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Back in 1984, the Maryland Legislature agreed to a request by the UM Board of Regents to separate University Hospital from the state’s university system. It was clearly a financial decision, given the multi-million dollar losses incurred each year. Since that time, University of Maryland Medical System has added to its flagship hospital 11 health care facilities with 18,000 employees throughout the state. It’s new challenge is adapting to the changes associated with the Affordable Care Act.

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Sheri Sleizak, MD, is chief of Maryland’s division of plastic surgery. She’s one of only a few female heads in her field, and the only one serving on the American Board of Plastic Surgery. Recently Sleizak added two faculty members who she expects will fan out across the entire University of Maryland Medical System to create a more convenient offering of services to patients. The effort will aid research and also support education, something she seems to enjoy the most.

Alumnus Profile: Babak Jamasbi, ’89 20

A Life Redirected

Securely nestled in a chemical engineering career after graduation from Stanford University, Babak Jamasbi, ’89, began wondering whether he chose the right profession. He wanted to see the results of his hard work, and the urge to become a physician began gnawing at him. Volunteering at a local VA hospital convinced him to enroll in medical school and, after extensive training, Jamasbi began working as a pain specialist. In 1998, he founded Pain and Rehabilitative Consultants, a multi-disciplinary center where he works directly with patients to improve their quality of life.
The transition from old year to new echoes the cycle of loss and gain inherent to the human experience, and the events of the first few months of 2013 were indicative of this cycle. On January 17th, we lost a very good friend, graduate, colleague, mentor, and former radiology chair and dean, John M. Dennis, ’45, whose life and work are commemorated in this issue of the Bulletin.

While we mourn the passing of Dr. Dennis, we also remember his invaluable contributions to our community: the expansion of the school’s basic science departments, and the elevation of the university, whose ranking is now in the top third in research funding in the United States; the development of a new Baltimore Veterans Administration Medical Center on the University of Maryland campus; and the creation of the faculty practice plan.

This quarter, I want to highlight some of the key gains that the University of Maryland School of Medicine has made—from the strengthening of the school’s continued partnership with the University of Maryland Medical System (UMMS), to the recent acquisition of St. Joseph’s Medical Center, to the appointment of new faculty—since last year.

One of the major advances in the school has been our alignment with UMMS, led by CEO Robert Chrencik, MBA, CPA. Together, we have forged a partnership based on our shared vision to be global leaders in health care, medical education, and biomedical research. The school ranks in the national top 10 for public medical schools, and UMMS’ flagship hospital, the University of Maryland Medical Center, also is ranked among the nation’s best in patient safety and quality. Focused on the goal to extend this excellence in care, UMMS has been aggressively expanding our system to serve the needs of the state and the region. As this issue will feature, the most recent hospital acquisition is the University of Maryland St. Joseph Medical Center in Towson. Our own faculty member, Marlene and Stewart Greenebaum professor and vice-chair of radiation oncology, Mohan Suntha, MD, MBA, has been appointed to serve as the president and CEO of this hospital center. The University of Maryland St. Joseph Medical Center features the only National Cancer Institute Community Cancer Program in Maryland, as well as a heart and orthopaedic institute, diabetes management center, and many other health services.

The expansion of our infrastructure also requires pioneering leaders to guide our growth in thoughtful and meaningful ways. I am committed to appointing the highest-caliber faculty to leadership positions. Our most recent appointments include George Fantry, MD, as assistant dean for student research and education; James Gammie, MD, as professor and director of the division of cardiac surgery; Zeljko Vujaskovic, MD, PhD, as professor and director of the new division of translational radiation sciences in the department of radiation oncology; Michael Donnenberg, MD, as director of the medical scientist training program; and Sheri Slezak, MD, as professor and director of the division of plastic and reconstructive surgery, who also is profiled in this issue. These individuals bring a passion for academic excellence, discovery and innovation. I am confident that they will lead their respective divisions and offices with integrity and zeal. I am honored to have them as colleagues, and look forward to the insight and experience they will add to the school.

As we look ahead to everything we hope to accomplish this year, my gratitude goes to you and your continued support for the growth and development of the University of Maryland School of Medicine.
John M. Dennis, ’45

John Murray Dennis, ’45, who chaired Maryland’s department of radiology and from 1973 to 1990 served as medical school dean, died January 17, two weeks shy of his 90th birthday.

Born in Willards, Maryland, on the state’s eastern shore, Dennis received a bachelor of science degree from the University of Maryland College Park in 1942 before enrolling in medical school. He completed course work in three years, as the curriculum was condensed into three 12-month sessions to meet the increased demand for physicians during wartime. After internship at Maryland, Dennis graduated from the U.S. Army School of Roentgenology and for two years served as chief of radiology at Station Hospital in Langley Air Force Base, Virginia.

He returned to Maryland for a two-year residency before pursuing fellowship training at the University of Pennsylvania from 1950 to 1951. Arriving back at Maryland in late 1951 as an instructor and associate in the department of radiology, he became its first full-time chairman in 1953.

With the departure of John H. Moxley III, MD, from the dean’s office in 1973, Dennis stepped in as acting dean and one year later formally accepted the permanent appointment. He is remembered for his open-door policy, welcoming into his office chairmen, faculty, and students. Dennis was instrumental in relocating the Baltimore VA Medical Center to campus in 1991, and in recognition of this achievement, the auditorium was named in his honor. He is also credited with creating the faculty practice plan as he chaired the ad-hoc committee responsible for its establishment. Even during his deanship, Dennis continued activities in his specialty, serving as chairman of the board of chancellors of the American College of Radiology in 1975 and president of the college the following year.

A true Marylander, he actively engaged alumni on behalf of the school, attending reunions, participating in phonothons, and rallying classmates to attend special anniversary gatherings. Upon retirement in 1990, he had completed nearly 50 years of continuous service to Maryland. Dennis was promptly named dean emeritus, and in 1995 added the title professor emeritus in diagnostic radiology. An endowed chair was also established in his honor.

There have been 30 Maryland deans throughout the school’s 206-year history, but only one has held the post longer. Dennis’s 17-year deanship ranks second behind James M. H. Rowland, MD, who presided over the school from 1916 to 1940.

Dennis is among only a handful of graduates to receive both alumni awards—the MAA Honor Award & Gold Key for outstanding contributions to medicine and distinguished service to mankind (1990), and the MAA Distinguished Service Award for volunteer service to the school and Medical Alumni Association (1995). Other awards included an honorary ScD degree from the University System of Maryland, the American College of Radiology Gold Medal for Distinguished and Extraordinary Service, the Caldwell Medal of the American Roentgen-Ray Society, and the Loyola College Andrew White Medal for Distinguished Service to Maryland.

Dennis was a member of the medical school’s 1807 Circle of the John Beale Davidge Alliance, the highest recognition society for major donors. He was an avid Terrapin booster and golfer, and he enjoyed making furniture and water coloring. Survivors include wife Mary Helen, four children, eight grandchildren, and two great-grandchildren.
**Inaugural Malouf Lecture**

Last year members of the well-known Malouf family banded together to establish an endowed lectureship in ophthalmology at Maryland. The inaugural event was held in Davidge Hall on January 25, featuring Richard Mackool, MD, and R.J. Mackool, MD, of the Mackool Eye Institute and Laser Center. Richard Mackool is founder and director of the institute, the first out-patient eye surgery center in New York City. An inventor of several instruments used in cataract surgery, he holds more than 50 patents. Son R.J. is assistant medical director at the institute. With extensive experience in cataract, glaucoma and corneal microsurgery, he was one of the first surgeons in the world to perform femtosecond laser-assisted cataract surgery. Several members of the Malouf family attended the lecture, including father George Malouf Sr., MD, George Malouf Jr., '79, Alan Malouf, '85, and Marc Malouf, MD, a resident in ophthalmology.

**Transitions**

**Christopher Harman, MD**, an accomplished expert in maternal-fetal medicine with a distinguished career in clinical medicine and research, was named chairman of the department of obstetrics, gynecology and reproductive sciences. Harman has served as interim chair since 2010, as well as vice chair of the department for many years. He has also served as director of the division of maternal and fetal medicine and co-director of the world-renowned center for advanced fetal care. Harman is a graduate of the University of Manitoba where he also did his residency training. He completed his fellowship in maternal-fetal medicine at the University of Oxford in the United Kingdom. Upon completion of training, Harman joined the clinical staff of the University of Manitoba, coming to Maryland in 1997.

**Barney J. Stern, MD**, is serving as interim chairman of the department of neurology. The appointment follows the death of William Weiner, MD, last December. Stern is an accomplished expert in stroke and neurosarcoidosis with a distinguished career in clinical medicine and research. A professor of neurology at Maryland since 2004, he has served as vice-chair of the department since last July. Stern also holds a secondary appointment as professor of emergency medicine and is director of the neurology residency program, comprehensive stroke center and inpatient neurology services at the medical center. He is founding editor-in-chief of the *Neurologist*, a review journal in its 18th year of publication, and he is author of 70 peer-reviewed publications and several dozen review articles and book chapters.
Blausteins Host Florida Event for Medicine, Law Alumni

Arnold S. Blaustein, '66, and wife Donna, a 1971 alumna of Maryland’s law school, hosted a reception in their Miami Beach home on January 28. Some 25 alumni from both the medical school and law school attended the event to hear updates from Dean E. Albert Reece, MD, PhD, MBA and Dean Phoebe Haddon, JD, LLM about their respective schools. Eduardo Rodriguez, MD, DDS, professor of surgery, also provided a brief presentation on the world’s most comprehensive face transplant, and Amanda Pustilnik, JD, associate professor of law, offered a talk on the intersection of law and neuroscience.

Researchers Studying Drug-Resistant Malaria in Myanmar

Medical School researchers have launched a groundbreaking investigation into the spread of potentially deadly drug-resistant malaria in the developing Southeast Asian nation of Myanmar, also known as Burma. The scientists, working as part of a large international team coordinated by the World Health Organization (WHO), have identified several promising genetic markers that could be used to develop tests to identify and track the spread of the newest type of drug-resistant malaria in Southeast Asia. The scientists described these new candidate markers in an article published online Dec. 17 in the journal Proceedings of the National Academy of Sciences. Additionally, two new National Institutes of Health awards to the school are some of the first U.S. federal funds to support the study of malaria in Myanmar. The small country, long an isolated sovereign state, ended military rule last year and is gradually opening its doors to the rest of the world. In November, President Obama became the first sitting U.S. president to visit the country.

Researchers will use the funding to track the spread of artemisinin-resistant malaria and train local investigators in cutting-edge molecular and pharmacology lab practices to help their country cope with the problem.

Myanmar’s high rate of infection paves a path for resistance to spread to neighboring nations.

“Myanmar has about three percent of the Southeast Asian population, but about 20 percent of the region’s malaria,” says principal investigator Christopher Plowe, MD, professor of medicine, epidemiology and public health and microbiology & immunology, a Howard Hughes Medical Investigator and leader of the malaria group at Maryland’s center for vaccine development.

Plowe will work with scientists from the Johns Hopkins Bloomberg School of Public Health on this research. “Artemisinins are our newest group of effective anti-malarial drugs, having replaced older drugs that are no longer useful because the malaria parasite developed resistance to them. Artemisinin is our first line of defense against this parasite, representing a huge global investment in the fight against the disease. This emerging form of artemisinin-resistant malaria, while it’s still relatively rare, is already causing treatment failures where it first appeared in Cambodia. The concern is that we’ll lose this drug, at an immense cost of human life.”

There were 216 million cases of malaria in the world in 2010, according to WHO, and 655,000 deaths, most of them children in Africa.
Medical student debt continues to rise at an alarming rate, but is not the determining factor in the area of medicine a student chooses to pursue, according to a new report, Physician Education Debt and the Cost to Attend Medical School, published by the Association of American Medical Colleges (AAMC).

According to the report, the median level of student debt in 2012 increased five percent over the previous year to $170,000. Both medical student debt levels and the cost of attending medical school have increased faster than inflation over the last 20 years, following similar trends seen across higher education.

With the nation facing a shortage of more than 90,000 doctors by 2020, concerns have arisen about how increasing debt levels could affect the supply of new physicians, especially those entering primary care fields. According to the findings, graduating medical students rank "personality fit" as the most important consideration when choosing a specialty. The level of patient care involved in a given field, the work/life balance offered, and a student's future family plans are also important factors in the decision-making process. Education debt ranked last out of 11 factors.

Among the 86 percent of graduating medical students reporting debt in 2012, the study found similar burdens of student indebtedness when gender, race or ethnicity, and family income were examined. The percentage of female and male graduates reporting debt was approximately the same, with 87 percent of female and 85 percent of male graduates reporting. The median debt level of graduates varied only slightly, between $160,000 and $175,000, according to family income. The average debt for a Maryland graduate last year was $162,697.

The report also contains information about loan repayment and borrowing options. Overall, the repayment scenarios in the report show that it is still possible for new physicians in all specialties to repay their loans in a timely manner with careful lifestyle choices and repayment plans.

“Cuts to state and federal support for higher education will continue to put upward pressure on student tuition and debt levels. If these trends continue, we are very concerned about the impact rising student debt levels will have on our ability to recruit a diverse physician workforce and ensure that we have enough physicians to care for our growing and aging population, as well as the poorest and most vulnerable among us,” said Darrell G. Kirch, MD, AAMC president and CEO.
Stewart Honored at Diversity Celebration

David Stewart, MD, MPH, associate professor and chairman of the department of family & community medicine, was the inaugural recipient of the dean’s faculty award for diversity and inclusion. The honor was presented during the Sixth Annual Celebrating Diversity Reception and Dinner on February 9. More than 240 alumni, faculty, and friends of the medical school attended the event, held at the Baltimore Marriott Inner Harbor Hotel at Camden Yards. The featured speaker for the event was Jordan J. Cohen, MD, president emeritus of the American Association of Medical Colleges. Speakers also included fourth-year medical student Novlette Akinseye, Michael Cryor, chairman of the medical school board of visitors, E. Albert Reece, MD, PhD, MBA, dean of the medical school, and former dean Donald E. Wilson, MD, MACP. Otha Myles, ’98, was master of ceremonies. Stewart was recognized for his extraordinary work and notable achievements in the field of health care disparities and equity. The Medical Alumni Association was presenting sponsor for the event.

Medical Center Earns Seventh Consecutive Leapfrog Award

University of Maryland Medical Center ranked among the nation’s top hospitals for the seventh year in a row, according to the annual Leapfrog Group survey, an analysis of patient safety and quality performance measures from nearly 1,200 hospitals. Maryland is one of only two hospitals in the country—and the only hospital on the East Coast—to make the list every year since inception in 2006.

The Leapfrog Group’s annual hospital survey measures hospitals’ performance on a number of key patient safety and quality outcomes, and hospitals must meet Leapfrog’s stringent criteria including standards focusing on core areas of hospital care, such as computerized physician order entries and standards for ICU physician staffing. It uses each standard from a survey to calculate an overall value score for each hospital. Maryland scored 78 on this measurement—nearly 30 points higher than the national average of 51.

Maryland was named a top hospital of the decade for patient safety and quality of care because of its consistently high performance in the annual survey, an honor shared with only one other U.S. hospital.

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Robert A. Chrencik, CEO, UMMS

UMMS: Meeting the
The country’s new Affordable Care Act has made the old order of health care delivery an untenable system that must now be met by the bold vision of leaders with insight and experience. The increased cost of Medicare and Medicaid programs, the transfer of costs to employers and consumers, and a change in payment incentives from patient volumes to value-based health services are but a few of the initiatives that demand management intellect with a track record for meeting challenge head on.

Through carefully structured growth that began almost 30 years ago with the privatization of the University of Maryland Medical Center (UMMC) as its flagship hospital, the University of Maryland Medical System (UMMS) has expanded to 12 clinically and geographically diverse health care facilities with 18,000 employees throughout Maryland. Never before have the sound judgment and dependable strategies employed by UMMS leaders been needed more than they are today.

Robert A. Chrencik, president and chief executive officer, defines it, “We are emerging as Maryland’s premier health care system.”

If there is one collective word to describe the essence of UMMS success through the years it might be partnership. It began with the strong partnership it shares with UMMC, extends to the continuing partnership with the University of Maryland School of Medicine (SOM), including its dean and faculty who are world class leaders in areas such as cardiac care, cancer care and transplantation. Perhaps though the partnership that best defines the health care system is the one it maintains with the State of Maryland.
From its beginning, the system’s growth has been predicated on services to Maryland residents through affiliation with hospitals strategically located within the state. These are no casual affiliations but partnerships in which each hospital has its own board of which Chrencik is a member. Without exception, all start with the same strategic goals. Clinical talent is a shared experience, with physicians from the SOM providing care in member hospitals, and patients in those facilities receiving the advantages of clinical trials and access to a major academic institution when needed. The system is well aligned with state government, with the speaker of the Maryland House of Delegates and two state senators serving on its board, resulting in a favorable position relative to state resources and capital.

Benefits incurred by member hospitals are extensive. They enjoy system-wide corporate services that include supply chain, IT, finance, rate setting, government relations, legal, compliance, human resources and quality & safety programs to name just a few. Community and specialty hospitals have clinical program development and SOM specialists in key disciplines. Another plus factor, particularly in today’s health care environment, is physician recruitment.

“The medical school has educated or trained over 50 percent of the physicians practicing in Maryland,” Chrencik reports. “Inasmuch as a physician shortage appears inevitable in coming years, that is going to become very important to our physician recruitment efforts in the future.”

Probably every Maryland hospital without exception has concerns about access to capital, adequate funds to upgrade technology and the inevitable need to replace buildings. Chrencik explains that UMMS helps its System hospitals to become as strong as possible in their local markets by enhancing clinical progress, providing low-cost financing, as well as economic advantages in the purchase of supplies and drugs.

“We have more than $3 billion in revenue which provides scale and allows us to offer services more cost effectively,” he says.

Geographic and Clinical Strength
The most recent member to join the UMMS team is the former St. Joseph Medical Center in Towson, which became the University of Maryland St. Joseph Medical Center (UM-SJMC) in December 2012. John W. Ashworth III, senior vice president, system network development, says the partnership gives UMMS a presence in northern Baltimore county, which is a considerable strategic asset.

“The hospital has an array of cardiac, cancer and orthopedic services that are somewhat different from those at our other community hospitals,” Ashworth says.

“For instance, St. Joseph’s has a number of excellent cardiologists. We are starting to consider how to move certain cardiac care cases that are not as complex from UMMC to St. Joseph’s, which is a lower cost facility.”

He adds that cardiac care at the UM-SJMC will be provided by physicians from UMMC and St. Joseph’s. “Our plan is not to have UMMC physicians take over care at the hospital, but to complement the needs of the existing medical staff,” he says.

At the helm of the new UM-SJMC is Mohan Suntha MD, president and CEO, who is also a professor of radiation oncology on the medical school faculty. A highly recognized researcher focusing on improving outcomes for patients diagnosed with head and neck cancer, Suntha earned an MBA from the Wharton School of Business, University of Pennsylvania in 2009. While still maintaining his faculty responsibilities, he is enthusiastic about his role as CEO.

Dr. Mohan Suntha can be contacted at msuntha@umm.edu
high-end programs here locally. I want this hospital to be the most physician friendly, one in which we allow doctors to do what they do best.”

According to Ashworth, the rationale behind the affiliation is a sound one based partly on geography. UMMS already has a relationship with the Upper Chesapeake Health System in Harford County which has a service area that extends into Baltimore County. The system also is interested in a possible relationship with Carroll Hospital Center; so the partnership with St. Joseph’s and Upper Chesapeake, and possibly Carroll as well, would make UMMS the dominant provider in that region.

Chrencik says that another important advantage to community hospitals partnering with UMMS is that the System serves patients from throughout the State. Patients often prefer to be in a local hospital, close to home, and affiliation enables that. Another priority, Chrencik says, is that all hospitals have competitors within their own service area; so it goes without saying they all want the strongest clinical programs available.

He talks of a partnership underway at Upper Chesapeake Medical Center in Bel Air that addresses this priority. “We are working with Upper Chesapeake to build an outpatient cancer center affiliated with the Greenebaum Cancer Center at UMMC. It’s a beautiful facility and a wonderful example of partnership—bringing the advantages of a National Cancer Institute designated Cancer Center to a local Maryland community.”

Trauma Expansion

Established through a congressional mandate, The University of Maryland R Adams Cowley Shock Trauma Center at UMMC continues to respond to the trauma and critical care needs of the State of Maryland. In 2012, 8,500 patients from throughout Maryland were transported to the Shock Trauma Center. Responding to the growing need for expansion of a program that ranks as one of the finest worldwide, UMMC spearheaded construction of a new eight level, 140,000 square foot Critical Care Tower which includes additional Shock Trauma beds, new high technology operating rooms for all surgical specialties as well as Shock Trauma, the expansion of adult and pediatric emergency facilities, and a new 24-bed surgical intensive care unit.

Jeffrey A. Rivest, president and CEO of UMMC, reports that the state as well as other hospitals look to the Shock Trauma Center for the ultimate care of adult trauma victims. He emphasizes that the UMMC expansion of trauma capabilities is not the result of a wish list check-off but a response to the needs of the State of Maryland.

“This new facility is part of a plan that incorporated market demand, as well as the results of surveys of referring physicians,” Rivest says.

He adds that approximately 250 additional health care workers will be hired as a result of the expansion, and notes that UMMC and the medical school have a large residency program in emergency medicine as well as a large fellowship program in trauma to help staff the expanded building.

“Dr. Tom Scalea is physician-in-chief of Shock Trauma and heads a trauma training program that is probably the top worldwide,” Rivest says. “And Dr. Brian Brown runs one of the top five emergency medicine training programs in the country. These programs produce a wealth of talent for the expanded trauma center and emergency department, and we work hard to keep these gifted physicians in our program.”
Part of the new facility includes technology upgrades that allow physicians at referring hospitals to use computer terminals to communicate with the trauma center, send CT images and complete information on arriving patients before the patient arrives by ambulance. The new facility can handle large numbers of critically ill and emergency patients simultaneously.

There is a short stay area for patients who need several hours to be stabilized, observed and then released. Many of these patients would at one time have been kept overnight, whereas the efficiency of the new unit allows them to be released to their own homes earlier. There also is an intake area for rapid care for those patients who don’t need emergency care and can be expedited quickly.

Chrencik reports, “The completion of the new addition to the Shock Trauma Center is one of our most important strategic capital investments. It is a program that serves the needs of the entire State, and therefore one to which we are very committed.”

Certainly among the most innovative UMMS expansions in recent years is the eastern shore establishment of a free-standing emergency care center in Grasonville, which is in Queen Anne’s County. There also is a new medical office building that houses physician offices as well. Queen Anne’s is one of only two Maryland counties without a hospital, and so the availability of emergency care became essential to the expanding population. UMMS System members already included the Shore Health System’s two hospitals—Dorchester General Hospital in Cambridge and Memorial Hospital at Easton—as well as the Chester River Medical Center in Chestertown. The new free-standing emergency center was a first step in merging care in a five-county area of 170,000 people. Eventual plans call for the replacement of the older Easton hospital, thereby regionalizing care into one unified delivery system, rather than one that is fragmented.

Ashworth reports that all the health reform principles embodied in the Affordable Care Act are those being addressed by UMMS on the Eastern Shore.

“We’re not looking at volume-driven health care,” he says. “We’re looking at reducing hospitalization by deploying vigorous primary and ambulatory care strategies. In other words, we’re looking at health care that is focused on improving the health of the population.”

Discussing the UMMS view of the future, Chrencik says it recognizes that the delivery of health care is changing, and that change is inevitable because the current system is not financially sustainable. It would be counter-intuitive, he says, for hospitals to ignore the direction in which the country is heading. He points out it doesn’t mean patients won’t be admitted to hospitals, but that lower cost settings will replace hospitalization for those without complex medical needs.

“When we look at the health system we have developed at UMMS, we recognize that we have a strong foundation,” Chrencik says. “At the same time, we see the need to move our System to where future revenue growth is going to be. The bottom line becomes serving patients with the right care in the least expensive setting. UMMS has successfully managed change in the past, and will remain committed to meeting the healthcare needs of Maryland in the future.”
When Dr. Keyser was looking for additional ways to support his medical alma mater, he designated the University of Maryland Baltimore Foundation, Inc. (UMBF) the beneficiary of his retirement account for the use of the University of Maryland School of Medicine Department of Pediatrics.

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Ronald E. Keyser, MD ’60
By Rita M. Rooney

Surgery, Research, Education:
A Compelling Threesome

Not long ago, a patient who had undergone post mastectomy reconstructive surgery five years earlier came to Sheri Slezak, MD, and asked, “Can you now do something about my eyes?” The woman reported that, following her reconstructive surgery performed by Slezak, she felt immeasurably better about her own self image. In fact, she felt so good that she had the incentive to make a much less dramatic change in appearance, but one that was nonetheless important to her. Her story perhaps best reflects the impact of plastic surgery outcomes in today’s health care.

While in medical school at Harvard, Slezak took surgery as her first rotation because she knew it wouldn’t be her final choice, and she was eager to put it behind her. Then came plastic and reconstructive surgery for the same reason.

“As it turned out, I loved plastics from the very start,” she says. “Plastic surgery is an inventive field with considerable room for discovery—for instance, the current use of tissue engineering to replace body parts. There is so much reconstructive work that can be done today, and so much more that can be developed through research.”

As a medical student, Slezak was mentored by Harvard’s then plastic surgery chief, Joseph Murray, MD, who would later be awarded a Nobel Prize. Today, she is Maryland’s chief of the division of plastic surgery, one of a handful of women division chiefs in her field. She also is the only woman currently serving on the American Board of Plastic Surgery, and serves as chair of the committee for the written portion of the certification process. She serves as well on the executive, budget and maintenance of certification committees.

The expansion of her division is a high priority for Slezak. Two new faculty members were recently added as part of a program to staff other University of Maryland Medical System hospitals with plastic surgery services. In addition to surgeries performed at the University of Maryland Medical Center, each faculty member provides a surgical presence at a specific hospital within the system. The division also has a facility in Timonium where cosmetic surgery, including laser procedures, are performed.

“As a result of available surgical activity at member hospitals, the faculty now is able to serve patients in their own neighborhoods,” Slezak reports. “Cancer reconstruction, cleft palate, abdominal hernia repair, hand surgery, burn repair all can be done in system–wide hospitals that are convenient for the patient.” She contends this expansion of service to member hospitals encompasses one of her primary goals for the division. Not only is it easier for the patient, it essentially boosts research efforts as well by contributing to a large data base of research on plastic and reconstructive surgery.

“Some of our stem cell research focuses on isolating fat cells and harvesting them to get stem cells to be used as soft tissue filler in breast reconstruction,” she explains. “Additionally, the injection of stem cells for women undergoing radiation treatment can correct radioactive damage.”

Named as “Top Doc” by Redbook and Baltimore magazines, Castle Connolly and US News and World Report, Slezak reports that many reconstructive and aesthetic procedures poten-
entially can benefit from research. She talks of recent studies enabling tissue engineering to repair body parts and connective tissue transplantation to replace damaged hands and faces. Even congenital defects, such as the absence of an ear can be repaired with cartilage scaffolds taken from the ribs. Another area of research is the use of stem cells derived from excess fatty tissue.

“If we can harvest fat cells to grow into stem cells, we eventually will be able to eliminate donor sites, and there will be less pain and scarring for the patient,” she says.

As committed as she is to both her surgical practice and research, it is with a special sense of mission that Slezak talks of her role as teacher.

“I really enjoy teaching,” she says. “I learn so much from students. They synthesize everything, put it all together and question in a way that makes me think.” She adds that teaching tomorrow’s surgeons is a challenge that involves teaching them how to be more efficient in a less costly environment.

It is no surprise that Slezak takes her teaching role so seriously. She designed a program called Corequest for teaching plastic surgery that has been adopted by 70 percent of medical schools and academic institutions throughout the country. She has been a member of the Maryland and Johns Hopkins clinical teaching faculties since 1989 through a shared seven-year residency curriculum that is ranked as one of the five top programs in its field. Among many honors, she received a special award from the Association of Academic Chairs of Plastic Surgery in 2002 for Corequest.

Slezak is firmly entrenched in family. She and her three children, two sons ages 16 and 18 and daughter, Katie Duncan ’12, an ophthalmology resident, recently rafted down the Colorado River in the Grand Canyon. They slept in tents and had no electricity or cell phones, but do report having the time of their lives.

One of her favorite side activities at Maryland has been as faculty advisor for Project Feast since 2009. Commenting on the second-year class initiative that feeds 400 homeless people each Thanksgiving, she claims it is an experience to be treasured.

Slezak defines plastic surgery as the care of the skin and all of its contents. It is an apt description to be sure when one considers the range of serious, even life-saving procedures beyond cosmetic that are named under its banner.

Under her direction, the definition is exemplified through the expansion of faculty to community hospitals within the Maryland system, significant research that is being developed, and the education of future plastic surgeons which is being undertaken through a curriculum acknowledged as among the best in the United States.

Dr. Slezak can be contacted at sslezak@smail.umaryland.edu
Robert Greenspan, ’71, has been practicing medicine in the greater Washington, D.C., area for more than 30 years. His specialty is nephrology, and like other contemporary physicians, he has witnessed dramatic changes in the technology of his field. Greenspan has also seen how the daily lives of medical students and young doctors have changed. When he arrived in Baltimore for the fall semester of 1967, he found a small apartment not far from the hospital that rented for $30 per month—approximately $200 in contemporary (2013) money as calculated by the U.S. Consumer Price Index (CPI) although closer to $250 if judged by a more sophisticated measure such as labor-cost inputs. Two hundred fifty dollars is still less than half what even a modest apartment can now demand close to downtown Baltimore. On top of dramatic increases in medical tuition and fees—increases from which Marylanders have not been immune—rents plus the other basic costs of student living have often risen at rates faster than have broader measures of inflation since the days of Sgt. Pepper’s Lonely Hearts Club Band and the Vietnam War.

The subject of medical student expenses and the personal indebtedness that usually results has interested not only the writer of this column (see Bulletin, Winter 2012–2013) but also reporters across the world. In November of 2012, The New York Times asked of the current cohort of would-be physicians: “A Generation Hobbled?”

Headlines even more dramatic have appeared when the students in question have come from lower-income families or developing countries. Earlier in 2012, a student journal (StudentBMJ) in the United Kingdom, where students had until recent years enjoyed generous public subsidies, screamed this headline: “Sex Work Among Medical Students on the Rise?”

Such stories should not be viewed uncritically, and yet they cannot help but cause doctors in the developed world to wonder where their profession may be headed. In May of 2012 India Today reported the sad case of a 20-year-old student named Reshma who had enrolled in a Chinese medical school but was “starving there for want of food.” She had obtained home-state funding for tuition and fees
but not for other expenses, and her father had died just prior to her leaving for the Sichuan Medical University. “It was her life’s dream to become a doctor,” Reshma’s widowed mother was quoted as saying even as she traveled the streets of her home city, Kerala, “knocking on all doors to raise money.” The parents came from the Dheevara caste of Hindu fishermen, where family resources have never been great and prejudice long prevented young people from aspiring to high professional status. At the time her story went to press, however, Reshma was said to be determined to continue in medical school and to attain her dream no matter its price.

Lower income students struggling to survive long courses of study seems an undeniable reality; and yet the distribution of medical students across income categories, at least in the United States, has not changed significantly since 1980 according to data gathered by the Association of American Medical Colleges. What has changed is the total level of student debt, a burden which must fall more heavily on those whose family resources are at the lower end of the income spectrum. According to the new Consumer Financial Protection Bureau, aggregate indebtedness for American students across all fields of higher education had exceeded $1 trillion by the end of 2012; and the mean debt level for newly-minted MDs now exceeds $160,000 per student even for those who have attended their own in-state public medical colleges.

Physicians-in-training today face more years in school, and even more years of residency and post-doctoral fellowship, than did their predecessors of the mid-20th century, let alone the 19th. After a long period when the rate of technological change was comparatively stable, since 1980 that rate has exploded with the introduction of expensive and (usually) beneficial new systems, drugs and devices. During these three most recent decades, medical-school costs have gone up proportionately—twice the CPI for the U.S. economy as a whole. This may seem like yet another point of critique against the business side of American medicine, but there’s a larger picture to view. In a recent (March, 2012) report for the National Association of Student Financial Aid Administrators, economist David H. Feldman showed how rates of increase in all forms of higher-educational costs have doubled in real terms since 1980. This increase is, ironically, not because of the failure of the American economy, but because of its very success in generating higher productivities. Technological change in industrial production can yield better products at lower prices. Since 1980, such growth in productivity has found most of its origins in the world of higher education. Higher ed then shows the flip side of this process from a unit-cost standpoint. Generating a university product per se—and a newly-minted BA or MD would be just such a product—looks nominally much more expensive because it reflects the increased values inherent to the process. Dramatic increases in the price of particular inputs like medical tuition—or even rent on housing in medical cities such as Baltimore—then make more sense.

This deeper economic change, and the increased real value of university degrees, can also be seen in the growing income gap between those with higher education and those without. According to Feldman, in 1980 the average college graduate in the U.S. earned 45 percent more per annum than the average high school graduate. Today, a college graduate’s annual income is typically 100 percent above that of a high-school graduate. This change in the labor market keeps pressure on costs for any industry that uses a large input from educated labor. No industry uses more educated labor than does American medicine.

From the standpoint of students, however, are they getting their money’s worth for all these additional dollars paid or borrowed? Living costs, tuition, fees, and the worry that comes from mounting debt are not an academic abstraction. Soon-to-be Maryland graduate Christen Vagts, ’13, who plans a career in internal medicine and pediat-

No industry uses more educated labor than does American medicine.

rics, acknowledges being very concerned. “My student debt is close to the national average” she told the Bulletin, “and I’ve recently met with a financial planner to discuss budgeting.” And yet she still hopes to do a fellowship after her residency. Like Reshma from the family of Indian fishermen, Vagts knew from a young age that she would do everything needed to get to medical school and then earn her degree. “Going to medical school is, for me, priceless.” She and other current students might dream of finding that $30-per-month apartment Greenspan enjoyed in 1967. As he recalls, though, in the fall of 1969, his landlord came to him and explained, with what seemed to be deep regret, how and why she had to raise the rent. “I have to charge you another $5 per month to cover my costs!”

Author Wayne Millan has been working behind the scenes of Maryland’s historical CPC for the past decade. A teacher and historian, he recently entered the world of on-line learning by teaching an intensive class in Classical Latin through the George Washington University.
Appointments to National Organizations

- Karen Anderson, MD, associate professor, department of neurology was elected chief investigator for the Huntington’s Study Group, a consortium of researchers worldwide who care for Huntington’s disease patients and their families.

- Richard Eckert, PhD, the John F.B. Weaver Distinguished Professor and chair, department of biochemistry and molecular biology, was chosen as president-elect of the Association of Medical and Graduate Departments of Biochemistry (AMGDB) at that organization’s annual meeting in Quito, Ecuador, in January. As part of his responsibilities, Eckert will organize AMGDB’s 2014 meeting in Antigua, Guatemala, and serve as president until the 2015 meeting.

- Jacques Ravel, PhD, professor, department of microbiology & immunology, was named to the Juvenile Diabetes Research Foundation (JDRF) Microbiome Consortium named to the Juvenile Diabetes Research Foundation (JDRF) Microbiome Consortium.

- Yvette Rooks, MD, CAQ, FAAP, assistant professor, department of family and community medicine, has been appointed to the College Athletic Trainers Society (CATS) Board of Directors. She is the second medical practitioner to serve on the board. CATS represents college and university athletic trainers across the country who are employed by National Collegiate Athletic Association, National Association for Intercollegiate Athletics and National Junior College Athletic Association institutions in various divisions.

- George Wittenberg, MD, associate professor, department of neurology, accepted the position of vice president of the American Society of Neuropsychiatry (ASNR). His term ends in 2014.

- William Blattner, MD, professor, department of medicine and institute of human virology, was presented with a certificate of recognition from Baltimore Mayor Stephanie Rawlings-Blake on January 23, to thank him for his ten years of service as chair of the Baltimore City Commission on HIV/AIDS Treatment and Prevention.

- Robert Buchanan, MD, professor, department of psychiatry, was the recipient of the American College of Psychiatrists 2013 Stanley Dean Research Award, honoring individuals who have had a major impact on the diagnosis and treatment of schizophrenic disorders. The award was presented at the college’s annual meeting in Kauai, Hawaii, on February 23.

- Erin Hager, PhD, assistant professor, department of pediatrics, was selected to receive a K12 award and become a “building interdisciplinary research careers in women’s health” scholar from January 2013 to December 2014. The award is sponsored by the National Institutes of Health Office of Research on Women’s Health through a grant administered through the Maryland Organized Research Effort in Women’s Health and the department of epidemiology & public health.

- Ziv Haskal, MD, professor, department of diagnostic radiology & nuclear medicine, was awarded honorary fellowship in the British Society of Interventional Radiology.

- William Olmsted, MD, clinical professor, department of diagnostic radiology & nuclear medicine, received the gold medal of the Radiological Society of North America (RSNA) on November 26, 2012 at the society’s plenary session. Olmsted was recognized for his contributions to diagnostic imaging and his long-time service as editor of the journal Radiographics. The RSNA has also renamed its editorial fellowship program in his honor, as future fellows will be awarded the RSNA William W. Olmsted Editorial Fellowship for Trainees.

- Charlene Quinn, PhD, associate professor, department of epidemiology & public health, was featured in a spotlight video on the National Institutes of Health blog for her research on evaluating mobile health approaches for managing diabetes.

- Eduardo Rodriguez, MD, DDS, professor, department of surgery, received honorable mention in the Baltimore Sun 2012 Marylander of the Year feature. Rodriguez was recognized for leading the team that performed the most-extensive full-face transplant to date last March.

- Dudley Strickland, PhD, professor, department of surgery, was named the American Heart Association Sol Sherry Distinguished Lecturer in Thrombosis at its scientific session conference in Los Angeles last November, in recognition of Strickland’s seminal contributions to the field of thrombosis research.

- Peixin Yang, PhD, assistant professor, department of obstetrics, gynecology & reproductive sciences, is recipient of the 2013 F. Clarke Fraser New Investigator Award of the Teratology Society.
Homayara Haque Aziz, MD, Instructor, Department of Obstetrics, Gynecology & Reproductive Sciences, presented “A Simple Technique in Laparoscopic Port Closure: Fast Learning by the Surgeon, Access to Instrumentation, Low Cost and Short Operating Time” at the 41st Global Congress on Minimally Invasive Gynecology meeting held in Las Vegas last November.

Richard Eckert, PhD, professor and Chair, Department of Biochemistry & Molecular Biology, was part of a delegation from the American Society for Biochemistry & Molecular Biology (ASBMB) that visited the White House in September 2012 to meet with Dr. John Holdren, President Obama’s advisor for science and technology and director of the Office of Science and Technology Policy. Eckert is chair of the ASBMB Legislative Issues Subcommittee. The topic of the meeting was sustaining government support for biomedical research through the National Institutes of Health.

John Talbott, MD, professor, Department of Psychiatry, conducted a course in “Writing for American Journals” at the 11th World Congress of the World Association for Psychosocial Rehabilitation in Milan, Italy in November 2012. Dr. Talbott is editor-in-chief of the Journal of Nervous and Mental Disease, the world’s oldest independent scientific monthly in the field of human behavior.


Benjamin Lawner, DO, EMT-P, Assistant Professor, and Amal Mattu, ’93, professor, both from the Department of Emergency Medicine, co-edited “Avoiding Common Pre-hospital Errors,” published by Lippincott Williams & Wilkins in September 2012. The book describes 138 errors that can occur in pre-hospital medicine and presents tips on how to minimize their occurrence. Department colleagues Wade Gaasch, MD, Assistant Professor, and Cynthia Shen, DO, clinical assistant professor, were associate editors for the project. Roger Stone, MD, MS, FACEP, FAAEM, clinical assistant professor, contributed chapters on helicopter transport and customer service.

Michelle Pearce, PhD, Assistant Professor, Department of Family & Community Medicine and the Center for Integrative Medicine, authored a book chapter “Addressing Religion and Spirituality in Healthcare Systems” in the American Psychological Association Handbook of Psychology, Religion, and Spirituality, Vol. 2. (Jan 2013) and co-authored a chapter entitled “Self-Control and Spiritually-Oriented Treatments for Addiction” in Religion and Positive Psychology: Understanding the Psychological Fruits of Faith (Praeger/Greenwood Press, 2012).

Howard Dubowitz, MB, ChB, Professor of Pediatrics, was awarded a five-year, $3,131,894 grant for “Drug Use Trajectories and the Transition to Adulthood Among Maltreated Youth” from the National Institute of Drug Abuse.

Alan Faden, MD, the David S. Brown Professor in Trauma in the Department of Anesthesiology and Director of the Center for Shock, Trauma and Anesthesiology Research (STAR) and the National Study Center for Shock and EMS, was awarded a $2,391,540, multi-PI P30 grant from NIH with Susan Dorsey, PhD, RN, from the University of Maryland School of Nursing and Joel Greenspan, PhD, from the University of Maryland School of Dentistry to establish a center for the genomics of pain.

Gary Fiskum, PhD, the M. Jane Matjasko Professor for Research and Vice-Chair for Research in the Department of Anesthesiology, was awarded a $1,530,768 grant from the U.S. Department of Defense for “Underbody Blast Models of Traumatic Brain Injury Caused by Hyperacceleration of Secondary Head Impact.”

Ronald Gartenhaus, MD, professor, Department of Medicine, is co-PI on a five-year, $1,250,000 National Cancer Institute R01 grant for “MAP Kinase Signaling in Lymphoma: A Novel Therapeutic Paradigm.”

Geoffrey Girnun, PhD, Assistant Professor, Department of Biochemistry & Molecular Biology, received a five-year, $1,625,635 R01 grant from the National Cancer Institute for “Metabolic Control of Hepatocellular Carcinoma by PGC1alpha.”

Laurel Kiser, PhD, Associate Professor, Department of Psychiatry, has received a four-year, $2.4 million national child traumatic stress initiative grant from the Substance Abuse and Mental Health Services Administration. Under this grant, the medical school and its partners at the University of Maryland School of Social Work and the Kennedy Krieger Family Center will continue operating the family-informed trauma treatment center as a national resource on trauma-informed family interventions.

Stuart Martin, PhD, Associate Professor, Department of Physiology, received a new, five-year, $1.55 million R01 from the National Cancer Institute for “Targeting Microtubule Stabilization to Reduce Breast Tumor Metastasis.”

*Grants & Contracts of $1 million and above
BABAK JAMASBI, ’89, had already earned a graduate degree in chemical engineering from Stanford, and was working in his chosen field, when thoughts of becoming a doctor caused him to question if he really wanted to be an engineer. “I was drawn to medicine but had spent the last several years of my life preparing for an engineering career,” he says. “Turning my life around at that point called for some serious thinking.”

He came up with a plan. Before quitting his “day” job, he volunteered at a veterans administration hospital. A few months later, there was no question. He was going to pursue medicine. “If I hadn’t volunteered at the VA hospital, I might still be an engineer, tied to a career that clearly wasn’t the right choice for me,” Jamasbi says. “I found that I liked the hospital environment and patient interaction. In engineering, a person often doesn’t see the results of his work. Medicine was different. It was up close and personal, with a chance to really make a difference. It didn’t take long before I woke up one morning convinced that what I really wanted most in life was to be a doctor.”

Following medical school, Jamasbi did a general surgery internship at Maryland, an anesthesia residency at the University of California, Irvine, an anesthesia fellowship at The Cleveland Clinic, and finally a fellowship in pain management at Stanford where he was introduced to a multidisciplinary approach to pain management. He was attracted to that program’s concept of pain as something that went beyond the disease from which a patient is suffering, to the patient’s quality of life, both spiritual and psychological.

During his first few weeks of medical practice as a pain specialist, Jamasbi treated a 42-year-old woman with breast cancer whose cancer had spread to the spine. She was enduring intractable pain, and it was estimated she had about two weeks to live. He implanted an intrathecal pump which delivers pain medication directly into the spinal canal, bypassing most of the brain effects of the drugs. This delivery system can reduce the amount of medication by as much as 300 times, compared to oral doses. Within a few weeks, Jamasbi’s patient was successfully off all IV medications. She was soon able to leave the hospital and lived for another two years, during which time she went on four extended camping trips.

“As pain management specialists, our goal isn’t directed to eliminating pain, but to complete a thorough evaluation of the patient’s life, after which we set realistic functional goals that will enhance that life by reducing the pain.”

He adds both physician and patient must be on the same track in understanding what can and cannot be accomplished, as well as the patient’s role in making that happen.

In 1998, Jamasbi founded Pain and Rehabilitative Consultants in Oakland, California, a multi-disciplinary pain management center for which he serves as partner and president. Among the patients he sees are arthritis sufferers who, following primary care, have chronic pain that does not respond to medication. He points out that lumbar surgeries are several times more frequent in the U.S. than in countries with similar socio-
economic conditions, and that some patients still have severe chronic pain after multiple surgeries. Then there are cancer patients, for whom unrelenting pain becomes part of life after everything to cure the malignancy has been done.

“Although there have not been any recent breakthroughs in pain management, the methods we have used for several years are effective,” Jamasbi says. “We employ a stimulator to electrically stimulate the spinal cord. With this method, we can treat neuropathic pain in certain parts of the body that cannot be treated with traditional medical intervention. By implanting a wire in the segment of the spinal cord that stimulates those nerves, pain is reduced.”

The other popular method is the implanted intrathecal pump used to give Jamasbi’s early breast cancer patient an extended virtually pain-free life.

He adds that pain medications including opioids are prescribed in his practice, but only very conservatively. “There are those who can benefit from the use of medication and who can function at a higher level without addiction or any of the unfortunate ramifications associated with drugs,” he says. “However, nationally, there is serious over-prescription of opioids, and so we use them sparingly and only after a thorough analysis of the patient.” He adds that one of the most important and difficult decisions in pain management is deciding whether a patient is a good candidate for long term opioid therapy.

The benefit of spinal cord stimulators and the intrathecal pump is that both are effective while minimizing the amount of drugs used. So a patient who previously required 100 milligrams of morphine daily may only need one milligram. Since the medication is delivered to the spinal cord, not the brain, the patient is spared drowsiness, depression and other possible side effects. Jamasbi adds there is some evidence too that reducing pain in cancer patients adds to their lives as well as to their comfort. Most patients in pain management programs today are referred by their primary physicians or specialists who have done everything possible in terms of curing a disease and understand the need for that final step, curing the pain.

Jamasbi recently completed a term as president of the California Society of Industrial Medicine and Surgery, an advocacy group that works on behalf of patients under workmen’s compensation and their access to quality medical care.

“In California, workmen’s compensation laws are constantly in flux,” he says. “Our organization focuses on medical education that specifically involves care for injured workers, and we are involved in the legislative process.” He explains that the California workers compensation system is a statutory one, meaning that the law can dictate the type of treatment to which a patient has access. The organization monitors every piece of legislation that affects patient care, and Jamasbi has testified on behalf of workers on numerous occasions.

Discussing the future within his field, Jamasbi says it has become a popular specialty for medical students today. When he finished his training, the only entrée to pain management was through anesthesiology. Today, there are fellowships available through numerous specializations. Additionally, the strong affiliation that extends between physicians in pain management and those in traditional specialties make it a much-needed medical pursuit. All in all, he reflects, he made a wise decision when he turned from engineering to medicine all those years ago.
Manson Professorship Established in Trauma

The University of Maryland Program in Trauma recently announced the establishment of its fourth endowed professorship. The gift was made possible through the generosity of Mr. Hansjörg Wyss, a bioengineer, entrepreneur and philanthropist.

Wyss, former chairman and CEO of the worldwide Synthes Company, and co-founder of the AO Foundation, recently made a $2.5 million gift establishing the Paul N. Manson, MD Distinguished Professorship in Plastic and Reconstructive Surgery. The gift honors the living legacy of Paul N. Manson, MD, a global leader and pioneer in plastic and reconstructive surgery, who began his legendary career at the R Adams Cowley Shock Trauma Center. This endowed professorship will support advances in clinical care and research in reconstructive plastic surgery through the work of Eduardo D. Rodriguez, MD, DDS, who will become the inaugural Paul N. Manson, MD Distinguished Professor in Plastic and Reconstructive Surgery.

Manson is an eminent craniofacial and reconstructive surgeon, and a pioneer of the modern surgical treatment of facial injury. His unwavering desire to improve the care of these patients sparked a relationship with Wyss to develop instruments and implants addressing clinical needs. Their collaboration with Synthes and the AO Foundation established a new standard and improved patient outcomes. Manson is board certified in both general surgery and plastic surgery and is professor and former chief of the division of plastic surgery at the Johns Hopkins University School of Medicine. He also serves as professor of surgery at Maryland in the division of plastic and reconstructive surgery.

Rodriguez is professor of surgery at the medical school and chief of plastic surgery at the R Adams Cowley Shock Trauma Center. He has distinguished himself internationally in the fields of craniofacial and reconstructive microsurgery, pioneering innovative approaches in treating composite craniofacial defects with state-of-the-art techniques and defined novel advances in tissue regeneration and tissue transplantation.

“This professorship represents the culmination of a long-standing relationship I have had with Mr. Wyss and my mentor, Dr. Manson,” says Rodriguez. “Establishing this professorship at Shock Trauma honors the trans-generational legacy committed to restore, regenerate and transform patients made vulnerable by injury or disease.”

In March 2012, Rodriguez led the team that completed the most extensive face transplant to date. The historic 36-hour operation performed at the R Adams Cowley Shock Trauma Center included the replacement of both jaws, teeth, tongue and skin, and underlying nerves and muscles from the scalp to the neck.

It was performed by a team of plastic and reconstructive surgeons with specialized training and expertise in craniofacial surgery and reconstructive microsurgery, marking the culmination of 10 years of basic science and translational research at Maryland.

“The generous gift from Mr. Wyss allows us to reward Dr. Eduardo Rodriguez, a very accomplished clinician scientist and worldwide leader in this field,” says E. Albert Reece, MD, PhD, MBA, vice president for medical affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and dean, University of Maryland School of Medicine. “The University of Maryland School of Medicine is proud to be at the forefront of science and history in reconstructive plastic surgery. This incredibly generous gift will ensure the continuation of this important legacy, and will serve as a catalyst to our becoming an international center of excellence in this field.”

Maryland now has 61 endowed faculty positions.
Qualified Charitable Distributions

Charitable giving can provide great personal satisfaction, and it can facilitate a current income tax deduction, the avoidance of capital gains taxes and a reduction in the amount of estate taxes that may be owed in the future.

One method of making an outright gift that can benefit a charity immediately is a Qualified Charitable Distribution (QCD). The Pension Protection Act of 2006 first allowed taxpayers age 70 ½ or older to exclude from gross income the distributions from their Individual Retirement Account(s) that were provided directly to a qualified charity (a QCD) in amounts up to $100,000. The law was originally scheduled to expire in 2007, but it was extended through 2011 by subsequent legislation, and it has just been extended yet again through 2013, by the American Taxpayer Relief Act of 2012.

There are several considerations associated with the use of the QCD strategy. The following requirements must be met to allow the distribution from an IRA to a qualified charity to avoid income tax liability:

1. The taxpayer/donor must be at least 70 ½ years of age.
2. The distributions must be made from a Traditional IRA or from a Roth IRA.
3. The maximum amount eligible for transfer is $100,000 per eligible IRA owner per taxable year.
4. The transfer of funds must be made directly to the qualified charity by the IRA trustee or custodian; the taxpayer/donor must not receive the funds.
5. The transfers can be made to one or more qualified charitable organizations as described in Internal Revenue Code Section 170(b)(1)(A), but can not be contributed to a donor-advised fund, supporting charitable organization or a charitable trust (i.e.; not a Section 509(a)(3) private foundation or a Section 4966(d)(2) donor-advised fund), and
6. The taxpayer/donor can not receive any value in return from the charitable organization or the tax exemption is forfeited for the entire amount distributed. The charitable entity must provide written verification of the contribution and that the donor received no value in return.

QCDs provide a tax-effective way for taxpayers who do not itemize deductions to make charitable contributions, and when filing a federal income tax return jointly, both spouses may be able to each exclude $100,000 of QCDs in 2013. QCDs count toward satisfying any required minimum distributions (RMDs) that would otherwise have to be received from an IRA, however, distributions that are actually received from an IRA (including RMDs) that are subsequently transferred to a charity cannot qualify as QCDs.

There are many ways to give to charity. Gifts can be made during one’s lifetime or at death, and gifts can be made outright or through the use of a trust. A charity can be named as a beneficiary in an individual’s Will, or as a beneficiary of a retirement plan or a life insurance policy. Philanthropic endeavors can provide great personal satisfaction and may mitigate one’s tax liability. If you are considering the execution of a charitable gifting strategy or the modification of an existing strategy, you would be well served by seeking guidance from qualified tax, legal and wealth planning professionals before proceeding.

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In 1833, Maryland established a course in preventive medicine, the first in America. The course was conceived and taught by Robley Dunglison, MD, professor of materia medica and therapeutics, hygiene and medical jurisprudence from 1833 to 1836 and dean from 1834 to 1836.

85 Years Ago

In 1928, Oliver S. Lloyd, '09, was named surgeon for the Baltimore City Fire Department, a post he held for 28 years. A talented surgeon, Lloyd invented the Lloyd Lag Screw and Lloyd Hip Screw for fractures of the neck and femur.

15 Years Ago

In 1998, the University of Maryland Baltimore Health Sciences and Human Services Library opened on the southwest corner of Lombard and Greene streets. The six-floor edifice featured reference and circulation services as well as database and networking information. Housed on the top floor, in the Woodward Historical Suite, were the books of Dr. John Crawford, whose collection started the library in 1815.
Third- and Second-Year Students Enjoy MAA Socials

Student Auction Nets $12K

The MAA-sponsored Bull & Oyster Roast, an annual event for the third-year class, was held Thursday, December 6, 2012 in the MSTF Atrium. About half the class was able to separate themselves from rotations to join the party, attended by more than a dozen faculty.

On January 24, more than 70 members of the second-year class enjoyed an evening reception at Alewife, a local pub located just a short walk from campus. Each year the MAA entertains all four classes with an event to provide a bit of social relief in between study blocks and rotations. Funding for these events was provided by Carolyn Frenkil, a member of the dean’s board of visitors and MAA’s Davidge Hall Restoration Committee.

On January 29th, second-year medical students held their annual class auction at the Southern Management Corporation Campus Center. The event supports class activities and Shepherd’s Clinic, a local non-profit organization providing reliable healthcare to city residents unable to afford insurance or not qualifying for government assistance. More than 250 students and faculty attended the event to bid on more than 150 items ranging from Baltimore Ravens memorabilia to dining excursions in the city or even private concerts by musically talented students. The night was capped off with a performance from the medical student acapella group, the Hippocratic Notes. More than $12,000 was raised in event proceeds.
1940s

1946: John R. Gamble of Lincolnton, N.C., reports that life started getting difficult at age 91! 1948: James T. Welborn of Lexington, N.C., reports that he is doing well at age 89, mostly caring for his wife of 63 years and watching sports. 1949: Joseph Wm. Belkin of Farmington, Conn., reports that son Michael is chief of peripheral vascular surgery at Brigham Hospital in Boston and grandson Nathan is a medical student at Harvard.

1950s

1950: Frank T. Kasik of Baltimore reports that it’s nice to be a 94-year-old great-grandfather to 15 with another on the way. He continues living in Oakcrest Village where he has spent the last 17 years. 1954: Marshall A. Simpson of Columbus, Ga., retired last October from West Central Georgia Regional Hospital. He reports that daughter Pamela is attending Troy College Phenix City for a nursing degree. 1955: C. Ronald Koons of Mission Viejo, Calif., continues teaching bioethics to students, residents, and faculty at the University of California Irvine. He retired from practice in 1995. 1956: Richard L. Plumb of Houston continues working three half days supervising pediatric residents at the University of Texas, Houston, after retiring from private practice last August. 1957: Landon C. Stout Jr., of Galveston, Tex., received the 2013 John I. Andujar Citation of Merit Award from the Texas Society of Pathologists. A member of the University of Texas Medical Branch in Galveston since 1972, Stout’s research focused on diabetic nephrology. A professor of pathology there, he also served as residency program director and co-director and associate director of surgical pathology. Stout spends about 40 hours per week at the hospital but remains fully engaged in departmental activities of practice, teaching and research. 1958: Lewis H. Richmond of San Antonio reports that he has a grandchild who graduated from the University of Texas, one at Columbia, and three others ages seven, four, and two.

1960s

1960: Morton Smith recently received a clinicantea year award from 3rd year medical students at Washington University in St. Louis. 1961: George E. Urban Jr., of Clinton, Md., continues in practice but without surgery. He is associated with Doctors Community Hospital in Lanham and has a new associate and a new office. Urban’s 15 grandchildren are all doing well, and he continues to kayak, ski, and collect wine. 1965: Louis E. Steinberg of Silver Spring, Md., is approaching his 40th year in his pulmonary diseases private practice in Prince George’s County. He and wife Arlene have two daughters and a 15-year-old grandson. 1966: Charles H. Classen of Kinston, N.C., won a sixth teacher of the year award for teaching orthopaedics to ECU family practice residents. He is now working for the hospital. 1968: John G. Frizzera of Phoenix, Md., is senior partner at Martin, Blanck & Associates, a U.S. healthcare consulting firm, as well as

Advice to the Healer: On the Art of Caring

By Richard Colgan, MD, Associate Professor

The healing professions have an ancient and venerable tradition of service, honor, and humanism that is often communicated from teacher to student in anecdotes and bits of wisdom told quickly in passing. Gathering together this type of valuable information in one place, “Advice to the Healer: On the Art of Caring,” Second Edition, includes biographies of historical luminaries in medicine, tales from everyday practice, inspirational quotes and artwork, and advice for new and veteran healers alike. $29.95 Order your copy through www.amazon.com
medical director at Datix, Ltd, an international patient safety and clinical risk management software company in the United Kingdom. Cohen and wife Suzanne travel internationally six to eight times each year and maintain a second home in the U.K.

Michael J. Maloney of Cincinnati continues to enjoy his private practice of child, adolescent & adult psychiatry and psychoanalysis. He is writing a book on eating attitudes. 1972: H. Hershay Sollod of Denver continues to ski, hike, and visit with five grandchildren while still continuing in his full-time outpatient psychiatric practice. Marjorie A. Voith of Riva, Md., was recently elected division commander for the U.S. Coast Guard Auxiliary. She is retired from the USAF but continues in the practice of medicine. Voith wishes the best to all classmates.

1980s

1980: Robert P. Cervenka and wife Katherine announce the birth of daughter Peyton on May 30, 2012. Since relocating his practice to York, Maine, in 2010, Cervenka was appointed lead physician in obstetrics and pediatrics in inpatient and outpatient services.

James P. Richardson of Ellicott City, Md., was listed in Baltimore Magazine as a top doctor for 2012 in geriatric medicine.

Sally E. Sondergaard of Severna Park, Md., retired from obstetrics last December but continues in gynecology at her Owings Mills office. 1982: Robert J. Varipapa of Dover, Del., reports that son Robert Jr. is in year two of medical school at Virginia Tech. 1983: Protagoras N. Cutchis of Highland, Md., retired from Johns Hopkins Applied Laboratory but plans to continue in biomedical device design. Charles E. Hendricks of Seal Harbor, Maine, completed his 24th medical mission—this one to Ecuador in February with wife Laura and daughter Julia. Mary I. Jumbelic of Fayetteville, N.Y., reports that she was afflicted with necrotizing fasciitis and septic shock while in Prague, Czech Republic, and doctors there saved her hand and her life! 1984: Donald M. Beckstead of Hollidaysburg, Pa., is in his 7th year as program director for the Altoona Family Physicians Family Medicine Residency. Son David is in his final semester of bioengineering at Penn State, while daughter Amanda is in her second year of nursing at the University of Pittsburgh. Beckstead’s wife Sharon is in her 29th year of retail pharmacy. 1986: Lee Allan Kleiman of Severna Park, Md., enjoyed sailing catamarans on the Chesapeake Bay with classmate Scott Poulton last summer.

Jeffrey R. McLaughlin of Butte Des Morts, Wis., has taken up mountain climbing as a hobby. He has more than 20 climbs in the U.S., South America and Europe. Up next: the Himalayas. Lisa A. Scheinin of Redondo Beach, Calif., recently visited North Korea for a second time and ended up on local TV as she enjoyed the opening of a roller coaster ride. This follows her trip to Turkmenistan last year for a ride on the country’s one and only ride. 1987: Ira Chang of Evergreen, Colo., published a chapter on neuro-hospitalist medicine entitled “Neurohospitalists—An Emerging Subspecialty” in Neuroscience News & World Report. Chang is chairman of the department of medicine at Swedish Medical Center.

Roger J. Levin of Hummelstown, Pa., is president of the medical staff for Pinnacle Health System and has been in practice for 13 years with Associated Otolaryngologists, a single specialty group. 1988: Raymond A. Wittstadt of Glen Arm, Md., assisted with the first double (bilateral) arm transplant at Johns Hopkins. He continues teaching at the Curtis National Hand Center and recently participated in a medical mission to the Dominican Republic. Wittstadt and wife Mary recently celebrated their 34th wedding anniversary and will welcome their second grandson in March. 1989: Brian J. Eastridge is professor of surgery and trauma medical director at the University of Texas Health Science Center in San Antonio, following retirement from the U.S. army in October 2012.

1990s

1990: Jeffrey Rosenfeld of Clovis, Calif., is professor and chief of neurology at UCSF-Fresno program in California. 1992: William J. Dubiel of Spokane, Wash., reports that daughter Lillian is a first-year medical student at Maryland. Robert Hom and wife Sara of Tucson have two daughters, ages 15 and 12; they also have nine-year-old twin sons. Hom and his wife are pediatricians, and he is an administrator for a pediatric group practice. 1999: Mallory Williams of Toledo, Ohio, is vice chair of the Ohio Committee on Trauma. With this appointment he also becomes a member of the American College of Surgeons Committee on Trauma.
**2000s**

**2000:** Shelleye Bailey and Kiliu Mulumba of Montclair, N.J., announce the arrival of son Zen Makau Solomon Mulumba on January 9. Bailey is enjoying maternity leave until May, when she heads back to Kings County Hospital Center in Brooklyn. **2003:** Tom Dean and wife Carrie of Auburn, Wash., announce the birth of son Wyatt on December 27, 2012. This follows the November adoptions of Anna, age 17; Max, age 13; Oksana, age 11; and Bogdan, age nine. **2004:** Anne Marie Kelly and husband Ian Carr of Centerville, Mass., welcomed Sean Kelly Carr, their third, on January 10. **2007:** Michael Drusano of Miami Beach and classmate Mark Keller are working with Miami’s underserved medical community, practicing family medicine in five languages. Drusano has also done trauma work in South Africa, provided general care to indigenous people in rural Colombia, and was a first responder in the 2010 Haiti earthquake. In addition, he cared for survivors of rape and sexual torture in east Democratic Republic of Congo. Drusano has returned to Haiti several times and reports that the experiences were extremely gratifying. Most recently, he has worked with the Edna Adan Maternity Hospital in Hargeisa, Somaliland and looks forward to returning there in October. **2009:** Selena Read of Harrisburg, Pa., reports the birth of Harlan, her second, on September 27, 2012. **2010:** Chanda Reese of Tamarac, Fla., reports that she passed oral boards and is now board certified in OB/GYN. She and husband Leon Plowright, MD, recently celebrated their first wedding anniversary.

**2010s**

**2010:** Bonike Oloruntoba of Raleigh will be one of three chief residents for the internal medicine program at Duke University beginning in 2014. She plans to enter a fellowship in gastroenterology in July. **2011:** Jeremy Pollock of Nashville, Tenn., is completing his second year of residency training at Vanderbilt Hospital. **2012:** Matthew W. Christian and Kaci Haines of Baltimore will be married in Glenmore, Pa., on September 7.

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### Our Medical Alumni Association

**Mission:** The Medical Alumni Association of the University of Maryland, Inc., in continuous operation since 1875, is an independent charitable organization dedicated to supporting the University of Maryland School of Medicine and Davidge Hall.

**Board Structure:** The MAA is governed by a board consisting of five officers and nine board members. Each year more than 100 alumni participate on its seven standing committees and special anniversary class reunion committees.

**Membership:** Annual dues are $85. Dues are complimentary the first four years after graduation and can be extended until the graduate has completed training. Dues are waived for members reaching their 50th graduation anniversary or have turned 70 years of age. Revenues support salaries for two full-time and five part-time employees, as well as general office expenses to maintain the alumni data base, produce the quarterly *Bulletin* magazine, stage social events for alumni and students, administer a revolving student loan fund, and oversee conservation of Davidge Hall and maintain its museum.

**Annual Fund:** The association administers the annual fund on behalf of the medical school. Gift revenues support student loans and scholarships, lectureships, professorships, capital projects—including Davidge Hall conservation—plus direct support to departments for special projects and unrestricted support to the dean.

**The Morton M. Krieger, MD, Medical Alumni Center** is located on the second floor of Davidge Hall, 522 W. Lombard Street, Baltimore, MD, 21201-1636, telephone 410.706.7454, fax 410.706.3658, website www.medicalalumni.org, and email maa@medalumni.umaryland.edu
Irving L. Samuels, ’43M
Pediatrics
Delray Beach, Fla.
January 1, 2013

Kings County Hospital in Brooklyn was site of Dr. Samuels’ internship, and during World War II he was a physician and surgeon in the U.S. Army Medical Corps. Upon completion of military service, Samuels completed residency training at Westchester County Medical Center in Valhalla from 1946 to 1948. He practiced pediatrics in New Rochelle for 40 years while serving as an attending at Westchester and New Rochelle Hospitals. Samuels was remembered for his pioneering work in exchange transfusions for newborns afflicted with RH incompatibility, and he was also a participant in clinical trials for the Polio vaccine. After retirement Samuels enrolled in a broad spectrum of college courses he was unable to take while pursuing his medical education. He enjoyed competitive Scrabble, duplicate bridge, reading, and was a loyal fan of the Duke Blue Devils, his undergraduate school. Survivors include wife Elaine, three children including son William, ’71, seven grandchildren including Eve Fields, ’02, and Aaron Samuels, ’07, and four great-grandchildren.

Paul R. Ziegler, ’43D
Family & Emergency Medicine
San Mateo, Calif.
February 23, 2013

Beginning at age 14 and through medical school, Dr. Ziegler worked as a professional saxophone and clarinet player in Big Bands. Upon graduation, he served as a U.S. Army surgeon during WWII. He interned at Mercy Hospital where he also received residency training in surgery. Ziegler practiced internal medicine in Baltimore and Ellicott City. For more than 25 years he was on the staff at St. Agnes Hospital and was a member of its executive committee. Appointments included president of the Howard County Medical Society and secretary of the Maryland Academy of Emergency Physicians. In semi-retirement he worked as an emergency room physician. Ziegler retired in 1983 and in 2002 moved to San Mateo to be close to his daughter’s family. He enjoyed music, furniture refinishing & cabinet making, reading mysteries, and travel. At age 97, he started taking computer classes. Survivors include one son, one daughter, six grandchildren, seven great-grandchildren, and two great-great grandchildren. He was preceded in death by wife Margaret and one daughter.

Helen E. Greenleaf, ’45
Internal Medicine
Little Silver, N.J.
December 25, 2012

Dr. Greenleaf received training at the Hospital for the Women of Maryland and Monmouth Medical Center in New Jersey. She practiced medicine in Red Bank and was a staff member at Riverview Medical Center for 50 years. With an interest in treating the "whole person," she served on the board of the American Holistic Medical Association and for 15 years was president of the Foundation for Research in Optimal Living. Greenleaf developed and coordinated an award-winning program funded by Red Bank Soroptimists, introducing early intervention to prevent drug and drug-related problems for first-grade children. She enjoyed travel and is survived by husband Laurence, one son and one daughter.

James B. Dalton Jr., ’48
Othopaedic Surgery
Richmond, Va.
February 17, 2005

Days after graduation, Dr. Watson married classmate Carolyn Wolfe and together pursued training at Charlotte Memorial Hospital in North Carolina. In 1950, Watson volunteered for active duty in the U.S. Navy, serving as a battalion medical officer with an artillery unit of the First Marine Division during the Korean War. He was honorably discharged in 1952, returning to Charlotte to complete residency training. The couple relocated to Glen Ridge, New Jersey, in 1956 when Watson became surgical pathologist at Kings County Hospital in Brooklyn with a faculty appointment at SUNY Downstate Medical Center. He entered private practice in 1961 as a pathologist at Mountainside Hospital where he later served as president of its medical staff and as an ex-officio member of the board of trustees of the New Jersey Hospital Association. Watson also served as clinical associate professor of pathology at the University of Medicine and Dentistry of New Jersey in Newark, and he was elected president of the Medical Society of New Jersey in 1984. After retirement in 1985, he served as assistant medical director of Blue Cross Blue Shield of New Jersey where he continued until 1990. Survivors include wife Carolyn, ’49, four children and 10 grandchildren.

Paul E. Kaschel, ’51
Psychiatry
Grand Rapids, Mich.
December 1, 2012

Dr. Kaschel interned at Baltimore City Hospital and received residency training in surgery and general medicine at St. Clare’s Hospital in Schenectady, N.Y. He practiced general medicine for a few years before receiving additional training in psychiatry in Milwaukee from 1963 to 1966. Kaschel was appointed medical director for Kent Oaks Psychiatric Hospital in Grand Rapids and retired in 1988. He enjoyed reading, classical music, and in retirement traveled with seminar tours to Switzerland, France, Germany, Austria, and Poland. Kaschel was preceded in death by wife Eleanor and is survived by four children, 17 grandchildren and seven great-grandchildren.

James E. Boggs, ’53
Surgery
Inwood, W.Va.
September 20, 2011

Upon graduation Dr. Boggs interned at St. Mary’s Hospital in Huntington, W.Va., and received residency training at CAMC from 1954 to 1957; this was followed by a two-year preceptorship. Boggs served as chief of surgery for two hospitals in Charleston
from 1960 until semi-retirement in 1976 when he moved to the country and worked three days per week. He enjoyed hunting and fishing. Boggs and wife Jane had four children and 11 grandchildren.

Rowland J. Dowell, '53
Phoenix
November 15, 2010

A. Weems McFadden, '53
Dermatology
Salisbury, Md.
December 18, 2010

Prior to medical school, Dr. McFadden was an infantryman in the 399th Regiment of the 100th Infantry Division in France and Germany, and he was awarded the bronze star and the combat infantryman’s badge in 1945. Upon medical school graduation he was commissioned as a 1st lieutenant and interned at Walter Reed Army Hospital in Washington, D.C. McFadden was sent to Ft. Sam Houston Texas in San Antonio for a company grade officer’s course, before returning to Walter Reed for residency training in dermatology. Later, from 1963 to 1964, he attended the Command & General Staff College at Ft. Leavenworth Kansas. He served in Korea and Vietnam and was appointed commanding officer for several hospitals in Europe during the 1960s. McFadden retired as a colonel while at Valley Forge General Hospital in 1973. He had a lifelong interest in genealogy and was an officer and life member of the Sons of the American Revolution. Also a student of medieval history in England, he purchased the Manorial Lordship of Deopham in Norfolk County, England, from the Earl of Kimberley in 1985. McFadden also collected stamps, books, and medieval coins. Survivors include four children and eight grandchildren.

Paul C. Hudson, '55
Neurosurgery
Baltimore
February 3, 2013

Dr. Hudson interned and received residency training at Maryland. Training also took him to National Hospital for Nervous and Mental Diseases in Queen Square, London, in 1958. He practiced in Baltimore and was on the visiting staffs at Maryland, Maryland General Hospital and Mercy Medical Center. Hudson was a member of the 1807 Circle of the John Beale Davidge Alliance, recognized as a major donor to the medical school. He enjoyed international travel.

Joseph E. Stitcher, '55
Internal Medicine/Gastroenterology
Lincoln, Neb.
September 12, 2012

The U.S. Naval Hospital in Philadelphia was the site of Dr. Stitcher’s internship and residency training. From 1958 to 1959, he was a fellow at the graduate hospital of the University of Pennsylvania. In all, Stitcher served 10 years in the Navy with service at Bethesda Naval Hospital and Guantanamo Bay Naval Base in Cuba during the Cuban Missile Crisis. After a brief stint practicing gastroenterology in Philadelphia, he relocated to Lincoln in 1966 to practice at the Lincoln Clinic. In 1977, Stitcher was the founding gastroenterologist of Internal Medicine Specialists which became Gastroenterology Specialties. He also served as chief of staff at Bryan Memorial Hospital before retiring in 1992. Stitcher was recipient of the Lincoln-Lancaster County Health Department John J. Hannigan, MD, Distinguished Service Award for efforts to establish a medical clinic for the indigent. In retirement he and wife Zamova spent summers at a cabin in Estes Park, Colorado, where Stitcher was a volunteer ranger in Rocky Mountain National Park. In addition to his wife, he is survived by four children, five grandchildren, three great-grandchildren, and one stepchild.

Harvey M. Solomon, '59
Internal Medicine
El Prado, N.M.
June 18, 2011

Wilson A. Heefner, '60
Pathology & Nuclear Medicine
Stockton, Calif.
February 16, 2013

Prior to medical school, Dr. Heefner enlisted in the U.S. Army and was stationed at Osaka Army Hospital during the Korean War as a medical laboratory technician. Upon graduation from Maryland, Barnes Hospital in St. Louis was the location of Dr. Heefner’s internship, and his residency was split between Barnes and Maryland where he also performed a fellowship. Heefner accepted an appointment at Maryland as assistant professor, and after two years relocated to Stockton, Calif., to join a pathology practice at Dameron Hospital. While practicing medicine, he continued his military career, graduating from the U.S. Army Command and General Staff College and the U.S. Army War College. He retired with the rank of colonel in 1990, two years after retiring from practice. Eager to write, Heefner pursued a master’s degree from the University of Hawaii. In 1995, he published Twentieth Century Warrior: The Life and Service of Major General Edwin D. Patrick. This was followed by Patton’s Bulldog: The Life and Service of General Walton H. Walker in 2001, and Dogface Soldier: A Biography of General Lucian K. Truscott Jr., in 2010. Ever grateful for the guiding inspiration of Harlan I. Firminger, MD, head of Maryland’s pathology department, Heefner established the Harlan I. Firminger, M.D., Faculty Teaching Prize in Pathology in 2008. He was a member of the 1807 Circle of the John Beale Davidge Alliance, Maryland’s society for major donors. Survivors include wife Patricia, one child, and four grandchildren. Heefner was preceded in death by one son.

Maurice M. Davidson, '61
Neurological Surgery
Nyack, N.Y.
April 4, 2012

William R. Law, '62
Internal Medicine
Towson, Md.
February 20, 2013

Dr. Law interned and received residency training at Mercy Medical Center, and later completed a neurology fellowship at Maryland. He served in the U.S. Army Medical Corps and was an active reservist, eventually retiring with the rank of captain. From
1967 to 1974, Law maintained a private practice and was on the staffs at Mercy and St. Joseph’s Medical Center. In 1967, he also began an association with Bon Secours Hospital, initially serving as screening physician in the diabetes clinic and from 1976 to 1994 directed the nurse practitioner program which he created. In addition, he chaired the department of community medicine and was director of the emergency department, ambulatory care clinics and substance abuse program. Law was a vice-president for three years and from 1990 to 1997 oversaw quality improvement. He retired in 1999 after serving two additional years as chief medical officer. Law enjoyed reading and family vacations to Deep Creek Lake. He was a skilled bricklayer and also liked doing home improvement projects. Survivors include wife Mary, one son, two daughters and seven grandchildren.

Francis A. Bartek, ’70
Obstetrics & Gynecology
Amherst, Ohio
January 20, 2013
Since 1974, Dr. Bartek practiced OB/GYN in the Lorain, Ohio, area. Survivors include wife Mary, seven children, and three grandchildren.

Geoffrey B. Liss, ’76
Cardiovascular Disease
Sarasota, Fla.
October 3, 2012
After completing a fellowship in cardiovascular diseases at Baylor School of Medicine/Texas Heart Institute, Dr. Liss practiced cardiology in Harrisburg, Pa., and also served on the faculty at Penn State University. He relocated to Sarasota in 1984 and opened a solo cardiology practice. Four years later he joined three physicians in a group practice that in 1990 became The Heart Center of Sarasota featuring the first cardiology catheterization lab in the county. Liss served on the staffs of Sarasota Memorial Hospital and Doctor’s Hospital of Sarasota for 28 years. He retired from private practice in 2005 but continued working part-time at Bay Pines Veterans Hospital in Saint Petersburg. Liss was an honorary vice president of the Medical Alumni Association and a loyal member of the 1807 Circle of the John Beale Davidge Alliance—Maryland’s society for major donors. Survivors include wife Nancy and two sons.

Thomas E. Jordan, ’84
Otolaryngology & Plastic Surgery
Abingdon, Md.
January 19, 2013
Duke University was the site of Dr. Jordan’s residency training in otolaryngology, followed by additional training in plastic surgery at Georgetown University. He practiced at Drs. Gehris, Jordan, Day and Associates and served as chief of surgery at Harford Memorial Hospital. Other appointments included president and treasurer of the Harford County Medical Society, member of the medical executive committee of the Upper Chesapeake Health System, and member of the Upper Chesapeake Health Foundation. Survivors include wife Christine and two children.

Faculty
William D. Blake, MD
Physiology
Bath, Maine
February 3, 2013
Dr. Blake was professor and chairman of Maryland’s department of physiology from 1961 to 1971. Born in Summit, N.J., Blake earned his undergraduate degree from Dartmouth College and medical degree from Harvard Medical School. Prior to his arrival at Maryland, he was on the faculties at Yale and the University of Oregon. His area of interest was the kidney, and Blake often traveled internationally to present lectures and conduct research. One of his accomplishments was establishing a physiology research program at the medical school in Cúcuta, Brazil. Blake enjoyed oil painting and sailing. Survivors include wife Mary, son William Jr., ’76, one daughter, five grandchildren, and two great-grandchildren.

Gerald D. Klee, MD
Psychiatry
Timonium, Md.
March 3, 2012
Dr. Klee was director of Maryland’s division of adult outpatient psychiatry from 1959 to 1967. Born in Brooklyn, N.Y., Klee received a bachelor’s degree from McGill University and his medical degree at Harvard Medical School. He interned with the U.S. Public Health Service and received residency training at Johns Hopkins. Klee was an LSD expert and participated in the U.S. Army’s secret voluntary research on the drug performed on servicemen at Maryland’s psychiatric institute that began in 1956 and ran through 1959. He joined the faculty at Temple University in 1967 and for three years served as director of its division. Klee also held teaching appointments at Maryland, Johns Hopkins, and Temple. He also maintained a private practice until retirement in 2000. He enjoyed swimming, reading, art and music. Survivors include two sons, three daughters and 11 grandchildren. He was married four times, and all ended in divorce.

Ellen G. McDaniel, MD
Psychiatry & Administration
Highland, Md.
January 3, 2013
Dr. McDaniel served as a member of the psychiatry faculty for 22 years and for seven years was Maryland’s associate dean for admissions. Born in Cleveland, McDaniel received her medical degree from the University of Michigan in 1966. After training at Delaware Hospital in Wilmington, she joined Maryland’s faculty. Her specialty was forensic psychiatry, and she often testified in cases relating to the mental states of defendants. Her seven-year stint as associate dean for admissions ended in 1989, and she departed Maryland in 1992. McDaniel was a founding board member of the Upper Chesapeake Society, member of the medical executive committee of the Upper Chesapeake Health System, and member of the Upper Chesapeake Health Foundation. Survivors include wife Christine and two children.
On-line Classroom Lectures for Alumni

Dues-paying members of the Medical Alumni Association are invited to view On-line Classroom Lectures. These include many of the first- and second-year presentations available to students as taught from Taylor Lecture Hall in the Bressler Laboratory, as well as recordings of grand rounds. In addition, the MAA Annual Historical Clinicopathological

Conferences and a few historical lectures by Theodore E. Woodward, ’38 are available for viewing. Enrich your education by visiting the MAA website and registering today: www.medicalalumni.org.