Illuminations

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

Volume 4 Number 1

White Coat Ceremony

Penicillin

Alumni News

Education

Awards

Student Life

Fall/Winter 2008/2009
I am beginning to believe that change is one of the few constants you can count on in today’s world. Last year at this time I was writing you to share our hopes for expanding our medical school class by thirty students; today, due to state budget cuts and the impact of slashes in Federal Medicaid funding we are forced to consider the possibility of cutting back on the size of our 2009 incoming class.

In this edition of Illuminations this year the School of Medicine Alumni Association inaugurated a Half-Century Club luncheon at Senior Vice President of Health Science’s Lorris Betz’s home. Out of that illustrious meeting of our 1957 and earlier alumni came the idea for our lead article for Illuminations. Speaking with graduates who started practicing medicine in the future. This would be a first for the medical school, and is not good news for the state at a time when Utah already ranks 44th in the nation for physician supply. We have cut expenditures in every way that we can, including significant decreases in funding for our academic departments. Unfortunately this is not enough. If we are not able to get replacement funds for the lost Federal Medicaid funding, we will not have enough available monies to pay for all the faculty time that is required to teach 102 students per year, compromising our ability to provide the quality of education we demand. Tuition hikes are likely. This creates additional financial hardship for our students who already carry excessive debt by the time of graduation. The average debt for our graduates is $132,170. While our overall entering average GPA remains high at 3.65, with an average MCAT composite of 30. Eight of our entering students have earned Master’s degrees and three have Doctorate degrees. Once again we feel we have a class of talented and committed people who are going to make a difference in medicine in the future.

This year’s entering class of 102 students is made up of 81 Utah residents, nine Idaho students and twelve students from other states or countries. Our overall entering average GPA remains high at 3.65, with an average MCAT composite of 30. Eight of our entering students have earned Master’s degrees and three have Doctorate degrees. Once again we feel we have a class of talented and committed people who are going to make a difference in medicine in the future.

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Best wishes for the New Year.

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

It was my great pleasure this past September to attend the awards ceremony honoring the University of Utah School of Medicine graduates from the Class of 1958. It was wonderful to hear a recounting of the professional and personal accomplishments of these 50-year graduates.

I recall thinking that each of these individuals had directly helped literally thousands of patients during their careers and that the cumulative service of this one medical school class was truly remarkable. In a time when language is characterized by hyperbole and style seems often to be more important than substance, witnessing this ceremony was both an inspiration and a reminder of the importance of committing oneself to activities of true value.

Organizations, like individuals, face decisions about their priorities and commitments. Alumni associations in particular must be concerned about their institutions. They must be concerned about their commitments. Alumni associations in particular must be concerned about the communities they serve the needs of alumni, students and students and friends of the institution. As always, we encourage your contact with us and any suggestions you have on how we might better serve the needs of our members.

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INTRODUCTION OF PENCILLIN INTO CLINICAL USE

In 1945 I received my M.D. from the University of Utah and an appointment for internship on the Harvard Services of the Boston City Hospital. The supply of penicillin had reached the level to satisfy the military need and was being released for clinical trials in civilian practice. Chester Kefauver, a professor of Medicine at Boston University School of Medicine, known for his interest and knowledge of infectious diseases, was appointed as ‘pencillin case’. All petitions for its clinical use and the protocol for doing so were cleared through Dr. Kefauver.

At the Boston City Hospital, Maxwell Finland, my mentor, was a recognized leader in infectious diseases and an expert in research on pneumococcal pneumonia. My work with him and the early treat- ment of civilian cases led to my first scientific publication and shaped the destiny of my career path.

The sterile vial of pencil- lin was not the soft white crystalline powder any recent physician would see, but a hard solid brown rock. Its solution in saline or glucose solution was not rapid, but possible. When later knowledge became available it was learned that the early preparations were composed of a group of isoforms and racemic penicillin molecules, one of which was penicillin G, the form that became the standard pencillin. Intramuscular injection of 10,000 units (one unit being the amount to inhibit growth of the standard strain of Staphylococcus aureus) was the usual regimen. Patients with pneu- moccocal pneumonia, Odeh’s “Captain of the Men of Death”, often with the complication of bacteremia were among the early patients to receive pencillin. The history of untreated pneumococcal pneumonia was if the patient survived for about a week, the time required for production of natural antibodies to appear, the patient would undergo a ‘crisis’ with defervescence, but often with sequelae of empyema, meningitis or metastatic abscess formation. Movies of the time often played out this medical drama. Pencillin was indeed a miracle drug for the patients and their physi- cians, as those treated with it usually recovered clinically in 24-48 hours and had an observable reduction in compli- cating sequealia.

Frequent daily doses were necessary because pencillin was cleared from the blood stream with each single passage through the kidneys. Thus the half-life of the drug (the time for elimination of 50% of the dose) was only a couple of hours. In the very early days with the scarce availability of pencillin, urine of treated patients was sometime saved in order to recrystallize pencillin from the urine, which was as rich a source as the liquor from the Penicillium growth.

Designation of penicillin as a miracle drug was applied and justified again in its mechanism of antibacterial action. In the chemotherapy of bacterial infections drugs were sought that had a favorable differential ratio of acute bacterial fever since the intro- duction of pencillin is estimated at 99.9% with an equally dramatic decline in rheumatic heart disease and other sequelae.

Toxoplasma pallidum, the cause of syphilis is among the most sensitive of microorganisms to pencillin. Treatment of acute, congenital and nontreponemal with pencillin yielded impressive cures in each of these syndromes. Latency, failed case detection and social behavior regarding sexually transmitted diseases, including gonorrhea, have combined to restrict the efficacy of effective treatment to eradicate or more completely dimin- ish their prevalence. A side effect of this success is a cavalier loss of fear of acquiring infection which has permitted cyclic increases in infection rates to continue.

Unfortunately human behavior is the first trump people chemists in defeating the potential benefits of the miracle means of treatment and presenting with infections with susceptible bacteria.

IRRATIONAL EUPHORIA

With recognition of all its miraculous properties and the emergent capability of feminicidal chemists began to produce large amounts of pure pencillin cheaply, and the expansion in world wide use of pencillin proceeded at a whirlwind rate. Indications for its use were broadened to include any whimper of justification for treat- ment or prophylaxis of superficial bacterial infection.

Within a quarter century after the intro- duction of pencillin, more than 90% of people in the developed countries of the world had received one or more courses of pencillin; it gave to sewers samples from urban areas and in up to 50% of dairy milk samples, illustrat- ing the spread of its use in veterinary medicine. Considered the drug was so high that even the placebo effect led some to the belief that in unknown ways pencillin had cured the disease of syphilis. The trend was an unchangeable social phenomenon with ineffectual academic re- straining, some academic leaders even declared victory over infectious diseases, disbasing the academic specialty from their facul- ties. “Why take time in a crowded program and claim space in a building … for a field of medicine pres- ently regarded so ‘old fashioned’ of little historical interest?” This quotation from Rene Dubos in 1954 captured the irrationalal- ity of the euphoria that had penetrated academia and was prevalent in all of the society during the last half of the twentieth century.

The fictional term, “antibiotic last rites”, captured the universality of confi- dence in miraculous results of antibiotic treatment. The interaction of medical practice and human desire for perpetual health and longevity has shown it has consequences and lessons to be learned for the advances of the 21st Century.

The short sighted detriment of the social attitudes of the period was effective in diminishing visibility in the epidemiology of infectious diseases, and slow recognition of the knowledge of primary host pathophysi- ology in susceptibility and immunity to infection for various types. With the high expectations that chemotheraphy was sufficient to control infectious diseases the well developed state public health departments which informed and served the public in control of community epidemics were dismantled and fiscally starved to a shadow of their earlier prominence. Fear and need for preparations during emerging epidemics and pandemics is once again being real- ized and expressed.

Perhaps the most severe ultimate cost of the irrational euphoria ignited by pencillin and its antibiotic sequi- ones, was prophylaxis and trial and error therapy, and a utopian aim to have broad antibiotic regimens that would prevent the emergence of susceptible spectrum of human infections. It set the stage for the emergence of pencillin resistance and sequi- tal pathways in treating a wide spectum of human infections. For application to the advances of the 21st Century. The short sighted detriment of the social attitudes of the period was effective in diminishing visibility in the epidemiology of infectious diseases, and slow recognition of the knowledge of primary host pathophysi- ology in susceptibility and immunity to infection for various types. With the high expectations that chemotheraphy was sufficient to control infectious diseases the well developed state public health departments which informed and served the public in control of community epidemics were dismantled and fiscally starved to a shadow of their earlier prominence. Fear and need for preparations during emerging epidemics and pandemics is once again being real- ized and expressed.

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Reynolds Foundation Grant Helps U Strengthen Geriatric Training and Care

A report from the Institute of Medicine published in April 2008, “Redefining an Aging America: Building the Health Care Workforce” highlights the critical deficiency in healthcare providers with the training needed to provide care for older people. “As the population of older adults grows to comprise approximately 20 percent of the U.S. population, they will face a health care workforce that is too small and critically unprepared to meet their health needs.” The 7,000 geriatricians in the United States will not be able to meet these demands and older people will receive the majority of their care from the 220,000 primary care practitioners.

In response to these projections the University of Utah School of Medicine launched an innovative program, “Advancing Geriatric Education Through Quality Improvement” or “AGE QI” in 2006. The program is aimed at helping primary care physicians in the state provide higher quality care for their older patients. The school is now using AGS QI, which is based on an initiative originally developed through the Michigan Geriatric Education Center to help more than two dozen clinical practices in Utah upgrade care for their aging patients.

The program is funded by a grant awarded to the SOM by the Donald W. Reynolds Foundation “Aging and Quality of Life” program. 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 $2 million grant that supports comprehensive projects designed to strengthen geriatrics training for medical students, residents and practicing physicians.

Through the onsite educational program, a Utah medical school geriatrics fellowship member and a geriatric nurse educator work with the entire staff in a given primary care practice presenting a 2-hour geriatrics review, then help the staff develop, complete and analyze the outcomes of a quality improvement project focused on a common geriatric condition.

Because more than a third of older people fall each year and many experience significant complications resulting from fall-related injury, the University Health Care Community Clinics are participating in AGE QI and are directing their QI efforts by conducting a fall prevention program. The fall prevention program systematically screens all Community Clinic patients age 65 years and older to identify those at risk for falling. They then conduct an evaluation to identify strategies – such as home safety assessments or exercise programs – to decrease this risk.

Geoffrey Tabin, M.D., Honored With American Academy of Ophthalmology 2008 Outstanding Humanitarian Service Award

John A. Moran Eye Center Ophthalmologist Dr. Geoffrey Tabin received the Outstanding Humanitarian Service Award at the American Academy of Ophthalmology (AAO) meeting in Atlanta, Georgia this past November. The Outstanding Humanitarian Service Award was created to recognize individuals involved in humanitarian projects, including participation in charitable activities, care to the indigent and community service. Out of a membership of more than 27,000 ophthalmologists, Dr. Tabin is one of only two physicians to receive this prestigious award for 2008.

Dr. Tabin serves as the Director of the Division of International Ophthalmology at the John A. Moran Eye Center, University of Utah in Salt Lake City, Utah. He is a specialist in corneal disease and refractive surgery. He is currently conducting international ophthalmology missions as part of the United Nations Millennium Villages Project in Bonosa, Ghana, where he and Moran ophthalmologists Paul Bernstein, Alan Crandall, and Bob Hoffman, and a team of health care specialists, recently examined 4,600 people and performed 159 surgeries in a very remote and logistically difficult area. Dr. Tabin also founded the Himalayan Cataract Project in 1994, with Dr. Sanduk Ruit, a native of Nepal. Since the founding of the project, Drs. Tabin and Ruit have directly restored sight to over 65,000 people. This year in Nepal alone more than 120,000 people will have their sight restored, due in large part to the extraordinary efforts of the Himalayan Cataract Project. Drs. Tabin and Ruit are working to develop other international eye care programs in India, North Korea and other areas of Africa.

Kathy Pedersen, MPAS, PA-C Appointed to the Board of Directors of the Global Health Education Consortium

University of Utah Physician Assistant Program faculty members, Kathy Pedersen, MPAS, PA-C has been appointed to the Global Health Education Consortium (GHEC) Board of Directors for a term of two years. PA educators have been involved in GHEC for the past 10 years. The mission of GHEC is to foster international health medical education in curriculum, clinical training, career development, and international education policy.

Ms. Pedersen’s background and interest area is studying, facilitating and cataloging the global development of physician assistants. “I have an interest in learning about the different processes, educational models, and intended outcomes of physician assistant (PA) education outside the United States.” She is also interested in fostering international health medical education in curriculum, clinical training, career development, and international education policy.

She has been on the faculty of the Utah Physician Assistant Program for 20 years. Included in the global electives in Papua New Guinea and Thailand, and she hosted delegations from these countries, in addition to Russia and Ghana. She also has served on international committees of the American Academy of Physician Assistants and Physician Assistant Education Association (PAEA) for the past 10 years.

Utah Biomedical Informatics Department to Partner with University of Texas at Brownsville

University of Utah Biomedical Informatics. The University of Utah’s nationally recognized doctoral program in Biomedical Informatics received a grant of $975,000 from the National Institutes of Health to foster a new partnership with their program and the University of Texas at Brownsville (UTB). This bridging partnership will:

1. Provide an interactive Master’s Program between UTB and the U of U which would adequately prepare minority students having an interest in the field of biomedical informatics for acceptance to the U of U BMI Ph.D. program;
2. Provide mechanisms for acceptance and funding by the U of U BMI Department for bridging students who satisfy the Ph.D. entrance requirements;
3. Closely monitor students’ progress and provide activities as needed to fill gaps and promote their success in the program; and
4. Provide an effective and measurable means of evaluating the success of the program.

Biomedical Informatics is a relatively new field of study, but it is growing very rapidly. It is now viewed as essential, not only to the delivery of high quality healthcare, but also to the advancement of all the biomedical sciences. Although most students and many faculty members at institutions of higher learning are still unfamiliar with the field of Biomedical Informatics, it offers many challenges for research, creativity and career opportunities for individuals at the doctoral level.

Kathy Pedersen and PA student Kelly Keller in Kikori Village in the Gulf Province of Papua New Guinea.
Nanomedicine at the U: The Dawn of a New Era

What if doctors could stitch out and destroy the very cancer cells that would otherwise have caused a tumor to develop in the body? What if a broken part of a cell could be removed and replaced with a miniature biological machine? What if pumps the size of molecules could be implanted to deliver life-saving medicines precisely when and where they are needed? These scenarios may sound unbelievable, but they are the long-term goals of the evolving field of Nanomedicine, which we anticipate will yield groundbreaking medical benefits within the next decade.

To address highly specific medical intervention at the molecular scale for curing disease or repairing damaged tissues. A nanometer, one-billionth of a meter, too small to be seen with a conventional microscope. Biological molecules and man-made materials and devices function at sizes of 100 nanometers or less.

In collaboration with scientists and physicians worldwide, Dr. Margit M. Janát-Amsbury, M.D., Ph.D. and her colleagues are seeking solutions for the delivery of nanomolecules for the diagnosis and treatment of many conditions, including ovarian cancer. This work requires a detailed understanding of cellular structures in order to repair, treat or build novel "nano" structures that can safely operate inside the body. Dr. Janát-Amsbury trained clinically in Germany and the Netherlands. Her focus lies on women’s health with special interest in gynecological cancers. She joined the Department of Obstetrics and Gynecology at the University of Utah after initiating the first clinical trial at Baylor College of Medicine in Houston, Texas, in which a nanoscale, polymeric delivery system delivered an immunomodulating agent to patients suffering from recurrent ovarian cancer. Within her first year she has applied for funding from the NIH (pending) and received funding from the University based on her collaborative efforts with researchers from various basic science fields including pharmaceutical chemistry and bioengineering.

Fostering these interdisciplinary collaborations strengthens the USTAR Nanotechnology Institute and Center for Nanomedicine here at the University of Utah. It is widely anticipated that Utah’s programs in nanomedicine will result in new diagnostic tools and engineering materials and devices function at sizes of 100 nanometers or less.

This service experience has included morning rounds with 25 volunteer Utah MDs and PAs specializing in Family Medicine, OB/Gyn, Infectious Disease, Internal Medicine, Gastroenterology, Pediatrics, Dermatology, and Emergency Medicine. Over 500 Ghanaian faculty and medical assistants have attended the seminars every summer semester. In 2009, Utah students and faculty will participate in a Women’s Health Initiative designed to bring preventive health care to rural communities. Training in cancer screening will be provided to the medical assistants with follow-up on outcomes planned in one year. If you are interested in learning more about this global health experience, contact Nadia Münderer M.S., PA-C at 895-3050.

Learning Day at University Community Clinics Goes National

"Due to our redesign efforts, Community Clinics is now positioned to play a significant role in the national Patient-Centered Medical Home (PCMH) movement that is sweeping the country," states Michael K. Magill, M.D., executive medical director of Community Clinics. "Reengineering the delivery of primary care is critical to improving health and reducing health care costs."

Marlene J. Egger, Ph.D., with the Department of Family and Preventive Medicine, was recently granted the F. Marian Bishop award to examine how well the PCMH model succeeds as a strategy to meet the national criteria for the PCMH. Areas to be evaluated will include patient access, information systems, coordination of care, and performance reporting.

If you are interested in finding out more about Learning Day visit healthcare.utah.edu/primarycare/learning.

Department of Family and Preventive Medicine (DFPM) Teaches the Teachers in Ghana

The DFPM’s Physician Assistant Program (PAP) has faculty to two years with Ghana, to bring continuation medical education to their physician assistants. In Ghana, physician assistants (PAs) function as medical assistants, developed 40 years ago to meet the primary care needs of underserved populations.

Ghana is a country of 22 million people only with 2000 physicians and 500 medical assistants. The country has long suffered from a “brain drain” where 20,000 physicians and 500 medical assistants leave the country every year for 3 years and PAs in 500 Ghanaian faculty and medical assistants have attended the seminars every summer semester. In 2009, Utah students and faculty will participate in a Women’s Health Initiative designed to bring preventive health care to rural communities. Training in cancer screening will be provided to the medical assistants with follow-up on outcomes planned in one year. If you are interested in learning more about this global health experience, contact Nadia Münderer M.S., PA-C at 895-3050.

National Children’s Study Adds Counties in Wyoming and Idaho to University of Utah’s Vanguard Center

Two Wyoming counties and one in Idaho have been added to the National Children’s Study (NCS), the largest investigation ever undertaken to assess the effects of environmental and genetic factors on child and human health in the United States.

The 25-year, national study began in 2005 when seven Vanguard centers, including Salt Lake County, were named to launch the effort. The University of Utah Department of Pediatrics, with the support of Primary Children’s Medical Center, was awarded the contract. Edward B. Clark, M.D., chair of pediatrics and medical director of PCMC, was named principal investigator for the Salt Lake County Vanguard Center.

In October 2008 Uinta and Lincoln Counties in Wyoming and Bear Lake County, Idaho were named among 39 new study locations. The three counties join Cache County, Utah which was added in 2007, as part of the study center administered by the NCS team in the Department of Pediatrics. Authorized by the Children’s Health Act of 2000, the National Children’s Study is being conducted by a consortium of federal agencies, including the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Institute of Environmental Health Sciences, the Centers for Disease Control and Prevention, and the U.S. Environmental Protection Agency. The National Children’s Study will follow a representative sample of 100,000 children from before birth to age 21. Study volunteers will be recruited throughout the United States, from rural, urban, and suburban areas, from all income levels, and from all racial groups. The study will investigate factors influencing the development of such conditions as autism, cerebral palsy, learning disabilities, birth defects, diabetes, asthma, and obesity.

Within just a few years, the study will provide information on disorders of pregnancy and birth, and because women will be recruited before they give birth, and in some instances even before they become pregnant, the study will provide insight into the causes and contributors of preterm birth. Fully operational, the study is expected to include up to 50 study centers in the planned 105 study locations throughout the United States, according to Clark. “The National Children’s Study will benefit the nation’s children for generations,” Clark said.
2008 Alumni Weekend
Connecting With U

1958
Class of 1958

1963
Class of 1963
Back Row (left to right): Kent Pomeroy, A. Mason Bold, Donald Racy, Thomas Caine, Robert Duncan Wallace, Robert Gibbons
Front Row (left to right): Alvin Cebbec, Kirk Neuberger, Joseph Knight, Walker Ashcraft, Kenny Ashby

1968
Class of 1968
Back Row (left to right): Bruce McIff, Nathaniel Mantlo, Curt Kuenne, Edward Hays, Richard Wallin, Andrew Grose
Front Row (left to right): Bruce Irvine, Paul Hayswood, Jon Odl, Lawrence Audo, Ken Lloyd

1978
Class of 1978
Paul Larsen; Robert Christiansen; Eliot Boston; Kristina Hendrer; Garner Meade; Brent Johnson; Jeffrey Labrum; Michael Lohry; Jeffrey Mathews

1988
Class of 1988
LeeLar Colber; Peter Nivak; Tim Wolfe; Eric Vandersloof; Sheryl Vandersloof; John Hardy; Michael Morrison; Bart Johnson; Teresa Ono; Joe Frye; Ken Nicholas; Dave Roberts; Bryan Timmons; Brian Heaton; Dan Mammone; Lisa Burton; Craig Foley

1993
Class of 1993
David Sabir, Jay Clark, Neil Callister; Wendell Johnson, Sheila Garvey; Matthew Hughes; Trent Jones, Ryan Evans; Richard VeenLarsen
Continuing Education

Alumni Weekend

The Alumni Weekend 2008 continues to expand to include not only M.D. graduates of the School of Medicine, but also former house staff graduates, other School of Medicine graduates, and community medical members. This year celebrated the 16th year the Alumni Association has hosted an Awards Banquet, celebrating the 50-year classes’ achievements and recognizing a Distinguished Service member and Distinguished Alumni member of the school. These awardees are nominated by their peers and voted upon by the Alumni Association board each year. (See page 24 for 2009 nomination information).

Friday morning eight different School of Medicine departments sponsored breakfasts and programs for alumni followed by a “State of the School” address by Dean David Bjorkman. Friday night 220 alumni closed down Little America as they celebrated their reunions, laughing, reminiscing and renewing friendships.

Saturday the annual CME conference drew over 100 attendees from both alumni and the greater community as the topic Health Care in Crisis: History, Challenges and Opportunities was presented. That presentation is currently available on the SOM Alumni Association web site www.medicine.utah.edu/alumni.

Saturday ended with a tailgating party at the Alumni House and a 42-21 football victory over UNLV. We encourage many of you to make plans now to attend the 2009 Alumni and Community Weekend on September 24-26.
The first major gift to the University of Utah Health Sciences from the Spencer Stoddard Eccles family was a generous bequest given in 1965 to construct the Spencer S. Eccles Health Sciences Library. This original family gift was followed up with annual contributions to the library from the Spencer Fox Eccles and Nancy Eccles Hayward families, that resulted in an endowment that has been used to support the collection, introduce technology and provide seed money for innovative projects and programs.

In 1975, the Eccles families provided a gift to the hospital for the construction of the Hope Fox Eccles Clinical Library and have made annual gifts to support an endowment. More recently the Nancy Eccles Hayward

Harmon Eyre, M.D. recently retired as Chief Medical Officer and Executive Vice President for Research and Cancer Control Science at the American Cancer Society. As an American Cancer Society volunteer for over 22 years and National President in 1988, he has been instrumental in developing the Society’s priorities, including efforts to decrease smoking, improve diet, detect cancer at the earliest stage, and provide the critical support cancer patients need. Dr. Eyre guided efforts to enhance and focus the Society’s research program, upgraded its advocacy capacity, and concentrated community cancer control efforts in areas where they were most effective.

Previously he had a successful academic career as a medical oncologist at the University of Utah, where he served as Associate Chairman of Internal Medicine and Deputy Director of the Huntsman Cancer Institute. He has been recognized for his service to numerous professional societies, government groups, and voluntary health agencies in the United States and abroad.

Distinguished Alumni Award

This award is presented annually to a graduate of the School of Medicine who exemplifies the practice of medicine. Achievement is recognized through excellence in clinical practice, academic activities and research accomplishments.

Distinguished Service Award

This award recognizes individuals, both alumni and non-alumni, who have made outstanding contributions to the school, the community, and the practice of medicine.

Twain, Thailand, and Tuberculosis

By Anne Bennett (MSIV)

“Travel is fatal to prejudice, bigotry, and narrow-mindedness . . . Broad, wholesome, charitable views of men and things cannot be acquired by vegetating in one little corner of the earth all one’s lifetime.” Such words written by acclaimed American author, Mark Twain have also proven their relevance in the study and practice of medicine. “Broad, wholesome, charitable views of men” is what is needed today for success in the medical profession and frequently “prejudice, bigotry, and narrow-mindedness” is still the platform upon which resistance to progress is launched. Many of the international programs at the University of Utah, including The Thailand International Elective (TIES), are founded on these ideas and strive to instill training in medical-mindedness in their participants. The director of TIES, Dr. Han Kim, repeatedly reminded me and the other traveling students that his objective was to make us uncomfortable. While he certainly succeeded, he never told us that in our discomfort we would come to love a first hand knowledge of the complexity of the human experience that makes medicine so rewarding.

Thailand was the full-blown production of fever, night sweats, and weight loss now burned into my brain as the very definition of suffering. Diseases which I had deemed of historical significance were brought to the forefront of my concern as I learned how to diagnose leprosy in a young woman standing frightened in the clinic.

The gurgle of expectorated sputum, the cracking of fibrotic lungs, and the droning monotony of an ongoing Buddhist prayer have become my new association with Tuberculosis, my previously learned triad of fever, night sweats, and weight loss now seems somewhat less impressive.

Diseases became more significant because of their devastation and, I realized, cannot be fully understood in a context devoid of their implications on an individual body and soul. Our days in Thailand provided this context.

Our trip to Thailand presented us with an understanding of the depth of the public health challenges facing today’s population, but the Thais were determined not to leave us without solutions. It was inspiring to observe a unique health care system from the legislative, theoretical, religious, and clinical angles. The Thais have structured their health care system on ideals of individual responsibility, equality, and efficiency, while relying on a vast network of community volunteers who educate, test, and advise their neighbors. Our month in Thailand was shaped by countless bus rides in which issues such as those mentioned above were discussed and debated regarding their value, relevance, and relation to the United States health care system. In many cases we were able to see the problems and possible solutions of the American health care system in a new light.

TIES was not a month of comfort and ease. It was a time to explore the foundations of our future professions and the systems in which we will operate. It was a time to feel sad, angry, grossed-out and uncomfortably sticky from sweat, but also a time to feel inspired by individuals and their personal triumphs. Just as Mark Twain implicated travel as a means of overcoming narrow-mindedness, so too can medicine open our minds and our hearts—but only if we embrace the vulnerability, humility and awkwardness of the situations in which it may place us. Our experience in Thailand helped us to do just that.
The Cloak of Compassion-2008 White Coat Ceremony

On August 22 the seats of Kingsbury Hall on the campus of the University of Utah filled with proud family members and friends as the 102 members of the Class of 2012 were initiated into the profession of medicine by being cloaked with a medical white coat. 2008 marked the 12th year that the University of Utah’s School of Medicine has celebrated this event. Richard Sperry, M.D., Ph.D., Associate Vice President of Health Sciences, and Director of the Governor Scott M. Matheson Center for Health Care Studies gave the keynote address, focusing on how the increased technology of medicine should never overshadow the importance of the caring tradition of medicine and the ability to see each patient as a fellow human being. Students recited the Hippocratic Oath, publicly acknowledging their new responsibilities and their willingness to assume the obligations of their new profession. Dr. Fred Langeland, M.D., outgoing President of the Alumni Association, presented each incoming student with a Littman III Cardiac Stethoscope given to them as a personal gift from a medical school alumnus/a. Dr. Bjorkman cloaking Roberto E. Montenegro

In the Fall of 2008 the second two Robert H. Ballard and Dorothy Cannon Ballard scholars for the University of Utah School of Medicine were named. This award, generously endowed by Robert H. Ballard, M.D. ’44 in 2006 is given to the two most outstanding candidates of each incoming medical school class based on grades, test scores, research, and service to the greater community. This year’s recipients were Michael S. Endlov and Christopher “Todd” Sower. Michael graduated from the University of Utah with a B.S. in Health Promotion and Education with a minor in Chemistry. Along with his school work he volunteered for the Special Olympics, served as an emergency room and nursing home volunteer and as a football coach for Alta High School. He was a group coordina and health educator in La Paz, Bolivia, raising over $20,000 and soliciting donated medical supplies for the trip. His research has included studying familial resemblance in body composition in Tongan-Americans and testing rectirecral assist devices in cabies with the hope of being able to use them in people in the future.

Christopher “Todd” Sower graduated with a B.S. in Human Development and Family Studies and a minor in Chemistry from the University of Utah. As an undergraduate he received a Colleens Chaff Caputs Honor Scholarship and served as a teaching assistant. He spent time as an emergency room volunteer, tutored inmates at the Salt Lake County Jail and taught basic first aid to 5th graders through the American Red Cross. He volunteered at Primary Children’s Hospital and researched ecocardiographic measurements of pulmonay regurgiration.

We welcome them to this prestigious group of scholars and look forward to their future accomplishments.

In the year and a half that has passed since the first two Ballard scholars began medical school they have taken the opportunity to reflect on what receiving the Ballard Scholarship meant to them. Griffin Jardine, MSII wrote:

“I feel overwhelmed when I think of how much this scholarship has helped my family this past year. My wife and I had our first child the week before my first year of medical school started. Our financial situation changed dramatically in the course of my entire career and life. Thank you Dr. Ballard.”

Mitchel Stross, MSII wrote:

“Receiving the Robert H. Ballard and Dorothy Cannon Ballard Endowed Scholarship has already significantly impacted my medical school education. It has made me a better student by pushing me to ‘live up’ to the honor of receiving this scholarship. My wife and I feel less stress about the financial aspect of medical school, and because of this, I have been able to focus less on finances and more on course work. However, I strongly feel that the greatest impact this scholarship will have will not be fully realized for years to come. The one thing I don’t think I really understood before starting medical school is just how many options there are for practicing medicine. It seems to me that there is a field of medicine as broad or specific as any physician’s interests. However, with the cost of medical school, it is all too often the case that debt repayment becomes a driving force when selecting a career path. I am profoundly grateful for this scholarship because it ensures that the only factor influencing the field of medicine I practice in will be my personal desires.”

BECOMING A BALLARD SCHOLAR
ALUMNI BOARD WELCOMES NEW MEMBERS

A native of Beirut, Lebanon, Dr. Choucair started his undergraduate education in Germany and graduated Magna Cum Laude in Biochemistry from Rice University, where he was the recipient of the National Science Foundation stipend for undergraduate research in Biochemistry. He earned his M.D. from the University of Calgary School of Medicine (1976-1979), and completed training in Internal Medicine (University of Calgary 1979-1981), Neurology (University of Utah 1981-84), and Neuro-oncology (University of California San Francisco’s Brain Tumor Research Center 1984-86).

As a founding member of the Society for Neuro-oncology he currently serves on its International Outreach and Award committees. He was on the faculty of the Marshfield Clinic for 15 years where he founded the Cancer Pain Program as well as the Division of Neuro-oncology, which he chaired until his resignation in December 2000 to return to Utah. He is currently adjunct Professor of Medicine and Neurosurgery at the University of Utah, an Associate Member of the Division of Medical Ethics and Humanities, on the faculty for the Cultural Competence and Mutual Respect in Healthcare course for the Health Sciences, and on the teaching faculty for the combined Internal Medicine residency training program at Intermountain Medical Center. Dr. Choucair serves as the Medical Director for Neuro-oncology at Intermountain Healthcare.

As a physician citizen of the State of Utah and a graduate from one of its training programs, Dr. Choucair believes in having ownership in supporting the mission of the University of Utah SOM, especially when it comes to medical education. He believes it is an important responsibility to invest in the education of our graduates both inside and outside the classroom. Having the privilege to serve on the SOM Alumni Board is an opportunity to pay back for the indebtedness of having a life generically blessed and shaped by so many dedicated teachers in Lebanon, Germany, Canada, and the United States. It is part of our mission to maintain our students’ connectivity to the mission of the SOM, to be our ambassadors to the greater community.

Dr. Cheng is a board certified plastic and reconstructive surgeon in private practice. She is original- ly from Kansas and attended the University of Kansas on a music scholarship (violin), obtaining a B.A. in Human Biology. She then attended Duke University Medical School, graduating in 1990, and followed this with five years with the Duke Department of General Surgery Residency Program. She moved to Utah, having matched for a plastic surgery fellowship at the University of Utah, finishing that program in 1997.

Currently, she is completing a four-year membership of the Lakeview Hospital Board of Trustees, is a UMA delegate for the Utah State Plastic Surgical Society, is a Fellow of the American College of Surgeons, and a member of the American Society of Plastic Surgeons. Her interests also include her family, pickup soccer, hiking, running, biking, cooking, books and movies.

Plastic surgery has been a wonderful opportunity to meet outstanding patients, work with skilled colleagues and realize a lifelong dream. Dr. Cheng feels that being a board member of the University of Utah SOM Alumni Association is a privilege and an opportunity to work with some of the true leaders in medicine. She hopes experience gained from her private practice and other professional activities will contribute to Alumni board goals.

As a native of Salt Lake City, Dr. James Williams (Jim) received his undergraduate and medical school education from the University of Utah (76’). He completed his residency training in internal medicine at Duke University in North Carolina before returning to the University of Utah School of Medicine as the chief medical resident. Following two years of service in the U.S. Army at Fort Riley, Kansas, he returned to the University of Utah for training in Rheumatology and to join the faculty at the medical school. In addition to his practice as a rheumatologist, he was involved in clinical research and also served as associate chairman of the Department of Medicine and chief of the Division of Rheumatology. He was the program director for the internal medicine training program for 14 years. He has also served as the governor for the Utah Chapter of the American College of Physicians. He retired as a professor in 2004 when he was called to preside over the Denmark Copenhagen Mission for his church but returned to part-time practice at the University of Utah Medical Center in 2007. He and his wife Janet have seven children and 12 grandchildren. This is his second stint on the Alumni Board and he hopes to continue the high quality of the CME conference on Alumni weekend.

As a native of Salt Lake City, Dr. David N. Sundwall, M.D. ’69 joined the surgical faculty at Utah in 1971, following recruit- ment from faculty positions at the University of Pennsylvania and the Children’s Hospital of Philadelphia, (CHOP). A native of Salt Lake, Dr. Johnson graduated with Utah’s medical class of 1956. General surgical training at the Massachusetts General Hospital was followed by three years of research at the Walter Reed Army Institute and the U. of Pennsylvania’s Harrison Department. Dr. C. Everett Koop sponsored additional fellowship train- ing in pediatric surgery followed by promotion to faculty associate at CHOP.

Dr. Johnson stepped down as Surgeon-in-Chief at Primary Children’s Medical Center in 2002, retired from active surgical practice in 2006, and currently enjoys Emeritus Faculty status. Career highlights include presidencies of the American Pediatric Surgical Association and the Pacific Association of Pediatric Surgeons along with membership in 25 professional organizations including The American Surgical Association. Visiting professorships have involved multiple institutions in Europe, Asia, Australia, Africa and the United States.

Dr. Johnson is anxious to help in developing more efficient methods of communication between medical alumni along with improved access to ongoing developments at the Medical School. Dr. Johnson believes such class and school tiers are important for maintaining physician identity.

Dr. Sundwall feels honored to serve on the SOM, especially because he never felt quite worthy to even have been admitted to the school in the first place. During his student days he never would have guessed he’d have had this opportuni- ty. Dr. Sundwall completed his Family Medicine internship and residency at Harvard teaching hospitals in Boston and found that he had received a very fine medical education at the U of U and could certainly hold his own with peers trained in prestigious schools throughout the country. He returned to Utah, and had two relatively brief stints on the faculty of the School of Medicine (1975-77, and 1978-80) but maintained his ties with the school and to his knowledge holds a world record, for the longest continuous “leave of absence” ever granted a med- ical school faculty! He kept his position as an Associate Professor, tenure track, in the Department of Family and Preventive Medicine, from 1981 until 2004, when he returned to Utah and regained active status. He is proud of our school, and knows of its reputa- tion nationally and the contribu- tions it has made to our state and the Intermountain West. Dr. Sundwall hopes to lend support for its contin- ued success and an expanded role in medical education.
Every fall Utah Business magazine names community health care heroes in seven categories: Lifetime Achievement, Health Care Provider-Physician, Health Care Provider-Non-Physician, Volunteer, Community Outreach, Administrative Excellence and Corporate Achievement. This year four M.D. graduates from the University of Utah School of Medicine were recognized for their achievement.

**Lifet ime Achievement**
Scott D. Williams, M.D., ’82, M.P.H., ’89
Scott Williams, M.D. has spent 23 years working in every sector of health care. Currently he is Chief Medical Officer of HCAI MountainStar Division and was formerly an executive director of the Utah Department of Health. He has spent his career focusing on improving preventive health care services to patients, stating, “If we focus resources at the early end of health care problems, we prevent people from having more complications and debilitating health conditions.”

**Health Care Provider-Physician**
Andrew-Paulos, M.D., ’81
Andrews Institute for Orthopaedics and Sports Medicine in Gulf Breeze, Fla. He is now the newest big name to join the Cincinnati Bengals quarterback, in 2006. He received national attention for his work on the left knee of Carson Palmer, UC’s quarterback, a remarkable increase from the 12,000 women who had them in 2006. In addition hotline calls increased tenfold over 2006, with four times as many women willing to have a mammogram. How often does it occur that you deliver a baby and over 30-years later that baby takes over your practice when you retire? That is what happened to Norman Fawson, M.D. ’66 and Curtis Carter, M.D. ’93.

**Health Care Provider-Non-Physician**
Lonnie Paulos, M.D., ’73
Lonnie Paulos and his research and clinical expertise on the knee. He has worked on more than 100 studies in orthopaedic research and holds 20 U.S. patents, the majority being bracing devices and procedures for the knee. He received national attention for his work on the left knee of Carson Palmer, the former Heisman Trophy winner and Cincinnati Bengals quarterback, in 2006. He is now the newest big name to join the Andrews Institute for Orthopaedics and Sports Medicine in Gulf Breeze, Fla. He is partnering with Andrews to create the Andrews-Paulos Research and Education Institute at the Andrews Institute.

**Volunteer, Community Outreach**
Robert B. Clark, M.D. ’82
Robert Clark obtained a Thrasher grant, which has allowed large numbers of newborns to reach more than 30,000 Utah students in the next five years. Through his leadership Dr. Leavell has been instrumental in fostering partnerships with PSP Jordan. She worked with the King Hussein Cancer Center, the King Hussein Cancer Foundation and the Ministry of Health (MOH) to launch the Pink Ribbon communication campaign that informed women and health officials that “early detection of breast cancer saves lives.” From this partnership was born a draft plan for the nation and the Jordan Breast Cancer Program. Community health workers from PSP Jordan’s door-to-door outreach program have met more than 770,000 women ages 15 to 60 to inform them about breast cancer and teach them how to perform self-exams. They also communicated through TV and radio spots, brochures, and posters, encouraging women to see their doctors and check for breast cancer. In October 2007, just one year after the launch of the Pink Ribbon Breast Cancer Campaign, local initiatives were expanded to enhance its effectiveness. During the initiative, more than 31,000 women received checkups for breast cancer, a remarkable increase from the 12,000 women who had them in 2006. In addition, hotline calls increased tenfold over 2006, with four times as many women willing to have a mammogram. How often does it occur that you deliver a baby and over 30-years later that baby takes over your practice when you retire? That is what happened to Norman Fawson, M.D. ‘66 and Curtis Carter, M.D. ’93. Curtis Carter, M.D. ’93 and Norman Fawson, M.D. ’66

**Community Outreach**
Tamara Lewis, M.D., ’89
With one in four Utah children overweight and nearly one in ten obese, the threat of early onset diabetes and other problems associated with overweight is creating a crisis in healthcare among today’s youth. Tamara Lewis, M.D., her associate Pauline Williams, and Intermountain Healthcare decided to educate adolescents by directing LiVe, a public education campaign aimed at kids ages 11 to 15, with the goal of making eating healthy and staying active cool for kids. The program uses television, radio, and print ads, outdoor public service announcements, and an interactive Web site (intermountainlive.org) to reach out to kids. In 2008 a high-energy school assembly program explaining how to make healthy choices was shown to 75 junior high schools across Utah, with plans to increase the number to reach more than 30,000 Utah students in the next five years.

**Community Health Care Provider-Non-Physician**
Dr. Rita Leavell of Abt Associates, Inc. was recognized for their achievement.

Rita Leavell, M.D. ’81 featured in USAID Health News
Dr. Leavell’s leadership as project director, the United States Agency for International Development’s (USAID) Abt Associates-led Jordan Private Sector Project for Women’s Health (PSF Jordan) helped establish the Jordan Breast Cancer Program. In five-year goal is to detect at least 70 percent of breast cancer cases in the early, curable stages. The program encourages all women to regularly have clinical exams and women ages 40 to 60 to receive annual mammograms. Through her leadership Dr. Leavell has been instrumental in fostering partnerships with PSP Jordan.

Dr. Leavell was recognized not only for her role in improving the quality and safety of patient care at St. Mark’s Hospital, but also for her extensive volunteer efforts around the world. He served for a month aboard the USNS Mercy providing medical relief for survivors of the 2004 tsunami in Northern Sumatra, Indonesia and for years has been involved with BLUEs, a grassroots citizens’ lobby group dedicated to ending hunger. Serving on the board of directors of RESULTS has taken him to Bangladesh, India, Pakistan, El Salvador and Capitol Hill to work on hunger issues. In 2001 he assisted in initiating the Health Access Project which has provided nearly $2 million in donated health care to qualified individuals through a network of 600 physicians and nine hospitals affiliated with the project.

Dr. Rita Leavell of Abt Associates, Inc. was recognized in the Women Making a Difference spotlight in USAID Health for her work in Jordan to improve the early detection of breast cancer, the second leading cause of death for women in that country. A pediatrician with an MBA, Dr. Leavell has worked in international health for 22 years, 17 of which were focused on using the private sector to achieve sustainable health goals.

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Due to the large response from alumni, this edition of Illuminations is featuring alumni highlighted among several of the classes of 1945 to 2008. You may go on-line at http://medicine.utah.edu/alumni to view all submissions.
D. Ray Thomas, M.D.
Dr. Thomas retired in 2002 from 36 years of private practice in Holladay, UT. He has a great wife, seven children and 35 grandchildren. He served a church assignment in the Philippines from 2003 to 2006 and is currently serving at the BYU Jerusalem Center taking care of students.

1968

Elisah Reel Heywood, M.D.
Dr. Heywood retired as the Chairman of the OB/GYN department at Women and Children's Hospital in Charlotte, NC in 2002. He was the first place in the residency program director and he continues to direct the department about educational issues. He went on a three year mission as President of the San Juan Mission for the LDS Church. He is recovering from back surgery but is getting around well with a cane.

Wayne "Curt" Kaasch, M.D.
Dr. Kaasch was a U.S. Navy Lt. Commander from 1967 to 1972. He was in private orthopedic practice from 1972-2002 and also worked as an Associate Clinical Professor at the Oregon Health Sciences University.

Joseph C. Chiodo, M.D.
Dr. Chiodo is a Senior Clinical Administrator at the Phoenix Science Institute at Pennsylvania where he coordinates a clinical hospital PHS/MSA prevention network. From 2003-2007 he was the co-principal investigator for a Robert Wood Johnson Foundation grant supporting six hospice hospitals in using Primary Distance (PD) to prevent MRSA healthcare associated infections. Dr. Lloyd and Jacques have been married for 40 years and have two children Hilary, age 35, and Harley age 31.

Nathanael M. Mandul, M.D.
Dr. Mandul officially retired on December 31, 2007. However, a month later, he went back to work on a part-time basis or a few days a week teaching, surgery workshops and medical students at the University of California Davis. San Joaquin General Hospital. He belongs to over 20 surgical and professional societies and is widely published. He enjoys foreign travel, golf, swimming and fishing in the Sierra and around Lake Tahoe.

E. Bruce McRae, M.D.
Dr. McRae retired from twelve years/university radiology practice on June 30, 2008. In his long career he was awarded as a Teacher of the Utah Medical Association from 1995-96 and was selected as Utah Doctor of the Year in 1987. He is very grateful for an unbreakable 40 years in medicine.

Craig H. McQueen, M.D.
Dr. McQueen has had a busy and fulfilling career in Orthopedics and Sports Medicine. From 1975 to 1990 he served as a team physician for the University of Utah and from 1980 to 2005 as the team physician for Highland High School football and rugby teams. He also worked with the Salt Lake Trappers, Bux, Stingers and Blue. He was Chairman of the Sports Medicine Committee of the United States Figure Skating Association from 1998-2000 and the team physician to one Jr. World and two World figure skating teams.

Audrey A. Tromp, M.D.
Dr. Tromp has spent his career in pediatric clinical pharmacology and medical toxicology. She taught at the University of Utah College of Medicine for eight years, then worked for McNeil Consumer Healthcare for 29 years. She retired in 2003 and moved from Pennsylvania to St. George, UT in 2008. He has been married to Mary K. since the very medical school in 1964 and has four children and seven grandchildren.

CALL FOR NOMINATIONS

The University of Utah School of Medicine Alumni Association Distinguished Awards

The School of Medicine Alumni Association Board invites you to nominate your colleagues and classmates for consideration for the 2009 Distinguished Alumni and Distinguished Service Awards. School of Medicine alumni, faculty and staff, as well as other professional colleagues, may submit nominations. Complete nominations should include:

- A letter stating for which award you submit the nomination, outlining in detail the nominee's qualifications.
- The nominee's curriculum vitae, including current address and phone number.
- Secondary letters or materials in support of the nomination, if available.

Submit to: Kristin Wann Gorang, Director, SOM Alumni Relations, 540 Arapeen Drive, Suite 125, Salt Lake City, UT 84108.

E-mails are welcome at: Kristin.gorang@hsc.utah.edu

Deadline: Postmarked February 28, 2009

A list of past awardees is available at: www.medicine.utah.edu/alumni/network/awards/index.html

Distinguished Alumni Award

This award is presented annually to a graduate of the School of Medicine who exemplifies the practice of medicine. Achievement is recognized through excellence in clinical practice, academic activities and research accomplishments.

Distinguished Service Award

This award recognizes individuals, both alumni and non-alumni, who have made outstanding contributions to the school, the community, and the practice of medicine.

SAVE THE DATE

Connecting with U
2009 Medical Alumni Weekend
September 24-26

Thursday, September 25
Awards Banquet and 50-Year Class Celebration

Friday, September 25
School of Medicine Department Events
Dean's State of the School Address

Saturday, September 26
Continuing Medical Education Conference Topic: Infectious Diseases
Tailgating Party at Alumni House
U of U Homecoming Football Game versus Louisville

MAKING TAX-FREE LIFETIME GIFTS FROM YOUR IRA

If you are 70 1/2 or older, you may be required to take the minimum IRA distribution from your IRA. However, you may consider making a direct transfer from your IRA to a qualified charity that may also be eligible to receive gifts.

This legislation continues to allow individuals aged 70 and ½ or older to make outright gifts through direct transfers from their IRAs to the University of Utah without paying income tax on the distribution. You can make gifts of up to $100,000 in 2008 and 2009. If you are able to take advantage of this opportunity, you can improve your overall tax situation while helping us continue to achieve our vision for the future.

This opportunity applies only to IRAs and not other types of retirement plans. Owners of irs-qualified plans, such as 401(k)s and Keoghs have the option to roll over amounts into an IRA and then make an eligible gift from that account.

You can make a direct transfer if:
1. You are 70 1/2 or older on the day of the gift.
2. You make the gift on or before December 31, 2008 and December 31, 2009.
3. You transfer funds directly from an IRA.
4. Your transfer is to the University of Utah or other qualified charities.
5. You can give $100,000 or less per year in 2008 and 2009. (Your spouse also can give up to $100,000 from his or her IRA at 70 1/2).

It is simple to do and creates a lasting legacy such as a named endowed scholarship in the school of medicine. Call your IRA administrator to make the transfer, or contact Jeff Paukert, Executive Director of Planned Giving at the University of Utah, 801-581-3726.

In Memoriam

Joseph R. Carlisle, M.D. M.D. 1951 15 Nov 02
Joe Lawrence Lara, M.D. M.D. 1976 02 Nov 08
John Hal Marden, M.D. M.D. 1948 14 July 08
Charles C. Sorensen, M.D. M.D. 1968 03 Jan 08

GIVING CORNER
Welcome Class of 2012

Bookmark our Web site!
www.medicine.utah.edu/alumni
To opt-out of Illuminations mailings email: kristin.gorang@hsc.utah.edu