grant, which provides $500,000 annually for the next four years. The new curriculum will extend to primary care providers at University Health Care’s community clinics, the VA health-care system, and Intermountain Healthcare, who will receive training to improve care for their elderly patients.
University of Utah Hematology Professor Receives More Than $2 Million To Conduct International Research On Blood Disorders

The University of Utah is one of eight institutions worldwide composed of U.S., Italian, and German researchers to share a $19.6 million National Cancer Institute (NCI) grant to advance basic and clinical research into incurable blood disorders, which includes certain types of leukemia.

Josef T. Prchal, M.D., professor of internal medicine in the Division of Hematology at the University’s School of Medicine, will receive more than $2 million to conduct laboratory research and clinical trials as part of the Myeloproliferative Disorders Research Consortium.

Myeloproliferative disorders occur when the body overproduces certain types of blood cells, including red cells, platelets and white cells. The overproduction of these cells can lead to blood clots and, in some cases, to bone marrow failure or acute leukemia. Incurable blood disorders include chronic myeloid leukemia, polycythemia vera, essential thrombocythemia, and idiopathic myelofibrosis. The research consortium is focusing on the latter three disorders.

“These three conditions are among the least understood, least researched, and often misdiagnosed blood disorders,” said Prchal. “Our goal is to evaluate the genetic and molecular structure of these disorders to develop new treatments and therefore improve the quality of life of these patients.”

More than 20 researchers in the United States, Canada, Germany, and Italy have collaborated to establish this team under the direction of Ronald Hoffman, M.D., the projects leader and professor of hematology and oncology at the University of Illinois at Chicago College of Medicine.

The NCI grant will fund five basic research and six clinical projects. Prchal will be principal investigator for the first basic research project and for the University of Utah clinical trials, which will be conducted by his team at Huntsman Cancer Hospital, University of Utah Hospital, and the George E. Wahlen Veterans Affairs (VA) Medical Center.

The grant will allow the consortium to maintain an interactive Web site for investigators, an international tissue bank, and an online database.

Additional team members at the University of Utah involved in this landmark research study include Charles J. Parker, M.D., professor of internal medicine in the Division of Hematology; Scott Samuelson, M.D., senior clinical fellow in hematology; and Diane Bowen, P.A., clinical coordinator for the clinical studies in Utah.

Spotlight

C. Matthew Peterson, M.D., ‘81 New Chair, Department of Obstetrics and Gynecology

C. Matthew Peterson, M.D., ‘81, was appointed chair of the Department of Obstetrics and Gynecology at the school of Medicine effective last March. Previously chief of the department’s Division of Reproductive Endocrinology and Infertility, Peterson helped establish the Utah Center for Reproductive Medicine in the University’s Research Park, as well as guided development of the reproductive endocrine fellowship.

Peterson, professor of obstetrics and gynecology, received his M.D. degree, and served his internship at the U of U medical school. He completed a residency in obstetrics and gynecology at the Maricopa Medical Center in Phoenix, and a fellowship in reproductive endocrinology at the University of Miami (Fla.). He has been recognized by both the Consumer Research Council and ‘The Best Doctors in America’ as an outstanding clinician, with expertise in reproductive endocrinology and infertility.

Chase Peterson, M.D. Receives Harvard Medal Award

Chase Peterson, M.D., current professor of family practice and internal medicine, and former vice president of health sciences, and president of the University of Utah, received the Harvard Medal from the Eastern institution’s alumni association at the June 8 commencement. The award, given annually, recognizes outstanding service to Harvard University. Peterson received his A.B. and M.D. from Harvard. He became the dean of admissions and financial aid at Harvard College in 1967, and later the first vice president of alumni affairs and development. The award recognized Dr. Peterson’s work in advocating for change, affirming diversity, and standing up for excellence.
Alumni
Weekend 2006

The Celebration Continues

Class of 1956
Howard Reichman, Ross Fox, Blaine Belnap, Randy Brill, Richard Hardy, Dale Johnson, Richard Aldous, Waldo Perkins and guests

Class of 1961
George Manilla, David Haymond, Claude Thomas, John Moore, George Justila, A. Owen Smoot, Robert Montgomery, Howard Roberts, Ned Mangelson, Lorimer Christensen, Leon White and guests

Class of 1966
Michael Edson, Peter McLean, Scott Brown, James Parkin, Gary Larsen, Gary Haddock, Jan Freeman, Gordon Affleck, Joe Roberts and guests
Class of 1986

Patricia Peterson, Val Dunn, David Benton, Adrian Yee, Alan Rowley, George Cannon, Sherman Smith, Brent Child, Thomas Matthews, King Udall, Fred Langeland, Scott Lindley, Bart Brower and guests

Class of 1976

Malcolm Purdy, Ronald Ruff, Curt Peterson, Nancy Futrell, Lowry Bushnell, Jeff Margetts, Marc Mariani, Robert Huffman, Kris Zelenkov, Richard Moore, Arden Weintraub, Karen Kelley, Robert Treft, Lee Vance, Paul Weiss, Steven Minnaugh, Stephen Shuput, Marcia Leatham and guests

Class of 1981

Matt Parsons, Talmage Egan, John Burgoyne, Cynthia Coors, Robert Cope, Steve Miller

Class of 1986
Class of 2001

Elizabeth Jensen,
Randy Jensen, Scott Unice,
David Tanner, Brian Rolfson,
Van Christiansen, Glen Morrell,
Mark Elkington and guests

Class of 1991

Scott Major, Heather Major,
Philip Huber, Michael Catten,
Brian Staley, Kelly Hubbard,
Scott Jacob, Brian Jackson,
Greg Pavich, Michael Nielsen,
James Pingree, Brent Knorr,
David Affleck, Doug Brown
and guests

Class of 1996

Mary Tipton, Mandy Alison,
Michael Foutz, Travis Slade,
David Barnes, Matt Johnson,
Jim Nichols, Todd Daynes,
Robert Simmons,
Dan Kaelberer,
Danielle Parker,
John Hemmersmeier,
Christine Anderegg
and guests

Class of 2001
Awards Banquet

Golden Anniversary Clinical Investigation Prize

The Golden Anniversary Prize for Distinguished Clinical Investigation was established in 1995 by the medical class of 1945 on their 50th anniversary of graduation from the University of Utah School of Medicine. The prize recognizes young physicians for meritorious clinical investigation, while continuing their responsibility for patient care and teaching.

Richard Aldous, M.D., Kevin M. Flanigan, M.D., George G. Jackson, M.D., Hallard Harmon, M.D., Fred F. Langeland, M.D.

Kevin M. Flanigan, M.D., award received for his research in the genetic and molecular characterization of inherited neuromuscular diseases.
The Distinguished Alumni Award was established by the Alumni Board of the School of Medicine. This award is presented annually to a graduate of the School of Medicine who exemplifies the ideals of the practice of medicine. In 2006 two outstanding graduates of the class of 1961 were honored.

DeVon C. Hale, M.D., Class of 1969
Medical Director, Global Health Alliance, Assistant Dean, Continuing Medical Education and Medical Graphics; International Medical Studies; and Idaho Student Education, President SOM Alumni Board 1999-2003.

August L. Jung, M.D., Class of 1961
Chief Division of Neonatology at University of Utah 1968-1999; established Utah's first newborn intensive care unit (NBICU); Professor of Pediatrics; 2004 Presidential Endowed Chair in Pediatrics; University Hospital NBICU renamed The August L. Young M.D., Newborn Intensive Care Unit August 2005, Emeritus Alumni Association, Merit of Honor Award, November 2005, Member SOM Alumni Board 2005-2008.

The Distinguished Alumni Award

The Distinguished Alumni Award was established by the Alumni Board of the School of Medicine to recognize individuals who have made outstanding contributions to the school, the community, and the practice of medicine.

The Distinguished Alumni Award (Posthumous)

Roger R. Williams, M.D. Class of 1971
Roger R. Williams, M.D., 1971-Founder and Director of the University of Utah Cardiovascular Genetics Research Clinic; Chair, International Group of MED PED; Deceased, September 2, 1998 while traveling to Geneva to a World Health Organization meeting.

The Distinguished Service Award

The Distinguished Service Award was established by the Alumni Board of the School of Medicine to recognize individuals who have made outstanding contributions to the school, the community, and the practice of medicine.
On August 22, 2006, 102 students of the SOM Class of 2010 marched into Kingsbury Hall carrying their white coats over one arm. The ceremony marked the beginning of their work with patients as well as their classroom studies. The students listened to Dr. Margaret Mohrmann, a professor of pediatrics and religious studies at the University of Virginia, speak about the dual symbolism of the white coat. She reminded them that not only does it set them apart as medical practitioners, but that it is a symbol of trust, allowing them to touch patients with their hands and to hear fragile, often distressing stories, shared by people in pain.

After Dr. Mohrmann’s speech, the students stood and walked one by one onto the stage to have Dr. David J. Bjorkman, M.D., M.S.P.H., Dean of the medical school, help them don their new coat. This year’s class of medical students includes 65 men and 35 women. Seventeen of the students are ethnic minorities.

“I want you to understand that having your heart broken by your patients day after day is not going to kill you. It is the unbroken heart, the heart hidden away, secure behind its white coat that cannot survive a career in medicine because it will not have the capacity to hold what must be held at the center of the doctor. I tell you truly that it is there at the center of good doctoring where the broken hearts live that you will find the great and enduring joy of professing medicine.”

Margaret E. Mohrmann, M.D., Ph.D.
Sixty Years and Still Going Strong

Almost 60 years ago, 29 members of the Class of 1947 graduated and began their careers as physicians. At their five-year reunion some of the physician couples decided to begin vacationing together. By the 1960’s a group of about twelve graduates and spouses were setting up five-year class trips including trips to Hawaii, Mexico, Oregon, Missouri and a Caribbean cruise. Occasionally these trips became scientific meetings, with various members of the class preparing a paper and presentation so their colleagues could earn continuing medical education credit. Twenty years ago they decided to meet monthly for lunch, usually in members’ homes. That tradition has continued to this day, with twelve class graduates and their spouses meeting at The Lion House for lunch on November 8, 2006.

Children In Ghana Benefit From Generous Gifts From U of U Alumni

The Komfo Anokye Teaching Hospital (KATH) in Kumasi, Ghana has recently increased its ability to diagnose respiratory disease in children due to an advanced microscope that can distinguish different viruses and bacteria contributing to respiratory illness. Being able to diagnose the cause of their symptoms has led to many children being treated more appropriately. Thanks to two generous gifts, $4,000 from Zeke Dumke, School of Business ‘50, and $10,000 from J. Preston Hughes, M.D. ’69, a team of University of Utah medical students and faculty were able to purchase a Zeiss Fluorescent Microscope, and the reagents and supplies needed to perform a study on the etiology of childhood respiratory disease at the hospital this past summer. Of the 116 children tested, 32% were identified with a potential respiratory pathogen, 8% were identified as having respiratory syncytial virus and 12% had Group A streptococcus. Of the children tested for pneumococcal disease, 33% tested positive. Malaria remains a large cause of febrile illness and 36% were treated for malaria. Dr. DeVon Hale, Director of the University of Utah’s Global Health Alliance stated that the gift of this microscope, and the supplies for the study is making a permanent and significant difference in the ability of physicians in Kumasi to appropriately diagnose and treat respiratory diseases in the region.

Alumnus Kerry Stratford, ‘83 Installed As Utah Medical Association President

Dr. C. Kerry Stratford was installed as president of the Utah Medical Association at the annual House of Delegates meeting in October. Raised in Salt Lake City, Dr. Stratford is a 1983 graduate of the University of Utah School of Medicine. He currently practices family medicine in St. George, Utah, and is a past president of the St. George Clinic, an independent group practice.

Dr. Stratford has been involved with the Utah Medical Association in numerous capacities, including serving as the UMA treasurer and on the organization’s board of trustees.

He is the vice chairman of the Utah Health Information Network and is very interested in helping Utah physicians adopt electronic health records. One of his other priorities is developing a statewide nonproprietary clinical information exchange network.
Due to the large response from alumni, this edition of Illuminations is featuring alumni highlights submitted by members of the classes of 1947 to 1980. The Spring/Summer 2007 edition will feature submissions from the 1980 to 2006 classes.

**1949**

Joseph N. Tori, M.D.
Dr. Tori is retired and living in Michigan with his wife Gertrud. He has many hobbies, including amateur radio operating, model railroads, and photography. He married Gertrud in 1953, and together they raised three adopted children. They are currently the proud grandparents of three grandchildren.

**1953**

Harlan J. Spjut, M.D.
Dr. Spjut is retired from Baylor University, where he served as a professor in the Department of Pathology. He specialized in orthopedic, gastrointestinal and cytoslogic pathology and co-authored Ackerman and del Regato’s textbook, *Cancer, Diagnosis, Treatment, and Prognosis*. He and his wife Madeleine have seven children.

**1954**

Lindy F. Kumagai, M.D.
Dr. Kumagai retired as Chief of the U.C. Davis Endocrine Division in 1994. He was the Chair of Minority Admissions during the Alan Bakke era at Davis, and served from 1992-2001 as Assistant Dean, Minority Affairs and Admissions and from 2001-2005 as Special Assistant to the Dean of the U.C. Davis Medical School.

**1955**

Galen S. Woolley, M.D.
Dr. Woolley resides in Cedar City. He retired as a Colonel in the USAF in July of 1967, and from Southeast Permanente Medical Group in 1993. He served as LDS Mission President in the France Marseille Mission from 1993-1996, and as Area Medical Authority in Hong Kong from April 1999-September 2000.

**1956**

Richard A. Aldous, M.D.
Dr. Aldous retired in 2002 from a private practice, but is still working part-time at the Moran Eye Center. He is the past president of the Utah Ophthalmology Society. In his spare time, he has managed to climb the Grand Tetons on 2 occasions with his family. Richard has been married 51 years and has 6 children and 16 grandchildren.

Richard A. Baker, M.D.
Dr. Baker retired from obstetrics and gynecology in 1994. He served in the medical corps for U.S. Navy at the Naval Hospital in Philadelphia, Pennsylvania from 1956 through 1994. His interests include family and travel.

A. Bertrand Brill, Ph.D.
Dr. Brill retired in 1997 in nuclear medicine from the University of Massachusetts and now is a full time professor at Vanderbilt University. He received the “Shea Distinguished Service Award” from the I.E.E.E. He still skis occasionally.

John E. Craighead, M.D.
Dr. Craighead retired in 1996 from pathology. Since retiring, he has been a consultant for environment and occupational disease. He has authored 200 chapters and articles in medical literature. He enjoys horticulture and traveling to botanical sites. When he is not traveling with his wife Christina he lives at various homes in Florida and Vermont.

Harold A. Decker, M.D., M.P.H., F.A.C.P.
Dr. Decker retired from public health and pediatrics in 1996. He enjoys playing his violin in the community symphony orchestra. He and his wife have been married 50 years.

S. Ross Fox, Jr. M.D.
Dr. Fox is still practicing bariatric surgery. He served as the president of the American Society for Bariatric Surgery, president of the ASBS Foundation, president of the Washington Division of the American Cancer Society. He pioneered the adjustable gastric band. He likes to travel, hunt, fish and compete in triathlons.

Richard W. Hardy, M.D.
He retired in 1989 and was called to serve a mission for the LDS church as a medical advisor in Chile from 1989-1991. Also, he was the temple president in Cochabamba, and then at the Bolivia temple from October 2002-2004. Currently, he is the medical advisor at the mission in San Jose, California. He has been married 52 years, has 5 children and 15 grandchildren.

Douglas B. Hart, M.D.
Dr. Hart retired in 1994 from the field of oto-laryngology. Dr. Hart and his wife Bonnie have been married 54 years and have 5 children and 18 grandchildren. Since retiring, he and his wife have served 3 LDS missions, in England and in Ghana. He enjoys woodworking, gardening and computer photo management.

Joseph W. Hess, M.D.
Dr. Hess retired in 2000 from internal medicine, family practice and geriatrics. Dr. Hess was the director of the division of education services from 1968-1974. Also, he was a WHO consultant in Africa from 1970-1976 in conjunction with his appointment as faculty member at Wayne State University School of Medicine. He and his wife Jean have 6 children, 16 grandchildren and 2 great-grandchildren.

Dale G. Johnson, M.D.
Dr. Johnson is a professor of surgery and pediatrics at the University of Utah. He developed a pediatrics surgery program at Primary Children’s Medical Center and at the University of Utah Hospital. In 2005, he received the University of Utah School of Medicine distinguished alumni award, and the distinguished emeritus award. He and his wife have 4 children, 13 grandchildren, and 11 great-grandchildren.

G. Richard Lee, M.D.
Dr. Lee retired in 1996 from internal medicine and hematology. He served as the dean of the University of Utah School of Medicine from 1978-1983. Since retirement he has enjoyed bridge tournaments and his grandchildren.

Charles K. Beyer-Machule, M.D.
Dr. Machule retired in 1994 from ophthalmic and reconstructive plastic surgery. He was a clinical associate professor at Harvard Medical School and an honorary professor at Ludwig Maximillian University in Munich, Germany. He likes watercolor painting, the opera, golf and travel.

Donald G. McQuarrie, M.D.
Dr. McQuarrie served in the field of general and cardiovascular thoracic surgery. Since retiring, he has enjoyed travel, reading and gardening.

William E. Miller, Jr., M.D.
Dr. Miller developed and taught respiratory therapy at Tucon Medical Center and Pima College. For 25 years, he was the co-director of respiratory therapy at St. Joseph’s Hospital. In 2003, he retired and now enjoys gardening and fishing.

George D. Nakai, M.D.
Dr. Nakai practiced internal medicine and retired in 2001. A significant achievement includes making it to the age of 76. He enjoys reminiscing about the wonderful life he has experienced so far.

Dr. John E. Parkinson, M.D.
Parkinson retired in 1995 from internal medicine and the specialty field of oncology and hematology. He served as the chief of general medicine, chief of oncology and hematology, and civilian consultant to David Grant Medical Center. He has had unusual successes in treating difficult cancers. He has served the LDS Church in numerous capacities. He lost his first wife Lynn in 1992, and married Ann in 1993. He has 9 children and helped raise 3 foster children.

Waldo C. Perkins, M.D.
Dr. Perkins retired from his practice of oto-laryngology located at LDS Hospital and at Primary Children’s Medical Center in 1989. He was the chairman of the department of oto-laryngology. Since his retirement, his interests include historical research. He and his brother have co-authored several articles about the history of Utah pioneers.

O. Howard Reichman, M.D., F.A.C.S.
Dr. Reichman retired in 1999 from neurological surgery. Dr. Reichman was the founding chairman of the department of neurological surgery at Palo University in Chicago. He has authored or co-authored 60 publications, and has trained 30 neurological surgeons. He has performed with the Utah Valley Symphony and has judged for the U.S. Nordic Ski Association. He and his wife Nancy have 7 children, 31 grandchildren and 3 great-grandchildren.

C. Basil Williams, M.D.
Dr. Williams retired from cardiology in 2001. He practiced at the Ogden Medical Clinic from 1961-2001. He won several awards during his career, including State Young Internist of the Year, 1971 and Distinguished Clinical Faculty 1990-1991. Since retiring he has enjoyed golf, tennis and travel.

Burke L. Winget, M.D.
Dr. Winget retired from radiology in 2003. He served in the United States Air Force 1956-1996. His private practice was located in Oakland, California. He is the past president of the East Radiology Society. Since retirement he has enjoyed books and golf.

Rodger K. Farr, M.D.
Dr. Farr lives in Ramona, CA. He retired from his private psychiatry practice and as the Chief of the Medical and Psychiatric Consultation Service, Division, Los Angeles County Department of Mental Health in 1988. The American
Psychiatric Association made Dr. Farr a Distinguished Life Fellow in 2003 for his extensive work in the field of mental health and psychiatric education.

1960
John M. Peters, M.D., Ph.D.
Dr. Peters is the Hastings Professor of Preventive Medicine at the Keck School of Medicine, University of Southern California. He has served in that position since 1999, and has worked at USC in the Department of Preventive Medicine since 1980. Prior to his work at USC he was a Professor of Occupational Medicine, the Director of the Educational Resources Center, and the Director of the Occupational Health Program at the Harvard School of Public Health.

Stanley J. Haberman, M.D.
Dr. Haberman still practices pediatric medicine in New Jersey. He reports that he has great memories of his time spent at the University of Utah School of Medicine.

David R. Haymond, M.D.
Dr. Haymond served a mission for the LDS church in the British Isles as the area medical advisor. He and his wife have 5 children, 27 grandchildren and 2 great-grandchildren.

August L. Jung, M.D.
Dr. Jung was the division chief of neuropathology at the University of Utah from 1968 – 1999. He started the first long distance transport system for neonates in the country. He was appointed a presidential chair in pediatrics in 2004. August is a sculptor and a painter. He and his wife joy have been married 51 years and have 4 children and 9 grandchildren.

Jerry R. Martin, M.D.
Dr. Martin was the president of the medical staff at American Fork Hospital, and the co-founder of the American Fork Clinic. He was also the director of the American Fork Hospital emergency department.

John G. Moore, M.D.
Dr. Moore retired from the VA Hospital and University of Utah School of Medicine where he served as a faculty member. Currently, he is working as a contract physician at the VA Hospital where the GI endoscopy center is named in his honor. He has 2 children living in the western region.

A. Lloyd Poulsen, M.D.
Dr. Poulsen retired from a family practice and is living in Layton, Utah. He received his master of science in public health in 1986.

1967
Thomas D. Coppin M.D.
Dr. Coppin retired as the State Commissioner for Utah for the College of American Pathologists Laboratory Accreditation Program in 2005. He served in the Army from 1963 until 1993, when he retired with the rank of Colonel.

1971
Wm. Rodger Budge, M.D.
Dr. Budge has a private cardiology practice affiliated with Novato Community Hospital in Marin County, CA. He is also the medical director of the critical care unit at Novato Community Hospital.

1976
John W. Dodson, M.D.
Dr. Dodson works in emergency care at Largo Medical Center in Florida. He has worked there since 1981 and been the medical director since 1984. He and his wife have 2 children. John also reports that he is still playing 4.0/4.5 tennis at age 60.

Val Dunn, M.D.
Dr. Dunn practices radiology in Provo and American Fork. He served as a colonel in the US Air Force Reserve. He was a faculty member at the University of Iowa for 2 years. He has 6 children, 2 are heading towards a career in medicine.

Merrill Dayton, M.D.
Dr. Dayton moved to Buffalo, New York in 2003, where he is the Chairman of the Department of Surgery at the State University of New York. From 1990 to 1994 he was the Dean of the Medical School Admissions at the University of Utah.

W. Patrick Knibbe, M.D.
Dr. Knibbe moved to Boise, Idaho after 20 years in practice in Salt Lake City at LDS Hospital. He is the director of the Idaho Rheumatologists Association and the medical director of Intermountain Research. He serves on the board of directors for the Idaho Shakespeare Festival.

Fritjof F. Langeland, M.D.
Dr. Langeland is an OB/GYN at LDS Hospital in Salt Lake City, Utah. He is serving as the president of the University of Utah School of Medicine Alumni Association.

Thomas Scott Lindley, M.D.
Dr. Lindley practices plastic surgery at Alta View Hospital in Sandy, Utah. He has been married for 32 years and has 4 children.

Alan R. Rowley, M.D., C.H.E., A.B.R.M.
Dr. Rowley is living in California where he is an independent contractor and also semi-retired. He was a chief of staff and professor of family medicine during his career. He also is a retired navy captain and served in Vietnam as well as the Persian Gulf wars.

Sherman C. Smith, M.D.
Dr. Sherman has a private practice in surgery for 22 years. He was past chairman of the department of surgery at LDS Hospital. He also worked at St. Mark's and Holy Cross Hospitals. He and his wife have been married for 34 years and he has 5 children.

1977
Klea D. Bertakis, M.D., M.P.H.
Dr. Bertakis resides in Davis, California, where he is in his second five-year term as Chair of the Department of Family and Community Medicine at U.C. Davis. In 1979 the Western Student Medical Research Forum awarded the first “Klea D. Bertakis Award.” This award is given annually to a medical student for excellence in research.
Save the Date

Connecting with U

2007 Medical Alumni Weekend
September 13-15, 2007

Thursday, September 13:
Awards Banquet and 50-Year Celebration

Friday morning, September 14:
School of Medicine Department Activities

Friday afternoon, September 14:
Golf and Other Family Activities

Friday evening, September 14:
Half-Century Club (Class of 1956 and before)
Physician Assistant’s Reunion

Saturday morning, September 15:
Continuing Medical Education

Saturday, September 15:
Utah vs. UCLA football game and Tailgating Party

In Memoriam

Reed M. Broadbent, M.D.  MD 1946  30 May 06
Kay R. Cutler, M.D.  MD 1950  05
Gene Eardley, M.D.  MD 1946  1 Mar 06
Roger Greyeyes, M.D.  MD 1976  24 Sep 06
Ariel G. Gudmundson, M.D.  MD 1961  19 May 06
Kenneth D. Hunter, M.D.  MD 1963  8 Jul 06
Russell L. Marlor, M.D.  MD 1962  4 Aug 06
Stanford Poulson, M.D.  MD 1946  30 Sep 06
Richard B. Raile, M.D.  MD 1950  19 May 05
Dasil C. Smith, M.D.  MD 1949  27 Jan 05
David W. Stowell, Jr., M.D.  MD 1947  8 Oct 06

We Want to Hear from You

Please send us information about your honors received, appointments, career advancements, publications, volunteer work, and other activities of interest. Please include names, dates, and locations. Photographs are encouraged.

Name ___________________________ Year __________________

Home Address ____________________________

City ____________________________ State __________ Zip __________

E-mail Address ____________________________

Medical Specialty ____________________________

Recent Activities ____________________________

Contact Information

There is a number of ways to submit information:

• E-mail: kristin.gorang@hsc.utah.edu

• U.S. Mail: Send this completed form to University of Utah School of Medicine Alumni Relations, 540 S. Arapeen Drive, Suite 125, Salt Lake City, Utah 84108-1298

• Telephone: 801-585-3818

• Website: www.utahmedalumni.org

The University of Utah
School of Medicine Alumni Association
Class of 1956

June 1, 2006 Awards Banquet and 50th Year Celebration

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