



MISSISSIPPI

medicine

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE

Winter 2017

SEEKING A SILVER BULLET

CARE GAP CRISIS LOOMS
FOR AGING MISSISSIPPIANS

DR. KATRINA POE

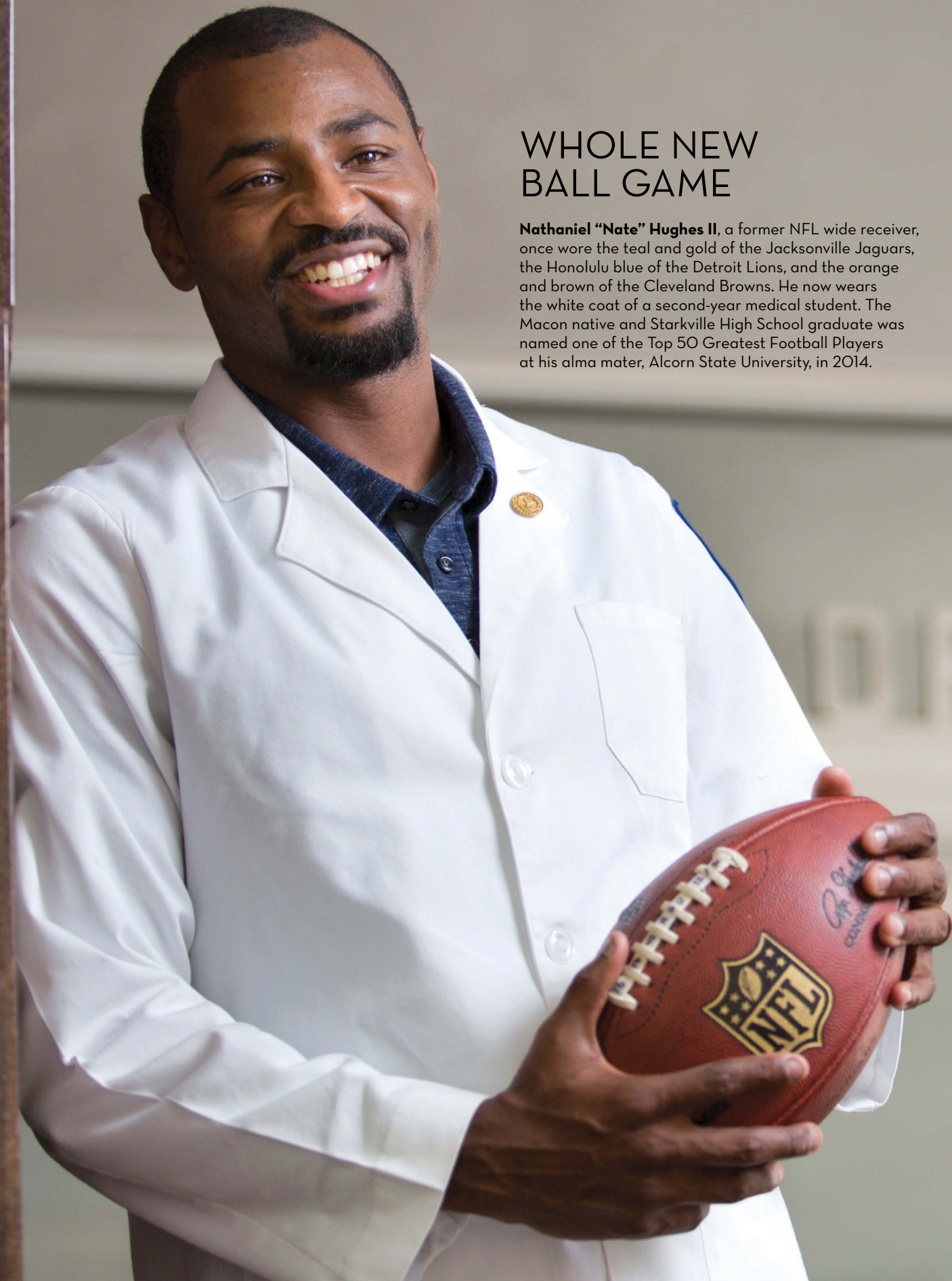
CARING FOR 'THE TOWN THAT CARES'

DR. RALPH DIDLAKE

PUTS THE VERSE IN VERSATILITY

THE LOYAL TREATMENT

3 GENERATIONS OF MOORES



WHOLE NEW BALL GAME

Nathaniel "Nate" Hughes II, a former NFL wide receiver, once wore the teal and gold of the Jacksonville Jaguars, the Honolulu blue of the Detroit Lions, and the orange and brown of the Cleveland Browns. He now wears the white coat of a second-year medical student. The Macon native and Starkville High School graduate was named one of the Top 50 Greatest Football Players at his alma mater, Alcorn State University, in 2014.

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CONTENTS

FEATURES

- 2 Gray Area**
Can caregivers cope with a surge in elderly patients?
- 10 Dr. Katrina Poe**
Dr. Poe cares for 'The Town that Cares'
- 14 Dr. Ralph Didlake**
Didlake puts the verse in versatility
- 18 American Valued**
Macedonian-born student pledges allegiance to her new country
- 50 Foresight is 20/20**
A snapshot of the first-year class
- 52 The Loyal Treatment**
3 generations keep hands, hearts in alma mater



THE REST

- 20 News Digest**
A quick look at Medical Center news
- 22 Philanthropy**
Recognizing UMMC benefactors
- 30 Research Roundup**
Catch up on the latest findings from UMMC scientists
- 34 Practice Rounds**
Features from the clinics
- 40 Transitions**
A rundown of faculty comings and goings
- 46 Kudos**
Medical Center staff chalk up honors, acclaim
- 54 Class Notes**
What have your classmates been up to?
- 65 In Memoriam**
Remembering those we lost



GRAY area

Can caregivers cope with a surge in elderly patients?

By Gary Pettus



During a home visit with his patient, **Jannie Leflore**, **Dr. Mark Meeks**, far right, places a reassuring hand on **Charlotte Baker**, one of Leflore's daughters, as **Dr. Lyssa Weatherly** takes note of Meeks' bedside manner.

As she peers into her doctor's face, she lies on her back in a clean, neat room of paneled walls hung with a handmade sign – "JANNIE G. LEFLORE HOUSE" – as if to reassure her. Near it is a photograph of the late husband she believes is still alive.

Dr. Mark Meeks, professor of medicine and director of the UMMC Division of Geriatrics, hovers above his patient's sickbed, asking her a question that seems to stump her: "How old are you?"

Two weeks earlier, she celebrated her birthday. But she doesn't answer. "Seventy-nine," says her daughter, Janyce Leflore Jenkins, at last.

Jannie Leflore stirs in her bed. "I ain't no 79," she says.

Some months ago, it took Janyce hours to coax her mother out of the car at a house she thought was a stranger's – her own.

And that's why Meeks visits this room in Jannie Leflore's house – to see a patient who knows she's getting older, but doesn't know how old she is.

Who knows her husband's name is William, but doesn't know he has died.

Who knows this back room like the back of her hand, but doesn't recognize her own front door.

Neither does Jannie Leflore know what a geriatrician is, but she does know Meeks is her doctor.

And he knows there aren't enough doctors like him, be-

cause there are so many more patients like her – patients dealing with pressure ulcers or incontinence or osteoporosis or limited mobility or multiple prescriptions or Alzheimer's disease.

The number and scope of these cases is only going to grow, the byproduct of a population whose age is showing. In Mississippi alone, within this group, well over 100,000 have been labeled "vulnerable."

By one estimate, the state could use a geriatrician for every 700 of these adults – usually defined as those 65 and older. It has one for every 5,000.

"There will never be enough geriatricians in the country or the state," Meeks said, "unless something dramatically changes."

'NO ONE RALLIES FOR US'

Geriatric patients – usually defined as those age 65 and older – can really use a physician who has been trained in skills medical students and residents rarely encounter, as a rule.

Considering the magnitude of the approaching wave, this may sound untenable.

Nationwide, there are about 44 million older adults, but that number will swell to 71 million by 2029, the U.S. Census Bureau estimates. This influx has been labeled the "silver tsunami."

"People are living longer," said Sharlene McLemore, 82, a patient of Meeks' who resides in a Madison retirement community, St. Catherine's Village.



Sharlene McLemore, 82, of Madison, one of Dr. Mark Meeks' patients, says geriatricians are more likely to be familiar with the needs of people her age.

"We're blowing away the actuarial tables, particularly here at St. Catherine's; we're well cared for and have the kind of socialization others our age many not have.

"So we need doctors who are familiar with what happens to us, mentally, physically, emotionally. When I heard about Dr. Meeks I said, "That's the kind of doctor I would like taking care of me at my age."

"But when I say I'm seeing a geriatrician, some of these folks here don't know what I'm talking about. Apparently there aren't that many."

The American Geriatrics Society has done the math. Presuming that one geriatrician can care for a patient panel of 700, the AGS figures this state should have 186 of these sub-specialists. It has 26.

That's based on its estimate that, of all Mississippians age 65 and older, more than 130,000 are vulnerable.

Compared to rest of the country, that may not sound tsunami-like. Worldatlas.com sets the state's total elderly population – approximately 428,000 – at 14.27 percent of all Mississippi residents. That's lower than the figure for about 34 other states.

"But Mississippi already has a low physician-to-patient ratio," Meeks said. "It has a lack of access to health care. So the health of geriatric patients here may be poorer compared to those in other states with even greater geriatric populations."

Those populations combined have created a nationwide need for 20,000 geriatricians, the AGS says; it has under 7,500.



Frank

"The shortage is truly a concern," said Dr. Kathy Frank, AGS board member, a Ph.D.-level nurse and geriatric program administrator at the Indiana University School of Medicine. "We aren't graduating geriatric medicine fellows fast enough.

"We as a society don't acknowledge that we're aging. Look at the TV commercials. It's all about staying young. No one wants to talk about dying. About taking pills. People don't prepare for flow."

That flow "poses enormous challenges for the future of medical education," the Association of American Medical Colleges Reporter stated in April 2015.

"On top of this geriatrician shortage, the amount of education health-care providers receive does not prepare them to take care of an older adult or how to work together with the other professions to have a strong team care approach," Frank said.

"Many older adults don't have advocates, and they need advocates. People rally for kids; no one rallies for us old folks."

'I WAS A TOTAL WRECK'

In spite of what Jannie Leflore may believe, she's almost 80.

She's an extremely qualified candidate for geriatric care.

In her case, care includes home visits from Meeks because it's so difficult for her family to get her anywhere – especially out of the car.

"For older patients, when clinic visits are a burden, home visits are almost always warranted," said Meeks, who also provides

specialized Alzheimer's and dementia care at the MIND Center Clinic and TeleMIND Program.

Some of Meeks' patients are referrals, but most are self-referred or their adult children bring them in. For many bed-bound patients who qualify, the Division of Geriatrics offers home visits.



Shipley

"Nothing says 'my doctor cares' more than them showing up at the front door," said Dr. Sonya Shipley, UMMC assistant professor of family medicine and a part-time geriatrics fellow. "Unfortunately, it's a lost art."

But not in the Division of Geriatrics. Periodically, Meeks alone makes home visits to at least a half-dozen patients, some of whom are beset by dementia, as

in the case of Jannie Leflore.

As geriatricians will tell you, older patients face issues that are rarer for their younger counterparts. Just as children aren't miniature adults, geriatric patients aren't middle-age adults on Medicare.

Not least among their nemeses are falls, the leading cause of injuries for older Americans. Every 19 minutes, an older adult dies from one, the National Council on Aging reports.

"Falls may be caused by four or five different issues," Meeks said. "That's when a geriatrician is probably called for."

A geriatrician may be called for when families need guidance about whether to retire an older relative's car keys. Or how to stoke their courage in the throes of caregiver burnout. Or where to find long-term care when they've been emotionally tapped out by home care.

For years, Mandy White of Jackson has been the primary caregiver for her 75-year-old sister, who suffered a stroke

"Nothing says 'my doctor cares' more than showing up at the front door."

-DR. SONYA SHIPLEY

AGING IN

MISSISSIPPI'S
POPULATION:
2,992,333

TOTAL NUMBER
OF PERSONS 65
AND OVER:
439,873

COULD BENEFIT
FROM GERIATRICIAN'S
CARE:
87,975

SOURCES: U.S. Census Bureau estimates, July 1, 2015; Dr. Cynthia Brown, University of Alabama at Birmingham School of Medicine

GERIATRICIAN GAP

CERTIFIED
GERIATRICIANS IN
MISSISSIPPI (2014):
26

GERIATRICIANS
NEEDED IN
MISSISSIPPI:
186

GERIATRICIAN
STATEWIDE
SHORTFALL:
160

SOURCES: American Geriatrics Society's Geriatrics Workforce Policy Studies Center

PHYSICIAN SALARIES BY SPECIALTY

RADIOLOGY:
\$472,543

NEUROLOGY:
\$249,867

FAMILY MEDICINE:
\$189,402

DERMATOLOGY:
\$392,885

INTERNAL MEDICINE:
\$205,379

GERIATRICS:
\$183,523

SOURCES: Geriatrics Workforce Policy Studies – courtesy of the Medical Group Management Association. Physician Compensation and Production Survey, 2011 Report Based on 2010 Data, www.americangeriatrics.org



Dr. Mark Meeks offers the personal touch that home visits allow, during his examination of patient Jannie Leflore.

nearly 20 years ago.

"I had worked with other sick people myself," White said. "This was totally different from anything I had ever seen."

White attends a caregivers' support group that meets regularly at UMMC, where she describes her sister's behavior. "She doesn't want to drink water," White said, "because she has UTI issues."

"I have to lay out her church clothes on Saturday night, or else she'll wear the same thing every Sunday." In May 2014, her sister was diagnosed with dementia. White sought out caregivers, for reassurance that she isn't alone.

"Before I found this support group," she said, "I don't know if I was angry or scared, but I was a total wreck. I was pulling out my hair."

Another support group member, Billie Winslow Furr of Jackson, took care of her mother, who had Alzheimer's. "The worst is the night-time," she said. "Sometimes, I would just cry myself to sleep."

Furr has shown up for these caregivers' meetings, even after August 17, the day Dorothy Winslow died. She had been grieving long before that.

"When your loved one has Alzheimer's, it's a mourning process," said Sue Ann Meng, who leads the support group, "because you're losing them a little bit at a time."

Meng is a UMMC geriatrics social worker, licensed clinical social worker and mental health counselor whose experience with geriatric patients includes end-of-life diseases.

"You learn that what the family finds important and what the patient finds important may not have anything to do with medications," Meng said. "Sitting out on the deck and being able to enjoy it, being able to eat what they like – that may be more important to them than living a little longer."

"The main thing is not the cure. Because old age is not something you can cure. But that's not the way we think in

health care. The attitude is, 'You need to fix it.'

"Instead, geriatricians are trained to think, 'What is it you want at this age?' And they respect those wishes."

'EVERYONE HAS KIDNEYS'

In medical schools, geriatrics rotations are elective in most internal medicine, family medicine and psychiatry programs. As for residents at UMMC, they're required to do one month of geriatric care.

In an attempt to fill in the gaps, many institutions offer geriatrics fellowships. Meeks directs UMMC's program, which is "100 percent clinical" and provides a year of subspecialty training to internal medicine or family medicine physicians, he said.

It's one of 130 similar programs in the country. But only about half of their 383 positions have been filled. The Medical Center has trained about 10 fellows since its beginnings a few years ago. It's currently schooling three more geriatrics fellows, including Shipley.

"Spiritually, viscerally, however you choose to phrase it, it's part of my life's work to impact the quality of care for our older adults," Shipley said.

"They've worked so hard; they paved the way for so many of us. I've met chefs, dancers, veterans, expert quilt-makers. They are such a wealth of knowledge, and they show graciousness and kindness in their willingness to share their knowledge with you."

"But sometimes people just don't want to deal with them ... because they move slower, they take their time, they can't hear you sometimes. When a baby has an accident, it's cute; but when it's an adult, it can be off-putting to some."

Also off-putting to some are claims of a looming crisis in geriatric care. Among the skeptics are those who say other clinicians are already addressing conditions elderly patients often confront, such as diabetes and hypertension, as are other health-care workers: nurses, physician assistants, occupational therapists, physical therapists and more.

Dr. Cynthia Brown, a national geriatrics expert, sees their point – to a point. "Just because you're an older adult, that doesn't mean you need a geriatrician," said Brown, professor in the Division of Gerontology, Geriatrics and Palliative Care at the University of Alabama at Birmingham School of Medicine and the 2013 recipient of the American Geriatric Society's Outstanding Scientific Achievement for Clinical Investigation Award.

"But 20 percent of older adults out there will really benefit from a geriatrician's care. We are trained in areas I didn't get as an internist. It's not all about age. My dad, who's 86, has one medical problem. He doesn't need a geriatrician."

"But there are people even at 65 who have multiple diseases; they will benefit from a geriatrician. It's about the burden of diseases. It's about complexity, which we are good at."



Brown

(continued on page 8)

'THE BEST JOB EVER'

GERIATRICIAN ADVOCATES MAKE THE CASE FOR THE CAUSE

Dr. Lyssa Weatherly's decision to train as a geriatrician has meant some teasing from her husband, a radiology resident.

"He says mine is the only specialty where you make less when you finish than you did when you started," she said.

Pay and reimbursements for geriatricians are low compared to other specialties and sub-specialties – which isn't exactly effective P.R. when it comes to recruiting for the cause.

While there is talk about loan repayments and reimbursement raises, in the meantime the true believers have a variety of other incentives and pep talks up the sleeves of their long white coats.

"I knew I wasn't going to make as much money, but I could have done other things if making money was my goal," Weatherly said.

"Geriatrics is a lot about face time with patients; that's what I love about medicine anyway. You are allowed to spend the time with these patients that they deserve."

"There's also a whole lot of relationship building with the family. There are many end-of-life cases. It's special to be able to take care of patients during that time, and to take care of the family as they feel the burden of losing the one they love."

One inspiration for Weatherly's venture in geriatrics care was Dr. Mark Meeks, UMMC professor of medicine and director of the Division of Geriatrics. "When you watch him, you want to be a better doctor," she said.

For his part, Meeks was five years into his career as a general internist before he converted.

"I was seeing more and more patients who were older," he said. "I felt like I wasn't able to provide care that was as good as it should have been for them. I thought training as a geriatrician would help me become a better primary care physician."

Often, medical students and residents find this to be true when they work with older adults. "For many, the complexities and challenges are actually very rewarding," Meeks said. "And the gratitude from these patients is enormous."

One key is to help students find a specialty they can practice with a passion. Research about physician pay also shows that geriatricians enjoy a high quality of life and job satisfaction compared to most others specialists, said Dr. Kathy Frank, an American Geriatrics Society board member who has a Ph.D. in nursing.

"I tell people, 'You better love whatever job you're in or you're going to be awfully grumpy,'" said Frank, the geriatrics program administrator at the Indiana University School of Medicine who spends her extra time singing at nursing homes.

In that regard, Dr. Cynthia Brown passes the test. "I love my job," said Brown, professor in the Division of Gerontology, Geriatrics and Palliative Care at the University of Alabama at Birmingham.

"I have the best job ever."

Asked what she would say to woo a student to this subspecialty, UMMC geriatrics fellow Dr. Sonya Shipley replied, "I would say that medicine is as much a profession that uses the heart as it uses the head."

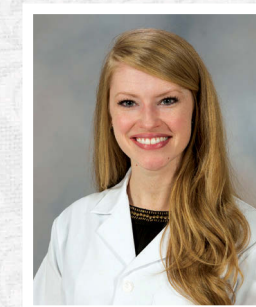
"Let the heart lead, and choose a profession that speaks to that place."

"Research about physician pay also shows that geriatricians enjoy a high quality of life and job satisfaction compared to most others specialists."

-DR. CYNTHIA BROWN

SELFISH COMPASSION - A PERSONAL STATEMENT

When Dr. Lyssa Weatherly applied for a geriatrics fellowship at the Medical Center, she submitted a personal statement. Below are excerpts.



People ask me all the time, "Why geriatrics?" My usual answer in response, besides the typical "I really like older people," is that I feel like they are the patients that need me the most.

I do not mean that to say that I have something special to offer them, because I do not...

I'm not the most patient physician they will encounter; I'm extremely diligent, which unfortunately makes me quite inefficient.

I am shamefully quick tempered and would venture to say patience is my greenest fruit of the spirit.

I'm also not the most compassionate physician they will meet; I have noticed in only the past seven years of my exposure to the world of medicine that I am no longer moved by suffering the way I used to be.

I'm even embarrassed to say I've become somewhat numb to the effects of running a code...

It is the geriatric patient that has something special to give me – a glimpse into their life, a chance to make a difference, a moment of their time, a place in their heart, and above all, their trust and friendship.

I used to think that I could make them better. But the more I think about it, the patients are the ones that make me better. They make me better in so many ways: more patient, compassionate, caring, and humble. You see, I need them to make me a better doctor and more importantly a better person...

Frank, the AGS board member, also said it's unrealistic to send every one over 65 to geriatricians. "We need to focus on the high-risk patients instead. As a colleague of mine said, 'everyone has kidneys, but not everyone sees a nephrologist.' "But if they get sick enough, they see one."

'IF WE LIVE LONG ENOUGH'



Windham

Dr. Beverly "Gwen" Windham remembers one of the first patients she ever saw who was sick enough for a geriatrician.

Now a UMMC professor of medicine with a 17-year geriatrics practice, she was an internal medicine resident at the time, taking a geriatrics elective under Meeks.

"There was a surgery patient over 80 who had bowel problems; she was also very confused," Windham said. "Because of that and because of her age, the surgeons were reluctant to operate. I thought at the time, 'She is not going to do well at all.'"

"But Dr. Meeks said she needed the surgery. First, though, he made changes to her medications – and that took care of the confusion. She had surgery and went home."

This illustrates the kind of intellectual challenges geriatricians frequently face – the kind that appeal to Dr. Lyssa Weatherly, another geriatrics fellow at UMMC.

"I've seen patients with more than 20 medications; this is known as the prescription cascade," said Weatherly, who did her Medical Center residency in internal medicine.

"As a geriatrician, you have to know a lot about how these medicines interact and when you can eliminate some."

But that viewpoint in medicine is "unheard of," Meng said. "You're taking medicine away from patients? You're supposed to be giving them more."

Primary care physicians, unfamiliar with older patients' exceptionalism, may miss ways to improve their care and quality of life, Shipley said.

They are also missing ways to improve health care's bottom line, said Meeks. For instance, stemming the surge of the prescription cascade means health-care costs could drop. "Otherwise, more and more Medicare dollars will be spent," he said.

"Training more primary care physicians in geriatrics makes the system more efficient."

In spite of such incentives, policy makers aren't paying enough attention, geriatricians say.

"From a legislative perspective, not so much," Brown said. "For instance, no loan repayment programs are addressing this." Even though geriatricians are among the lowest-paid physicians and reap relatively anemic reimbursements.

Then, there's research. "Even though older people use more resources and encounter the health system the most," Windham said, "they are less studied than people in younger age groups."

"We make medical decisions for older patients without a lot of information pertinent to them. We could certainly use more research dollars."

Meanwhile, medical schools and academic medical centers, including this one, are getting the message. "Internal medicine residents learn more about geriatrics than ever," Windham said.

The training geriatrics fellows undergo has spilled over into other areas – trickling down to medical students, nurse practitioners and more. "The training is so much more than it was, and I'm pleased at that," Meeks said.

The geriatrics faculty has grown compared to several years ago, Windham said. "More information is flowing, and it starts now in the first year of medical school."

M1s now go on "senior visits" to nursing, assisted-living and private homes, Meeks said. "They see patients, get their medical histories, practice cognitive assessments, but they also talk to them."

"They find out how the patients' diseases or health issues have affected their lives."

More of these kinds of approaches, and many more changes, are needed to care for thousands more people like Jannie Leflore, Dorothy Winslow and Mandy White's sister.

The wall in place against the coming wave is too low.

"But I really do believe changes are coming," Shipley said. "I'm in geriatrics, and I think I'm a shining ray of sunshine," she said with a laugh.

"If nothing else, people who have the power to make it happen will have a vested interest if they live long enough. If we all live long enough, we'll all get old." **M**

I've seen patients with more than 20 medications; this is known as the prescription cascade. ...As a geriatrician, you have to know a lot about how these medicines interact and when you can eliminate some.

-DR. BEVERLY "GWEN" WINDHAM

STEMMING THE TSUNAMI

Teamwork, training and technology can abate the flood

A sea wall of trained geriatricians will never be high enough to fend off the "silver tsunami," experts say.

"If we want quality care for our older adults, we need to have a geriatric-sized team taking care of them," said Dr. Kathy Frank, geriatric program administrator at the Indiana University School of Medicine.

"Folks have to face the fact that we are not going to have enough geriatricians. They can't take care of them by themselves."

This means more training for everyone in order to absorb the coming shock, said Sue Ann Meng, UMMC geriatrics social worker. "All our health professions should have contact with geriatric patients."

On these teams, geriatricians work together with nurse practitioners, and social workers as they determine the best plan of care with older adults and their caregivers (Geriatric Resources for Assessment and Care of Elders-GRACE), said Frank, describing one model.

"This makes the most of a geriatrician's time, augmenting care, especially for high-risk older adults."

To identify geriatrics training and education gaps and help develop a response, the Health Resources & Services Administration awarded in 2015 more than \$35 million to 44 organizations in 29 states.

Under this Geriatrics Workforce Enhancement Program, grants may go toward certification of nursing assistants, for instance, in geriatric care, or increasing geriatric education for nurses, social workers, and medical students.

"Maybe that's something Mississippi would want to apply for," Frank said. "We've found in focus groups for health care workers that they've been hungry for ways to provide better care for older people. They realize they need help."

Another team model calls for a social worker, nurse and a position called care coordinator – someone with experience in taking care of older adults with dementia and/or depression (Aging Brain Care Medical Home), Frank said.

Taking better care of the older adults also requires embracing the new: technology.

For instance, telehealth services for patients in the Delta are offered by the Memory Impairment and Neurodegenerative Dementia (MIND) Center, said Dr. Mark Meeks, UMMC professor of medicine and director of the Division of Geriatrics.

"Getting to a doctor's office can be a burden for older patients, especially those in distant, rural areas," Meeks said, "so this can be a big boon for them."

Telecommunications is also crucial to the Silver Alert system. In 2010, Dr. Virginia Cora, now a UMMC professor emeritus of nursing, successfully pushed for statewide legislation embedding this policy, which notifies the public when an adult is missing – usually one with Alzheimer's disease or a related disorder.

Reducing avoidable hospitalizations is also a must, Frank said. Indiana University is one of seven sites exploring this through the OPTIMISTIC project funded by the Centers for Medicare and Medicaid Services.

Through legislative action, Mississippi is participating in a health care directive called Physician Order for Sustaining (or "Life-Sustaining" in some states) Treatment.

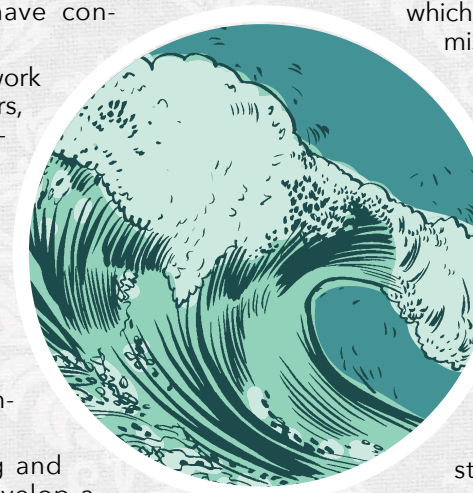
A POST or POLST is a doctor's order that enables seriously ill patients to plan their own end-of-life care. "You specify what you want and don't want," Frank said, "and this follows you through all stages and locations of care – whether to be given CPR, a feeding tube and so forth."

"These are very hard questions for patients and their families, especially during a crisis moment," she said. "But this gives them control and time to plan with their loved ones."

This type of control is every day's business in geriatric care, said Dr. Cynthia Brown, professor in the Division of Gerontology, Geriatrics and Palliative Care at the University of Alabama at Birmingham.

"Health care in general is finally becoming patient-centered, meaning it's finally caught up to where we as geriatricians have been all along. Our models are providing better care and saving the health system money."

"Speaking as a geriatrician, now is our time."





Dr. Katrina Poe makes a home visit in October with one of her patients, Gracie Glover of Winona.

Katrina N. Poe, MD

Everybody and her mother

Dr. Katrina Poe cares for 'The Town that Cares'

By Gary Pettus

KILMICHAEL – For as long as Katrina Poe can remember, her hometown had a doctor – Dr. L.C. Henson, who delivered her.

He was there for her when she was born; she would be there for him when he died.

He was her family's doctor, and she became his – and just about everybody else's in town – a career choice inspired by Henson and, ironically, by her mother Bessie Poe.

Kilmichael – “The Town that Cares” – is the kind of place that desperately needs physicians who care, but also the kind that usually has trouble attracting or churning them out, and maybe that's why no one could blame Bessie Poe for her response to her 10-year-old daughter the day she announced she was going to be one.

“Oh, girl, just sit down somewhere,” Bessie Poe told her.

But she didn't sit down, and she didn't sit on her dream, because, even then, 35 years ago, few people cared more about Kilmichael than did Katrina Poe.

One day, as a doctor, she would help save the town's hospital and, as a daughter, the life of her mother.

'I TOLD YOU, DIDN'T I?'

Putting a child through medical school had seemed beyond the family's means when 10-year-old Katrina had announced her intentions, Bessie Poe said.

“Back then, it was hard. We didn't have money or nothing. We were just factory workers.”

Besides, the town had never had an African-American physician.

Eventually, the factory where the Poes worked, Steel Apparel, closed and moved away. James Poe found a new job at an air conditioner manufacturing plant in Grenada, about 40 miles distant.

Before that, even Katrina worked at the factory in the hours after school, cutting material and doing inspections. She and her sister Cheryl Poe, who is earning her RN degree, learned the value of work.

“My husband used to plant peas for them, and they would pick them, and he would take them around town so they could sell them to different people,” Bessie Poe said.

“He told both of them, ‘I want you to learn how to do something for yourself. Because if you get an old lazy man for a husband, you will be able to take care of yourself.’”

While growing up in Montgomery County, Katrina Poe enjoyed being around people, but she was also comfortable being alone. Although she was a cheerleader in high school and played basketball and ran track, she also spent a lot of time by herself with a book in her hand.

“You wouldn't even know she was in the house if you didn't know she was in the house,” said her mom.

Math was her favorite subject, but she was so good at it, she could afford to fall asleep in Miss Vance's class, by which time she had been sated and worn out by basketball practice and lunch.

“One day Miss Vance said to me, ‘Katrina, are you sick today?’” she recalled.

“I said, ‘No, ma'am, why would you ask that?’” And she said, ‘Because today you stayed awake.’”

Another subject that interested her greatly: the family's doctor.

“My mom was always sick when I was growing up,” Katrina Poe said, “and just watching Dr. Henson take care of her, I knew that's what I wanted to do.”

When Katrina was 12, she asked for, and received from an aunt, a toy doctor kit for Christmas. “From then on, we knew she meant business about being a doctor,” Bessie Poe said.

“She kept her grades up, was the high school valedictorian, and went to college. She got all those scholarships. I think we bought her a car once, but after that, she did everything else herself.

“She was serious; she sure was.”

So, one day in 1998, Bessie and James Poe left their home between Kilmichael and Choctaw County's French Camp. They drove to Jackson to see their younger daughter fulfill her fifth-grade promise.

“I had to apologize that day,” said Bessie Poe. “Katrina said to me, ‘Mama, I told you, didn't I?’”

EVICITION AND VINDICATION

Long before Katrina Poe finished her family medicine residency at UMMC, Dr. Diane Beebe found out just how serious she was.



Dr. Katrina Poe in The Kilmichael Clinic, located on Lamar Street, across from the former hospital where she was born.

“This is the truth: She was a star from the very beginning,” said Beebe, professor and chair of the Department of Family Medicine and the program's residency director at that time.

“She not only diagnosed patients correctly, gave them the proper medication, she also took ownership. She learned as much about them as she could – their lifestyles, their economics, so she would be better able to help them.

“And she always followed up, always wanted to know how they were doing, and made sure they didn't get lost.”

Those she cared most about were the ones she grew up with, or who taught her in school, or who shared her DNA.

“I love this small community,” Katrina Poe said. “My parents, my family are still here.”

Even before finishing medical school, she began seeing patients in Kilmichael, doing a rotation with Henson, and again as a resident. She was probably the first African-American physician any of them had ever seen; Katrina Poe didn't see her first – the legendary OB-GYN specialist, Dr. Helen Barnes – until she was in medical school.

“She always knew she was going to go back there and practice,” Beebe said, “because that's what her community needed.”

This was before the Mississippi Rural Physicians Scholarship Program, which today offers incentives to doctors who agree to practice several years in physician-needy areas.

“It’s amazing to me that she’s still there, more than 15 years later,” Beebe said. “It’s very hard to keep physicians in a small town, even if it’s their hometown. They work a lot of long hours, because they live in the community; they’re available to their patients just about all the time.”

Katrina Poe was a rare sight in Kilmichael, where she was only the second female physician to serve the town, following Dr. Rebecca Hodges, who had worked with Henson a few years in the 1980s. Before she took over Henson’s clinic, there was to be a transition, allegedly.

“Dr. Henson said he would stay at least a year before I took over by myself,” Katrina Poe said. “But he came in one day wearing cowboy boots, blue jeans and a T-shirt, this man who always came to work in a button-down shirt and a tie.

“He said, ‘I feel like you can handle it.’ So he retired, left the clinic and went to his farm.” She had been there one month.

As Henson, the only physician in town, planned his retirement, Katrina Poe’s return saved the local hospital, where her husband once served as administrator. Without a practicing physician in town, it would have closed. It now operates as a health clinic, an extension of North Mississippi Health Services hospital operations in Eupora.

At Poe’s return, there were about 800 people in Kilmichael, or about 200 more than there are now, as estimated in 2015 by the U.S. Census Bureau. Without the presence of a physician, more might have left. As it was, some just abandoned the clinic – because of Poe.

“Everyone here was not receptive to me at first,” she said, “especially male patients, black and white. I was young and female. I actually had some white male patients who refused to see me – they said it was because I was black. One ordered me out of the room in front of Dr. Henson, who was shocked.”

Asked how she managed to overcome those less-than-accepting attitudes, she said, “By just being myself. I try to be very warm, very personable.

“I think it was hearing from other patients that changed some minds – family members going back home and saying that they liked me.” As for the man who had ordered her out of the exam room, about year later he came back, too.

“I became that man’s doctor,” Poe said. “He apologized to me on his deathbed.”

THE ONLY PATIENT AROUND

Those who have remained in Kilmichael are relieved they still have a doctor of their own, particularly one they had

seen running like the dickens and shooting baskets and growing up.

On a late September morning, Poe greeted one of those – Julia “Miss Julia” Bond, a former patient of Henson’s – the way she greets every patient: with a hug.

“Miss Julia, do you need any prescriptions, darling?” Poe said. Between checking patients’ blood pressure and chest, Poe administers regular doses of “darling and “sweetie.”

“She doesn’t fail to explain stuff to you,” Bond said later. “She always hugs your neck when you come and when you go out. You sure can’t ask for a better doctor.”

Dorothy Small, who’s 97, would say “amen” to that, as would her husband Frank “Mr. Frank” Small, who is proud of being married 70 years – “to the same wife.”

Dorothy Small, who suffers knee pain, tried, and succeeded, in holding Poe’s attention for some time in the exam room. It was obvious she hated for Poe to leave.

“I’m trying to think of something else I need to tell you,” Dorothy Small said to her at one point.

Another of Poe’s patients, Charles Austin, who coached her in basketball and track at Kilmichael High School, probably knows her as well as anyone outside Poe’s family.

“She is a perfect role model for our kids here,” Austin said. “They just all flock around her.

“When you’re in the treatment room with her, it’s like you are the only patient anywhere. We are blessed to have her in Kilmichael. And she’s really been busy since she’s been here.”

She’s been busy, at times, caring for the kinds of patients she may have not bargained for. There was the GoLyteLy incident, for instance, when Poe’s lab technician ran in one day in tears: Dakota had the colic and there was no one around who could help, except Poe.

So Poe found a hose and a funnel and cleaned out Dakota’s gut with a dose of GoLyteLy, and the lab tech’s beloved horse was the better for it.

SPENT DOCTOR

Kilmichael Clinic, situated across the street from the former hospital where Henson delivered Poe, became part of the Greenwood-Leflore Hospital system in the spring of 2015.

During the switchover, and much to Stella Pittman’s alarm, the clinic was closed for a couple of months.

“I just about made myself sick when she wasn’t

here,” said Pittman, who travels some 20 miles from her home in Eupora to be doctored by Poe.

“It seems like she’s done me more good than the other doctors,” Pittman said. “Everybody I knew had started coming to her, so I thought I’d try it.”

“Everybody” is about right. From the beginning, Poe was swamped with patients – about 50 a day, back when she didn’t take appointments. That number has dropped to about 40-45, a caseload she shares with the clinic’s nurse practitioner Sandra Bates.

One day during flu season, she saw about 75, or 30 more than her entire high school graduating class.

Around her third year of practice, her patients were already lined up at that clinic by 7:15 a.m., about 45 minutes before it opened.

When the older of her two sons, C.J., was a little boy, she would take him with her to work, where a room served as a nursery.

Years earlier, she met C.J.’s future father, Calvin Johnson, during their junior high years when he lived in Vaiden. Although he asked her out several times in high school, she refused, as she always had a previous date with a book.

But in high school, her older sister Cheryl was seeing Johnson’s uncle at the time and told Katrina that Calvin liked her. “She paid me to take Calvin to my high school senior prom,” Katrina Poe said. They began dating officially their freshman year at Mississippi State University.

Sometime later, she married him. They have two sons now: James “Deuce” Johnson, 11; and C.J. Johnson, now 14, who used to talk about becoming a doctor. Lately, though, he says to his mom, “It doesn’t seem like you have a life.”

Poe also makes house calls and nursing home rounds. She’s the high school’s team physician. She’s involved in her church. She’s the medical director and physician for a community-based residential home serving the mentally disabled of all ages.

“I missed a lot of my children’s lives,” she said, “especially early in my practice here, but I’m trying to be with them as much as I can.”



Dr. Katrina Poe and her husband Calvin Johnson, left, are bringing up two sons in Kilmichael, James “Deuce” Johnson, to her left, and C.J. Johnson.

THE PHYSICIAN’S PRAYER

About four years into her practice, in 2005, she was named Country Doctor of the Year by Staff Care Incorporated, an insurance company for physicians. The honor is reserved for doctors who dedicate their careers to serving rural communities.

Now 46, she was the youngest, and first African-American, to receive the award.

Linda Turner, a former clinic nurse now living in Chicago, had put together an album of testimonials from more than 40 pa-

tients and staff; this amounted to Poe’s nomination letter.

“I was shocked when I won,” Poe said. “It was a proud moment; it was for the whole town.”

The people of Kilmichael threw her a parade and staged the award presentation in the high school auditorium; it was packed.

“I reckon there were even some people from out of town who came in,” Austin said.

It would be reasonable to assume that this was the best day of her career. But that doesn’t take into account her mom.

“Two years ago, she was dying before my eyes,” Katrina Poe said. “She had been so sick in my childhood, then she got better for a while, but went down again.”

Bessie Poe needed either a kidney or dialysis – but dialysis would have weakened her heart too much to make her a good candidate for a transplant, her daughter said.

“I felt helpless, being a physician and not being able to help her.”

Bessie Poe’s nephrologist in Greenwood put her on a transplant list. “And Katrina started praying, ‘Let me be a donor for my mama,’” Bessie Poe said.

It seems that in Kilmichael, prayer does work. “We matched up all around,” Bessie Poe said.

In November 2014, at UMMC, she received a kidney from her daughter. She has been healthier ever since.

“That was my proudest moment,” her daughter said.

At last, she had been able to help her mother, not as her doctor, but as a healer all the same. **M**

Laboring for love in his workshop, **Didlake** uses his surgeon's hands to fix a World War II-era radio receiver.

Renaissance Flair

Didlake puts the verse in versatility

By Gary Pettus

It's unlikely that Dr. Ralph Didlake Jr. would be the person he is today in a world that never experienced the Civil War, the Nuremburg trials, the harnessing of electromagnetic waves, nuclear tests, the Space Race and the poetry of Sylvia Plath.

But, then, who would be?

Still, each of these monumental spectacles, movements or events has had a direct personal connection to his life or lineage, shaping the character, career, hobbies and habits of this physician, professor, academician, administrator, ethicist, poetry commentator and radio repairman.

"My career looks like a bad case of attention deficit disorder," said Didlake, trying to identify a defining moment in his life and profession.

To others, it looks like a good case of intellectual versatility.

It's a cliché, but it's true, said Sondra Redmont: "He's a Renaissance man."

He bridges his love for the humanities with medical education, "providing a context for our students," said Redmont, director of operations for the Department of Preventive Medicine and Data Science.

It was as a medical student that Dr. LouAnn Woodward first encountered Didlake, when he was the program director for general surgery.

Now, as leader of the Medical Center, she has developed an even deeper regard for his talents.

"He is thoughtful, wise and cares deeply for the education process, the education environment, and for our learners," said Woodward, vice chancellor for health affairs and dean of the School of Medicine.

"I rely on his counsel and trusted judgment every day."

Didlake exerts his counsel and judgment as professor of surgery, associate vice chancellor for academic affairs, chief academic officer and director of the Center for Bioethics and Medical Humanities – the program for which he and Redmont created a summer fellowship for undergraduates. To direct the center full-time, Didlake eventually gave up his practice, Redmont noted. "And when he was asked to be vice chancellor for academic affairs, he accepted the challenge – which speaks volumes about his dedication to the institution and who he is.

"It takes a certain kind of person to be a surgeon; they save people's lives. But he's very humble. He's someone who listens. He's someone who brings people together."

He's someone who was taught to "never refuse a combat assignment," he said, quoting a line from "The Right Stuff," Tom Wolfe's account of America's early space program.

That reference resonates with Didlake. The son of Ralph Sr., an Air Force chief master sergeant, and Lorraine "Dot" Didlake, he lived his early life on or near Kirtland Air Force Base in New Mexico, as did his sister Pamela, now a retired teacher whose married name is Brewer.

Their neighbor was a nurse who worked in the Lovelace Clinic, the guinea-pig lab for about 30 of the original astronaut candidates, yielding the ground-breaking Mercury Seven.

Didlake was brought up among the proving grounds for America's vision of greatness, and he reveled in this environment.

"For the early space flights, there was wall-to-wall news



A versatile polymath, **Dr. Ralph Didlake** jokes that his career "looks like a bad case of attention deficit disorder."

coverage," he said, "and we were all glued to the seven-transistor hand-held radios."

For the first 12 or so years of his life, starting in 1953, his home was in Albuquerque, a place rich in Old Spanish and Native American cultures and the arts, he said.

"Living there profoundly influenced my choices," he said. "It provided an education base I value highly. The combination of arts and culture and science was seamless."

From Albuquerque's public TV station, KNME, he soaked up the weekly adventures of the mustachioed Dr. George Fischbeck, an enthusiastic science popularizer in glasses and a bowtie.

"The area was home to physicists, nuclear engineers, mathematicians," Didlake said.

Many of those scientists worked at nearby Los Alamos, the site of more than a dozen nuclear tests witnessed by his father after World War II – brilliant flashes of light, and clouds of destruction hanging over the desert like puffy stalks of broccoli or massive human skulls.

"My father felt very strongly that the nuclear program was important to the defense of the country," Didlake said, "but it was also counter to his persona. He was a very peaceful guy."

Peaceful enough to oppose his son's brief interest in a military career during the Vietnam War. At any rate, by the time the family left New Mexico, Didlake's trajectory pointed toward medicine, and to his roots in Mississippi.

FAMILY, FOOTBALL AND FATE

In Copiah County, between County Line Road and Old Highway 27 Road 1, past a smattering of houses and barns and stands of trees, is a thread of pavement called Didlake Road.

Nearby is the centerpiece of Cherry Grove Plantation: a house with a four-columned portico, gabled roof, fan-lighted entrance and pine floors – all built in the mid-1800s by the hands of the forbear William H. Didlake.

Even before the Civil War, the Crystal Springs area had been a hive of Didlakes, nurturing Ralph Sr., and even Dot in her youth. But, sometime after Reconstruction, the family gave up their ownership of, if not their affection for, Cherry Grove.

"We used to make an annual pilgrimage there," Didlake said.

"Initially, there was a sense of deep heritage and connection to the state and its history." But the foundation of his identity was shaken with the force of a rocket launch "when I realized I was a descendant of slaveholders."

He awakened to that fact during college, he said, "but I started to reflect on it deeply when I began this journey to study bioethics and humanities."

That journey became inevitable when Ralph Sr. retired and moved his family to Copiah County, where his son played right guard for the high school team and became "probably

FACULTY PROFILE

the worst football player in the history of Crystal Springs.” Thanks to a quirk in class scheduling involving last period, he had to play football, he said, or he wouldn’t have been able to take advanced math, a course that would help prepare him for college.

In contrast to the Albuquerqueans he had known, some of his neighbors here defined the pinnacle of success as “playing varsity football and getting a job at the local transformer factory,” Didlake said.

Mississippi had its advantages, though. “There’s the Southern culture, the storytelling tradition,” he said. “I value that part of my upbringing, too.”

Still, nuclear physicists were scarce down Cherry Grove way. There were no Dr. Fischbecks, either; but there were, to Didlake’s relief, Dr. Mark Puryear and Dr. Tom McDonnell, two M.D.s in nearby Hazlehurst.

“They were among a group of physicians who were such an integral part of the community,” Didlake said. “They fit my notions of what a physician should be.”

Those notions began to take shape in his boyhood, when he was drawn to stories about explorers such as Jacques Cousteau and Thor Heyerdahl, whose work mixed adventure with science. No wonder he became a surgeon.

And here he was able to identify a defining moment: “The first time I observed a surgeon at work,” he said. “It was like watching a clock. It all worked together.

“It’s a blend – of science, of using your hands, of creativity. And, if there was a problem, it got fixed.”

His mentor, Puryear, did some surgery as well, and this certainly influenced Didlake, who eventually landed a job as an

operating room tech to pay his way through the university and then as a medical student at UMMC.

“Working in the OR seemed far more exciting than seeing patients in a clinic,” he said.

And then the excitement ended, amid a brilliant flash of insight.

DRUG DEAL GONE GOOD

Beyond the cadre of Copiah County physicians, people who have left a significant imprint on Didlake’s career and/or spirit include his father.

“He had a big sense of duty,” Didlake said. “But he made it look easy: You just do the right thing.”

If that lesson needed reinforcing, his older cousin, Mary Frances Kitchens, chimed in, he said. “Also, she would encourage you to step outside your interests. Because that’s where the greatest rewards are.”

Most recently, he accepted the counsel of a former emergency room nurse he had had gotten to know in the early ’80s, when he was a Medical Center surgery resident. He and Millie Faith McDonald did not meet “cute.”

“We met over a young man who had been shot six times in a drug deal,” Didlake said. Following their marriage in 1983, their three children, a son and two daughters, were all born over the next five years.

In the meantime, Didlake finished his residency, in 1985, took his family to Houston, Texas for his two-year organ transplant fellowship and came back to the Medical Center as “the last Hardy-trained surgeon hired on as faculty,” he said, referring to the late transplantation pioneer, Dr. James Hardy.

Around the turn of this century, Didlake departed UMMC again, taking on a private practice in the Jackson area, until surgery seemed “very much like an assembly line,” he said.

He was wistful for the academic world – “that was 90 percent of it.”

In 2008, the orbital energy of the Medical Center pulled him in again, and he returned this time with a charted course “that was going to carry me into the sunset,” he said.

“Enter LouAnn Woodward.”

‘A TERRIBLE IDEA’

Millie Faith Didlake’s advice to her husband was this: Go back to school.

So he did, to Chicago’s Loyola University, where, six years ago, he earned his MA in bioethics and health policy.

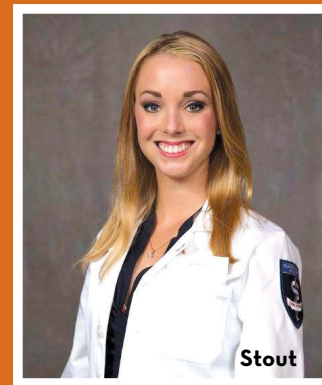
For years, he said, “I was as happy as I could be operating all day long. But, then, I started to mature as a physician. In medical school, I had been aware of bioethics, but had no interest.”

The study of bioethics is fallout from the Nuremberg Trials, the post-World War II



Leading a Millsaps College history class on a historical tour of UMMC in April 2014, **Didlake** shows the students the original ER area where civil rights leader Medgar Evers was brought after he was shot in June 1963.

BIOETHICS FELLOWSHIP: Policy, patients and poetry



For Anna Grace Stout, the bioethics fellowship changed the direction of the career she has been planning since she was a little girl.

“I definitely would not be where I am or who I am without the fellowship, without Dr. (Ralph) Didlake’s mentorship,” said Stout, who was accepted as a fellow in 2014.

Every summer for about six years now, the Center for Bioethics and Medical Hu-

manities has sponsored the five-week Frate Fellowship for rising juniors or seniors.

“That’s one of the things I’m proudest of,” said Didlake, the center’s director.

Most fellows are majoring in the humanities or social sciences, as was Stout, who was studying public policy leadership at the university two years ago.

“Whether they go into bioethics or not, they become better persons,” said Sondra Redmont, director of operations for the Department of Preventive Medicine who collaborated with Didlake on the document that created the center.

Fellows undertake the same ethics training normally reserved for nursing and medical students. They learn to understand disease within the social context, as Didlake did years ago with his dialysis patients.

“It’s almost indescribable the impact Dr. Didlake makes on the fellows,” Stout said.

“He is so busy, but there was never a point where he wasn’t willing to sit down and talk with us for an hour about what we needed, or wanted, to know. He is invested in us.

“One of the most striking things about him is his love of poetry.”

For Didlake, the appeal of verse lies in its power to speak to the human condition, and he’s particularly drawn to medical imagery like this: “The blood jet is poetry, there is no stopping it.”

In 2007, he presented a paper at an Oxford University symposium honoring the author of that line, the late Sylvia Plath. Thanks to him, the Frate fellows have absorbed her poetry as well, along with public policy issues, poverty simulations and more.

“I had always wanted to be a doctor,” Stout said, “but as I got older I have been drawn to understand health policy and bioethics.

“Being able to have these first-hand experiences as a fellow changed my career goals. Now, I want to be an advocate for health policy, meeting with our legislators, getting involved in professional organizations.”

A year after her fellowship at UMMC, she was only one of five students in the country chosen for the Mayo Clinic Summer Undergraduate Program in Biomedical Ethics Research. She drew from that experience, along with her participation in the Trent Lott Leadership Institute at Ole Miss, to organize the university’s first poverty simulation program.

Now an M1 at the Medical Center, she’s committed not only to a medical education, but also to the state that’s serving it up to her.

“As a practicing physician, I plan to stay in Mississippi,” she said. “I realize what an impact you can make here; that’s another thing Dr. Didlake taught us.”

scrutiny of Nazi doctors’ experiments on humans. Those practices, along with such post-war advances as heart bypass surgery and ICUs, compelled the world medical community to set boundaries for humane research.

To that end, physicians and others often heed the voices of philosophers, theologians, artists, writers, musicians. Didlake taps into their wisdom for the benefit of his bioethics fellows.

As a physician, he was stirred by the ethical quirks of medical care midway through his surgical career, when many of his patients were on dialysis.

“They all received the same, exact treatments,” he said, “but one would do well, while the other would not. Their circumstances – social, economic – could change the outcome.”

This revelation struck him at a time when he was also “restless and bored.” That’s when his wife “insisted” he study bioethics.

But he did more than that. At UMMC, he created his new, dream job by securing funding for the Bioethics Center and coming aboard as director. But Dr. LouAnn Woodward, who was associate vice chancellor for health affairs at the time, wasn’t about to let this polymath off so easily. She asked him to sweeten his resume, as the new associate vice chancellor for academic affairs.

“I thought it was a terrible idea,” Didlake said. “But I have a deep respect for Dr. Woodward, so I decided to step in; and let me tell you, it was a steep learning curve.

“The thing I didn’t realize at first was that, compared to being in the operating room and taking care of one patient at a time, in this role you can take care of thousands.

“I’ve been here 41 years, and I’ve never been more excited here than I am now.”

Still, once you’ve been a surgeon, your hands can get itchy.

PARTY LIKE IT’S 1952

Didlake made his full-time return at the Medical Center in 2010; that was the last year he performed surgery.

“I do miss the environment of the operating room very much,” he said, “and the immediacy of the result. As an administrator, I can craft what I believe is a perfect policy, but won’t know for two years if it is perfect.”

Today, he operates on machines instead of people. Besides woodworking, in the shop behind his house in Madison, he restores antique radios. Among his vacuum-intubated patients is a prized radio receiver that was standard in medium and heavy World War II-era bombers – the kind whose explosive cargo draped the skies over New Mexico.

“I’m perfectly equipped for life in 1952,” he said. “I could run a radio repair shop in 1952.”

To the extent that he can, he fills the surgeon’s void this way. “It’s the only skill I could fall back on,” he said.

“It’s working with your hands, and the blend of science.”

And, if there’s a problem, it gets fixed. **M**

First-year medical student **Sara Kiparizoska**, pictured with a skeleton model, proudly shows off patriotic-themed regalia.



American Valued

Macedonian-born student pledges allegiance to her new country

By Gary Pettus

Two days before Independence Day 2002, Sara Kiparizoska and her family arrived in America for good. As natives of the southeastern European country of Macedonia, they took their first collective breath of American air on a scorching day in Mississippi – and nearly choked; they’ve been breathing easier ever since. Within months, Sara could speak English about as well as any other 9-year-old, and over the next 14 years, she graduated from high school in Laurel, secured a college scholarship, co-founded a business app, earned her bachelor’s degree in biochemistry and won admission to medical school. And in August she, along with her mother, father and sister, finally attained what she considers a particularly inspiring prize: U.S. citizenship.

“It was a family decision,” said Kiparizoska, 23, a first-year medical student. “It’s something we’re proud of, to officially become a part of a place that we’ve loved for so long.”

‘MADAGASCAR?’

It’s not known if Sara Kiparizoska is the first Medical Center student to become naturalized while in medical school. But it’s likely she’s the first from the landlocked Balkan nation of two million.

“Actually, I think we’re the only Macedonians around – American-Macedonians, that is,” said Kiparizoska, 23. “You’d be surprised how many times I get ‘Madagascar?’”

About 4,500 miles northwest of Madagascar, she lived the first third of her life in Ohrid, a Macedonian resort city

inhabited by cypress and pine, a hilltop castle and red-tiled roofs, overlooking a lake.

“Eastern Europe is beautiful,” Kiparizoska said.

All of her other relatives remain in Europe.

Her father is Zan, whose last name is Kiparizoski – the Macedonian language differentiates male and female names with a concluding “i” and “a,” respectively. Her mother is Gordana Kiparizoska. Sara’s sister, Eva, 15, was only 1½ when the family moved to Laurel.

Considering that their goal was to work in an “international setting,” as he put it, their choice to immigrate was an easy one for Zan, an electrical engineer, and Gordana, an electrical engineer in computer science, especially when they found jobs at Howard Industries in Laurel, a global transformer manufacturer.

“And we always wanted to move to the United States,” Gordana said.

ACCENT ON ACHIEVEMENT

About eight months after Zan’s interview in Laurel, the entire family arrived in America to stay. Stepping off the plane in Gulfport, Gordana faced “the hottest day of my life,” she said.

“My biggest adjustment here has been the humidity. But it was a very good decision that we made. Sara was the most excited child on the planet.”

Soon, though, Sara faced adjustments of her own. “At first, she had a big smile every day coming home from school,” Gordana said. “After a couple of weeks, she was crying. She said it was so difficult to catch the Southern accent.”

Sara entered the third grade knowing only a handful of words in English.

“I remember making F’s on all the tests, except math,” she said. To help her with her new language, her parents hired a tutor, who also taught English to Spanish-speaking children. “Some things were lost in translation,” she said.

Dora the Explorer and SpongeBob SquarePants filled in the cracks. Thanks to American TV, her tutor and her parents’ help with her homework, Sara could, within three months, speak English.

From then on, she navigated a world of scholastic excellence and, a few years ago, enrolled at Ole Miss.

“I had visited the campus and was automatically hooked,” she said. “As cheesy as it sounds, it’s impossible to have a rainy day in Oxford.”

Kathryn Wegener of Jackson might argue that the friend she, and everyone else, calls “Kip,” helped brighten up the campus herself.

“She’s brilliant and one of the most spontaneous people I know,” said Wegener, also an M1, who met Sara at Ole Miss.

“Last year, she and a friend spontaneously decided to buy plane tickets to Chicago the week before exams; they went to a Bulls



Friends and members of the first-year medical school class toast Sara, front row, second from left, after she obtained her U.S. citizenship.

game and everything. Somehow she still managed to get a 4.0.”

Although she no longer has her hands in it, Sara whipped up the basic idea for Curtsy, now a mobile phone app that enables college students to rent formal wear – a business now run by two former University students.

Business smarts aside, Sara has wanted to be a physician since high school, and is considering a residency in OB-GYN. “What’s better than delivering babies?” she said.

STAR-SPANGLED CITIZEN

Fellow medical student John Bobo of Clarksdale got a glimpse of her future during a clinical skills workshop that required role play.

“Everyone in our group, including the professor, was impressed by her performance,” said Bobo, president of the M1 class. “She’s a natural, and I know she is going to be an incredible physician.”

“She does a lot behind the scenes to help our class. Everyone knows her as a kind spirit.”

Her classmates have repaid her kindness, celebrating her citizenship, including in the classroom. “I walked in and the national anthem was playing,” Sara said. “There were balloons and candy. It was the nicest gesture.”

But it took more than a dozen years to realize the goal of citizenship. “If we could have done it earlier, we would have done it,” her father said. “It’s as simple as this: When people say, ‘Are you planning to go back home?’ I say, ‘I am home.’”

Because Sara was considered a resident of Oxford then, she was assigned to take her oath of citizenship in Tupelo, at the Natchez Trace Parkway Visitors Center, on August 25.

“There’s a symbolism during the ceremony that can’t be described,” she said. “It’s less a ceremony, and more of a celebration.”

As Laurel residents, Sara’s parents and sister were assigned to the U.S. Citizenship and Immigration Services field office in New Orleans, on August 1.

Afterward, the family and friends lunched at a French Quarter restaurant. “When the people in charge heard what we were celebrating, they kept bringing us all these desserts,” Sara said.

“People are happy when you want to be a part of what they love, a part of this great country; that just makes it even better.” **M**

School of Population Health named for 'game changer' Bower



University and health-care leaders celebrated UMMC's newest health science school on Sept. 19: the John D. Bower School of Population Health.

"[Population health] is an emerging field that seeks to prevent and treat diseases by keeping people healthy," said Dr. Bettina Beech, dean of the school. "Health begins in our homes, schools, churches and communities."

The school will be the seventh represented at the Medical Center campus and only the third of its kind in the country. Classes will start in fall 2017.

The school's namesake, Dr. John Bower, is a UMMC professor emeritus of medicine with a distinguished record of patient care advocacy. In 1966, he established Mississippi's first kidney dialysis unit at the Medical Center.

Bower's 1972 U.S. Congressional testimony influenced the decision to allow Medicare coverage for end-stage renal disease patients. His non-profit corporation, Kidney Care, Inc., opened dialysis clinics in 22 Mississippi cities.

When Kidney Care merged with other dialysis programs in 1996, Bower used the proceeds from the transaction to start the Bower Foundation, which funds projects dedicated to improving the health and educational status of Mississippians.

A \$5 million gift from the Foundation will help fund the school's start-up costs and prepare its home on one-and-a-half floors in UMMC's new Translational Research Center, which is scheduled for completion in summer 2017.

"I can't think of a more fitting name to go on this school because, like Dr. Bower himself, it will be a game changer, a paradigm breaker, a trail blazer," said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine.

Former Ag Secretary Mike Espy plows into U.S. food policies



Mike Espy, the Marian Wright Edelman distinguished guest lecturer in September, explains why government incentives have not historically encouraged healthy food choices for consumers.

Government programs that have helped those who grow food and those who process it haven't necessarily helped those who eat it, said Mike Espy, former U.S. Secretary of Agriculture, speaking at UMMC in September.

Espy, an attorney and the former U.S. Representative for the state's 2nd District, was the distinguished guest lecturer for the Sept. 6 Marian Wright Edelman Lectureship, which focused on the ways official food policies can affect consumers' health.

Espy, a member of President Bill Clinton's cabinet from 1993 to 1994, noted that more than two-thirds of adults in the United States are overweight and obese, that "poor diet is a major risk for weight gain," and that Mississippians in particular "lean toward fried foods, fat foods, sweet foods."

"We are eating ourselves to death," said Espy, a Yazoo City native who said adults, including himself, don't easily grow out of lard-laced, sugar-spiked childhoods.

One reason for this dietetic disaster, he said, is the fact that, in the United States "neither [farm policy nor food policy] has anything to do with health policy."

Provisions in the U.S. Farm Bill offer benefits to farmers that were intended to create prosperity for the nation's food growers and develop a cheap food supply, Espy said.

But these allowances, including subsidies, have encouraged farmers to grow crops that include corn, sugar and wheat; these often end up as highly-processed foods, such as sugary cereals, donuts, and high-fructose corn syrup.

"But I see the sun bursting through," Espy said, referring to federal government reforms that are encouraging the production of other crops, including fruits and vegetables.



Dr. Damon Darsey, assistant professor of emergency medicine and medical director for the Mississippi Center for Emergency Services, is one of the creators of the Medical Center's First Hands project.

\$2M grant fortifies 'first hands' emergency responders training

A program developed by the University of Mississippi Medical Center to provide education for first responders isn't just a resource for the state.

It's also being recognized as a model for the nation.

The U.S. Department of Homeland Security is boosting UMMC's ongoing First Hands program with a \$2 million grant to carry out a rural emergency medical communications demonstration pilot project.

The goal: enhance emergency communications and response capabilities, and help develop a national emergency communications plan by using existing technology.

"It's a marriage that is perfect to promote medical care in rural America and to solve mortality challenges throughout the country," said Dr. Damon Darsey, UMMC assistant professor of emergency medicine and medical director for the Mississippi Center for Emergency Services.

"Mississippi has one of the most state-of-the-art radio systems in the country. We have an academic medical center that is forward-leaning here and trains responders.

"This allows us to have that radio system combined with the desire of this facility to improve medical care throughout the state."

First Hands was developed by UMMC's emergency services team to improve the statewide public safety communications system and to extend its use to better support rural medical care and communications, Darsey said.

That system includes nearly 30,000 public safety users of the Mississippi Wireless Information Network mobile radio system, known as MSWIN.

First Hands will develop and implement the training programs for the funded initiative, the Rural Emergency Medical Communications Demonstration Project. The grant was announced Sept. 21 by U.S. Sen. Thad Cochran of Mississippi.

"The program will allow these people to get training on how to collect data and communicate findings early in the process – to provide the best care possible," Darsey said, "but also communicate that care downstream so that whatever hospital the patient goes to will have the best information possible."

That training will include how those first hands can use their own radios to better communicate what they see, and "to communicate through whatever means they have to improve the response of the professional responders who are on their way," Darsey said.

"One of the ways we will improve mortality is to improve those who provide the first care."

BRAIN GAIN

UMMC, MIND Center treasure \$10 million Ford Foundation gift *By Karen Bascom*



The ceremony announcing the Gertrude C. Ford Foundation's \$10 million gift to MIND Center ceremony is attended by, from left, MIND Center director **Dr. Tom Mosley**, MIND Center advisory board co-chair **Suzan Thames**, MIND Center advisory board chair emeritus Ambassador **John Palmer**, Ford Foundation trustee **Cheryl Sims**, vice chancellor for health affairs **Dr. LouAnn Woodward**, Ford trustees **Tom Papa** and **John Lewis**, and Chancellor **Dr. Jeffrey Vitter**.

The MIND Center announced in November a cumulative \$10 million gift from the Gertrude C. Ford Foundation to advance its Alzheimer's disease research and establish the Gertrude C. Ford MIND Research Center.

The gift could not come at a better time.

"Americans are living longer than ever and with the aging of the baby boomer generation, we are facing a silver tsunami," said Dr. Tom Mosley, director of the Memory Impairment and Neurodegenerative Dementia (MIND) Center, at the Nov. 7 ceremony on the UMMC campus.

More than 52,000 Mississippians have Alzheimer's, the sixth-leading cause of death in the United States, or similar conditions.

"That number is expected to double by the year 2030 and triple by 2050 unless we find ways to slow, stop or ultimately prevent these devastating illnesses," Mosley said.

"There is a sense of urgency, and we are in a hurry."

That "we" is the MIND Center. Founded in 2010, it brings together research in risk factors, brain imaging and genetic technologies to make discoveries about Alzheimer's disease. In addition, the MIND Center Clinic offers diagnosis and outpatient treatment for patients with memory loss and cognitive impairment.

"In just six years, Dr. Mosley and the MIND Center have put UMMC on the map in the brain-aging field by leading the country in research on Alzheimer's and dementia," said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine.

In addition to its population-based studies, the MIND Center in 2016 expanded its research portfolio to include clinical trials. The first, the nationwide IDEAS study, launched this fall.

The Ford Foundation's gift will support the overall

research mission of the MIND Center.

Research investment is great news for the MIND Center and for the state of Mississippi. According to the Association of American Medical Colleges, every dollar invested in research at medical schools and teaching hospitals like UMMC generates \$2.60 of economic activity.

"This generous gift from the Ford Foundation will help us draw top talent and NIH funding to Mississippi, both of which are critical to our continued success," Mosley said.

Gertrude Castellor Ford, wife of former U.S. Congressman Aaron Ford, grew up in a tradition of philanthropy. In 1991, she established the Foundation in Jackson, which invests in the arts, medicine, science and the overall enrichment of Mississippians.

The Ford Foundation's gifts to the University of Mississippi campus in Oxford total \$55 million, including \$25 million supporting the Ford Center for the Performing Arts and \$25 million toward a new STEM building currently under construction.

"The University of Mississippi treasures our long-standing relationship and philanthropic partnership with the Gertrude C. Ford Foundation," said Dr. Jeffrey Vitter, chancellor of the university.

"Their support has been tremendous in helping our university achieve greater heights of excellence."

At UMMC, the Foundation helped provide funds for the Suzan B. Thames Chair of Pediatrics. In 2013, the MIND Center received \$1 million from the Ford Foundation to help establish its overall operations.

"This initial gift was instrumental in building the MIND Center," said Denise Lafferty, chief of operations for the MIND Center.

For the Nov. 7 announcement, the Ford Foundation added \$9 million to the initial 2013 gift. With \$10 million in cumulative funding, the MIND Center will rename its research arm after Ford.

"We are proud that the Gertrude C. Ford name will be displayed in perpetuity on our campus," Woodward said.

John Lewis, a trustee for the Ford Foundation, spoke at the event and noted the commitment of UMMC's leadership to the health of all Mississippians.

"We invest in people's dreams and visions," Lewis said. "This investment is a step towards the end of Alzheimer's disease."

Ambassador John Palmer, chair emeritus of the MIND Center advisory board, shared this sentiment.

"We must have an unwavering vision of where we will go, act boldly and think creatively, because there is too much at stake," Palmer said.

The Ford MIND Research Center will occupy 15,000 square feet on the first floor of the Translational Research Center, a multidisciplinary building scheduled to open in summer 2017.



"There is a sense of urgency, and we are in a hurry," says **Dr. Tom Mosley**, director of the MIND Center, during the announcement ceremony.

The west wing of the facility will house the research clinic offices, Mosley said.

"In addition to state-of-the-art equipment, we have designed the space to be maximally accessible to our older research participants. These details include everything from the color scheme to the type of exam tables we will use," Mosley said.

The east wing will house research and administrative space for scientists and operations staff.

"For the first time, all of our researchers will be under one roof," Lafferty said. "This will allow us to expand, collaborate and accelerate the discovery process, and it will support the recruitment and retention of top investigators."

The MIND Center's current programmatic priorities include the creation of an early-career investigator program. This will fund "rising star" scientists as they develop their research studies.

A related aim is to create a discovery fund, which will provide seed money for promising lines of scientific inquiry. This will allow scientists to develop their research ideas and make them more competitive when seeking outside funding.

The location also brings the Ford MIND Research Center physically closer to allied teams. The Department of Data Science in the Bower School of Population Health and the Neuroscience Institute will also have space in the building. **M**

CLASSMATES UNITED BY TRAGEDY

Establish 'lasting memoriam' to Nikki Shoemake-Patterson By Brandi Van Ormer/Gary Pettus

Throughout her life, Dr. "Nikki" Shoemake-Patterson provided the bond that kept her medical school classmates connected, an attachment that has only strengthened since her death last June.

"Our whole class has been brought together by this tragedy," said Dr. Jennifer J. Bryan, UMMC associate professor of family medicine.

"We grieved together, and together we hope to build a lasting memoriam to her, because we all know that could have been us."

Bryan is among those who helped establish a scholarship fund in their classmate's name following Shoemake-Patterson's death on June 1 in Starkville as she gave birth to her second daughter, who died a week later. Shoemake-Patterson was 40.

"One reason this class has been so close was because of Nikki," said Dr. Melissa Scholes, assistant professor of otolaryngology at the University of Colorado in Aurora. "Even after our residencies, she kept in touch with everybody."

"She was the glue that held us together."

As the president of the medical school class of 2003, Dr. Bernard "Bernie" Sy was one of those who "got the ball rolling" for the fund.

"I got on Facebook and reached out to our class," said Sy, an internist and pediatrician in Lebanon, Tennessee. "It's something we can work on together for her; and it will be good for her memory."

The Paula Nicole "Nikki" Shoemake-Patterson, M.D. Award is reserved for females who are fourth-year medical students and who aspire to be a surgeon – just as the fund's namesake did.

"From the time she was small, Nikki said she wanted to be a doctor because of her grandfather – he was always sick from heart problems and diabetes," said June Alford of Gluckstadt, her mom.

"In junior high she was still talking about being a doctor, so I thought, 'Maybe we have something here.'"



Dr. Nikki Shoemake-Patterson

That proved to be so, as Nikki Shoemake excelled in her studies at Tupelo High School, where she graduated with honors, and at Mississippi State University, where, in 1998, she earned her bachelor's degree in microbiology.

In Starkville, years apart, she discovered two of her greatest passions: Bulldog sports – her father had been taking her to football games since she was 2 – and Jason Patterson, who became her husband.

When Grace was born, in January 2010, her mother was already stepmom to Jason Patterson's other children – Morgan, Cody and Johnathon Patterson.

Her goals in life were to be a doctor and to spend time with her family, and those who knew her say she excelled at both.

"Nikki juggled all the demands of motherhood, career and

community with grace, plus she bettered medicine as a whole," Bryan said. "That speaks volumes about her character."

Her character was on display in medical school, when Dr. Melissa "Nan" Frascogna was also a student.

"She could joke around with anyone and make them feel at ease, even while working hard in stressful situations and providing great care," said Frascogna, associate professor of pediatric emergency medicine at UMMC.

"That was Nikki."

Her life as a physician began in 2003, after she earned her M.D. and left Mississippi to start her surgical residency at the Hospital of St. Raphael in New Haven, Connecticut, taking her Labrador retriever along.

"It was her and Duke, and up they went," June Alford said. "She said it was cold up there."

A few years later, during her residency graduation ceremony, her entire family traveled to New Haven to be with her. Immediately, she returned to Starkville to join the staff at Oktibbeha County Hospital and work with Dr. T. Steve Parvin in the Center for Breast Health & Imaging.

Although she was proud to be a physician, her mother said, she preferred to be introduced by her first name. "She said,



Photos, clockwise, starting at left: Members of Dr. Nikki Shoemake-Patterson's family meet for lunch during a visit last fall in Jackson; they are, from left, June Alford, Grace Patterson, Kay Patterson and Jason Patterson. Top right: Grace Patterson and her parents Jason and Nikki enjoy a visit to the beach in May 2013. Bottom right: Shoemake-Patterson and Dr. Steve Parvin work together with a patient in Starkville.

"I'm not Dr. Shoemake; I'm Nikki."

Kay Patterson of Terry, her mother-in-law, is one of the many relatives or friends who called her "down-to-earth."

"She never tooted her own horn, and was not one to go around talking about her accomplishments," Patterson said.

Among those achievements: In 2014, she was accepted as a fellow of the prestigious American College of Surgeons.

"Nikki made such a big impact on people's lives," Kay Patterson said. "She has a lot of miracles out walking around in the world, and she would have had more."

"She did a mastectomy on the lady who was her neighbor; she went over and changed her dressings and her drains. That's the kind of physician she was."

"If it was bad news, she wanted to tell her patients herself, face to face if she could."

Over the years, she stayed in touch with her medical school classmates. She and Scholes attended each other's weddings. "We probably texted or talked on the phone once a month," said Scholes, who had made plans to visit her in mid-June, two weeks after her friend would give birth.

She had been thrilled at the thought of having a second daughter, Aubrey Caroline Patterson – named by Grace

Patterson, 7, her first.

She and her infant daughter were laid to rest together.

"Nikki was a great surgeon and a dear friend," Frascogna said. "I miss her every day."

Among her pallbearers was an honorary group from the 2003 School of Medicine class and the Oktibbeha County Hospital medical staff.

"At her service so many people who had been her patients came up to us and told us how she had saved their lives," Kay Patterson said.

"She was very motivated and stood her ground as a surgeon, in what is largely a man's world, but was still so compassionate with her patients."

Her compassion is acknowledged by the scholarship that bears her name, Scholes said.

"I believe she would have been honored." **M**

To make a tax-deductible gift online, please visit www.umm.edu/NikkiShoemakePattersonAward. To make a tax-deductible gift by check, mail your donation to: University of Mississippi Medical Center, Attn: Office of Development, 2500 N. State St., Jackson, MS 39216.

AMBITIOUS FUTURE

Children's of Mississippi campaign pledges keep mounting By Annie Oeth



Joe and Kathy Sanderson are chairing a \$100 million capital campaign for Children's of Mississippi.

The ambitious goal of a larger, state-of-the-art space for pediatric care at UMMC is closer to reality, as the Children's of Mississippi capital campaign is now more than a third of the way to its \$100 million goal. Starting out in April with a \$10 million pledge from campaign chairs Joe and Kathy Sanderson, the campaign got another boost in August when Friends of Children's Hospital pledged \$20 million to the cause.

Honorary chairs Eli and Abby Manning donated \$1 million. "These," said Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine, "are the actions of people who believe in the future of

our state because they are willing to commit their treasure to the worthy goal of the health of our children. Children's of Mississippi, Batson Children's Hospital and UMMC, and, indeed, the state of Mississippi, will be blessed by their kindness and generosity for decades to come."

The campaign for Children's of Mississippi will fund the construction of new buildings and renovations to the existing space within Batson Children's Hospital. Plans include an expanded neonatal intensive care unit, a new Children's Heart Center and PICU, a new pediatric imaging center, state-of-the-art operating suites, and a new, centrally located outpatient clinic.

The result will be a physical space that embodies the Children's of Mississippi guiding vision, which is to touch the life of every child in Mississippi and help each reach his or her full potential.

A well-equipped, properly sized NICU will include private rooms where parents can bond with their babies, designated breastfeeding rooms and overnight accommodations for parents.

The Children's Heart Center and PICU will provide additional, larger, and better-equipped operating rooms, a layout that reduces the need to move fragile patients over long distances, more privacy for patients and families and comfortable, quiet waiting areas out of the public eye.

The new imaging clinic will offer a cheerful, comforting imaging area located within the children's hospital and imaging equipment designed specifically for children.

The theme for the campaign, "Growing. So they can grow," underscores Children's of Mississippi's ultimate goal of improving the health of all Mississippi's children.

"We must always be progressing and innovating to offer Mississippi's children the best advancements in care. To do that, Children's of Mississippi has to grow," Woodward said.

"The latest in equipment, more beds for the smallest and most critically ill babies, and more space for surgeries – these goals will save lives and allow our state's children to grow up and enjoy healthy lives. I cannot think of a more worthwhile cause for Mississippians to embrace."

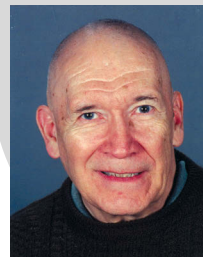
Dr. Rick Barr, Suzan B. Thames professor and chair of pediatrics at UMMC, said Children's of Mississippi and UMMC are poised to become a regional and national leader in pediatric care and research.

"We want the best possible facilities, equipment and care for our children," Barr said. "They deserve the best care close to home." **M**

To contribute to the Children's of Mississippi Capital Campaign or to learn more visit growchildrens.org.

READERS WRITE: "My Most Unforgettable Professor"

FOR THIS ISSUE OF MISSISSIPPI MEDICINE, WE ASKED ALUMNI TO SEND IN REMINISCENCES OF MEMORABLE FACULTY MEMBERS AT UMMC.



1 L. Judson Farmer Jr. (Dec. 17, 1932-Oct. 23, 2009)

Jud moved to Jackson to direct the Speech Pathology Section of the Communicative Disorders Laboratory in 1972, until his semi-retirement in 1993

My first contact with Jud was when he taught us as second year med students I became

fascinated by this obviously very severely physically challenged but brilliant man tooling around UMC campus on his yellow Amigo scooter

Along with sage advice and off-the-wall philosophic observations gleaned at my frequent visits [to his office], there would usually be coffee and an introduction to classical music. I can visualize him now waving his hand as if conducting the orchestra while his shaved head bobbed uncontrollably to the thrill of the sounds of Mozart or Beethoven. He even taught this country girl how to play chess. . .

We remained in contact even after I graduated and headed north toward

home after med school through the medium of his fascinating letters, by phone and sharing his works of wild creative fiction.

He was even once brave enough to drive up for a weekend visit with us in his wheelchair-accessible, aging Lincoln Continental

The most important thing Professor Farmer taught me was that many physical disabilities are a state of mind. He did not abide the term 'handicapped' at all.

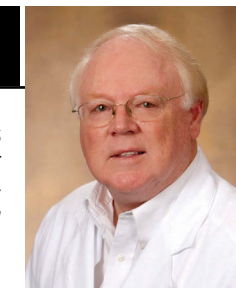
He always said, "I am a cripple, but I am certainly not disabled." During retirement he wrote and self-published his life's memoir, titled "I Drink My Orange Juice with My Fist in My Eye."

Even after his death in 2009 at age 76, he never stopped teaching medical students. Professor Judson Farmer had willed his body as an anatomical gift to the University of Mississippi medical school.

- **Dr. Dwalia South, of Ripley, Class of 1980**

Dr. Fred H. Ingram of Jackson (Dec. 7, 1943)

2



[Ingram was assistant professor in the Department of Obstetrics and Gynecology, and director of the Division of Gynecology]

I was a first-year OB/GYN resident [in 1975] and everything was overwhelming. My only background in the specialty I had chosen was the junior year rotation. For some reason, Dr. Fred Ingram was my most frequent resource.

I always recall his red hair and smoking a pipe and his low-key manner of dealing with my deficiencies.

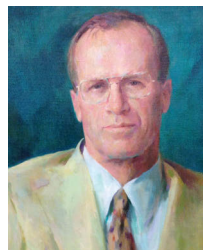
[My best recollection] was not diagnosing a 54-year-old large woman in labor whose only complaint was, "I hurts all over" and she not realizing she was pregnant.

It occurred at the onset of my ER rotations I would change into scrubs in [labor and delivery], and Dr. Ingram the following day, sitting there, mentioned a new course would be named in my honor: "How to diagnose a woman in labor."

I immediately made the connection and stated, "She couldn't be pregnant!" Thereafter, no matter the complaint in ED, I did a pelvic on all the female patients and improved in taking histories from them.

He was very patient with all my shortcomings that year, to say the least.

- **Dr. J.E. Mendez of Lago Vista, Texas, Class of 1979 (residency)**



3 Dr. Louis Sulya (Aug. 17, 1911-Sept. 12, 1998)

[Sulya was chair of the Department of Biochemistry, 1955-1977]

Dr. Louis Sulya was our biochemistry instructor when the then Mississippi Medical School was a two-year school at Ole Miss in Oxford

He was an excellent teacher, but he liked to make it hard for the med students. He would write long chemical formulas on the black board and stand in front of his writing and then erase them very quickly. Then he would laugh. He got a "kick" out of intimidating the medical students who

had to get a good grade. Eventually, he would clarify the formula.

We also had to test our 24-hour urine output, and the med students had to carry a gallon jug with them wherever they went. We had one female med student and she tied a funnel to hers. We and all the students got a laugh when they saw us with our jugs.

After two years at the Ole Miss campus, many of our class entered our junior year at the new medical school in Jackson and were the first graduating class, in 1957. Dr. Sulya passed in 1998.

- **Dr. Fred S. Evans of Pensacola, Florida, Class of 1957**

. . . As a premed student at Oxford in 1962, I saw a bulletin whereby representatives of the med school (now in Jackson) would be on the Oxford campus to answer any questions students might have.

I went to that and spoke to no less than long-time distinguished professor and admissions committee chairman, Louis Sulya. It seemed no big deal; however, the following October I was one of the first accepted to med school and did not even have to go to Jackson for an interview like everybody else.

It was years later I learned that my brother, Henry, was Dr. Sulya's pet, as Henry, a walk-on halfback for the Ole Miss varsity football team, had scored all the med school's points in a 13-7 win over the law school in the Murder Bowl.

Dr. Sulya not only got bragging rights over the law professors but also won a number of money bets he had with them. And that is why I got early acceptance to med school!

- **Dr. Albert "Chance" Laws of Columbus, Class of 1967**

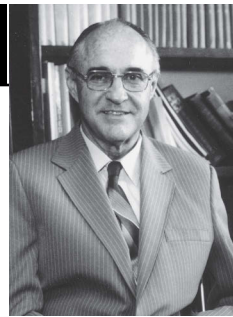
Dr. Arthur C. Guyton (Sept. 8, 1919-April 3, 2003) 4

[Guyton was chair of the Department of Physiology and Biophysics, 1955-1989] In our freshman year, we heard that [anatomy professor] Dr. Hogg had mapped out his own abnormal retina with a penlight after an abnormal event – I think it was a stroke or some type of selective cerebral hemorrhage. Several of us tried it and were surprised we could see tracings of our own retinal vessels. I asked a well-known ophthalmologist on the staff how this worked. He did not know.

I then happened to run into Dr. Arthur Guyton waiting for an elevator ... and asked him. He had not heard of this. He thought for maybe five

seconds and said we were seeing the shadows of the blood vessels made by the penlight hitting the raised blood vessels on the retinal surface.

I later found out he was right. His on-the-spot incisive assessment of facts, events and actions made him truly unforgettable. In class, his clear explanations of complex physiological processes continued to amaze us all. – **Dr. John R. Jackson Jr. of Hattiesburg, Class of 1962**



5 Dr. Peter Blake (Aug. 8, 1920-March 10, 2002)

[Blake, a cardiologist, was one of the first faculty members hired at the Medical Center, director of the Introduction to Clinical Medicine course, a professor of medicine by 1970, and a professor emeritus as of 1990] Many of Dr. Blake's observations and "sayings" remain with me even today as I discuss physical exam findings with patients and students: "When all else fails, examine the patient." "The world is divided into two great groups of

people, those who look at their stools and those who do not." "Try not to interrupt the patient very often; she is attempting to tell you what is wrong with her." "Don't write anything 'cute' in a patient's chart; you won't like the way it sounds when read back to you in court."

Things that brought smiles to us students back in the late 1960s now ring through the years as wisdom from one that knew what he was discussing. Oh yes, the clinicians we were exposed to were masters ...; but Peter Blake just stands out for me as THE well-rounded physician and teacher.

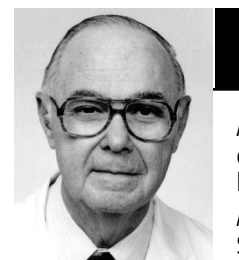
– **Dr. Charles D. Miles of Columbus, Class of 1969**

Dr. E. Frazier Ward III of Jackson (Aug. 17, 1939) 6

... Dr. Ward's foot and ankle clinics were something I remember to this day. His personal approach to patients is what I hope to emulate. His style was as a humble, yet confident, man who had a way of reassuring [them]. His preoperative consultations frequently included discussions of complications such as amputations or worse ... I remember the Sunday afternoon preoperative review of the next week's cases. He wanted to make sure we were ready for the following week, no last-minute surprises. His criticism was constructive, and meant to make us think, and I appreciated it ...

Frazier loved his farm. I loved his tractor stories from his farm. My wife worked with Mississippi cotton farmers while we were there and we also loved the rural aspects of the state.

I hope that he, his wife, and family are well. – **Dr. John "Jay" Miles of La Mesa, California, Class of 1988 (orthopaedics residency)**



7 Dr. W. Forrest Hutchison (Oct. 7, 1925-Sept. 30, 1996)

As a kid I remember stopping at the Tote-Sum on Northside Drive on the way to church to buy wilted lettuce.

After church if we were good we got to go have Sunday lunch at the Medical Center cafeteria, which we thought was a great treat! Then my father would take us to his lab at UMMC, which was a magical place filled with jars of huge tapeworms and heart worms and all sorts of other weird and exotic things such as books with pictures of people with elephantiasis due to filariasis. Yuck.

We would feed the lettuce to tanks with hundreds of snails that I later learned were infected with trypanosomes.

On one trip he took us into the lab of his colleague, Dr. Keegan, to show us the tarantula spiders. Wow! Amazing hairy creatures and so big! I pointed out a really big one on the floor that was coming toward us, which, to our great disappointment, prompted a rapid retreat from the lab. Many years later, in the 1970s, I entered medical school at UMMC and

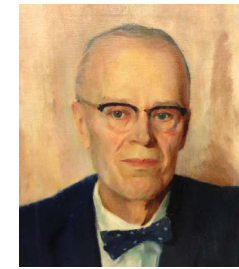
had the (almost) unique experience of having my father as one of my professors ... My sister, Rebecca Hutchison, M.D., also graduated from UMMC and took my father's class.

[He] was a professor in the Department of Preventive Medicine and specialized in tropical medicine and parasitology. We kids had always considered him to be loving, but also very serious and stern, so it was a great surprise to see my father and Dr. Keegan coming into the lecture hall dressed as *P. falciparum* gametocytes!

The entire class broke down in hysterical laughter and my mouth opened so wide in surprise that I think my chin hit my chest.

I am pretty confident that everyone in that class was able to correctly identify malaria on blood smears when they saw one ...

I learned from many caring and passionate professors at UMMC, way too many to name ... but I will forever cherish that opportunity to see my father in action as a teacher and appreciate how much he cared that we learn. – **Dr. Florence N. Hutchison, chief of staff, Ralph H. Johnson VAMC, and professor of medicine, Medical University of South Carolina in Charleston, Class of 1980**



8 Dr. James C. Rice (June 12, 1893-Dec. 14, 1964)

... [O]ne episode involving Dr. Rice, the chairman of the pharmacology department, a true gentleman, stands out in my memories.

In my second year of med school, I worked every third night as an assistant to the nurse anesthetist in surgery for \$10 a night. One on of these nights we worked in surgery all night and I had no time to study for a big pharmacology exam the following morning. As a result, I made a low grade on the exam.

The next day as I passed Dr. Rice's office, he motioned me into his office and

offered me a seat. "Mr. Wood, what happened to you on the exam yesterday?" I explained my situation.

Instead of giving me a lecture that I deserved about "not waiting until the last minute to study," he quietly said, "Come by my office at 4 o'clock tomorrow and I will give you another exam."

After he retired, my wife Carolyn and I stopped by his home, the "Rice Paddy," in Foley/Fairhope [Alabama] and visited with him and reminisced. His portrait is in the medical school foyer.

I will always remember his act of kindness and concern. – **Dr. Eugene G. Wood Jr. of Jackson, Class of 1959**

Dr. James D. Hardy (May 14, 1918-Feb. 19, 2003) 9

[Hardy was chair of the Department of Surgery, 1955-1987, and an organ transplant pioneer]

Dr. Hardy was the most interesting man I have ever known. He was my mentor, teacher, friend, and, at rare times, my drama teacher ...

Dr. Hardy was very ambitious in the hierarchy of academic medicine. He became the president of every surgical society in the world. He gave me this advice: "Start out as secretary, which no one wants, and scrap your way to the top."

The only honor that escaped him was the Nobel Prize, which I think he would have achieved if his famous transplant of a cross-species of hearts had been more successful.

Not all was peace and harmony with Dr. Hardy. He had a habit of firing residents (for good cause) on Friday and rehiring them on Monday.

He was a perfectionist and demanded complete competency in the operating room. If you were assisting him in surgery and you missed clamping a bleeding point, he would say something like "you missed again." This made one feel like zero.

One of his medical pearls was: "No matter what field of medicine you enter, do only those procedures which you are qualified to perform and do them on a regular basis."

To emphasize this point, he told a story that happened during his residency at the University of Pennsylvania. The famous Dr. [William Osler] Abbott, who was one of the developers of the Miller-Abbott tube, was speaking to the students and physicians.

The tube was a large, nine-foot-long double tube with a bag attached which was used in treating small bowel obstructions. Because of the bag and the size of the tube, it was most difficult to insert. It was Dr. Hardy's opinion that it would be great to see how the developer of the tube demonstrated his skill in inserting it.

Another example of his snippy conversation was when he told me to make an announcement to the O.R. employees and [if] nothing happened, he would berate me. I would say: "but, Dr. Hardy, I did announce what you said," and he would reply, "But you obviously didn't do it with any degree of authority."

He seemed to regret his peevishness, and within a minute he would compliment you and tell you how much he appreciated your service.

On the night of our graduation I remember one jocular statement he made: "Hold out for what you believe as long as you can, but always vote with the majority."

Over the years, memories of Dr. Hardy have been a guiding light of my career. Every meeting I have attended, someone would say: "So you are one of Jim Hardy's boys?" Immediately doors would begin to open.

– **Dr. James P. Spell of Jackson, Class of 1961**

Dr. Abbott agreed to do the procedure. After 30 minutes of attempting to get the tube in place, with sweat on his forehead, Dr. Abbott told Dr. Hardy that he needed to get back and make his second speech. He would insert the tube after the speech.

Once outside the patient's room, Dr. Abbott told Dr. Hardy that he could not put the tube down even if his life depended on it. That he had not done the procedure in years.

With this story, Dr. Hardy emphasized the fact that being qualified to do a procedure was not enough. A physician must continue to perform procedures on a regular basis if this is a part of his practice ...

– **Dr. Dayton E. Whites of Lucedale, Class of 1960**



10 Dr. John Robert Snavelly (Feb. 16, 1913-June 12, 1964)

[Snavelly was professor and chair of the Department of Medicine, 1955-1964.]

A "Snaveism" was a classic or cutting remark.

Example: One of my classmates was in charge of the Venturi suction when we

were doing a procto, and it came disconnected from the sink, spraying you-know-what.

Dr. S. looked at him and said, "That's what you get for letting tourists in."

– **Dr. Alvin Brent of Ridgeland, Class of 1963**

If you have ideas for more reader poll questions, please send your suggestion to Gary Pettus, gpettus@umc.edu.



Registered nuclear medicine technologists **Mary Beth Croisdale** and **Chris Mosley** prepare to administer a PET scan to **Brenda Hankins**, a participant in IDEAS.

NATIONWIDE TRIAL AIMS TO ENHANCE ALZHEIMER'S DIAGNOSIS RATES

The MIND Center at UMMC is an enrolling center for Imaging Dementia – Evidence for Amyloid Scanning, or the IDEAS Study, a nationwide clinical trial. The IDEAS Study aims to determine if using a PET scan to detect amyloid plaques as part of the diagnostic process influences a physician's treatment recommendations and improves patient outcomes. "There are studies that show a 20 to 30 percent misdiagnosis rate of Alzheimer's," said Dr. Juebin Huang, assistant professor of neurology and principal investigator for the UMMC IDEAS site.

"With an objective marker such as the amyloid PET imaging, physicians can make a more certain diagnosis." The other IDEAS goal is to learn if the scans improve patient outcomes enough to warrant their coverage by CMS.

"My belief is that we will find that amyloid imaging provides a major improvement in both diagnosis and patient management and outcomes, and should be covered by insurance," said Dr. Tom Mosley, director of the Memory Impairment and Neurodegenerative Dementia (MIND) Center.

IDEAS is the first project in the MIND Center's Clinical Trials Program, which will bring industry-sponsored research studies to Mississippi Alzheimer's patients.

"Clinical trials allow us to advance science in our search for effective treatments for Alzheimer's and related disorders and allow patients to have state-of-the-art care and access to the latest treatments before they are available to the general public," Mosley said.

NEW INSTITUTE KEEPS NERVOUS SYSTEM IN MIND

"The nervous system is what allows humans to juggle while riding a unicycle, to envision the ceiling of the Sistine Chapel and contemplate the theory of general relativity," said Dr. Keith Tansey, professor of neurosurgery and neurobiology and anatomical sciences.

Because the nervous system controls the rest of the body, caring for this integral system requires an integrated approach. That is the basis of UMMC's Neuroscience Institute.

Operational since July, the NSCI aims to advance clinical care, research and education in three areas: stroke, addictions and neurotrauma. It encourages collaborations across academic departments, the Adult Hospital and Methodist Rehabilitation Center in Jackson.

Tansey joined the faculty in February 2016 and will be one of the leaders expanding existing services into a leading neurotrauma center. He is also a senior scientist at MRC and a physician at the G.V. "Sonny" Montgomery VA Medical Center in Jackson.



Dr. Keith Tansey, professor of neurosurgery and neurobiology and anatomical sciences, is an integral part of the Neuroscience Institute.

"His recruitment represents the collaborative spirit that embodies the institute, which bridges departments and hospitals to help us become leaders in translational research," said Dr. Michael Lehman, professor and chair of neurobiology and anatomical sciences.

Tansey's recent work at Emory University and the Atlanta VA showed that electrical stimulation and assisted stepping might help augment spinal rhythmic motor output in patients with complete spinal cord injuries. The ultimate goal is to improve the continuum of care and quality of life for patients.

An affiliation agreement between UMMC and MRC helps make this possible. Since 2014, the collaboration has helped the institutions develop well-connected patient care through reciprocal admitting privileges, faculty appointments and a plan to develop a physical medicine and rehabilitation department.

"It's exciting to come at the beginning of this new collaboration, the Neuroscience Institute, with the possibility to bring all of these resources together," Tansey said.

GENE THERAPY BODES WELL FOR HEMOPHILIA PATIENTS



Ryan Hallock, foreground, is participating in a gene therapy trial for hemophilia B. **Dr. Spencer Sullivan**, background, who oversees the UMMC study site, says that the results are better than expected: no bleeds, no immune response and improved quality of life for Hallock and other patients.

In December 2015, UMMC treated the first person in the world for a new gene therapy clinical trial to treat hemophilia B. The results are promising.

"The patients have experienced no bleeds and an improved quality of life," said Dr. Spencer Sullivan, an assistant professor of pediatrics. "This therapy looks like the leading candidate for hemophilia B."

Sullivan presented early data from the first four subjects at the European Hematology Association's 21st Congress in Copenhagen, Denmark on June 11.

"What others at the conference were amazed by was the reproducible dose response," Sullivan said. After treatment, the subjects' FIX levels averaged around 30 percent. Forty percent is sufficient for a normal clotting response.

This hemophilia B gene therapy uses a viral vector. Like a benevolent Trojan horse, it starts with a

virus, but bioengineers remove the DNA inside, leaving the shell. The shell is filled with a FIX gene and a component that directs the vector to the liver. A patient receives trillions of these vectors through an IV. Once inside the liver, the Trojans come out of the horse: The genes use the cells to produce FIX protein to win the battle against hemophilia B.

Spark Therapeutics, a biotech company in Philadelphia, Pennsylvania, developed the vector, using a FIX gene with a unique property.

"This variant has five to 10 times more activity than the wild-type FIX," Sullivan said. "This means patients can receive a smaller dose of vector, which decreases the likelihood of an immune response."

This is the first gene therapy trial conducted at UMMC, said Dr. Richard Summers, associate vice chancellor for research.

"Since the early days of UMMC, our research efforts have been noted for innovative firsts," Summers said. "This ranks among those achievements by our research teams."

Sullivan, who has since left the faculty for private practice in the metro area, said the study is "proof of concept" of the possibility of curing genetic diseases.

LOOMING OBESITY ISSUE TARGETED BY MASSIVE AWARD

The Medical Center has received its largest single award ever to confront one of the state's largest health issues.

The five-year, \$19.9 million award from the National Institutes of Health will fund the Mississippi Center for Clinical and Translational Research (CCTR.) Supported by the NIH's Institutional Development Award (IDeA) program, the CCTR's mission will be the prevention, diagnosis and treatment of obesity and related health conditions.

To address obesity, UMMC scientists and health-care professionals need an approach that brings their research from the laboratory bench to the greater population.



Dr. James Wilson, professor of physiology and biophysics, is the lead investigator for an obesity research project funded by the NIH.

“Translational research takes basic science findings and uses them to develop interventions that will affect treatment options and public health,” said Dr. James Wilson, professor of physiology and biophysics and the project’s lead investigator.

“A significant mission of the program will be to train junior faculty into established investigators,” Wilson said.

That training will come through CCTR’s Professional Development Core, whose members will mentor junior faculty conducting obesity-related research. In addition, the Pilot Projects Program will fund promising projects while the researchers seek additional outside funding to sustain their activities.

UMMC has a reputation for strong basic research on cardiovascular function and disease, Wilson said. This provides a starting point for creating clinical applications.

“The timing of this magnificent grant couldn’t be better as it coincides with the development of our Translational Research Center and Clinical Research Unit in the University Hospital, facilities that will be crucial to our success in clinical and translational research,” said Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine.

“We look forward to putting these assets to work in the cause of discovering tomorrow’s treatments and cures,” Woodward said.

PROSTATE CANCER RATES ALARMING FOR BLACK MEN



Divya Shenoy, left, a third year medical student, and **Dr. Srinivasan Vijayakumar**, former Cancer Institute director, discuss research that will follow a recent paper recommending separate prostate screening guidelines for African-American men.

A higher percentage of African-American men die of prostate cancer than males of any race in

the nation – an alarming fact for both health-care providers and researchers.

That’s the impetus for a recommendation by a group of researchers that black men should have their own prostate screening guidelines.

“We know a higher percentage of African-American men die of prostate cancer, and they tend to have more aggressive forms of it at the time of initial diagnosis,” said Dr. Srinivasan Vijayakumar, professor and chair of radiation oncology.

Vijayakumar was an author on a paper published in *BioMed Central Urology* in May that concluded that, while prostate screening may lead to overtreatment in the overall group of men, black men should be screened with traditional and new genetic methods.

Divya Shenoy, an author on the paper and third-year medical student at UMMC, said it’s worthwhile “to invest in more tailored guidelines that are race-specific, as African-Americans have higher rates of morbidity and mortality due to prostate cancer.”

Prostate screening came under review because many believed too many men were overdiagnosed and overtreated, Vijayakumar said.

While the screening guidelines may be sensible for most U.S. men, the authors propose new guidelines be developed for African-American men.

REFINED FASD GUIDELINES FOSTER EARLY INTERVENTION

Dr. Omar Abdul-Rahman, professor of pediatrics, was part of the working group that developed new National Institutes of Health guidelines for diagnosing Fetal Alcohol Spectrum Disorders.

The research includes a new definition of prenatal alcohol exposure and guides to evaluating deformities and impairments.

What the team found was “fascinating,” said Abdul-Rahman. “Evidence of FASD has been seen across the world.”

In Mississippi, more than 450 babies are born each year with FASD, which can cause vision and hearing problems, heart and respiratory problems, facial deformities, low birth weight, learning disabilities and behavioral issues such as poor impulse control.

“I perceive FASD as a big problem because of the wide spectrum of presentation,” said Dr. Mobolaji Famuyide, associate professor in neonatology.

“The devastating effects are not always clearly evident in the newborn period and may be missed if maternal history is not explored.”

Said Dr. Renate Savich, professor of pediatrics and chief of the Division of Newborn Medicine at UMMC: “We know that the full blown Fetal Alcohol Syndrome is just the tip of the iceberg, and we are recognizing that other babies affected by maternal drinking will have other significant impairments.



Dr. Omar Abdul-Rahman, professor of pediatrics, tends to a young patient in the NICU.

“FASD is the largest preventable cause of neuro-developmental abnormalities in babies, infants and children, and there is no treatment available to fix this once it occurs.”

To risk FASD, alcohol use doesn’t have to be in the binge-drinking range, Abdul-Rahman said. “There is no known safe level of alcohol use during pregnancy.”

Knowing a child has FASD can be helpful in developing educational strategies. “Children with FASD tend to use more of their senses when learning – hearing and touching, and not just seeing.”

Said Dr. H. Eugene Hoyme, lead author on the research: “We’re hopeful that the improved specificity of these guidelines will help clinicians to assess FASD better, thereby leading to early intervention for affected children.”

SPARK STUDY ADDS FUEL TO AUTISM RESEARCH

Dr. Robert Annett, professor of pediatrics, is leading the UMMC study site for the SPARK (Simons Foundation Powering Autism Research for Knowledge) national genetic study of autism spectrum disorders.

“SPARK’s goal is to build a registry of genetic information from individuals with autism and

their families,” Annett said. “The results will be important for identifying the causes of autism and informing treatment-related studies in the future.”

UMMC is one of 21 institutions that will recruit a combined 50,000 participants and families to complete the largest study of ASD ever.

As a genome-wide association study, SPARK researchers will look for genetic markers that may contribute to ASD. By collecting DNA from parents and siblings as well, researchers can study if and how children may inherit ASD.

“This project is about families, not just ASD individuals,” Annett said. “It is important for these families to have a seat at the table so that an individual’s needs can be expressed.”



Fraiser Johnston enjoys soloing as his father **Brian Johnston** pushes his younger sister **Evie Jane**. The Johnston family, including mother **Laura Beth** and brother **Carter**, have announced their participation in the SPARK registry.

Edited by Karen Bascom



BIRD SONGS AND WHISPERS

Cochlear implants open up world of sound for adults, too **By Ruth Cummins**



Lindsey Edmondson of Union receives support from husband Brad as she transitions to life with a cochlear implant.

When pondering two of her life's biggest milestones, Lindsey Edmondson didn't waste time and didn't look back.

The first: She met her future husband, Brad Edmondson, in February 2003 when they were students at East Central Community College.

The second: Lindsey, who'd coped with progressive hearing loss since toddlerhood, was evaluated for a left-ear cochlear implant in May 2014 by Dr. Tom Eby, professor of otolaryngology and communicative sciences at the Medical Center. A whirlwind of tests later, she was able to fast-track the surgery to that July 25.

About a month later, Lindsey and Brad returned to the Medical Center and sat next to Dr. Vicki Gonzalez, chief of audiology and assistant professor of otolaryngology and communicative sciences, as Gonzalez pushed the keys on a computer that turned on the half dollar-sized implant for the first time.

Lindsey went from reading lips with her eyes to reading sounds with her brain.

At age 32, after years of muffled hearing at best, "I could hear the air blowing through the vent," Lindsey said.

"She said, 'Do y'all hear that?'" remembered Brad, 37, a Mississippi Highway Patrol trooper and National Guard member. "We spent three or four minutes trying to figure out what she was talking about."

Over the next few months, Lindsey – one of the Medical Center's 200-plus current adult cochlear implant patients – patiently trained herself to lean on the implant for sound, even when what she heard wasn't her idea of normal. At work as an X-ray technician, she wore her implant in addition to a hearing aid for her right ear.

"As soon as I got home, I forced myself to take out the hearing aid. Your brain needs to learn how to process the sounds," she said. "There were a lot of frustrating moments. But, it finally clicked."

As the hearing in her left ear grew from just 7 percent speech understanding to 91 percent today, she heard birds chirping. Her husband driving up in his truck. "Plucking my eyebrows. I can actually hear the clicking," Lindsey said.

She could hear their two children whisper.

Lindsey's parents didn't know she was losing her hearing until she was 3. "A friend asked them: 'Doesn't she pay attention?' My parents thought I was just hard-headed," she said.

"They didn't want me to learn sign language. They wanted me to read lips." And her parents wondered – correctly – if Lindsey's deafness was re-

lated to that suffered by her grandfather, who despite his disability was a successful teacher and coach.

Lindsey excelled, too, reading lips to make up for her limited hearing and refusing to let it define her. It was her disability that, ironically, enamored her to the man who believes she has no limits.

It all began 14 years ago when Lindsey's best friend got Brad to agree to go to Bible study. "She said she was bringing friends," he said of Lindsey's friend. "The first person to get out of the car was Lindsey. It was one of those movie moments. I was scared to death that she was in a relationship with someone else."

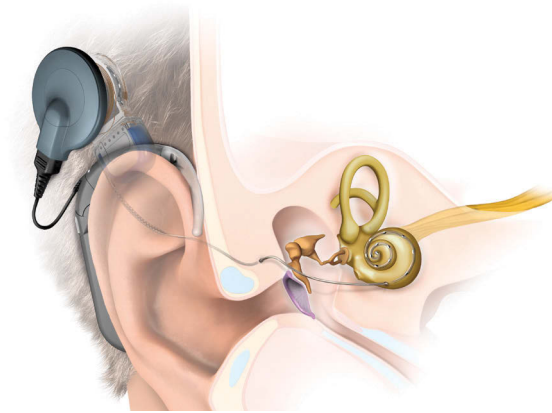
Soon, she was in a relationship with him. They went on a horseback-riding date in March, got engaged in May, and tied the knot in August.

At age 30, after the birth of her two children, Lindsey and Brad were living in Columbus due to his job in the National Guard. "I met a patient in his 50s who had [a cochlear implant]," she said. "This man said he'd had one for six months, and he didn't know how he'd made it without it."

The big difference between cochlear implants in adults and very young children is that adult candidates are longtime hearing aid users, Eby said. "They've experienced living with hearing loss. The usual story is that, over time, the hearing gets worse and hearing aids are no longer useful.

"Hearing aids help to a point, but there's a cutoff we use for whether hearing aids, or an implant, is the better option. If you can understand 50 percent of words with a hearing aid, you're better off with that. But if it's less, that's not the best option."

Lindsey's grandfather had also received a cochlear implant, in 1987, when the device was



A cochlear implant system consists of two parts, the external sound processor that is worn behind the ear, and the internal implant, which is surgically placed.

in its infancy. Lindsey had taken note of that as well, giving it some thought as she grew into an adult.

Which all led to Lindsey's appointment with Eby in 2014. "Dr. Eby said I looked like a good candidate, but he needed to follow it through with tests," Lindsey said. "I said, 'Can we get them all done today?'" She did – a hearing evaluation, CT scan and full audiology workup.

The ear getting the implant generally loses any hearing it previously had. "You're terrified, because you could lose it all. When Lindsey decided to commit, she did it all the way," said Gonzalez.

An external device that hooks behind Lindsey's ear, much like a hearing aid, is the processor. A wire attached to a magnet aligns the internal device with the external device. "That's what makes it work," Eby said.

Gonzalez explains to patients that when she activates their implant they won't immediately have perfect hearing, "but it will become more and more natural with time."

And so it's been with Lindsey. "It's so much clearer," she said. "When I don't have my cochlear implant on and just my hearing aid on, I can hardly hear anything."

Insurance often covers a good bit, but the procedure and post-op rehabilitation cost upward of \$40,000. Fifty percent of those receiving one implant go on to have the second. That's Lindsey's plan. She understands about 47 percent of speech in her right ear.

There's a perception, Gonzalez said, that cochlear implants are just for kids. Social media is getting out the word, as are patients telling their own stories. "All of a sudden, we have an influx of 20- to 30-year-olds," Gonzalez said.

Throughout his wife's journey, Brad has been by her side, even if only in spirit. "We were married for seven years before I had six consecutive months at home," he said. "She treated her hearing loss like it was nothing."

Now, for her, the world is a "noisy place," Lindsey said. "I've been frustrated sometimes because there's a lot of sound in a big crowd. But I'm just glad I can hear it.

"I want to experience this 100 percent of the time." **M**

"The world is a noisy place... But I'm just glad I can hear it."

-Lindsey Edmondson



WINNING MORE HEARTS

Life-saving VAD program widens pool of patients **By Ruth Cummins**



Dr. Anthony Panos, right, chats with his patient, **Jonathan Battle**, who has benefited from LVAD surgery.

Since March 23, Jonathan Battle has been a different man. The difference-maker is slung across his shoulder, a satchel-type bag that contains a power pack and a backpack that charges his left ventricular assist device, or LVAD. Before this addition, said Battle, who's in his mid-50s, "I felt like I was in misery. I didn't have any energy to do anything." Implanted in his chest at UMMC, the LVAD pumps blood to take over the work from his weakened and damaged heart. UMMC is the sole medical facility in the state to offer patients ventricular assist devices. Before University Heart recently earned The Joint Commission's Gold Seal of Approval for disease-specific certification of its ventricular assist device program, only patients who were candidates for transplants could receive the implant. The Joint Commission designation means the pool of potential patients who could benefit from VAD therapy

is broadened. That includes what's known as LVAD "destination therapy," an alternative for end-stage heart failure patients who aren't candidates for heart transplantation. Until he gets in shape for a transplant, Battle is walking that path. Dr. Anthony Panos, professor of cardiothoracic surgery, implanted Battle's LVAD. "It's a great treatment, and we're in a unique position to help many people," he said. VAD therapy provides long-term cardiac support for patients whose hearts are too damaged or diseased to provide adequate circulation to the body's tissues. VAD therapy, heart transplant, and heart valve services are part of the mission of University Heart, a diagnostic and treatment facility on the UMMC campus that offers patients a full scope of heart care services under one roof. Because Mississippi has high rates of obesity, hypertension



and heart disease, Panos said, the need for such therapy is great. "Heart failure is the final common condition patients have with many forms of heart disease," he said. The LVAD doesn't replace the heart, but it helps relieve symptoms such as constant fatigue or shortness of breath. It maintains or improves other organ function, and it bet-

ter allows the patient to exercise and take part in cardiac rehabilitation. LVAD therapy can extend a patient's life for five years or more, Panos said, and the technology continues to evolve and improve. "There are new devices in development, and as they come online, we will offer them here." **M**

CELLS PITCH

Electrical fields deliver a jolt to brain cancer **By Cynthia Wall**

Clinicians at UMMC are harvesting tiny electrical fields to zap a type of brain cancer that primarily strikes adults. Dr. Mark Anderson, assistant professor of neurology specializing in neuro-oncology, said the Optune device, designed and distributed by Novocure, delivers a steady stream of low-intensity electric fields that seems to slow or stop glioblastoma cancer cells from multiplying and may cause them to die. "This electrical field disrupts the cell's ability to divide," said Anderson, who works with adult patients and is the only physician in Mississippi certified to prescribe Optune. So far it's worked in multiple brain cancer patients nationwide, shrinking the tumor and destroying the cancer cells. At the same time, it avoids harming healthy cells that need to grow and divide to survive.



Ben Newman wears the Optune device while working at his family's store in Brookhaven.

Ben Newman of Wesson has used the device since March 1, 2015. "This tumor definitely has not grown and the doctor is saying a lot of what he's looking at is scar tissue," said Newman, who was diagnosed in March 2014. Patients using the device receive standard therapy for the tumors that may include surgery, radiation therapy and chemotherapy. Brain tumors often are hard to completely remove, so Optune comes into play after patients have completed radiation therapy. Optune uses an array of small electrical cells that patients attach to their head. Wires are routed to the back and trail down their neck to a battery pack the patient can wear as a backpack, increasing their mobility. Newman was among the first patients for whom Anderson prescribed Optune. For those with recurrent glioblastoma, the therapy seems to work as well as chemotherapy, with fewer side effects.

"At two years, survival for newly diagnosed patients went from 32 percent to 48 percent," Anderson said. "That's where it has its greatest benefit. Getting started early in treatment seems to keep the tumor from coming back. Once the tumor grows back, it seems to develop a resistance to chemotherapy." It's in clinical trials to see if it also will work on other cancers that have metastasized to the brain, Anderson said. The parent company, Novocure, also is testing it in hopes of offering clinical trials on lung, pancreatic, ovarian and breast cancer. "We're on the forefront of using it in treatment," Anderson said. "This is likely to be used for brain (metastasis) in the future. I'm trying to get most of my patients started on it now." **M**



MUSCLES TO SPARE

Surgery rebuilds breasts with abdominal tissue **By Cynthia Wall**

Artoria Woodson of Fayette was a perfect candidate for a breast reconstruction technique offered at UMMC.

After undergoing a prophylactic bilateral mastectomy, she was able to avail herself of the procedure that uses fat, skin and blood vessels from a woman's abdomen to reconstruct her breasts.

"I knew I didn't want implants. Your body may reject it," she said. "I'd rather use my own tissue instead of something foreign."

An athlete and mother of three, Woodson also knew she wanted to spare muscle if she could.

She settled on a flap procedure called DIEP, for deep inferior epigastric perforator artery. Surgeons move fat, skin and blood vessels from the abdomen to rebuild the breasts.

Using microsurgical techniques, they must reattach the blood vessels so the tissue will survive. Since no muscle is involved, most women recover more quickly and have a higher probability of maintaining abdominal strength.

Several breast reconstruction techniques move muscle from a woman's abdomen or back to aid in reconstruction. Reattaching blood vessels is easier.

Woodson's decision to trust her surgery to Dr. Benjamin



Artoria Woodson, left, trusted her surgery to breast surgeon **Dr. Shawn McKinney**, right, and **Dr. Benjamin McIntyre**, a plastic surgeon.

McIntyre, a fellowship-trained plastic surgeon, and Dr. Shawn McKinney, a fellowship-trained breast surgeon, was based on a feeling. Both are members of the UMMC Cancer Institute breast services care team.

Genetic testing had shown she had a strong chance of developing breast and ovarian cancer.

Later, Woodson said, she probably will have her ovaries removed too.

The breast flap reconstruction she chose is not rare but is harder to do, McIntyre said. Sparing the muscle means more abdominal strength for the patient down the road.

"This is a surgery for the medically fit," McIntyre said. Sometimes, as in Woodson's case, it all can be done in one day.

The all-in-one day surgery especially suits women like Woodson who

have it to prevent cancer. McIntyre said women who have an aggressive breast cancer and who need radiation therapy may choose to have a mastectomy and reconstruction separately.

After their initial recovery, few women have problems with DIEP flaps, he said.

Women who choose to have implants will need to see their surgeon every 12 to 18 months. Those who choose DIEP may go years between visits. **M**

More information is available about the DIEP procedure at www.breastcancer.org/treatment/surgery/reconstruction/types/autologous/diep.

PSYCHIATRY FOR THE UNSERVED

Homeless turn to POP for free mental health services **By Gary Pettus**

In just three months' time, demand tripled for the free services of a new mental health program offered to those who have no insurance or have no home.

When the Psychiatry Outreach Program (POP) opened its doors on July 23, three or four people showed up at the

Jackson Free Clinic on a Saturday afternoon complaining of depression, anxiety, insomnia or some other concern that might have remained untreated.

Three months later, on October 15, the number was 11; that's how many homeless or uninsured Jackson-area res-

idents had signed up for appointments with the staff of volunteers led by attending physician Dr. Chasity Torrence, assistant professor of psychiatry in the Department of Psychiatry and Human Behavior.

"They're fighting for a place to be seen," she said.

It's because of this struggle – magnified by the state's recent cuts to mental health programs – that Torrence developed POP with psychiatry residents Dr. Charles Richardson and Dr. Matthew Walker.

Eventually, POP's volunteers would like to take the services to the streets of Jackson: "We want to go to the patients, not make them all come to the clinic," said Richardson, a fourth-year resident.

"Maybe one day a week we could offer 'street psychiatry' – that's kind of the working name."

For now, patients make appointments at the student-run Jackson Free Clinic next to the Humble Church of God in Christ on Martin Luther King Jr. Drive in west Jackson; the clinic, with its staff of medical students supervised by physicians, provides free, non-emergency care to adults, ages 18 to 65, who can't pay.

Since July, the clinic's volunteers have been working with the staff of POP to sponsor "mental health day," reserving two exam rooms for the new psychiatry program, whose volunteers also include Dr. Jon Jackson, assistant professor of psychiatry, and fourth-year medical students Jonathan Baker and Yolonda Ross.

Most people seeking mental health services from POP are referrals from the regular medical staff of the Jackson Free Clinic, which is open every Saturday. POP is available on the third Saturday of each month, from around noon until 4 p.m.

With those limited hours, coupled with growing demand, POP's staff is seeking to work with other free programs, such as Mission First and We Will Go Ministries to reach more people.

At stake is the well-being and quality of life, not only for the homeless, but also for Jackson-area residents like Linda Poarch of Flora.

"I'm ready to get off this walker and on with my life," said Poarch, one of the patients who showed up in October. She is suffering from insomnia and a depressed mood linked to pain that wracks her left side and back, and her leg from the knee down, she said.

"I can't afford insurance," she said. "I wouldn't be able to go anywhere else except the emergency room. They've helped me a lot here."

Two days after Poarch visited the clinic, researchers at a Las Vegas conference reported that patients who bring their mental health issues to the emergency room are more likely to be uninsured, compared to other patients.

Presented at the annual meeting of the American College of



Linda Poarch, left, is questioned by **Dr. Charles "Chaz" Richardson**, right, and fourth-year medical student **Jonathan Baker** about her difficulties in managing insomnia-inducing pain.

Emergency Physicians, the report also noted that emergency psychiatric patients, compared with patients with physical problems: rely more on the ER for treatment; are more often admitted to the hospital from the ER; are kept in the ER longer; and, because of weaknesses in the mental health care system, cannot be sent home after just one or two days.

This all adds up to greater costs for health care. As for homeless patients, emergency departments are not prepared to handle their mental health needs. At UMMC, a homeless person spends about three nights per visit in the hospital, costing up to \$9,000.

"If the patients could come meet us here at the free clinic, we could ease the burden on emergency rooms and the clinics," said Torrence, who is also a staff psychiatrist at Mississippi State Hospital.

"So we hope to show, eventually, that this can affect the bottom line."

When psychiatric patients show up at UMMC's ER, many have been kicked out of group homes and are looking for shelter, Torrence said. Many don't have their medications, which can lead to illegal drug use.

"Among all homeless people, two-thirds have a drug addiction, and one-third have a mental illness," she said.

All of POP's services are free. Patients must cover their own prescription drug costs.

The staff hopes to expand the scope of POP, making it part of the psychiatry residency program and using it to strengthen the department's presence for the community's mental health patients who are not being served. **M**

THIGPEN HELPED FUEL CANCER CARE'S GREAT AWAKENING



For decades, **Dr. Tate Thigpen** has improved the quality of life for cancer patients throughout Mississippi.

By Cynthia Wall

For more than 43 years, Dr. James T. “Tate” Thigpen has helped UMMC’s cancer programs grow from a seedling in 1973 to an orchard in 2016, the year he chose for retirement.

But John Blessing calls the Picayune native’s retirement as professor and director of the Division of Hematology/Oncology a misnomer.

“He is more in demand as a speaker than anybody I know,” said Blessing, executive director of the NRG Oncology Statistical and Data Center at Roswell Park Cancer Institute in Buffalo, New York.

“I doubt that will go away.”

Neither will his legacy: Throughout his career, Thigpen has improved the lives of cancer patients across Mississippi.

Much of the Thigpen’s work has been fueled on two cups per day of Starbucks coffee, always cinnamon dolce latte. Bonita Herring, supervisor of business operations for the division, who also announced her retirement, admits she brings him one most mornings on her way to work.

The joke even extended to the class he teaches at First

Baptist Church. His son, Dr. Calvin Thigpen, said the class bought him one share of Starbucks stock and had it framed with a note that now he can walk in like he owns the place.

“Now, when he goes for coffee, he says he’s just checking on his business,” Calvin Thigpen said.

The coffee-lover’s attention to business has stimulated cancer services inside the Medical Center and beyond. When he came on staff, UMMC had five infusion therapy chairs for cancer outpatient treatment. Today it has 35.

The dawn of Thigpen’s impact was in 1973, when he joined Dr. Francis Morrison, the person he credits with starting UMMC’s cancer program.

“We were a very small operation until the 1990s, when we started to expand our faculty,” Thigpen said.

Another mentor, Dr. Richard C. Boronow, came when Thigpen was a fourth-year medical student. “He got me involved in the GOG (Gynecologic Oncology Group),” Thigpen said. “Boronow dragged me kicking and screaming to the GOG in 1975.”

Once there, Thigpen found himself, by default, heading the

Protocol Committee, the group that decides which research studies will be funded. He was 32.

At a “far too young age,” he said, he was charged with finding promising studies and clinical trials. Through a plan devised by him and his committee, the GOG essentially established the current standards of care in gynecologic oncology.

In Mississippi, Thigpen also was focused on training the people who could deliver cancer therapies. “We’ve gone from a situation where there was very little cancer care to a situation where most people can get very good cancer care anywhere in the state,” he said.

Dr. David Morris, hematologist/oncologist at Hattiesburg Clinic and president of the Mississippi Society of Oncology, said he once saw the breadth of Thigpen’s work acknowledged at an international gynecologic oncology conference in New York.

“A faculty member from Sloan Kettering pointed Tate out to his fellows and informed them, ‘Dr. Thigpen is the most influential man in gynecologic oncology,’” Morris said.

For the past three years, Morris and the MSO have joined with UMMC to help fulfill another dream of Thigpen’s: a conference at which Mississippi cancer caregivers can learn about the latest research presented at the American Society of Clinical Oncology annual meeting.

Is Thigpen proud of his accomplishments? “No, it should have been a lot more,” he said. “I am proud of the growing fellowship program that supports the state with well-trained oncologists taking care of patients.”

And, he said he’s proud of work done by colleagues in the NCI-affiliated Gynecologic Oncology Group.

As head of the GOG Protocol Committee, he led efforts to fund research and clinical trials. When the National Cancer Institute merged groups in 2014, he was named one of the deputy chairs of NRG Oncology, one of four adult cancer clinical trials groups funded by the NCI.

“I don’t think anybody has had a bigger influence in gynecologic cancer research than he has in his leadership role and the way he could mobilize people around him to do it,” Blessing said.

Still, Thigpen’s humor has become as important to his friends as his work ethic and character.

Blessing describes a constant competition for points between the two over anything: video games, online games, board games; and, if they’re sick, who is sicker.

The competitiveness extends to his clinics, Calvin Thigpen said. “Most patients see this as a battle. He’s a perfect fit for that. He’s always liked seeing what he can do, especially against the odds.”

Thigpen brought hope to thousands of families facing a gynecologic cancer diagnosis, said Dr. Srinivasan Vijayakumar, chair of the Department of Radiation Oncology and former Cancer Institute director.

“He’s touched so many lives here, both patients and young doctors. That doesn’t compare to the number of lives he and others in the GOG and NRG saved through the research they identified and funded.

“Even though we’re losing him as director of Hematology/Oncology, his influence will long be felt in Mississippi.

“His contribution to reducing deaths from cancer is incalculable. We owe him a great debt for that work and the passion that drove it.” **M**

Thigpen, right, shows off an autographed football presented to him during his Nov. 30 retirement reception by **Dr. Dan Jones**, left, interim chair of medicine. The football was signed by **Hugh Freeze**, Ole Miss’ head football coach, who wrote, “Dr. Thigpen – congrats on retirement! Go Rebs!”



ON BALANCE, YOUNGBLOOD IS RIGHT FOR NEW CEO ROLE



Liz Youngblood is the new chief executive officer for UMMC's three adult hospitals and the adult metro area outpatient clinics.

By Ruth Cummins

In her life on the job and at home, Liz Youngblood strives for balance.

She's applying that outlook to her new position as chief executive officer of the three adult hospitals and the metro-area adult outpatient clinics of UMMC.

"I'm definitely in learning mode," said Youngblood, who began work Sept. 19. She knows, however, her areas of focus: patient quality and safety, employee and patient engagement, and business and service development.

"It's a balance," she said of those priorities. "All work hand-in-hand in supporting our overall mission of improving the health of those we serve through high-quality health care, research and education."

A veteran senior-level health-care executive, Youngblood previously worked in multiple system and hospital roles since 2004 at Baylor Scott and White Health in Dallas, formerly

Baylor Health Care System.

For the past three years, she served as vice president of operations and administration for Baylor University Medical Center. There, she had operational and budgetary responsibility for core departments and services at the 1,079-bed not-for-profit teaching hospital and Level 1 trauma center and served as vice president of the digestive disease and neuroscience service lines for the North Texas Division of Baylor Scott and White Health.

In that role, she created operational improvement cost savings of more than \$17 million while adding services and programs to expand key service lines.

From 2010 until 2014, she was president of Baylor Specialty Health Centers, which included a 68-bed, long-term acute-care hospital and a 58-bed, acute-care pediatric specialty hospital with 12 outpatient clinics, in addition to serv-

ing as the North Texas Division vice president of patient care support services.

A registered nurse, she received her diploma of nursing from Ona M. Wilcox School of Nursing in Middletown, Connecticut, and a bachelor's degree in general studies from West Texas A&M University.

"I started my career in direct patient care," Youngblood said. "I really enjoyed that, and it gave me the foundation for what I do now. I bring a clinician's perspective, and you need different perspectives around the table."

She is a graduate of the Executive MBA Program at Southern Methodist University in Dallas and is a Fellow in the American College of Healthcare Executives.

What brought her to the Medical Center, Youngblood said, is the chance to make a difference. That includes supporting the "critical" work of Chief Medical Officer Dr. Michael Henderson as he shepherds the organization's quality care and performance improvement.

Youngblood said that when she interviewed here, "everyone had the same goals and vision: to improve the lives of the people we serve across the state of Mississippi through health care, education and research."

Youngblood's "nursing background, rich administrative leadership experience, and strong record of achievement in a large, respected health system have prepared her well for her role here to address challenges of our rapidly changing

health-care environment," said Dr. Charles O'Mara, associate vice chancellor for clinical affairs.

"She is personable, quick to smile, driven to achieve, and easy to work with, traits that convey confidence and credibility and make it clear that she loves what she does in health care."

Kevin Cook, health system chief executive officer, praised her "talent and experience."


"Her track record of operational success will help UMMC continue its journey toward becoming a nationally recognized academic medical center," Cook said.

A native of Tampa, Youngblood takes moving to a new job in stride. As a child, her father's job took her to Florida, Arizona, Oregon, Washington, California and Connecticut.

She and her husband Troy live in the Flora countryside with their German Shepherd Maggie, who delights in barking at the deer who creep onto their land. "We didn't realize how much of a city dog we had," Youngblood said with a laugh.

"I didn't know a lot about this area and didn't realize what a great place this is to live, and how wonderful the people are. I don't think people realize how great of a place this really is."

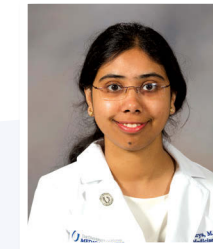
The Medical Center, she said, is where she wants to be as a way to be part of the solution for Mississippi's health-care challenges.

"You can't work on everything at once, but what's most important is that we are all working on the same things together." 

■ To read about all new faculty at UMMC, visit: www.umm.edu/news_and_publications/ecvnewfaculty.aspx

[medical center welcomes new faculty]

DR. PRAKRATI ACHARYA, a recent clinical fellow in medicine at Mount Auburn Hospital, Harvard Medical School, Cambridge, Massachusetts, has joined the Medical Center faculty as an assistant professor of medicine.



Acharya

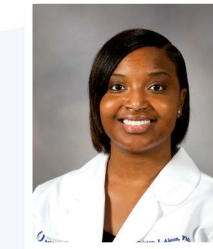
After receiving her MBBS from J. N. Medical College, Aligarh, Uttar Pradesh, India, in 2012, Acharya began her internal medicine residency at Mount Auburn Hospital, a teaching

hospital of Harvard Medical School.

While there, her research interests included understanding patients' perspective on hospital readmission. She also actively participated in novel drug discovery projects in multiple myeloma and Waldenstrom's macroglobulinemia at the Dana Farber Cancer Institute, Boston.

Acharya has a patent on the composition and manufacturing processes of a toxicity-free botanical drug for treatment of chronic diseases.

DR. KRISTEN J. ALSTON, a recent postdoctoral fellow in clinical health psychology in the Department of Family Medicine, has joined the Medical Center faculty as an assistant professor of family medicine.



Alston

After her clinical psychology internship at the Henry Ford Health Sciences Center, Detroit, Michigan, she earned her Ph.D. with specialization in health psychology at East Carolina University in 2015 and began

her postdoctoral fellowship at UMMC that year.

Her clinical interests include working with residents, physicians and other health-care providers, delivering direct consultative services and providing behavioral health clinical services to patients with comorbid behavioral concerns and acute/chronic health conditions.

Among her research interests are treatment adherence among pediatric sickle cell disease patients and chronic disease management in underserved patient populations.

DR. THOMAS D. AMANKONAH, former medical director of liver transplantation/hepatology at Loma Linda University Medical Center in California and medical volunteer in gastroenterology and hepatology in Ghana, has joined the Medical Center faculty as an associate professor of medicine.



Amankonah

Amankonah earned his Diploma of a Physician Degree at the Medical Academy of Gdansk, Poland, in 1986. He completed an internship in internal medicine at Provincial Hospital, Konin, Poland, before immigrating to the United States.

He was a postdoctoral research fellow in pediatrics research at the National Jewish Center for Immunology and Respiratory Medicine in Denver, Colorado. After completing an internship in internal medicine at Meharry Medical College, Nashville, Tennessee, he did his residency and gastroenterology fellowship at University Hospital, Philadelphia, Pennsylvania.

He completed his fellowships in gastroenterology and in hepatology and liver transplantation at Cedars-Sinai Medical Center, Los Angeles, California, in 2000.

Amankonah was an attending hepatologist/gastroenterologist for the Kaiser Permanente Medical Group, Hayward, California before joining the medical faculty at the UC Davis Health System in Sacramento, California, where he served as an associate health sciences clinical professor until 2010.

Afterward, he played a major role in helping to establish the liver transplant program at Swedish Medical Center in Seattle and became the program's first medical director. In 2012, Amankonah joined the faculty of the Transplantation Institute at Loma Linda.

His research interests include viral hepatitis (hepatitis B and C) and hepatocellular carcinoma.

DR. TARIF BAKDASH, an associate professor of pediatric neurology and director of the Movement Disorders Clinic at the Children's Hospital of Wisconsin, Milwaukee, has joined the Medical Center faculty as an associate professor of pediatrics to help build a pediatric movement disorders clinic to serve the children of Mississippi.



Bakdash

After receiving his medical degree from Damascus University, Syria, Bakdash had a pediatric residency at Henry Ford Hospital, Detroit; a child neurology fellowship at the Baylor College of Medicine, Houston, Texas; an epilepsy fellowship at the Cleveland Clinic Foundation, Ohio; a movement disorders fellowship at Rush St. Luke's University, Chicago; and a neurophysiology and sleep disorders fellowship at Harvard Medical School, Boston. In 1998, he joined the faculty of Case Western Reserve University, Cleveland, Ohio, as an assistant professor of pediatric neurology and epilepsy. In 2002, he

became director of the American Pediatric Neurology Clinic in Damascus and joined Damascus University the following year to direct its Bioethics Program.

During that time, he became the academic coordinator at the World Health Organization. In 2009, Bakdash became the first secretary general for the disabled in Syria. In 2010, he moved to Billings, Montana, and became that state's only child neurologist, serving at St. Vincent's Hospital.

He has served as medical director of pediatric neurology at Mercy Hospital, Springfield, Missouri, and on the staff of the Children's Hospital of Wisconsin. He is in the last year of the Master's of Education in the Health Professions Program at Johns Hopkins.

Bakdash is committed to building a community-based rehabilitation program to aid millions of Syrians with disabilities. He is the author of the book "Inside Syria, a Physician's Memoir."

DR. ADAM CLARK BYRD, a recent internal medicine and dermatology resident at the University of Minnesota, Minneapolis, has joined the Medical Center faculty as an assistant professor of dermatology.



Byrd

A native of Louisville, Byrd served as a cavalry officer in the Second Armored Cavalry Regiment at Fort Polk, Louisiana and was awarded for valor for his service in Operation Iraqi Freedom.

While serving as an officer in the Medical Service Corps Branch of the Mississippi Army National Guard in Jackson, Byrd earned his M.D. at the university in 2011. He then began his residency training in Minneapolis while serving as a major in the Medical Corps Branch of the Minnesota Army National Guard in Cottage Grove.

The recipient of various military honors, including Army Commendation Medals and Army Achievement Awards, Byrd is an active member of several professional organizations.

He continues to serve as a field surgeon in the Mississippi Army National Guard.

DR. JOSE LUCAR, a recent infectious diseases fellow at George Washington University, Washington, D.C., has joined the Medical Center faculty as an assistant professor of medicine.



Lucar

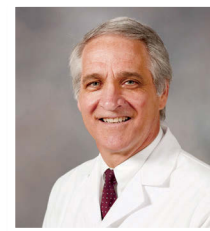
After receiving his medical degree from the Universidad Peruana Cayetano Heredia, Lima, Peru, Lucar worked in the Alexander von Humboldt Tropical Medicine Institute and had advanced training in infectious and tropical diseases control in a program sponsored by the University of Alabama at Birmingham.

He performed pre-residency house staff work at the British American Hospital in Peru. Lucar did his internal medicine residency at the Georgetown University Hospital/Washington Hospital Center Program, Washington, D.C., before beginning his infectious diseases fellowship.

Lucar is the lead investigator of an NIH-funded project describing sexually transmitted infections among a large cohort of HIV-infected individuals receiving care in the District of Columbia.

He will be developing the bone and joint infectious disease service at UMMC.

DR. PHILIP T. MERIDETH, a former clinical associate professor in the UMMC Department of Psychiatry and recently a physician advisor for Beacon Health Options of Boston, has joined the Medical Center faculty as a professor of psychiatry.



Merideth

Merideth earned his M.D. at UMMC, where he then undertook two years of a pathology residency. He completed the J.D., cum laude, at the University of Mississippi School of Law in 1991, then returned to UMMC for a psychiatry residency.

Merideth became chief resident in the Yale University Department of Psychiatry, Yale-New Haven Partial Hospital, New Haven, Connecticut, in 1994 and was a child/adolescent psychiatry fellow at the Yale Child Study Center. He then had a forensic psychiatry fellowship at Case Western Reserve University, Cleveland, Ohio.

In private practice as a forensic psychiatrist in Jackson since 1998, Merideth has served Mississippi State Hospital as a staff psychiatrist, a child/adolescent psychiatry consultant and a quality assurance coordinator.

He also has provided psychiatric services as a consultant at the Region 8 Mental Health Center and as chief medical officer at Brentwood Behavioral Healthcare of Mississippi. He has had teaching experience at Memphis State University, the University of Mississippi School of Law and the Mississippi College School of Law.

He was a visiting professor at the Francisco Marroquin University Schools of Law and Psychology in Guatemala in 2004 and 2006.

Merideth has served as a flight surgeon in the Mississippi Army National Guard.

At UMMC, Merideth is the director of the Division of Child Psychiatry and co-director of the new Student Counseling and Wellness Center.

DR. RENJITHKUMAR KALIKKOT THEKKEVEEDU has joined the Medical Center faculty as an assistant professor of pediatrics in the Division of Neonatal Perinatal Medicine. After receiving his medical degree from Kozhikode Medical College, Calicut University, India, he had pediatric residency training at Trivandrum Medical College, Kerala University, Trivandrum, India, and at the Children's Hospital of New Jersey at Newark Beth Israel Medical Center.



Thekkeveedu

He completed his neonatal-perinatal medicine fellowship at the Baylor College of Medicine/Texas Children's Hospital, Houston.

His research interests are related to hyperoxic lung injury, cystic periventricular leukomalacia in low-birthweight infants and *saccharomyces boulardii* – a strain of yeast – in acute diarrhea.

DR. KEMAL TOPALOGLU, professor of pediatrics and chief of the Division of Pediatric Endocrinology at the Cukurova University Faculty of Medicine, Adana, Turkey, has joined the Medical Center faculty as an associate professor of pediatrics in the Division of Pediatric Endocrinology and as an associate professor of neurobiology and anatomical sciences.



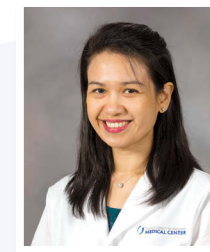
Topaloglu

After receiving his medical training at Cukurova University, Faculty of Medicine, Topaloglu had a residency in pediatrics at the Istanbul Zeynep Kamil Children's Hospital in Turkey, a fellowship in pediatric endocrinology at Loyola University of Chicago and a fellowship in human molecular genetics at the Mount Sinai School of Medicine, New York.

He joined the faculty at Mersin University, Turkey, in 1999 as an assistant professor of pediatrics before moving to Cukurova University two years later. At Cukurova University, he became a professor of pediatrics. He also had a one-year sabbatical at the Oregon Health and Science University, Beaverton.

His various research projects have received funding of more than \$500,000 collectively.

DR. JENNIFER MAY M. VILLACORTA, an assistant professor of physical medicine and rehabilitation at Wayne State University, Detroit, has joined the Medical Center faculty as an assistant professor of neurosurgery.



Villacorta

She is the admitting physician for spinal cord injury services at Mississippi Methodist Rehabilitation Center.

She earned her M.D. from the University of the Philippines, and completed her physical medicine and rehabilitation residency training at the University of Arkansas for Medical Sciences and a spinal cord injury medicine clinical fellowship at the University of Texas Health Science Center, Houston.

She joined the Wayne State University faculty and served as medical director for SCI outpatient services at the Rehabilitation Institute of Michigan, Detroit.

Her interests are in the comprehensive management of spinal cord injury patients, including neurogenic bowel and bladder management, wound care management, spasticity, respiratory and osteoporosis.

PALABINDALA PICKED AS A TOP 10 HOSPITALIST



Palabindala

Dr. Raman Palabindala, an assistant professor of medicine, is among the Top Hospitalists for 2016, one of 10 physicians chosen from dozens of nominations nationwide by the editorial board of the publication of the American College of Physicians.

At age 35, he's one of the youngest honorees in the program.

Palabindala is the Medical Center's lead hospitalist, a physician who exclusively cares for adult inpatients, whether they've recently had surgery, come through the Emergency Department, or were admitted for other reasons. "We are the one and only attending-based service for the entire hospital, unlike other services that have

residents and fellows," said Palabindala, who came to the Medical Center in December 2015. "We don't have a clinic outside the hospital."

He was nominated by his colleagues at Southeast Alabama Medical Center in Dothan, where he joined the staff in 2012 as a hospitalist in the Department of Internal Medicine. He served on the department's clinical teaching staff at the Alabama College of Osteopathic Medicine, and in 2015, he took on additional duties at SAMC as a home health director and clerkship director.

He is a graduate of the Kamineni Institute of Medical Sciences in Narketpally, India. Palabindala completed residency training in internal medicine at the Greater Baltimore Medical Center, serving as chief medical resident from 2011-12.

BATSON, ESPINOZA TAPPED FOR AAMC SCHOLARSHIPS

Dr. Shuntaye D. Batson, assistant professor of surgery, and Dr. Ingrid Espinoza, assistant professor of preventive medicine, were awarded scholarships to attend the Minority Faculty Professional Development Seminar hosted by the Association of American Medical Colleges in September.

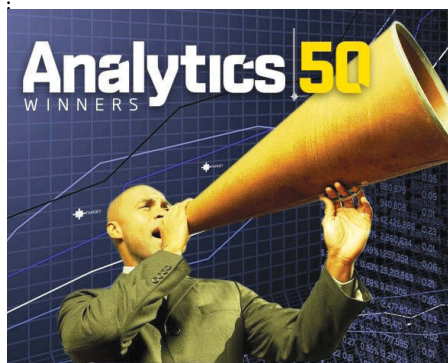
The Office of Faculty Affairs sponsors up to two faculty annually to attend the seminar. The recipients are selected from among those nominated by department chairs and school deans every spring.

For more information about the scholarships and how to receive consideration, call Vickie Skinner at 601-815-0135, or email her at vskinner@umc.edu.



Batson, left, and Espinoza

INNOVATION SAVVY YIELDS UMMC NATIONAL RANKING



The Medical Center has been named one of the top 50 institutions in the nation for innovative use of analytics to drive innovation.

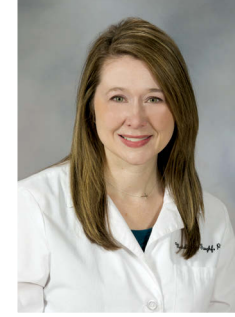
The ranking is produced by Drexel University and CIO.com. The awards program honors 50 executives who are using analytics at their organizations to solve business challenges.

By identifying these 50 leaders, Drexel and CIO.com hope to share best practices while recognizing innovation in analytics.

UMMC and Dr. John Showalter, associate professor of medicine and the Medical Center's chief health information officer, were nominated for the honor.

The Analytics 50 represents a broad spectrum of industries, ranging from pharmaceuticals and health care to sports and media.

GAUGHF REAPS 2016 PSYCHOLOGY FELLOWSHIP



Gaughf

Gaughf coordinates and provides academic consulting services to UMMC students and residents, including skill development necessary for academic achievement and professional development. She also manages the UMMC peer tutoring service, the UMMC writing support service and the academic accommodations process for the institution.

Gaughf received her Ph.D. in counseling psychology from the University of Southern Mississippi. She completed the Doctoral Residency Program

The Mississippi Psychological Association has selected Dr. Natalie W. Gaughf, associate professor of family medicine in the School of Medicine, as its 2016 Fellow.

She received the honor at the annual MPA convention Sept. 16.

Director of the Office of Academic Support,

at the VA Gulf Coast Veterans Health Care System and the Health Psychology Postdoctoral Fellowship in Primary Care in the Department of Family Medicine at UMMC.

Licensed as a psychologist in the state of Mississippi, Gaughf is recognized as a health services provider for the National Register of Health Service Providers in Psychology and is board-certified in clinical health psychology by the American Board of Professional Psychology.

She is a member of the Mississippi Board of Psychology.

"Not only is Dr. Gaughf receiving recognition from her colleagues in the psychology community, she is also garnering recognition within UMMC for her excellent work directing the academic support effort for our students," said Dr. Ralph Didlake, associate vice chancellor for academic affairs.

"She continues to emerge as an academic leader for our institution."

The MPA advances psychology as a science and a profession within the state of Mississippi.

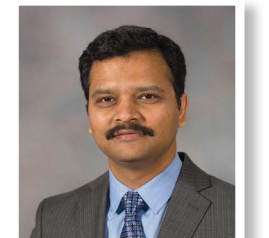
PATIL'S POSTER TRIUMPHS AT SCIENTIFIC MUSTER

Dr. Chetan Patil, a postdoctoral research fellow in the Department of Physiology and Biophysics, won an Onsite Trainee Poster Award at the Council on Hypertension Scientific Sessions Sept. 14-17 in Orlando, Florida, for his poster, "Hypertension in Post-Menopausal Women: Role of Renin-Angiotensin System and Eicosanoids."

Patil is a fellow in the lab of Dr. Jane Reckelhoff, Billy S. Guyton Distinguished Professor and

interim chair of biochemistry.

A section of the American Heart Association, the Council on Hypertension has as its mission "to foster excellence in hypertension research and education" to achieve the American Heart Association's goal "to build healthier lives, free of cardiovascular diseases and stroke."



Patil

CHADE EXCELS IN GRASPING HYPERTENSION'S ORIGINS

Dr. Alejandro Chade, professor of physiology and biophysics, has been named the recipient of the 2016 Hypertension Mid-Career Award for Research Excellence by the American Heart Association's Council on Hypertension.

The award recognizes a scientist in the field of hypertension and cardiovascular research who has substantially contributed to the understanding of the causes of



Chade

these conditions.

Chade's research interests include the mechanisms of renal injury in chronic renovascular disease and the role of renal microcirculation in the progression of renal injury and the outcomes in response to treatment.

As part of the honor, Chade presented a lecture and received the award in September at the AHA's Hypertension Scientific Sessions in Orlando, Florida.



Zhuo

ZHUO LANDS FELLOWSHIP IN SCIENCE ADVANCEMENT

Dr. Jia L. Zhuo, professor of pharmacology and toxicology, was elected in October as a 2016 fellow of the American Association for the Advancement of Science in the section on medical sciences.

Election as a fellow recognizes members whose efforts to advance science or its applications have distinguished them among their peers.

Zhuo received his M.D. from Guangxi Medical

University, China in 1983 and his Ph.D. in renal physiology from the University of Melbourne, Australia in 1990.

His research focuses on the roles of endocrine, paracrine and intracrine angiotensin II in the kidney. He is a permanent member for the National Institute of Health/Center for Scientific Review Hypertension and Microcirculation Study Section.

MENA APPLAUDED AS ADVOCATE FOR LGBT HEALTH CARE

The Gay and Lesbian Medical Association has selected Dr. Leandro Mena, professor of infectious diseases and director of the Center for HIV/AIDS Research in the Myrlie Evers Williams Institute for the Elimination of Health Disparities, for its 2016 GLMA Achievement Award.

GMLA, a national group of health professionals, strives "to ensure equality in health care for lesbian, gay, bisexual and transgender (LGBT) individuals and health-care providers."

The award recognizes outstanding contributions to the LGBT community, exemplary commitment to improving the quality of health-care services for



Mena

LGBT people and demonstrated improvement of the health-care environment for LGBT health-care workers.

It also honors those "who have significantly contributed to gains made by the LGBT civil rights movement."

According to a letter from Michelle Easley, GLMA president and executive director, Mena "is one of the most influential LGBT health activists over the past decade, creating visibility for LGBT health in a very socially conservative environment."

"His creative approaches, community engagement and charm have brought him the respect of medical and public health authorities locally and nationally."

NARANG CITES MENTORS FOR NEWBORN STUDY AWARD

Dr. Radhika Narang, a third-year fellow in the Division of Newborn Medicine, won the Young Investigator Award at the American Academy of Pediatrics Section on Neonatal Perinatal Medicine conference in San Francisco in October.

Narang was one of 10 chosen from nearly 200 to present her research as an oral presentation, and her project, "Exploring the Effect of Intrauterine Growth Restriction (IUGR) and Hypoxic-Ischemic (HI) Brain Injuries in Newborns," was one of two to receive the Young Investigator Award.

IUGR limits a baby's growth inside the womb and can lead to low birth weight and decreased oxygen levels. Hypoxic-ischemic brain injuries, caused by a lack of oxygen and blood, are an important cause of significant illness in the neonate, leading to cerebral palsy, developmental delay, learning and intellectual disabilities, seizures and death.

Narang is studying whether IUGRs make hypoxic-ischemic brain injuries worse. It is hoped that the research will one day lead to new treatment strategies for HI brain injuries in newborns.

"These awards have typically been presented to fellows from the top U.S. academic institutions, and now I am proud to say the University of Mississippi is part of that group," said Dr. Renate Savich, professor of pediatrics and chief of the Division of Newborn Medicine.

Narang said the honor would not have been possible without the mentoring of the late Dr. Yangzheng Feng as well as the guidance of Dr. Abhay Bhatt, Dr. Yi Pang, Dr. Lir-wan Fan and Dr. Norma Ojeda.

"I may have been the face of this research," she said, "but it is as much their award as mine."



Narang

UMMC CONTRIBUTES TO 'A' TELEMEDICINE RATING

Mississippi's supportive policy landscape for telemedicine, including services for residents coping with mental illness, earned the state an overall "A" rating from the American Telemedicine Association in its 2016 state-by-state report card.

Mississippi was among only eight states earning that highest score in the association's evaluation of performance in telemental and behavioral health. The Center for Telehealth at the University of Mississippi Medical Center in 2015 recorded 1,600 psychiatry patient encounters – nearly double the 900 in 2014.

The center fills gaps in mental health services in the state's rural corners by offering general and specialized psychiatric services delivered by an experienced team of psychiatrists, psychiatric nurse practitioners, psychologists, counselors and therapists.

Patients ranging from children to the elderly are treated using a live audio-video stream on a computer that

connects them with specialists at UMMC. Visits are conducted discreetly in their local doctor's office, or locations including schools, hospitals or community mental health centers.

"We're pleased that the ATA has recognized Mississippi as A-rated," said Michael Adcock, the center's administrator. "This rating was earned by the hard work and support of leaders across our state.

"It's created an environment that allows us to provide expert care to patients in their communities and homes."



Using a live video connection, **Amy Easley**, a psychiatric nurse practitioner at UMMC's Center for Telehealth in Jackson, consults with a school nurse before treating a student.

GOLD FOUNDATION TEACHING HONORS



During the July 21 Gold Humanism Honor Society induction ceremony, more than two dozen UMMC senior medical students, residents and others were recognized for their leadership, clinical care, dedication and caring relationship with patients.

Receiving their Gold Humanism medallions during the observance at the Norman C. Nelson Student Union are, front row from left, Ashton Davis, Tara Lewis, Jesse Xie, Mary Ruth Windham, Eric Merkle, Janeanne Shell, Brock Banks and Laurel Lackey, and back row from left, Ashley Villarreal, Hudson Frey, Taryn

Green, Lauren Williamson, Maggie Wester, Lauren Schober, Daniel Lyons, Daniel Krebs, Sean McCleary, Ben Carroll, Jeremy Archer, John Caleb Grenn, Richard Whitlock, Josh Norman and Blythe Bynum.

Other honorees not pictured include Joel Fahling, Ian Mallett and Stephen Morgan.

The New Jersey-based Arnold P. Gold Foundation, started by Dr. Arnold Gold, Dr. Sandra Gold and others, was created in 2001 to "perpetuate the tradition of the caring doctor."

FORESIGHT is 2020

A SNAPSHOT OF THE
FIRST-YEAR CLASS



Top: **Anthony Jay Carter** signs a pledge of professionalism during the 2016 White Coat Ceremony. Center: The short, white coats are graced with the students' names, the school's escutcheon and a symbolism representing honor, privilege, responsibility and the wearers' dedication to their future patients' well-being. Bottom: Members of the Class of 2020, including **Ana Gayle Christian**, foreground, recite the Oath of Hippocrates.

145 students



71 Women 74 Men



28 colleges/universities represented



25 different college degrees



23.52 average age



3.73 overall GPA



25.66 average MCAT score

MCAT

51 Biology majors



53 from rural areas



134 from underserved areas



25 children of physicians



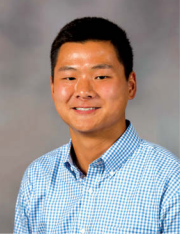
On August 11, the future of medicine in Mississippi was on display at the Belhaven Center for the Arts in Jackson, where members of the Class of 2020 were welcomed to their chosen profession with a handshake and a white coat.

Each year during the White Coat Ceremony the latest crop of physicians-in-training are awarded this symbol of their commitment to professionalism and their future patients. This year, an estimated audience of 500-600, including the students' relatives and friends, looked on as the newly-minted M1s received their Arnold P. Gold Foundation pins - representing medicine's humanistic impulse - and recited the Hippocratic Oath and A Covenant for Medical Education.

They also heard the keynote address from Dr. Richard Gunderman, chancellor's professor of radiology, pediatrics, medical education, philosophy, liberal arts, philanthropy and medical humanities and health studies at Indiana University, who said, "What really counts in medicine cannot be counted." What counts most of all is "character," he said.

"What kind of doctor are you going to be?"
From the first day of class, the students began answering that question.

"Towards the end of my sophomore year in college, my dad called to tell me my mom was very sick. I vividly remember the fear and helplessness. In the future, I hope I can help other kids and families in a similar crisis feel safe and supported. It would be the greatest honor and responsibility to care for a vulnerable individual."



Brought up in Jackson, Phillip Yuanlin Qu, a 2012 graduate of St. Andrew's Episcopal High School, was a nationally-ranked tennis player as an undergraduate at Amherst College in Massachusetts, which won the Division III National Championship his sophomore year. After deciding to be closer to his family, he returned home to attend, and play for, Mississippi College. During the summers as an undergraduate there, he enjoyed working in UMMC's Department of Physiology and Biophysics so much it led to his winning a summer research fellowship from the American Physiological Society. While growing up, he said, "I was very lucky to be around great physicians who loved their jobs."

"I have watched my dad practice medicine with compassion, love and empathy. I can distinctively remember as a child swiveling back and forth in his chair after school and thinking to myself, 'This is exactly what I want to do.' I did not know what it took to be a doctor, nor did I know what my future would look like: my MCAT struggles, the C's I made in organic chemistry, and a few tough medical school rejection letters. Today, at 25 years old, I still have to pinch myself that I finally arrived at Classroom R153 - UMMC's amphitheater for first-year medical students."



A 2013 Sally McDonnell Barksdale Honors College graduate from the University of Mississippi, Brookhaven-bred Rosemary Stowe Moak earned a master's degree in biomedical sciences at UMMC. For two years, she worked as a community health advocate coordinator for the Medical Center - where she is now a research assistant for the "Cook Right, Live Well" teaching kitchen. Among her mentors is the legendary Dr. Helen Barnes, UMMC associate professor emeritus, OB-GYN, who overcame bias against her race and gender to win acceptance to medical school during the civil rights era. "I am inspired by her courage, her tenacity, and her belief that change was not only a possibility, but a probability," Moak said. "When I become a physician one day, I will always hear Dr. Barnes' deep, resonating voice of wisdom and hold her close to my heart, because she is the standard physicians should strive to be."

"When my mother was in labor, complications arose that put her life and mine at risk. This led the doctor to perform an emergency C-section. During the procedure, he accidentally nicked my face, leaving behind a conspicuous scar on my left cheek that I deem as a humbling, sword-shaped daily reminder of how meaningful every day of life is. It also helped me realize how significant of an impact a doctor can have on a person's life."



A Madison native, Shanu Preetha Moorthy was 5 when she learned from her parents the story behind her scar and how she received her middle name. Preetha is also the name of the daughter of the doctor who saved the lives of Shanu and her mother. "My interest in health care took flight from there," she said. A May 2016 graduate of Mississippi College, she looks forward to the day when she can have "significant impacts on people' lives" as a physician, she said. "In light of the scar that initially inspired the pursuit of this dream, my hope is that my service will too, someday, leave an inspirational and positive mark on the field of medicine."



Three generations of Moore doctors – from left, **Dr. Paul Harold Moore Sr.**, **Dr. Paul Harold "Hal" Moore Jr.** and **Dr. Paul Harold Moore III** – earned their MD's at the Medical Center.

The *loyal* Treatment

3 generations of Moores keep hands, hearts in alma mater

By Amanda Markow

It's not uncommon for a family to remain loyal to a university or college through several generations. But when Dr. Paul Harold Moore Sr. graduated from the four-year School of Medicine nearly six decades ago, he began forging a singular family tradition of sustained loyalty and service to the institution through three generations.

"I don't understand why anyone wouldn't stay associated with it," Moore said. "You're around such good people and you get to do such good things." Before the family's association with UMMC commenced, Moore Sr. contributed 18 months of World War II service in the U.S. Army and earned a Master of Education degree at Ole Miss.

He was teaching and coaching at Louisville High School when a friend told him about a new program at his alma mater and encouraged him to try it.

"You could go to Ole Miss, and if you did well after a year, they would consider you for UMMC," he said. His year at Ole Miss was a success, and, in 1955, he was accepted to the brand-new School of Medicine in Jackson. "I don't think that, when I finished after four years, there was anyone I didn't like," said Moore, calling his class the "best group ever."

'I'D LOVE IT IF THEY ASKED'

After receiving his M.D. in 1959, he completed his medical training with a rotating internship at Chatham Memorial Hospital in Savannah, Georgia, and a radiology residency at the University of Florida in Gainesville before moving to Pascagoula in 1963 to join his brother-in-law's radiology practice.

He founded Singing River Radiology Group in 1972, and was its president until 1996.

Early on, his son also had his eye on UMMC.

"I was 4 to 7 years old when dad was in school, so it seemed like a logical first choice," Dr. Paul Harold "Hal" Moore Jr. said.

Hal was so set on medical school, his dad said, that he opted to go to UMMC after finishing at Ole Miss in just three years.

"I told him, 'You can go where you want, but I'd love it if they ask you [to attend UMMC] ...'"

The School of Medicine asked.

PRESIDENTIAL TRANSITION

"My dad and I had several of the same professors, since I went only 16 years after he graduated," Hal said. Among his favorites were Dr. Peter Blake and Dr. Arthur Guyton.

"It was a wonderful four years that I wouldn't want to do again. I thoroughly enjoyed it and still have many good friends who were classmates," he said.

After completing residency at the University of New Mexico in Albuquerque, he joined his father's radiology group; today he is its president. The former chief of staff at Singing River Hospital, he is its current secretary/treasurer.

The two older Moores also share a history of service to UMMC and Ole Miss, with both leading at one time medical alumni and Ole Miss alumni groups.

"I was the first president of the Alumni Association at Oxford that went through the four-year medical school program," Moore Sr. said.

Hal Moore is the current president of the Ole Miss Alumni Association.

"First and foremost, presidents of the alumni association must love the University of Mississippi," said Dr. Dan Jones, Sanderson Chair in Obesity, Metabolic Diseases and Nutrition, and former chancellor.

"This is a role that is far beyond ceremonial and honorary," said Jones, who is also director of clinical and population science. "The alumni president is a major advisor to the chancellor and University leadership.

"Both Drs. Moore served the university well with dignity and honor. During my time as chancellor, Dr. Paul Moore was a trusted advisor and friend.

"Dr. Hal Moore had the opportunity to lead during a time of leadership transition for the University and played a key role in continuing confidence and trust between alumni and University leadership."

Naturally, the third Moore's profession and alma mater were all but pre-ordained.

GRAVITATIONAL PULL

"Growing up, I really didn't know anything else," said Paul III. "No matter what summer job I tried, I always gravitated back to medicine."

When he finished at Ole Miss, and then the School of Medicine, his father and grandfather were there.

"Having both of them present at my White Coat and graduation ceremonies was significant, and probably as important of an occasion for them as it was for me," Paul III said.

But the youngest Moore did choose a slightly different path, opting for obstetrics and urogynecology.

"I tried very hard to make radiology my passion, but in the end I gravitated toward procedure- and surgery- related specialties," he said. "I enjoy seeing patients and developing those relationships."

After his residency at University of Kentucky Chandler Medical Center, Lexington, and fellowships at Northeast Urogynecology in Albany, New York, and C. Paul Perry Pelvic Pain Center in Birmingham, Alabama, he spent two years in private practice before his desire to return to teaching led him back to UMMC, in the Division of Gynecology and Urogynecology.

"As I worked around the country, I felt I was as prepared, if not better prepared, than I would have been in any other medical school I encountered," he said.

"Beyond getting a fantastic education the relationships were important. I still work closely with some of my classmates and they are some of my best friends."

Now an assistant professor of OB/GYN, part of his role is interviewing and recruiting residents to UMMC – an act of loyalty that is in his blood. **M**

"Having both of them present at my White Coat and graduation ceremonies was significant..."

-Dr. Paul Harold Moore III

Alumni Class Reunion



Displaying their gold medallions are members of the SOM Class of 1966: back row, from left: **Dr. Quinton Dickerson, Dr. Fred Parris, Dr. Shelby Smith, Dr. John Mann, Dr. George Walker, Dr. Joe Ed Varner, Dr. William Thomas, Dr. William Keeton, Dr. Harold Hudson, Dr. Woody Davis, Dr. Conway Dabney, Dr. Pepper Ashford, Dr. Glenn Pennington, Dr. Walter Jones and Dr. Wayne Lamar**; front row, from left: **Dr. David Strong, Dr. Bob Maynor, Dr. Don Davis, Dr. Mart McMullan, Dr. Benella Oltremari, Dr. Lynda Lee, Dr. Jim Rayner, Dr. Larry Aycocock, Dr. Clyde Allen and Dr. Thomas Greer.**

When the medical school Class of 1966 held its 50th reunion this summer, every female graduate made it – both of them.

“It wasn’t easy being only one of two women in the class with mostly men,” said Dr. Lynda Lee of McComb, “but when I graduated, they were glad for me. I figured they must have liked me.”

Her colleague, Dr. Benella Oltremari of Greenville, said she worked as a nurse for about a decade before she entered medical school more than five decades ago.

“As a nurse, I had gone on rounds with these doctors who were all men,” she said, “and I thought, ‘If he can be a one, I know I can.’”

The two were among 25 “Golden Grads” honored by UMMC during an Aug. 26 ceremony led by Dr. LouAnn Woodward, who made it a point to have her photo taken with Lee and Oltremari.

“We’ve come a long way in medical education,” said Woodward, vice chancellor for health affairs and dean

of the School of Medicine. Addressing the graduates and their family members at the Old Capitol Museum in Jackson, Woodward noted that “things have changed a little bit. This current class has 74 men and 71 women. I’m proud of that.”

Several other classes held their reunions simultaneously earlier in the day during a reception attended by around 80-90 alumni at Walker’s Drive-in, including Lee, who brought a photo album with her.

The focus was mostly on those celebrating their Golden Anniversary, an occasion marked by the awarding of medallions to those in attendance.

Class member Dr. Mart McMullan read the names of the 16 colleagues now deceased, including Dr. Henry J. Sanders III. His wife Susie Sanders and their grandson Charles Murphy Sanders, 12, accepted the medallion on his behalf.

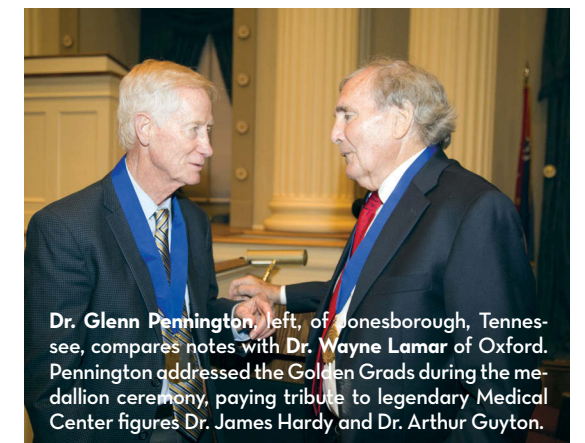
Among those who spoke was Lee, who said, “I love you all. I’m glad we made it and we’re still here. And I’ve got pictures if you want to see them.”



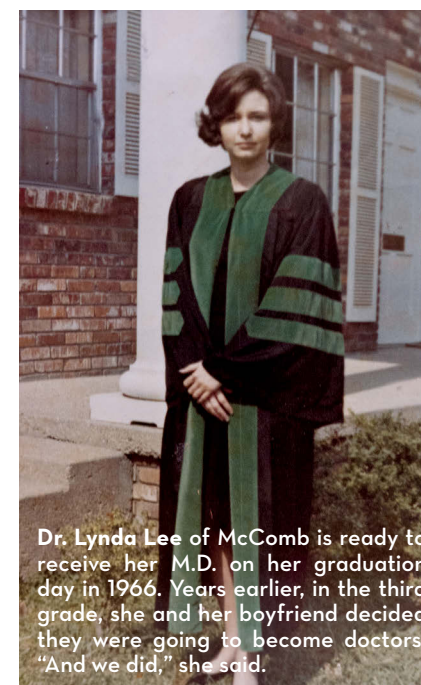
Dr. James Keeton, left, distinguished professor and advisor to the vice chancellor, leads a tour of alumni and Medical Center officials in the Arthur C. Guyton Researching Building. The group is viewing a display honoring the building's namesake.



1966 classmates, from left, Dr. Lynda Lee, Dr. Clyde Allen, Dr. Pepper Ashford and Dr. Fred Parris look over a photo from a much earlier class reunion.



Dr. Glenn Pennington, left, of Jonesborough, Tennessee, compares notes with Dr. Wayne Lamar of Oxford. Pennington addressed the Golden Grads during the medallion ceremony, paying tribute to legendary Medical Center figures Dr. James Hardy and Dr. Arthur Guyton.



Dr. Lynda Lee of McComb is ready to receive her M.D. on her graduation day in 1966. Years earlier, in the third grade, she and her boyfriend decided they were going to become doctors. “And we did,” she said.



Dr. LouAnn Woodward greets Dr. Walter Jones at the alumni reception held at Walker's Drive-in.

2016 Distinguished Alumnus, Hall of Fame

Every year since 2010, the Medical Center has named an eminent medical school alumnus. In 2012, it welcomed its first inductees into the Medical Hall of Fame. In August, Dr. Walter “Mack” Gorton was publicly acclaimed as the seventh recipient of the Distinguished Medical Alumnus Award, and the Hall of Fame roll swelled to 25.

Dr. Walter “Mack” Gorton of Belzoni, whose commitment to his patients led him to recruit his own son to his medical practice, was celebrated on Aug. 13 as the 2016 Distinguished Medical Alumnus – much to his initial surprise.

“Several weeks ago when they told me about this, I nearly fainted,” he said in his remarks during the awards dinner in Jackson.

Gorton, who for four decades has cared for patients in an area with some of the nation’s highest rates of heart disease, diabetes and obesity, was one of six physicians honored, including the five latest inductees into the university’s Medical Alumni Chapter Hall of Fame. They are Dr. Alton Cobb, Dr. Martin L. Dalton Jr., Dr. W. Briggs Hopson Jr., Dr. James “Jim” Martin and Dr. David Watson.

Sponsored by the Medical Alumni Chapter and the Office of Alumni Affairs at UMMC, the event paid tribute to those who “embody that spirit, that passion and that commitment we need in Mississippi,” said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine.

Also commending the guests of honor was Dr. Jeffrey Vitter, University of Mississippi chancellor, who said, “Our greatest strength is our people. That value resonates around the world. . . . I continue to be wowed on a daily basis about the transformational value of the Medical Center.”

An internal medicine specialist and 1968 University of Mississippi School of Medicine graduate, Gorton is the seventh recipient of the award. He began practicing medicine in the county seat of Humphreys County in 1973; 21 years later he welcomed to his practice one of his sons, Dr. S. Carlton Gorton, a 2004 medical school alumnus, who introduced his father at the dinner.

“My dad has a gift for developing relationships with his patients and colleagues,” Carlton Gorton said, “but his greatest gift is the gift of love If you ask each of his patients, ‘Who is Dr. Gorton’s favorite?’ each would say they are”

“He’s had to deliver bad news to people he really cares about, but he’s also been able to take care of a lot of injuries and heal a lot of sicknesses.”

Lionized locally with a “Mack Gorton Day” and a medical school scholarship established in his name, Mack Gorton acknowledged the rapport he enjoys with his patients and neighbors, including high school football coaches.

“They’ll let you walk up and down the sidelines dressed like a coach,” he said. “One of them let me call a play or two.”



Gorton

The Hall of Fame Awards recipients:



Dr. Jeffrey Vitter, far left, chancellor of the University of Mississippi, and **Dr. LouAnn Woodward**, far right, vice chancellor for health affairs and dean of the School of Medicine, congratulate the honorees at the Medical Alumni & Friends Awards Dinner held Aug. 13 at River Hills Club in Jackson. Awards were presented to, from left, **Dr. Walter “Mack” Gorton**, Distinguished Alumnus; and Hall of Fame inductees **Dr. David Watson**, **Dr. Alton Cobb**, **Dr. W. Briggs Hopson Jr.** and **Dr. James “Jim” Martin**. Also inducted into the Hall of Fame was **Dr. Martin Dalton Jr.**, who was unable to attend.

DR. ALTON COBB of Jackson – A 1952 graduate of the University of Mississippi’s two-year medical school in Oxford, Cobb is renowned for his contributions to public health.

For 20 years, starting in 1973, he was director of the Mississippi State Department of Health, helping the state attain national recognition for its public health achievements, many of which endure, including high immunization rates.

“You have to like working with others to do public health,” he said with a laugh.

He was introduced at the awards dinner by his son-in-law Dr. Timothy Alford, a Kosciusko family medicine physician, who said, “There’s a chance that at least half of you had your birth certificate signed by Dr. Cobb.

“I have spent many a Sunday afternoon at his beloved home place. I have been well schooled in the critical matters of public health along with the best way to grow pine trees. In my opinion Alton is Mississippi’s foremost health analyst.”

Born in a log cabin in Camden, Cobb completed his medical degree in 1954 at the Johns Hopkins Medical School.

After serving in the military, he earned his Master of Public Health degree from Tulane University, also completing a residency in preventive health there.

Eventually, he began what would be a 35-year career with the Mississippi State Department of Public Health, and served as the first director of the Mississippi State Medicaid program.

DR. MARTIN L. DALTON JR. of Macon, Georgia – A nationally-recognized thoracic surgeon, Dalton participated in the world’s first lung transplant, with Dr. James Hardy, in 1963.

Interviewed prior to the ceremony, which he was unable to attend, Dalton said of that historic moment, “Sometimes it’s hard to believe I was really there, actually a part of it. But in the end, and it’s something that was always reinforced by Dr. Hardy, it is the care and respect for individuals is what inspires us to work so hard.”

Dalton has served as a research fellow at the Walter Reed Army Institute of Research in Washington, D.C.; on the faculty of the Texas Tech University School of Medicine in Lubbock; and as a professor in the Department of Surgery at UMMC.

In 1991, Dalton was named professor

and chairman of the Department of Surgery at Mercer University School of Medicine in Macon, Georgia, where, later, as dean, he oversaw the school’s re-accreditation and the establishment of a four-year School of Medicine campus in Savannah.

Dr. Robert Elliott of Baton Rouge, a 1961 School of Medicine graduate, was scheduled to pay tribute to Dalton, but was stranded in Louisiana because of flooding.

Speaking on her father’s behalf was Dr. Mary Ghere, a surgical resident at UMMC, who delivered his remarks: “[Dalton] was personable, kind and mentoring, but you knew when you had done something wrong. He was a great organizer, a great surgeon, and a great teacher – a real role model.”

DR. W. BRIGGS HOPSON JR. of Vicksburg – A former clinical associate professor of surgery at UMMC, Hopson is credited with developing a state-wide trauma network.

He taught the first advanced Trauma Life Support Course in the state. For 30 years, he was medical control director for Mississippi’s Emergency Medical Services.

Before arriving at UMMC in 1989 as an associate professor of surgery, he held a teaching appointment at the University of Tennessee.

Hopson now practices as a general and peripheral vascular surgeon in Vicksburg, where he also serves as medical director and vice president for medical affairs at River Region Medical Center.

For more than 35 years, he was involved with the Miss Mississippi pageant and served as CEO and chairman of the board.

“Medicine in Vicksburg would not be what it is without Dr. Hopson,” said Dr. Tim Kerut, president of the University of Mississippi Medical Alumni Chapter.

“Vicksburg in general would not be what it is without him.”

During his remarks, Hopson said, “When I got the letter telling me you were honoring me tonight, I cried. . . . It’s been a wonderful, wonderful life.”

DR. JAMES “JIM” MARTIN of Jackson – In 2005, he reported in Obstetrics & Gynecology a recommendation for treating hypertension that has had a lasting impact on obstetric and pregnancy care across the world.

“We were lucky Dr. Martin came to

Mississippi,” said Dr. James “Marty” Tucker, a 1984 School of Medicine alumnus who has an OB-GYN practice in Flowood. “The fact that he stayed has been a godsend.”

Dedicated throughout his career to the cause of improving the health of pregnant women across the world, Martin retired from private practice and UMMC in 2014 after serving as professor of OB-GYN, director of the Division of Maternal-Fetal Medicine for the Winfred L. Wiser Hospital for Women and Infants, and vice chair for research and academic development.

He served as a maternal-fetal medicine subspecialist, educator, administrator and investigator at the University of Michigan and UMMC.

He is a recognized expert in treating eclampsia and preeclampsia, and the related HELLP syndrome.

In 2014, the Society for Maternal-Fetal Medicine presented him with its Lifetime Achievement Award. Yet, the most important thing in his career has been training others, Martin said, and “taking care of a lot of very ill women and getting them through complicated pregnancies.”

DR. DAVID WATSON of Miramar Beach, Florida – His many accomplishments include commencing and leading the effort to build the Ronald McDonald House at UMMC, and supporting the admission of the first African-American resident at UMMC, the late Dr. Aaron Shirley.

Recruited by Dr. Blair E. Batson to the four-year-old Medical Center, he was chief of the UMMC Pediatric Cardiology Division from 1959 to 1993.

He retired as Professor Emeritus in 1993 and moved to Sandestin, Florida.

A Toronto, Ontario, native, Watson received his medical education in Canada and Minneapolis; he had never been to Mississippi before he arrived at UMMC.

“I learned that fried okra is great, but you don’t want boiled okra,” Watson said of his cultural transition.

Dr. Owen “Bev” Evans, UMMC professor emeritus and former chair of the Department of Pediatrics, described Watson as “eternally happy.

“Dr. Watson held the line and made sure the children got the best care possible,” Evans said, “whether that was here at UMMC or elsewhere. Yet, he was always reassuring and uplifting.”

1950s



Dr. James “Buddy” C. Griffin Jr. (1952-Oxford; 1960 – residency, UMMC) celebrated his 90th birthday in July with friends and former partners in attendance.



Griffin with grandson Dr. Brannan Griffin

Among them were Dr. Charles O’Mara, professor of surgery and associate vice chancellor for clinical affairs at UMMC and Dr. Mart McMullan, retired from UMMC.

Griffin completed his general surgery residency at UMMC in 1959, after attending two years of medical school in Oxford and graduating with his M.D. from Washington University. He finished his thoracic surgery training in 1960.

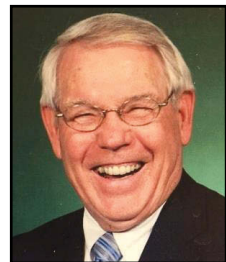
His grandson, Dr. Brannan Griffin (2015), a pathology resident at Northwestern McGaw Medical Center in Chicago, asked him to teach him to sew before he started one of his last rotations.

Griffin continues to have a close relationship with UMMC, where three Griffin children graduated with degrees – two M.D.s and one nursing degree.

1960s



Dr. Dewitt G. Crawford (1960), before his death in January 2016, served in a variety of leadership roles for the Mississippi Academy of Family Physicians, which has dedicated its family medicine library to him and his wife Peggy Crawford.



The Louisville physician was a member of the American Academy of Family Physicians (AAFP) and the MAFP from 1988 until his death. He was MAFP president, 2008-2009.

He and Peggy Crawford donated numerous medical books to the MAFP library over the years, including his personally inscribed first edition hardcover Textbook of Medical Physiology by the late Dr. Arthur C. Guyton, professor and chair of the Department of Physiology and Biophysics at UMMC.

Guyton’s inscription to Crawford reads in part, “You will recall how much it meant to me to work with you. ...”

The Crawfords also donated several antique framed prints which now hang in the MAFP corporate office in Ridgeland.

The MAFP Library was formally dedicated on July 19. An engraved plaque in honor of the Crawfords was placed at the entrance to the library.

Dr. Benton M. Hilbun (1961) of Tupelo, who participated in multiple trips to South America on medical missions for

several years, has now become an avid golfer (but not a par golfer, he writes), traveler, big Mississippi State University fan, and the grandfather of six.

Hilbun completed his residency in general surgery at UMMC in 1966, before finishing a thoracic surgery fellowship in 1967.

He began his practice in Tupelo, where he served as director of the surgical residency program at North Mississippi Medical Center from 1977 until he retired 1998. At UMMC, he became a professor of clinical surgery, and is now professor emeritus.

Dr. James Spell (1962, residency) and his wife Markie Spell have moved from Brevard, North Carolina to Oxford.

Spell is retired from a 40-year career as an oncological surgeon in Jackson, followed by 15 years of retirement in the mountains of North Carolina.

He studied pre-med at Mississippi College and earned his M.D. at Tulane University before completing his surgery residency at UMMC.

He wrote that he and his wife Markie would love to hear from any classmates. Their new address is 124 Mulberry Lane, Oxford MS, 38655. Email address: jspell123@aol.com.

Dr. Alvin E. Brent (1963) practiced nephrology in Jackson and is now retired.



Brent and granddaughter Caroline Brent.

He earned his undergraduate degree in 1960 from the University of Mississippi.

Brent founded Central Nephrology Clinic in Flowood in 1978 and retired in 2005. He serves on the executive committee of the Mississippi Kidney Foundation.

Dr. John “Edward” Hill (1964) of Tupelo has been honored with the 2016 Dr. Felix J. Underwood Award from the Mississippi Public Health Association.

Presented at the annual meeting of the MPHA on Oct. 14, the award honors an individual whose concern for protecting the health of Mississippians mirrors that of Dr. Felix J. Underwood, “the father of public health in Mississippi,” who set high stan-

dards of leadership during his tenure as State Health Officer from 1924 to 1958.



Hill is a board-certified family physician whose medical practice has spanned more than 45 years. He has served as president of the American Medical Association and chair of the World Medical Association.

In 2012, he was inducted into the Hall of Fame for the University of Mississippi Medical Alumni Chapter.

Dr. Ancel C. Tipton (1965), a Jackson-area neurologist, retired from the Army National Guard in 2003.

“I’m trying to keep up with neuroscience and the changes in patient care from Christian based to corporation based!” he writes. “Hotty Toddy Forever!”

Dr. J. Robert Davis (1966) retired from his gastroenterology practice after 45 years.

He now works at the free clinic in Corinth.

Davis completed his residency in internal medicine and a fellowship in gastroenterology at UMMC.

Dr. George Wilkerson (1967) is the consulting neurologist for the Ellisville State School in Jones County.



Wilkerson with wife, Caroline.

Prior to that he had a private neurology practice in Hattiesburg; taught psychiatry at the William Carey School of Medicine and served as the psychiatric consultant for the state of Mississippi, he reports.

He also served as medical director of the state program for physicians and medical professionals with addiction problems, the Mississippi Professionals Health Program.

He is married to Carolina Aultman, RN. They live in the country near Hattiesburg. They are “very happy with nine grandchildren.”

Dr. John B. Howell III (1968) of Fairhope, Alabama, sums up the last two decades:

“At age 55 I stopped obstetrics and did only gyn so I didn’t have to take call. At 66 I stopped having any individual patient care responsibility and only participated in surgical assists which I thoroughly enjoyed.

“I fully retired upon becoming 74 and now enjoy tripping, wood turning, and enjoying life on some land in Butler County, Alabama where I ‘play’ with my grown sons.”

Dr. Charles D. Miles (1969) of West Point has been serving on the Mississippi State Board of Medical Licensure since 2010, when he was appointed by Gov. Haley Barbour. He was reappointed in 2016 by Gov. Phil Bryant.

After earning his M.D., Miles also completed an internship and a residency in OB-GYN at UMMC. He served two years in the U.S. Navy in Pensacola Florida, moved back to Columbus and joined group practice.

In 1999, he and his family moved to West Point, where he joined the North Mississippi Medical Center’s clinic systems and worked as a staff OB-GYN physician until he retired in October 2016.

He enjoys playing at Old Waverly Golf Club in West Point and fishing for “reds” in Louisiana.

Dr. M. Sandra Scurria (1969) is still active in family practice in the Houston, Texas area.

She has worked for the past six years in her practice as an affiliate with MDVIP, a concierge medicine organization in Texas.

“I love being able to take time with each patient, and I am pleased to take a proactive rather than a reactive approach to my patient’s medical issues,” she writes.

“Last year I completed an item on my bucket list by building a house. We moved in on Oct. 1, 2015, and my partner and I are enjoying decorating and entertaining family and friends. Leisure time includes playing golf, traveling here and abroad (three trips to Italy since 2009) and occasionally trying my hand at the casinos.

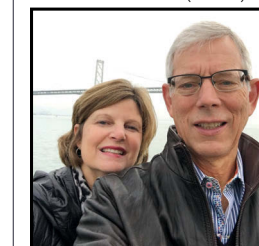
“All in all my life is good and, in spite of all the hassles and annoying regulations, I still love practicing medicine and helping people feel better and live a more healthy life.”

1970s



Dr. Bob Cater (1970) has reduced his work week to three-and-a-half days – “so my wife Jamie and I are getting to travel more,” he writes.

“So much to see, and so little time! We have four children, but only one granddaughter so far. Another, also a granddaughter, is on the way!”



Cater with wife, Jamie.

"We are healthy, happy, and very, very blessed. Looking forward to hearing about my classmates."

Dr. Rebecca Allison (1971) was profiled in the American College of Cardiology's monthly news magazine, *Cardiology World News*, in July. The recurring feature, *Clinical Innovators*, told how she combines a busy cardiology practice with advocacy for LGBT health: www.acc.org/latest-in-cardiology/articles/2016/07/19/10/14/clinical-innovators?w_nav=LC.

Allison recently completed a 12-year term as a board member of Gay and Lesbian Medical Association: Health Professionals Advancing LGBT Equality, including two years as president of the board.

Dr. William Hopper (1971), now retired in Oxford, is celebrating 48 years of marriage with his wife Ann.

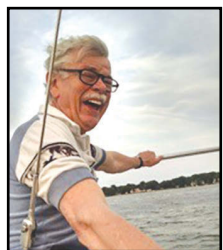


"I am blessed with two girls and two granddaughters," he writes.

After completing his orthopaedic residency and pediatric orthopaedic fellowship in Atlanta, he served as chief of pediatric orthopaedics at the National Naval Medical Center in Bethesda, Maryland. He returned to practice at Gulf Coast Orthopaedic Clinic.

Since retiring, he has enjoyed traveling about the U.S. in the motor coach, visiting with friends and family.

Dr. Atkinson W. "Jack" Longmire (1971) of Silver Spring, Maryland, is now semi-retired as a preventive medicine specialist, working four hours a week.



"I work for the [U.S.] Treasury Department in a general clinic," he writes.

"The family and I sail most weekends."

Dr. Jo Anne Pine (1972) has been working for the past 17 years in urgent care in Baton Rouge, Louisiana. She is a family medicine specialist.



Dr. Jo Anne Pine with her son **Mike** at the Salty Dog in Homer, Alaska

"I love traveling, snow skiing, SCUBA diving and sky diving," she writes, "thanks to my orthopaedic docs, who keep replacing my worn out joints."

Dr. James Q. Sones (1972) left GI Associates in Jackson in July 2014 for a position at UMMC as chief, Division of Digestive Diseases.



"During the last two years we have increased the providers in the division from five to 15 and are moving to more spacious off-campus facilities," he writes.

"Our outpatient clinic capabilities have tripled and we have hired more

faculty to meet our goal of having niched sub-specialists in liver diseases, inflammatory bowel disease and advanced endoscopy.

"Our liver section now has two transplant hepatologists, a clinical hepatologist and two liver disease PAs. We are producing two very well trained post-graduate fellows a year.

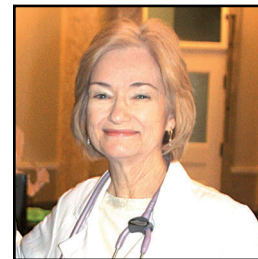
"I am enjoying teaching but, more importantly, enjoying the learning, since I get to attend several teaching conferences in our division weekly!"

Dr. George Wilson (1973) was appointed acting dean for the University of Florida College of Medicine in Jacksonville as of March 2016.

The appointment extended through Dec. 31, 2016.

He continues to hold the position of senior associate dean for clinical affairs at the UF College of Medicine and president/CEO of the University of Florida Jacksonville Physicians Inc.

Dr. Sue H. Simmons (1975) was elected president of the Mississippi Academy of Family Physicians on July 19 and installed during MAFP's 67th annual scientific assembly in Destin, Florida.



After serving as vice president of the MAFP in 2015, she succeeded Dr. Samuel N. Crosby of Hattiesburg. A family physician with more than 40 years of clinical experience, she completed her internship at UMMC as well as her M.D.

Also interested in a legal education, Simmons received a scholarship to attend Mississippi College School of Law and earned her law degree in 1988.

She has practiced medicine in Maben since 1976 and has been in private practice since 1994.

She serves as chief of staff at North Mississippi Medical Center-Eupora, where she has been on staff since 2002. Simmons also serves as a board member for Connected Care Partners, a clinically integrated network in north Mississippi.

She and her husband, Cecil, reside in Mathiston and have been married more than 40 years. They have four adult children and four grandchildren.

In her spare time, Simmons enjoys spending time with her grandchildren, gardening and traveling.

Dr. Richard S. Abney (1976), formerly affiliated with Rush Foundation Hospital in Meridian, has retired from his internal medicine practice.

He completed his residency at the University of Tennessee Medical Center at Knoxville and an internship at the UT College of Medicine at Chattanooga.

Dr. C. Ron Cannon (1976) has been honored with the 2016 Jerome C. Goldstein, M.D., Public Service Award from the American Academy of Otolaryngology - Head and Neck Surgery for his commitment to and achievement in improving patient welfare.

The award was presented at the 2016 annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery Foundation in San Diego, California.

Cannon is a founding member of the Head and Neck Surgical Group in Flowood, and previously served as medical director at Merit Health River Oaks. He is now chairman of the hospital's board of trustees.

Dr. Hal Moore (1976), a fellow of the American College of Radiology, is president of Singing River Radiology Group in Pascagoula.



He has served as chief of staff at Singing River Hospital and currently serves as secretary/treasurer. He is the president of the Ole Miss Alumni Association, having served previously as president of the Medical Chapter of the Ole Miss Alumni Association.

Moore is on the board of directors of the Merchants & Marine Bank and is a former board member of the Mississippi State Medical Association and Belhaven University.

He is an elder at the First Presbyterian Church of Pascagoula. He and his wife Melanie have three sons - Dr. Paul Moore III (2005), an assistant professor of OB-GYN at UMMC; John; and Michael - and four grandchildren.

Dr. James E. McDonald (1978) has been named chair of the Department of Radiology in the College of Medicine at the University of Arkansas for Medical Sciences (UAMS) in Little Rock, it was announced in November.



McDonald was interim chair of the UAMS department since May 2014 and has been a full-time faculty member and director of the department's Division of Nuclear Medicine since 2010.

He has served as the director of UAMS' Nuclear Medicine Residency since 2013 and was interim co-vice chair of the

department, 2012 to 2014.

An expert on the molecular imaging of multiple myeloma, he is a consultant to the UAMS Myeloma Institute.

Under his direction, UAMS became the first program in the country to list and fill an integrated residency in diagnostic radiology and nuclear medicine.

McDonald received his Bachelor of Science in chemistry in 1975 from Mississippi College. He completed an internship in surgery and pathology at the Louisiana State University School of Medicine in New Orleans.

He did his residency in diagnostic radiology at the Mallinckrodt Institute of Radiology at Washington University in St. Louis, serving as co-chief resident in his final year, and completed a fellowship in nuclear medicine at UAMS and Mallinckrodt.

Dr. Martha J Brewer (1979) moved from New Orleans to Atlanta and joined an OB-GYN practice there in 2015.



The Greenwood native and her wife were married in New York on New Year's Day 2016, she writes.

"I had been in private practice OB-GYN for a long time and, after [Hurricane] Katrina, moved to academic medicine, first in Little Rock and then

back in New Orleans.

"After being sort of 'retired' for a while and doing a big renovation on a house, I decided to go back to work. I am currently practicing OB-GYN, mostly OB, in a lower income suburb of Atlanta with a group of three other docs and two midwives.

"I am mostly loving it and am very happy."

1980s

Dr. Johnny Buck Franklin (1980) has taken a new position as medical director of the Internal Medicine Residency Clinic at the G.V. "Sonny" Montgomery VA Medical Center.

Franklin is also an assistant professor of medicine at UMMC.

He was affiliated with Memorial Hospital at Gulfport, among others on the Mississippi Gulf Coast. He completed his residency at the Baylor College of Medicine in Houston, Texas.

Dr. Frank O. Page (1981) of Birmingham, Alabama works with a team of physicians at Page, Hudson & Taylor Gynecology at St. Vincent's Hospital in Birmingham.



He is the hospital's former chief of staff and served as chair of the OB-GYN department for eight years.

He is board member for the Christian Medical Ministry of Alabama and

Physicians for Life, and serves on the Board of Overseers at Samford University.

As chief OB-GYN resident at UMMC, he founded the non-profit, educational, Wiser Society named after his mentor.

Page has organized dozens of medical projects to Bolivia, Guatemala, Ecuador, Nicaragua and Venezuela, where he helped establish a medical clinic for people with no access to care and a school.

He has also worked as a roofer and as a licensed electrician for summer construction projects and edited a manual for mission teams.

Dr. William C. "Claibe" Yarbrough Jr. (1981) is chief, pulmonary/critical care for the VA North Texas Health Care System in Dallas.

He is also professor of internal medicine at the University of Texas Southwestern Medical School in Dallas, national program director for pulmonary, critical care, and sleep medicine for the Veterans Health Administration Central Office.

His research interests include immune defense in the lung, intensive care, medical ethics and medical informatics.

Dr. Darden North (1982) of Jackson, board-certified in OB-GYN, was recently elected chairman of the Board of the Mississippi Public Broadcasting Foundation.



He is also serving on the editorial board of the Journal of the Mississippi Medical Association.

A writer of murder mysteries, he is completing his fifth novel, "When the Bee

Stings." He practices full-time OB-GYN at Jackson Healthcare for Women in Flowood.

The Mississippi Delta native completed his residency at UMMC in 1986.

Dr. Don Gaddy (1983) of Gulfport is in an OB-GYN group practice, working at two hospitals.



He returned home in 1987 to join the practice started by his father and uncle at the Gulfport OB-GYN Clinic.

"I have to keep working for a while," he writes, "because my three kids are still costing. I am engaged to be remarried (after 17 years divorced) ... to Katy Hicks from Long Beach.

"I'm looking forward to slowing down in the next five years and probably retire about a week after I die (hopefully a long time away)."

Dr. Chet Lake (1983) recently joined the Department of Anesthesiology at UMMC as assistant professor.

Lake did his residency at UMMC and the University of Cincinnati College of Medicine.

Dr. J. Michael Conerly (1985) has been a general surgeon with Mid Louisiana Surgical Specialists in Alexandria, Louisiana since 1990, serving as president.



He has also served on the board of directors for LAMMICO, a medical liability insurance company since 1999, and as chairman of the board for the last five years.

He is on the Committee for Strategic Development for Christus, Central Louisiana, and is past president of the Medical Staff of Christus St. Frances Cabrini Hospital, and is a member of the board of directors for Christus.

Conerly is a Christus representative for the Ochsner Health Network Executive Committee, and recently earned his MBA from LSU-Shreveport.

Dr. Frank McDonald Jr. (1985) was voted president-elect of the 7,800-member Medical Association of Georgia (MAG) at its House of Delegates meeting in Savannah, Georgia on October 15.

He will begin a one-year term as MAG's president in 2017.

McDonald has been the speaker of MAG's House of Delegates session for the last two years. Prior to that he was vice-speaker for six years.

He is a graduate of the MAG Foundation's Georgia Physicians Leadership Academy.

After earning his M.D., he completed his residency and fellowship at UMMC. He earned an MBA with honors from Emory University's Goizueta Business School.

McDonald lives in Gainesville, Georgia with his wife, Shantha and his daughter, Asha.

Dr. Harold James Williams (1985) has been at West Virginia University for over 13 years and is the current vice chair of educational programs for the Department of Pathology.



"My wife Carol and I love the mountains and living in a state that has more deer than people," he writes.

"After all these years, I'm still active on the basketball court, running full court with the college boys, but starting to play more geezerball (basketball for the old guys).

"Why retire — if God made anything more fun than pathology, He kept it to Himself!"

Dr. Daniel P. Edney (1988) of Vicksburg recently completed his term as the 148th president of the Mississippi State Medical Association and is currently serving as immediate past president.

He was invited to become a Fellow of the American College of Physicians.

Before earning his M.D. at the Medical Center, he graduated with a B.S. in chemistry and biology from William Carey College in Hattiesburg.

He completed his internship and residency in internal medicine at the University of Virginia Hospitals in Charlottesville, Virginia in 1991.

Dr. Gary Weyman Price (1988) of Plant City, Florida was recently voted first place winner of The (Lakeland, Florida) Ledger's 2016 Best of the Best - Polk County, Florida's official People's Choice Awards.



Dr. Price is the son of the late J.W. Price and Addie L. Thornhill Price of Foxworth. He graduated from the University of Southern Mississippi before earning his M.D.

He completed his pediatrics residency at UMMC in 1990 and an allergy fellowship at the University of Virginia, eventually becoming board-certified in allergy and immunology.

He has been in practice in clinical allergy, asthma and immunology at Watson Clinic, LLP in Lakeland since 1993. He is a fellow of the American College of Allergy, Asthma and Immunology and the American Academy of Allergy, Asthma and Immunology.

Dr. L. Ray Matthews (1989), an associate professor of surgery and vitamin D researcher at the Morehouse College School of Medicine and surgical critical care director at Grady Memorial Hospital in Atlanta, has for years educated the U.S. Food and Drug Administration (FDA) on the role vitamin D plays in helping Americans achieve optimal health.



In July, the FDA announced that, effective that month, it would double the amount of vitamin D in milk and milk additives.

Matthews was the first person ever allowed to speak at the FDA on vitamin supplement. In 2012, he and a team of Morehouse

physicians published a paper in the American Journal of Surgery about the benefits of the vitamin's use in critically ill patients.

1990s

Dr. Paul Byers (1992) was named State Epidemiologist on Sept. 1, the Mississippi State Department of Health (MSDH) announced Byers has been with MSDH since 1993, serving in various roles, most recently as deputy state epidemiologist, a position he has held since August 2012.



A Jackson native and resident, Byers received his Bachelor of Science degree from Millsaps College in biology before earning his medical degree.

During his tenure at MSDH, Byers has served as a staff physician in Public Health District V, medical director of the Office of Epidemiology, acting State Epidemiologist, and has filled in as acting district health officer in several districts.

Dr. Brian Credo (1993 - adolescent medicine fellowship) was recently selected for the Best Doctors — New Orleans list as published in New Orleans Magazine.

A member of the faculty at the Tulane University School of Medicine, Credo lectures at schools and for parent groups across the region on topics dealing with adolescent development and the parenting of teenagers.

He and his wife Linda recently celebrated the graduation of their oldest son from the University of Notre Dame as a valedictorian candidate, as well as his acceptance into graduate school at the University of Pennsylvania.

Their youngest son is excited about being accepted at Tulane, where he has begun his college career.

Dr. Shannon E. Cooke (1994 - orthopaedic surgery residency) of Abilene, Texas spent three-plus years in Florida after completing his residency at UMMC, practicing on active duty in the U.S. Air Force at Tyndall Air Force Base near Panama City.

He moved back to Texas in 1994, and joined Abilene Bone and Joint, where he currently practices.

He is still married to Becky; they have seven children.

Dr. Pushp Kapoor (1995 - fellowship) has been a practicing neurologist in Brooklyn Park, Minnesota since 2001, after finishing his clinical neurophysiology fellowship at UMMC.

He works for Fairview Health Services, where his subspecialty interests are electrodiagnostic medicine and Parkinson's disease.

Kapoor graduated from the Maulana Azad Medical College in New Delhi, India in 1977.

2000s

Dr. Alpa Goel Garg (2003) has moved from Boston and now lives on Long Island, New York, with her husband Amit Garg and their two children.

She is a radiologist at Northwell Health, which is headquartered in Great Neck, New York, and specializes in body and breast imaging.

She did her residency at the University of Massachusetts Medical Center in Worcester, her internship at the Louis A. Weiss Memorial Hospital in Chicago, and a fellowship in abdominal imaging at Massachusetts General Hospital in Boston.



Dr. Erika Tanner (2006) and **Dr. Leslie Mason** (2007)

Drs. Leslie Mason and Erika Tanner opened their practice in August 2011 and recently built a new clinic, Madison OB/GYN Associates in Madison.

They held a grand opening in September for the clinic.

Mason, a native of Leland, earned a degree in physical therapy at UMMC before pursuing her M.D. and completing specialty training in OB/GYN.

Clinton native Tanner completed her undergraduate training at Spelman College in Atlanta before entering medical school at the university, where she also completed her internship and residency training in OB/GYN.

Dr. Jason Black (2008) is an emergency medicine physician in Ocean Springs.

At the Medical Center, he also completed his residency in emergency medicine and an internship in internal medicine.

"Life is great on the Mississippi Gulf Coast," he writes. "I'm in a large democratic ER group and love it."

"The kids are growing up fast. We are enjoying life and feel very blessed!"



Dr. Black and his family: wife **Adrienne**, with their children, from left: **Abigail, Esther, Elijah, Bailee**.

Dr. Taylor F. Smith (2009) has been practicing at Jackson Eye Associates (JEA) in Jackson as a comprehensive ophthalmologist and cataract surgeon since 2013.

He is a member of the JEA laser cataract team, a group of board-certified ophthalmologists with extensive training in the LensX Laser system.

He also completed a residency in preliminary internal medicine and served as chief resident in ophthalmology at UMMC.

Smith and his wife Lori have three boys - Reynolds, 8; Clark, 6; and William, 3 (ages as of December 2016).

Dr. James Matthew Rhinewalt (2011) has joined the Internal Medicine and Pediatric Clinic of New Albany to care for patients in the Baptist Memorial Hospital Union County as well as in the clinic.

He completed fellowships in hospice/palliative medicine and palliative medicine at the University of Alabama in Birmingham.

At UMMC, he did his residency in internal medicine/pediatrics.

Prior to medical school, he earned his bachelor's degree in nursing at Mississippi University for Women and worked for over a year as an RN at Oktibbeha County Hospital in Starkville.

Dr. Justin Thomas Hebert (2016) is now a first-year anesthesiology resident at UMMC.

In Memoriam

Dr. Jewell Jerome Breeland, Jr. (1960) of Brookhaven; October 21, 2016; age 86

Dr. Hope Cassel (1999) of Parker, Colorado; June 26, 2016; age 45

Dr. Robert Eugene Coghlan (1955) of Aberdeen; August 19, 2016; age 92

Dr. James Mallard Holston (1976) of Laurel; June 24, 2016; age 64

Dr. Frederick Maurice Key Jr. (1958) of Dallas-Fort Worth Metroplex, Texas; May 30, 2016; age 85

Dr. Eugenia Reagan Bramlett McLaurin (Medical Certificate 1944) of Oxford, Mississippi; August 14, 2016; age 92

Dr. Tom Herron Mitchell (Medical Certificate 1943) of Vicksburg; Nov. 5, 2016; age 92

Dr. Eugene Moreau Murphey III (Medical Certificate 1943) of Tupelo; Nov. 4, 2016; age 96

Dr. Joseph Edward Roberts (Medical Certificate 1954) of Asheville, North Carolina; July 23, 2016; age 85

Dr. Milton "Mitt" Lafayette Roby (1965) of Flowood; September 22, 2016; age 81

Dr. James Edward "Ed" Ruff (1962) of Dallas, Texas; September 7, 2016; age 80

Dr. James Walter "Walt" Simmons (1962) of San Antonio, Texas; August 1, 2016; age 81

Dr. George Faison Smith (Medical Certificate 1954) of Jackson; October 19, 2016; age 89

Dr. Robert S. Tarver (1978) of Brandon; September 6, 2016; age 64

In Memoriam

DR. ROBERT LAVALLE "BOB" DONALD JR. died at his home in Pascagoula on June 9, 2016; he was 80.



Even in retirement, the family practice physician was active, making his rounds across Jackson County, where he was a Gulf Coast institution, as much as seafood and shipbuilding.

Career-wise, the Lauderdale County native's natural love of the outdoors eventually gave way to his love of working with people when he decided to study medicine.

He recalled, in a 2013 interview, what happened the first time he drew blood in medical school - he fainted.

He recovered nicely, earning his M.D. at the University of Mississippi School of Medicine in 1962.

Donald was eventually drawn to Pascagoula by his older cousin and mentor, the late Dr. Emile Baumhower Jr., joining him in his family practice in 1968.

But the U.S. Air Force veteran also spent time abroad, commanding a military base dispensary in Pakistan in the 1960s and, years later, participating in medical missions to Honduras.

Over the years, he and Janet Donald, his wife of more than 50 years, gave back to their own community as well, in what he called a "ministry to the poor and children." He helped

found Our Daily Bread, a soup kitchen in Pascagoula that also catered to the homeless.

He served on the board of directors for Volunteers in Medicine Gautier Medical Clinic, established for patients without health insurance. He built much of the playground equipment for the Bacot Home for Youth in Pascagoula.

Donald built and organized Holy Huts - housing for the homeless - and offered them free medical assistance.

In the 1980s, he was among those honored at the White House for his part in helping to create Pascagoula's innovative I.G. Levy Park. That same decade, he received the Mississippi State Medical Association Community Service Award.

In 2008, he was honored with the Lifetime Achievement in Volunteer Service Award from the Governor's Initiative for Volunteer Excellence (GIVE).

Asked at one time to name his most satisfying accomplishment, he answered, "Church work."

About six years ago, he survived a stroke and bypass surgery, but, afterward, continued to drive across the county, visiting friends and former patients - who were often one and the same.

At the end of a long day, he and Janet enjoyed unwinding on their deck behind their home on Harbor Lane overlooking Lake Yazoo, in the shade of a centuries-old oak tree.

He has been, a former patient once said of him, "part of anything good that has happened in Jackson County."

DR. WILLIAM CHARLES MCQUINN of Jackson, died on Oct. 16, 2016 at St. Catherine's Village in Madison; he was 89.



The Greenwood native's boyhood aspirations for a career in road grading matured and transformed into a distinguished calling as a psychiatrist.

He began that journey by enrolling at the University of Mississippi's former medical school in Oxford, earning a two-year Medical Certificate in 1947. Two years later, at the young age of 22, he was awarded his M.D. at Tulane University.

A U.S. Navy veteran who served in Washington, D.C., and Puerto Rico, McQuinn eventually settled with his wife Martha Jane Moe in Glendora, where a scarcity of mental health services prompted him to seek more psychiatry training at the university. Among his achievements was playing a key role in establishing

what is now known as Brentwood Behavioral Healthcare of Mississippi in Flowood, the state's first private psychiatric hospital.

During his career, he saw patients in the Mississippi Delta and Jackson, until his retirement in 1992. For the next dozen years, he worked as a landlord for an apartment building and rental homes, offering his service as a financial advisor to his lodgers.

His charitable work as a charter member of Christ United Methodist Church in Jackson spilled over into other organizations and institutions, such as the Mississippi Methodist Children's Home, Hope House and St. Andrew's Episcopal School.

For 18 years, until 1992, he directed Jackson's Walk for Mankind, which brought attention to health care needs in developing countries and raised money for Project Concern International, a global poverty- and hunger-fighting group.

His pastimes included performing a much-admired reading of "The Cat in the Hat," seashell collecting, working with power tools, reading, fishing, sailing and hiking.

DR. ANDREW ROBERT DILL of Columbus died July 29, 2016 at Baptist Memorial Hospital-Golden Triangle in Columbus; he was 79.



The West Point native, an all-state football star, attended Mississippi State University before graduating from the University of Mississippi School of Medicine in 1963.

After an internship in Mobile, Alabama and a residency at the University of Tennessee in Memphis, he began his internal medicine practice in 1967 in Columbus.

Dill served as the president of several professional organizations, including the Mississippi Society of Internal Medicine, and in many leadership roles - among them chair of

the Department of Medicine at Baptist-Golden Triangle Hospital and chief of staff for Columbus Hospital.

At one time, he saw patients at Baptist Hospital Internal Medicine Clinic and the VA Medical Center in Columbus. The Mississippi Heart Association made use of his expertise as a CPR instructor.

Dill and his former practice partner, Dr. Frank Baird, established the first coronary care unit in North Mississippi at Columbus Hospital.

An admired diagnostician, he presented cases for Baptist-Golden Triangle Hospital's continuing education program.

A humanitarian, Dill participated in a volunteer medical mission to Mexico and served as a volunteer physician at the Good Samaritan Clinic in Columbus, which provided free services to the uninsured residents of Lowndes County.

The University of Mississippi Medical Center offers equal opportunity in education and employment, and in all its programs and services, M/F/D/V.

SPACE RACE

During a tour of the new School of Medicine building, **Dr. Loretta Jackson-Williams**, left, professor of emergency medicine and vice dean for medical education, describes to **John Bobo**, M1 class president, how the lecture hall will look once completed, as **Jonathan Wilson**, chief administrative officer, background, surveys the amphitheater's spacious design. Located immediately north of, and connected to, the existing Learning Resource Center, the 151,569 square-foot, five-story school is expected to be finished in the spring.



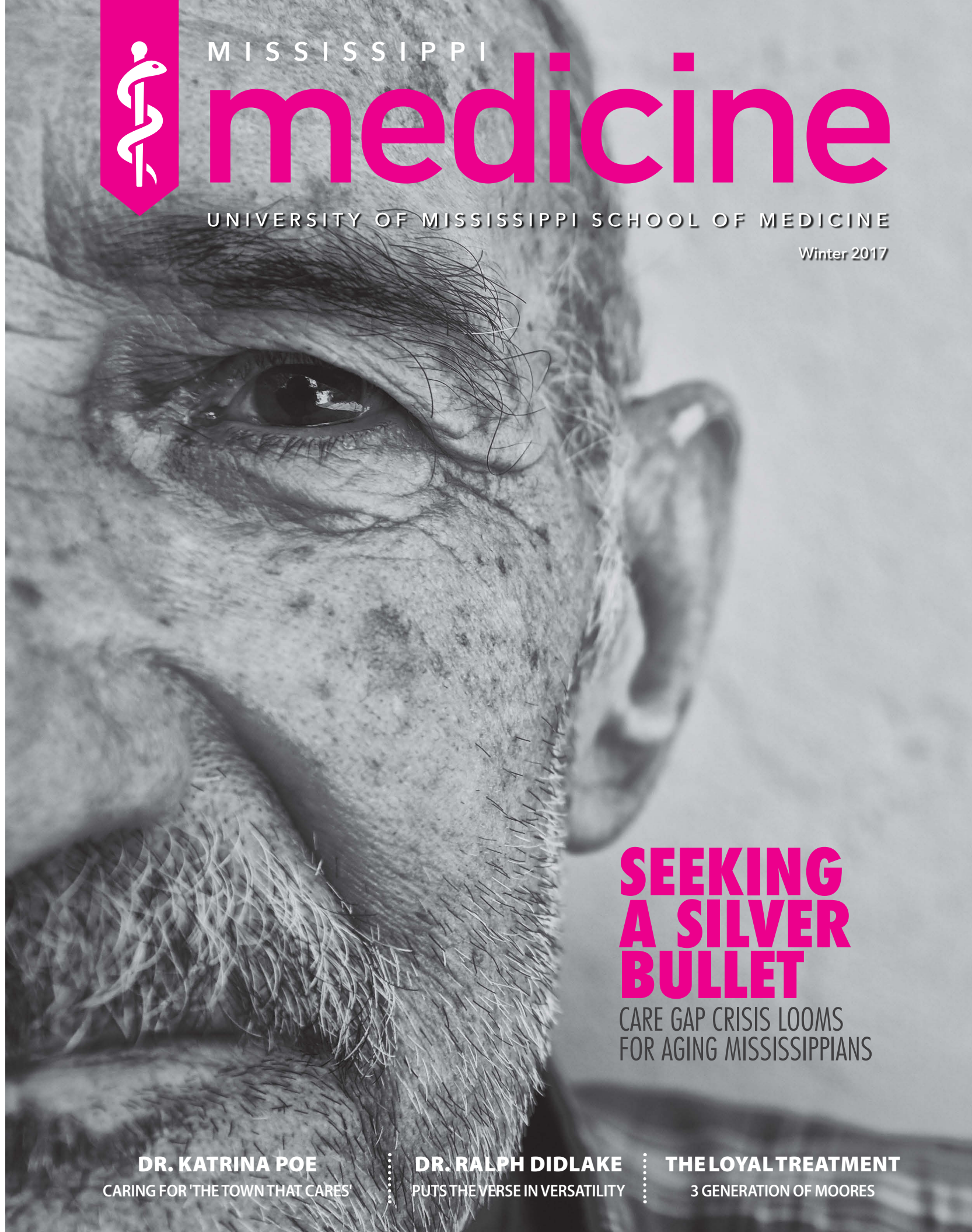


MISSISSIPPI

medicine

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE

Winter 2017



SEEKING A SILVER BULLET

CARE GAP CRISIS LOOMS
FOR AGING MISSISSIPPIANS

DR. KATRINA POE
CARING FOR 'THE TOWN THAT CARES'

DR. RALPH DIDLAKE
PUTS THE VERSE IN VERSATILITY

THE LOYAL TREATMENT
3 GENERATION OF MOORES