

SUMMER 2013

# MISSISSIPPI MEDICINE

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE



*How to*  
**MAKE** *an*  
**ENTRANCE**  
*into*  
**MEDICAL SCHOOL**

► Price of **ADMISSIONS** ► Memories and **MEDICINE** ► Setting the **TABLE**

# Match DAY

Lauren Lindsey's name was the last drawn on residency Match Day 2013, earning her the right to keep a doctor bag holding around \$600 in cash. UMMC's version of Match Day, the day when medical schools across the country announce the pairings of senior medical students and residency programs, was held March 15 at the downtown Marriott in Jackson. According to the School of Medicine tradition, each student on Match Day contributes \$5 to the bag when his or her name is called. Lindsey of Ripley matched to Wake Forest Baptist Medical Center in Winston-Salem, N.C., where she will do her residency in internal medicine.



# MISSISSIPPI MEDICINE

is published biannually for the  
University of Mississippi School of Medicine  
by the Division of Public Affairs.

Summer 2013 • Volume 4 • Issue 2



THE UNIVERSITY OF MISSISSIPPI  
**MEDICAL CENTER**  
EDUCATION • RESEARCH • HEALTHCARE

**Chancellor,  
University of Mississippi**  
Dan Jones, M.D.

**Vice Chancellor for Health Affairs  
and Dean, School of Medicine**  
James E. Keeton, M.D.

**Associate Vice Chancellor  
and Vice Dean,  
School of Medicine**  
LouAnn Woodward, M.D.

**President, Medical Alumni  
Chapter, University of  
Mississippi Alumni Association**  
Rick Carlton, M.D.

**Director of Alumni Affairs,  
University of Mississippi  
Medical Center**  
Geoffrey Mitchell

**Editor**  
Gary Pettus

**Writers**  
Joshua Cogswell  
Bruce Coleman  
Jack Mazurak  
Matt Westerfield

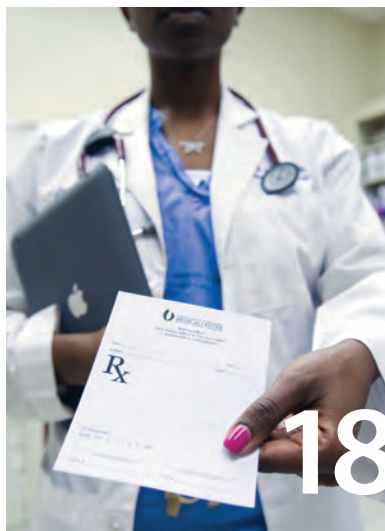
**Photographer**  
Jay Ferchaud

**Designer**  
Mary Harvel

**Associate Director  
for Publications**  
Tim Irby

**Chief Public Affairs and  
Communications Officer**  
Tom Fortner

# 10



# 18



# 22

## CONTENTS

### FEATURES

- 10 Price of Admissions**  
Med school hopefuls open doors with passion, perseverance
- 18 Net Gain**  
Social media and medicine merge at UMMC
- 22 Memories and Medicine**  
Meeks reflects on distinguished life, career
- 26 Setting the Table**  
Pascagoula physician nourishes family's legacy of giving

### THE REST

- 2 News Digest**  
A quick look at Medical Center news
- 32 Philanthropy**  
Recognizing UMMC benefactors: Dr. Edwin Flournoy, Dr. John Goude-lock and Dr. William F. Lynch Jr. and wife Gwen Lynch
- 38 Practice Rounds**  
Two bonus features: Resounding Residencies and A Record of Survival
- 42 Research Roundup**  
Catch up on the latest findings from UMMC scientists
- 44 Transitions**  
A rundown of faculty comings and goings
- 47 In Memoriam**  
Remembering those we lost
- 48 Kudos**  
Medicinal Center staff chalks up honors, acclaim
- 52 Class Notes**  
What have your classmates been up to?

# 26



## CONCUSSION TEST: NEW USE FOR OLD DEVICE

UMMC's Vestibular Laboratory is now able to administer concussion testing to young athletes and others using a piece of equipment originally designed for another, but related, use.

"Concussions are a hot topic," said Dr. William Mustain, the lab's director, "and this test will not only help determine if a concussion has occurred, but it can also provide objective data which can help answer the vital question: 'When is it safe for the athlete to play again?'"

The lab can perform the test with the Computerized Dynamic Posturography ("balance testing") device, already being used to evaluate people who complain of dizziness, vertigo, imbalance, etc., because of disease, trauma, aging or other conditions.



Mustain

The test is based on the knowledge that the body maintains balance through touch, vision and inner ear balance. The muscles receive signals from those three systems; but for people with, say, vertigo, at least one of the systems is out of whack, said Dr. Ian Windmill, an audiologist and chief of the Division of Communicative Sciences.

Because a concussion affects either the brain functions or the inner ear, causing imbalance, posturography is helpful in ferreting out the injury. Research shows that, for exposing inner ear disorders, it's more accurate than clinical exams.

And some other, conventional tests, including CT scans, aren't always reliable, said Dr. Ed Manning, Ph.D., clinical

psychologist/neuropsychology.

But it's important to get young athletes and other concussion candidates to the lab and verify a baseline, said Mustain, a doctoral-level audiologist.

This information would disclose what normal balance is for each individual.

Dr. Denise Pouncey, a doctorate-level audiologist with an Au.D., demonstrated the test with her son Carson Pouncey, 11, of Brandon, who plays soccer.

Harnessed within a rectangular frame resembling a gutted refrigerator, Carson clung to his equilibrium as he felt the walls around him move and the floor shift beneath him.

"Perfect," said Pouncey, voicing the relief of a medical professional, but most of all, of a mom confirming that her child is well-balanced.

## UMMC CLINICS SHARE NEW DIGS ON LAKELAND

Two UMMC clinics have relocated to the Lakeland Medical Building in Jackson, moves their directors say herald expanded services and better patient care.

The Department of Family Medicine's clinic – Lakeland Family Medicine Center – made its new home on the second floor, while the Department of Otolaryngology and Communicative Sciences carved out new clinical space on the top floor of the four-story building located at 764 Lakeland Drive. Compared to the family medicine clinic's old home, there's double the space for patient exams, X-ray procedures, medical student training and, literally, breathing.

The relocated clinic is on the same street as its former home; but for everyone involved, there's been a welcome change of scenery.

"It's been a joy to hear the reaction from patients who say to us, 'You deserve it,' and I say, 'No, you deserve it – a nice, comfortable place to be seen,'" said Dr. Diane Beebe, chairman of the Department of Family Medicine.

The refurbished clinic debuted Jan. 14, across Lakeland from University Rehabilitation Center with 26 clinic employees, 16 residents and about 15 clinical faculty members.

The Lakeland Medical Building is also the site of the Department of Ophthalmology's adult and pediatric clinics, which moved in about a year earlier, on the first and third floors.

In the spring, the new otolaryngology (ear, nose and throat) space debuted with brightly colored paintings of cymbals crashing, horns blaring and drums beating – Magnolia Speech School students' artwork in the pediatric ENT waiting area.

"Many of the students received hearing aids or cochlear implants through UMMC," said Abby Covington, associate director of ambulatory operations for the department. "We gave them a theme of hearing, taste and smell and let them be creative."

The renovated space – approximately 13,000 square feet – doubles the size of the clinic's former core locations in Suite K of the University Physicians Pavilion and at Grant's Ferry.

The best part of the move, according to most otolaryngology faculty and staff?

"We now have windows," Dr. Randy Jordan said with a laugh. "It's always nice to be able to look outside," said Jordan, medical director and vice chairman of otolaryngology and communicative sciences.

"Along with more room – we still have easy access for our surgeons to go to the OR if needed – it provides direct, easy access for our patients."



Beebe



Jordan

But pediatric ENT is only a portion of the clinic's services, which also include general and subspecialized care for children and adults with otology, rhinology, allergy, laryngology, facial plastic surgery, sleep medicine, endocrine/thyroid, audiology and speech pathology challenges.

"The new clinic space allows us to accommodate growth in the practice and to consolidate almost all of our services at one location," said Dr. Scott Stringer, professor and chairman of otolaryngology and communicative sciences.

For more information or to make an appointment, contact the family medicine clinic at (601) 984-6800. To reach the otolaryngology clinic, call (601) 984-5160.

# LIVER TRANSPLANT, FIRST IN 22 YEARS, HEARTENS JACKSON WOMAN

by Jack Mazurak

In March, the University of Mississippi Medical Center successfully completed the state's first liver transplant in 22 years, giving a Jackson mother a new chance at life.

Karen Battle received her new liver on March 4 and headed back home 10 days later, said Dr. Christopher Anderson, associate professor of transplant surgery and division chief of transplant and hepatobiliary surgery.

"They've given me my life back," Battle said of the University Transplant team, the donor and donor's family. "I've learned that you should celebrate every moment you have. If you're holding back, waiting for something special, don't. Live and enjoy it now."

Battle, 36, was a victim of autoimmune hepatitis, a condition brought on in 2009 through no fault of her own; her immune system attacked her liver, causing cirrhosis.

Through the last four years, she fought the disease with the help of specialists from Nashville to New Orleans. But her condition worsened.

A specialist at Vanderbilt University put her in touch with Anderson, who had moved back to his native Mississippi from Washington University in St. Louis and restarted UMMC's liver transplant program.

"It takes a team of specialists – a hepatologist, surgeons, anesthesiologists – institutional support, commitment from administration, nursing and support staff to make a transplant program work," he said.

The physicians he hired included Dr. Brian Borg, associate professor of digestive diseases and the state's only transplant



Dr. Christopher Anderson visits with Karen Battle eight days after her transplant.

hepatologist; and Dr. Mark Earl, assistant professor of transplant surgery.

At the end of January the United Network for Organ Sharing, the governing body

for organ transplantation in the U.S., approved UMMC's liver transplant program.

Battle's condition

worsened throughout February to the point that she was admitted to the Wallace Conerly Hospital for Critical Care on Feb. 27 and was put on UMMC's liver transplant list.

Only days after Battle was admitted and listed, a suitable liver was available. Earl went to procure it.

At about 9:30 p.m. on March 4, transplant team members began prepping Battle to remove her severely damaged liver. Earl returned with the donated organ and the transplant continued, ending in the early morning hours of March 5.

Borg said the chances of Battle's survival were very low if she had not received the organ.

The liver program marks the next-to-last step in building University Transplant's complete abdominal transplant line. The team broke a UMMC record last year with 103 kidney transplants. Only pancreas transplantation remains, which may come later this year, Anderson said.

Anderson expects University Transplant will handle 10-15 liver transplants this year, he said.

By press time, the team had already completed nine transplants.

*"They've given me my life back."*

Karen Battle

Watch video at [umc.edu/MedicineSummer2013](http://umc.edu/MedicineSummer2013)

# MEDICAL CENTER CELEBRATES 50TH ANNIVERSARY OF HARDY'S SURGICAL FEAT

by Bruce Coleman

When Dr. James D. Hardy and his surgical team became the first to successfully transplant a lung from one human to another on June 11, 1963, the achievement was overshadowed by what also occurred in Jackson on that fateful day – the murder of Civil Rights activist Medgar Evers.

But the shock waves of what Hardy achieved can still be felt 50 years later.

"He was an excellent technician and could get things done," said Dr. Richard Yelverton, a resident of Hardy's from 1960-65, "and he took the step forward and did it."

Dr. Marc Mitchell, James D. Hardy Professor and chairman of the Department of Surgery at UMMC, calls the lung transplant one of the "seminal events" in surgery.

"It's actually more difficult to do a lung transplant than a heart transplant . . . .

"That the lung transplant was done less than eight years after the doors to the hospital opened, to accomplish that in such a short period of time in such a young medical center, makes the feat even more fascinating."

Hardy was director of surgical research at the University of Tennessee at Memphis when Dr. David Pankratz, dean of the School of Medicine at the still-under-construction University of Mississippi Medical Center, recruited him to become chairman of surgery in 1953.

Within a year, Hardy began to concentrate on organ transplantation.

Over the years, Hardy became convinced that human-to-human organ transplants were not only possible, but entirely ethical.

"Many of the fundamental documents that govern human subject research had not been written," said Dr. Ralph Didlake,



Hardy, second from left, with his surgical team

professor of surgery, director of the Center for Bioethics and Medical Humanities and a former resident of Hardy's.

"At the time, Dr. Hardy was asking the right questions about the morality of these transplants.

"These questions helped establish the boundaries of what could be done."

Those boundaries were pushed to their limits on April 15, 1963, when John Russell, 58, a prisoner at the Mississippi State Penitentiary at Parchman, was admitted to University Hospital with a history of repeated bouts of pneumonia.

Squamous cell carcinoma in his left lung had rendered it all but useless, and his right lung had been weakened by emphysema. Russell also suffered from kidney disease.

Dr. Robert Marston, then-dean of the School of Medicine, had granted Hardy permission to do a human lung transplant under certain conditions. Hardy offered Russell the option of a transplant of his diseased left lung and he accepted.

On June 11, the transplant took place. But what attention came with the surgery was extremely short-lived.

Before the operation had concluded, Hardy received a call from the emergency room. He asked Dr. Martin Dalton, a senior thoracic surgery resident and member of his surgical team, to report to the ER.

When Dalton arrived, he found an African-American man who had suffered a gunshot wound. Dalton attempted to stop the man's bleeding and revive him, to no avail. After Dalton pronounced the time of death and went to notify the family, he learned the man he had been trying to save was Medgar Evers.

Russell, the lung transplant recipient, died 19 days after surgery – of his kidney disease, not the newly transplanted lung.

While preparing for the University of Mississippi Medical Center's recognition of the 50th anniversary of Hardy's lung transplant, Connie Machado, associate professor of academic information services, discovered many of the surviving 16 mm films of Hardy's procedures acquired by the university's library had deteriorated.

One was marked "Transplantation of Organs (Heart Out)." Last fall, Machado obtained a National Film Preservation Foundation grant to restore the 10-minute film at a cost of \$5,200.

The restored film includes the coveted footage of Hardy's initial lung transplant – in vivid color.

"We wouldn't be doing transplants today if people like Dr. Hardy hadn't had the courage to perform these procedures," said Machado.

Much of the restored footage is included in an associated video news release from the Division of Public Affairs.

Within a year of his groundbreaking lung transplant, Hardy made even bigger news when he and his surgical team became the first to successfully transplant a donor heart – taken from a chimpanzee – into a human.

The attention paid to that first heart transplant quickly surpassed that of the first lung transplant. Yet it was clear that Hardy's work had a profound impact on medical ethics, Didlake said.

"We can look back and say there is still a place for individuals who are willing to do bold things, who are willing to take risks and to advocate for treatments and theories in which they believe very strongly."





Fourth-year medical student Renaldo Williams announces his residency match to Vanderbilt in general surgery while an eager crowd of parents, student, spouses and families look on during the Medical Center's Match Day 2013 ceremony March 15 at the downtown Marriott.

## MATCH DAY 2013

During Match Day 2013, more than 100 fourth-year medical students at UMMC, plus thousands more across the country, discovered where they will receive specialty training for the next few years.

A simultaneous, nationwide event, Match Day was held March 15. For UMMC's School of Medicine, a crowd of families, friends, faculty and supporters gathered to hear students announce where they will receive residency training, which ranges from three to seven years depending on the specialty.

Of the 106 students who announced their matches during the ceremony in Jackson, 43 stayed at UMMC. Others matched as far away as New Hampshire, Massachusetts and Washington state.

During the scramble following Match Day, other students in the class found matches as well.

The newly-minted residents are training in 20 different specialties; 65 chose primary care areas, such as family medicine, pediatrics, internal medicine and OB-GYN.

## WHERE THEY'RE GOING

### UMMC seniors and their residency destinations

#### MIMI ABADIE

Medicine-Pediatrics  
Georgetown University Hospital  
Washington, District of Columbia

#### CALEB ADAMS

Orthopedic Surgery  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### WESLEY ALDRED

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### NAJAT AL-SHERRI

Obstetrics-Gynecology  
Barnes-Jewish Hospital  
St. Louis, Missouri

#### STEPHEN ANDERSON

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### CHRISTIAN BARNES

Otolaryngology  
University of California  
Irvine Medical Center  
Orange, California

#### MARY MARGARET BASHAM

Internal Medicine  
University of Alabama -  
Birmingham  
Birmingham, Alabama

#### PEGGY BOLES

Anesthesiology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### SEDRICK BRADLEY

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### KIMBERLY BRIDGES

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### CHERITA BROWN

Obstetrics-Gynecology  
Methodist Health System Dallas  
Dallas, Texas

#### JOHN BROWNING

Family Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### TAYLOR BURNS

Psychiatry  
Albert Einstein/Beth Israel  
Medical Center  
New York, New York

#### TYLER BURNS

Anesthesiology  
University of Arkansas  
Little Rock, Arkansas

#### NIKKI CAGER

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### GUNTER CAIN

Anesthesiology  
University of Arkansas  
Little Rock, Arkansas

#### PHILIP CARTER

Family Medicine  
Floyd Medical Center  
Rome, Georgia

#### SIREESHA CHINTHAPARTHI

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### CHARLES CLARK, JR.

General Surgery  
Ochsner Clinic Foundation-LA  
New Orleans, Louisiana

#### CHRIS CLARK

Otolaryngology  
University of Texas Southwestern  
Dallas, Texas

#### HALEY CLARK

Medicine Preliminary  
University of Texas Southwestern  
Dallas, Texas

Radiology-Diagnostic  
University of Texas Southwestern  
Dallas, Texas

#### ROB COCHRAN, III

Medicine-Preliminary  
Vanderbilt University  
Medical Center  
Nashville, Tennessee

Radiology-Diagnostic  
Vanderbilt University  
Medical Center  
Nashville, Tennessee

#### CASSIE CONFAIT

Ophthalmology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### CHAD COOLEY

Obstetrics-Gynecology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

#### TAYLOR COPPAGE

Anesthesiology  
University of Tennessee  
Medical Center at Knoxville  
Knoxville, Tennessee

#### KATE CUNNINGHAM CRANFORD

Internal Medicine  
University of North Carolina Hospital  
Chapel Hill, North Carolina

#### JIM CUNNINGHAM

Emergency Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## WHERE THEY'RE GOING

## UMMC seniors and their residency destinations

**MARK DAVIS**

Anesthesiology  
Cedars-Sinai Medical Center  
Los Angeles, California

**LAYSON DENNEY**

Obstetrics-Gynecology  
Virginia Commonwealth  
University Health System  
Richmond, Virginia

**WILLIAM DENNEY**

Internal Medicine  
Virginia Commonwealth  
University Health System  
Richmond, Virginia

**AUSTIN DILLARD**

Radiology-Diagnostic  
Baptist Memorial Hospital  
Memphis, Tennessee

**HEATHER DOUGLAS**

Internal Medicine  
Wake Forest Baptist Medical Center  
Winston-Salem, North Carolina

**CALEB DULANEY**

Medicine Preliminary  
University of Alabama -  
Birmingham  
Birmingham, Alabama

Radiation Oncology  
University of Alabama -  
Birmingham  
Birmingham, Alabama

**MARI BETH EILAND**

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**ASHLEY EMERSON**

Medicine Preliminary  
University of Mississippi  
Medical Center  
Jackson, Mississippi

Dermatology  
Louisiana State University -  
New Orleans  
New Orleans, Louisiana

**KAITLIN GILHAM**

Internal Medicine  
University of Nebraska  
Affiliated Hospitals  
Omaha, Nebraska

**PORTER GLOVER**

Internal Medicine  
Texas A&M College of  
Medicine-Scott and White  
Temple, Texas

**JIM GRIFFITH, JR.**

Medicine Preliminary  
Earl K. Long Medical Center  
Baton Rouge, Louisiana

**WILSON HANNAH**

Internal Medicine  
University of Massachusetts  
Medical Center  
Worcester, Massachusetts

**MEGAN HARVEY**

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**KELLEY HILL**

Medicine-Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**BRITTANY HINES**

Internal Medicine  
Mayo Graduate School of Medicine  
Scottsdale, Arizona

**PEYTON HINES**

Otolaryngology  
Mayo Graduate School of Medicine  
Scottsdale, Arizona

**SHANTELE HINTON**

Obstetrics-Gynecology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**NICK HODA**

Emergency Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**BEN HORTON**

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**AUSTIN HOWARD, III**

Internal Medicine  
University of  
North Carolina Hospital  
Chapel Hill,  
North Carolina

**KYLE HOWARD**

Pediatrics  
Texas Tech University  
Health Sciences Center  
Lubbock, Texas

**SOLA ISIKALU**

Internal Medicine  
Wright State University  
Boonshoft School of Medicine  
Dayton, Ohio

**DARRIN JACKSON**

Family Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**ALLISON JONES**

Dermatology  
University of Tennessee  
Memphis, Tennessee

**JAKE LANCASTER**

Internal Medicine  
University of Alabama -  
Birmingham  
Birmingham, Alabama

**BRONWYN LEBLANC**

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**BRANDON LENNEP**

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**DAY SMITH LENNEP**

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**STEVEN LEWIS**

Radiology-Diagnostic  
David Grant Medical Center  
Travis Air Force Base, California

**LAUREN LINDSEY**

Internal Medicine  
Wake Forest Baptist Medical Center  
Winston-Salem, North Carolina

**MEGHAN LUTER**

Medicine-Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**ANDREA MCCANN**

Anesthesiology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**ELIZABETH MCKEY**

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**ANDREW MEADOR**

Ophthalmology  
University of Tennessee  
Memphis, Tennessee

**JOHN MILLER, II**

Family Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**LORI HARRIS MINTO**

Internal Medicine  
Louisiana State University  
Health Sciences Center  
Shreveport, Louisiana

**RYVES MOORE**

Orthopedic Surgery  
University of Tennessee  
Memphis, Tennessee

**COLIN MUNCIE**

General Surgery  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**KURT NELSON**

Otolaryngology  
University of Arkansas  
Little Rock, Arkansas

**MICHAEL O'NEAL**

Emergency Medicine  
Loma Linda University  
Loma Linda, California

**SUE PARK**

Internal Medicine  
McGaw Medical Center of  
Northwestern University  
Chicago, Illinois

**SHARAE PARKER**

Obstetrics-Gynecology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**JONATHAN PEEPLES**

Psychiatry  
Dartmouth-Hitchcock  
Medical Center  
Lebanon,  
New Hampshire

**JESSICA PERKINS**

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**WILL PHILLIPS**

Anesthesiology  
Texas A&M College of  
Medicine-Scott and White  
Temple, Texas

**ELAINE PIGMAN**

Medicine Preliminary  
University of Utah Affiliated Hospital  
Salt Lake City, Utah  
Radiology-Diagnostic  
University of Utah Affiliated Hospital  
Salt Lake City, Utah

**LUKE RAWSON**

Transitional  
University of Tennessee  
Medical Center at Knoxville  
Knoxville, Tennessee  
Radiology-Diagnostic  
University of Tennessee  
Medical Center at Knoxville  
Knoxville, Tennessee

**DAVID RAY**

Radiology-Diagnostic  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**PAUL REDMOND**

Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**DEBBIE RIGNEY**

Surgery- Preliminary  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**LANÉE RILEY**

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**RICHARD ROBERTSON, JR.**

Anesthesiology  
Ochsner Clinic Foundation-LA  
New Orleans, Louisiana

**WILLIAM ROSENBLATT**

Internal Medicine  
Dartmouth-Hitchcock  
Medical Center  
Lebanon, New Hampshire

**KATIE ROYALS**

Family Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

**THOMAS ROYALS**

Orthopedic Surgery  
Louisiana State University -  
New Orleans  
New Orleans, Louisiana



# UMMC'S 57TH COMMENCEMENT BREAKS RECORD

## KHALID SALEH

Radiology-Diagnostic  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## PATRICK SÁNCHEZ

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## ELIZABETH SCHIMMEL

Otolaryngology  
Oregon Health & Science University  
Portland, Oregon

## ARMAND SCURFIELD

Pediatrics  
University of Arkansas  
Little Rock, Arkansas

## JOEL SHORES

Internal Medicine  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## STEPHEN SILLS

Anesthesiology  
Virginia Mason Hospital  
Seattle, Washington

## BROOKE SIMS

Pathology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## BRENT SMITH

Obstetrics-Gynecology  
University of Alabama -  
Birmingham  
Birmingham, Alabama

## LAURA LEE SKELTON SMITH

Radiology-Diagnostic  
Baptist Health System  
Birmingham, Alabama

## WILL SMITHHART

Pediatrics  
Virginia Commonwealth  
University Health System  
Richmond, Virginia

## CLAYTON STEVENS

Medicine-Preliminary  
University of Mississippi  
Medical Center  
Jackson, Mississippi

Ophthalmology  
Tulane University  
New Orleans, Louisiana

## RACHELANN SULLIVAN

Pediatrics  
Walter Reed National  
Military Medical Center  
Bethesda, Maryland

## JULIA THOMPSON

Medicine-Pediatrics  
University of Mississippi  
Medical Center  
Jackson, Mississippi

## KATIE TUMMINELLO

Pathology  
University of Alabama -  
Birmingham  
Birmingham, Alabama

A record number of graduates earned their degrees during the 57th commencement of the University of Mississippi Medical Center on May 24.

The total of 681 bested the previous high of 634, set in 2011. And as class sizes keep getting bigger in some programs, that record should continue to fall.

More graduates means more parents, spouses, aunts and uncles, children, grandchildren and friends. Within five years, the Mississippi Coliseum may not even hold them all.

Speaking to the graduates as he presided over the ceremony, University of Mississippi Chancellor Dan Jones said, "You've reached your educational goal through hard work and determination. I suspect that you've done so with the support, and many times, sacrifice, of parents and spouses."

Dr. Kimberly Simpson, associate professor of neurobiology and anatomical sciences, was recognized as the first recipient of the Regions Bank TEACH Prize for outstanding accomplishment in education.

◆ The six students who received top honors during the ceremony were:

- **HALEY ROUTH CLARK** of Ridgeland, who received the Waller S. Leathers Award for the medical student with the highest academic average for four years;
- **LACEY MICHELLE HARRIS** of Kiln, who received the Wallace V. Mann Award for the dental student with the highest academic average for four years;
- **PAUL THOMAS MUNN** of Mendenhall, who received the Christine L. Oglevee Memorial Award as the outstanding School of Nursing baccalaureate graduate;
- **OTTIS LEE BROWN JR.** of Flowood, who received the Dr. Virginia Stansel Tolbert Award for the highest academic average in the School of Health Related Professions; and
- **DANIEL FORREST LYONS**, who received the Charles Randall-Trustmark Award for outstanding research achievement.



School of Medicine graduate Caleb Dulaney with son, Cormack, 2.



Lacey Michelle Harris receives her Doctor of Dental Medicine degree from Dr. Gary Reeves, School of Dentistry dean.

## WHERE THEY'RE GOING

UMMC seniors and their residency destinations

### VANDANA VEDANARAYANAN

Anesthesiology  
University at Buffalo  
Buffalo, New York

### SRUTHI VEERISSETTY

Internal Medicine  
University of Massachusetts  
Medical Center  
Worcester, Massachusetts

### BRANDON WEATHERLY

Radiology-Diagnostic  
University of Mississippi  
Medical Center  
Jackson, Mississippi

### RICHARD WEBB

Anesthesiology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

### PATRICK WILLIAMS

Medicine Preliminary  
St. Mary's Hospital  
San Francisco, California

Radiation Oncology  
University of Southern California  
Los Angeles, California

### RENALDO WILLIAMS

General Surgery  
Vanderbilt University  
Medical Center  
Nashville, Tennessee

### SCOTT WILLIAMS

Emergency Medicine  
University of Arkansas  
Little Rock, Arkansas

### JORDAN WINDHAM

Urology  
University of Mississippi  
Medical Center  
Jackson, Mississippi

### NILDA MARIA WITTY

Radiology-Diagnostic  
University of Mississippi  
Medical Center  
Jackson, Mississippi

### KULLY WOODRUFF

Medicine-Pediatrics  
Duke University Medical Center  
Durham, North Carolina

## IMPLANT SHOULDERS BURDEN OF QB'S RECOVERY FROM SURGERY

A new medical device now being used at the University of Mississippi Medical Center is helping one Conerly Trophy-winning quarterback stay on track to continue his collegiate career.

The Lockdown Acromioclavicular Device, billed as the most effective solution for acromioclavicular joint (ACJ) reconstructions, promises to keep other athletes with certain shoulder separations on the playing field as well.

Designed by Prof. Angus Wallace and Dr. Lars Neumann of Nottingham University Hospital, NHS Trust, United Kingdom, the apparatus, which was approved for use in the United States in the summer of 2011, helps individuals with acute or chronic shoulder separations heal and prevents ACJ surgery failure.

Dr. William B. Geissler, professor of orthopedic surgery, employed it for the first time Jan. 8 on Ole Miss quarterback Bo Wallace, who had injured his right throwing shoulder twice in a Rebels contest on Sept. 22 and again five weeks later.

"It was amazing that he took the hits he took and was still able to throw the ball as well as he did," said Geissler, who covers the Ole Miss football team as chief of the sports medicine and shoulder programs at UMMC.

"He had some rehabilitation during the season and it was something we were hoping he'd be able to play with," Geissler said. "But particularly toward the end of the season it became apparent a surgical

operation would have to be done if he wanted to continue to play at that elite level."

Wallace's surgery had to be delayed until after the 2013 BBVA Compass Bowl Jan. 5 in Birmingham, Ala.

Three days later, Geissler implanted the Lockdown, which wrapped around the scapula and on top of the clavicle, to help secure the clavicle and put the separation back together again. He then reconstructed ligaments to reattach from the scapula to the clavicle so Wallace's body could grow within the shoulder to make its own ligaments.

The surgery prevented Wallace from participating in his team's spring practices and its annual spring game, but he fully expects to take the field in the fall.

"I thought the treatment from the Medical Center was really good," Wallace said. "Obviously, you're a little nervous with your shoulder getting worked on, but they got me in and out very quick. I'll be 100 percent: I'm 100 percent confident I'll be back."

Geissler, who's reconstructed shoulder separations for about 25 years using various techniques, said he has "no reservations" about using the Lockdown in athletes in the future.

Geissler demonstrates placement of the Lockdown.



# OFFICIALS TOUT NEW SOM IN GROUNDBREAKING

Mississippi Gov. Phil Bryant, other dignitaries and students heralded the arrival of a new, multi-million dollar School of Medicine at UMMC during the Jan. 7 symbolic groundbreaking.

“Future students will know they graduated from one of the truly great institutions in the nation,” said medical student Bradley Deere, president of the School of Medicine Class of 2014 and president-elect of the Associated Student Body.

“It’s humbling to know that where we stand now is the future School of Medicine.”

Where they stood was in a chilly corner of the Verner S. Holmes Learning Resource Center parking lot in the shadow of the library where Deere has studied for his medical degree.

UMMC officials expect the lot to be transformed into a 151,000-square-foot facility that would replace the cramped quarters characteristic of the current School of Medicine, which has no dedicated building. The estimated cost of the new school is now around \$70 million-plus.

In his remarks, the governor described such a building as a tangible approach to saving lives by reducing the state’s immense shortage of primary care physicians.

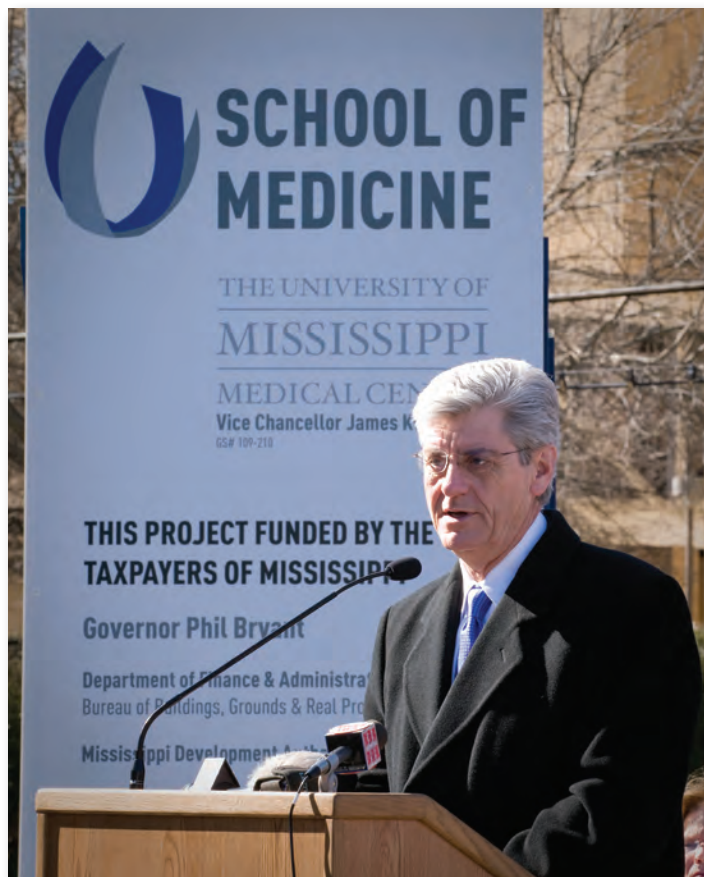
“Mississippi is the most medically underserved state,” Bryant said. “We don’t

“We can ill afford not to build this medical school,” Bryant said. “The old one and I are about the same age, which should bring you some concern.”

With more space and updated technology, Bryant said, the School of Medicine would be able to expand its first-year class size from 135 students to more than 160, and ultimately improve the health of those living in one of the country’s least-healthy states.

Envisioned by Jackson-based CDFL Architects & Engineers, the building that would rise just south of the Norman C. Nelson Student Union would be similar in size to the Ole Miss law school in Oxford. Already, roadwork linked to the site is underway near Lakeland Drive, which it would face.

On Oct. 26, Bryant announced a \$10 million award in federal Community Development Block Grant Funds (CDBGF) toward the medical-school cause.



Gov. Phil Bryant

“The legislature has been our friend for a very long time,” said Dr. James Keeton, vice chancellor for health affairs and dean of the School of Medicine.

During the January ceremony, State Rep. Philip Gunn, Speaker of the House, spoke for his fellow lawmakers: “On behalf of the legislature, we pledge to do everything we can to support this new medical school.”

Other speakers or dignitaries present included 3rd District U.S. Rep. Gregg Harper of Pearl; Dr. LouAnn Woodward, associate vice chancellor for health affairs and vice dean of the School of Medicine; Lynn Fitch, state treasurer; Dr. Hank Bounds, commissioner for the Mississippi Institutions of Higher Learning; Blake Wilson, president and CEO of the Mississippi Economic Council; and then-Mayor Harvey Johnson Jr. of Jackson.

*“Today we say help is on the way.”*

Governor Phil Bryant

have enough doctors, so people are dying. “Today we say . . . help is on the way. More doctors are coming.”

They will, it is hoped, emerge one day from the sparkling, modern corridors of the first home for UMMC medical students built since 1955, when the current School of Medicine opened as part of the Medical Center complex on State Street.

Bestowed through the Mississippi Development Authority, those funds were added to the \$4.5 million appropriated by legislators in 2011 for architectural and engineering groundwork. In April of this year, lawmakers approved \$31 million in funding to help build the new school, leaving about half the total unfunded for now. Officials say the remainder is forthcoming.

Watch video at [umc.edu/MedicineSummer2013](http://umc.edu/MedicineSummer2013)



# Medical School: MAKING AN ENTRANCE

by Gary Pettus



**Getting past the doorkeepers of medical school hinges on many attributes beyond lofty test scores and hefty GPAs – motivation, integrity, desire, compassion are among the intangible keys.**

**Here's the story of two hopefuls who were turned away – until they followed their heart through the door.**

**L**yssa Weatherly was sitting down (a good thing) when she got the word, the verdict flaring up in an email she wasn't expecting for another month.

She read it and cried – cried too hard to do any more work for a good while, she said, so she called her dad to tell him: “I got in.”

“He said, ‘In what?’”

In nothing, really – just her big dream, the dream of redemption and a second chance: medical school.

She made it in the second time, she believes, because she revealed the one thing many of today's medical schools value as much as an applicant's brains: her heart.

Apparently, the people with the power to let her in listened to it, and this is what they heard between the beats:

*I am not the smartest applicant nor do I have the highest scores, but what I do have is worth much more. I have a love for people and a determination to work my hardest at everything I do. ...*

*I want to be a doctor. I want to be a great doctor – one who loves people and will care for them with all her heart.*

More than five years after she wrote that, Weatherly of Yazoo City has finished her first year of residency at UMMC in internal medicine.



Chadwick Mayes of Madison was eating lunch at his parents' house when the email from admissions vaulted him off the couch.

“I jumped on every piece of furniture in the room, ran to the other rooms, jumped on all the furniture there, then called my mamma, jumped on some more furniture, then called my dad,” he said.

“You couldn't take my smile away for whole week.

“My blood was rushing so fast, I got so hyped. I have never jumped like a little girl before. That was the best day of my life – so far.”

It was also his second chance.

This spring, Mayes finished his second year of medical school.



No one can say for sure that Weatherly and Mayes would not have made it past the UMMC

“I used to **fake injuries** so I could go there and hang around the nurses’ station and **ask questions.**”

Chadwick Mayes

School of Medicine admissions committee 40, 30 or even 15 years ago.

But this much is clear: Compared to those days, test scores may matter slightly less; but passion, motivation and other traits that make good doctors matter more.

In health-poor Mississippi, it’s vital to train such people, said Dr. Steven T. Case, associate dean for medical school admissions.

Sometimes you have to slog through a forest of towering GPAs and test scores to find them.

So, if a member of the admissions committee asks you why you want to be a doctor, “To provide a stable living for my family,” is not a good answer, he said.

“And we don’t want to get someone who may be strong in the sciences but upon entering clinical training in the third year says, ‘Oh, I don’t like the smell.’”



For three summers as a teenager, Lyssa Taylor (she hadn’t married

Brandon Weatherly yet) ran the office of Dr. Walter Burnett, a Yazoo City family practitioner.

She liked everything about the place, even the smell. She liked the doctor.

“I loved how much the patients trusted him, the difference he made in their lives, how much he cared for them,” she said.



Dr. Steven Case

She probably could have been happy doing many things – business, banking. But there aren’t many professions that allow you to change people for good; there aren’t many that let you keep them alive – then let you see them again, maybe for years.

Her commitment to medicine strengthened through the influence of Burnett, during her pre-med studies at Mississippi College, and after her grandmother became ill.

“I believe it was being in the hospital with her and seeing her go through all that stuff, wanting to help her and not being able to,” she said.

It grew as she worked one summer in Nashville for a plastic

surgeon who created a new ear for his patient – from the patient’s rib.

“How is this possible?” Weatherly said. “It was the first time I was blown away by the ability of medicine to change things.”

After four of her friends died in separate accidents just two months apart, she knew for sure.

“That was the point in my life when I felt I had to really mature. When I realized everything could change in a second. “This is what I want to do, so I’ll do it.”

This medical school is the only one she applied to. “We need doctors in Mississippi,” she said.

Her father is a pharmacist and her sister is a master’s level nurse, but no one else in the family is a doctor.

“My parents always wanted me to go as far as I could go,” she said, “but when I told them I wanted to do medicine, they thought I was too soft-hearted, that I would cry all the time.

“I do cry all the time.”



When Mayes was a boy, he broke his arms a lot. This was fine with him because it meant more trips to the hospital.

Third-year medical students: Madiha Ahmad, Sarika Chandak, Nikhil Patel, Corey Sivils, and Chadwick Mayes



“I used to fake injuries so I could go there and hang around the nurses’ station and ask questions,” he said.

“I did that so much until I really got hurt and my parents wouldn’t take me to the hospital; they said, “Walk it off.”

Sometime after the fifth grade, he announced that he’d rather heal injuries than sustain them, so his dad, a honcho for a company that runs medical clinics, got him in touch with some doctors; one was a Jackson obstetrician, Dr. Paul Matthew Rice.

“I was 14 or 15 the first time when he let me watch a baby

being born,” Mayes said. “When I didn’t pass out, I figured this might be for me.”

His relatives also played a part. “All of them have diabetes or hypertension. I watched them have strokes. An uncle had cancer,” Mayes said.

“I saw what my family was going

through, so I thought there must be 10,000 more families here going through the same thing.”

He decided to choose primary care, he said, since “no one in my family likes to go to the doctor.”

Maybe they would go to him.



Dr. John “Hamp” Miller



Dr. John “Hamp” Miller Sr. graduated from the School of Medicine in 1962, during the era of Dr. James Hardy and Dr. Arthur Guyton, physicians who, among others, burnished UMMC’s bona fides.

“I didn’t feel like I was slighted in any way by going to this medical school,” said Miller, a Jackson native and retired obstetrician living in Nacogdoches, Texas.

“In other schools, you didn’t see the things we saw, especially in the emergency room. They bring in a man with a knife in his chest and the knife is still moving to the heartbeat; you watch doctors repair this heart, and the man lives.”



On Match Day 2013, Dr. Lyssa Weatherly and her husband Dr. Brandon Weatherly discover where he will be doing his residency – at UMMC in radiology.

Miller values his medical education, but admits the times were troubling socially. He attended the one whites-only high school in Jackson.

When he entered medical school in 1958, four women were in his class. There were no African Americans.

“All that’s changed, and Mississippi did it as smoothly as anyone else,” he said.

Asked if he thought today’s emphasis on diversity is good for medical schools, he said, “Yes, any time there’s fairness, that’s good.

“You look back on the education system I went through, there was nothing fair about it.”



The yellowed pages of old university catalogs aren’t explicit,

but you can read between the fading lines.

In 1914, when it was a two-year school in Oxford, the medical school held to the same admissions standards as those for the College of Liberal Arts. Applicants needed a year of college. You had to be at least 16, but there were exceptions. That was it.

In 1955, when the School of Medicine debuted in Jackson as a four-year institution, applicants were admitted on a “competitive basis: scholastic records and Medical College Admission Test (MCAT) scores.” They were also judged on the “basis of character, motivation and promise of fitness for the practice of medicine.”

There was no mention of diversity, ethnicity, etc., but there

was this: “Women are considered on the same basis as men.”

By the 1970s or ’80s, people were admitted without regard to “race, sex, gender,” and so forth, and by the 2000s, there was a stated “commitment to diversity.”

The 2012-2013 bulletin goes much further, laying out a long list of preferred attributes, such as the desire to learn, leadership, experience in health care, volunteering, research, employment, integrity, communication skills, the ability to play nice.

When the 2012 class formed, more than 40 percent of the students were women, 19 percent were minorities, 11 percent were African Americans.

About one in five became the first in their families to graduate from college; one in three was from disadvantaged backgrounds; more than 70 percent were from counties without enough doctors.

“Diversity is not just about race and ethnicity,” Case said.

Medical schools, particularly this one, look at the whole person; this “holistic review” ensures that Mississippi’s future doctors mirror its population – socioeconomically, culturally, philosophically, Case said.



“Dr. Weatherly has helped make the **University of Mississippi Medical Center** a better place.



Dr. Jerry Clark

“So when a group of students stands around a patient, the patient gets better care; the students get better training.”

They also get more support, perhaps, than they used to.

“We don’t want to lose a medical student, especially when most of the counties in our state are underserved,” said Dr. Jerry Clark, chief student affairs officer.

“Certainly, we’re not going to put up with issues of character, but otherwise we’re quick to provide resources to help our students succeed. And I’ll say our students have done well.”

In more than two decades of admissions reviews here, the applicants’ average science and math GPA hasn’t changed from 3.6, Case said.

The average score on the MCAT hasn’t changed; it’s still around 27 or 28; 45 is tops. In the 12 years or so that Case has chaired the admissions committee, the medical school has made this very telling discovery: “When it comes to successful graduation rates,

there is no difference between students who make a 21 or a 29 on the MCAT.



Dr. Jerry Clark

“So people might say, ‘Why did you admit someone with scores lower than the average, then deny admission to people with a 4.0 and a 38 MCAT?’

“We come back and say they lack the life experiences we’re looking for; they lack the personal attributes.”

In high school and college, her grades were “great.”

“But I was a terrible test taker,” Weatherly said.

“I didn’t do well on the MCAT either time. The first time, they turned me down because of my score.

“I decided to apply again, retook the MCAT and raised my score by only one point.”

She was the same person who applied the second time. Nothing about her had changed – except her sincerity.

“The first admissions essay I wrote, I did the cookie-cutter thing,” she said. “I wrote what I

thought were all the right things to say.

“The second time, I realized, ‘I’ve got to make you understand.’”



His GPA was “very low,” he said; his MCAT score was average.

The admissions committee turned him down in 2008.

But, later, in a stroke of what he called “divine intervention,” Mayes was invited into the Professional Portal Track Program, a mentorship effort for students with less-than-stellar grades but the potential to succeed in medicine.

His GPA shot up by more than a point in this program, while his MCAT score barely improved.

So he concentrated on making the grade in his community; he mentored middle-school students and built houses for Habitat for Humanity.

He matured, in part because of the deaths of several people close to him. “I realized that life is kind of short; you can’t be lollygagging.”

He described all this in his admissions essay – “making sure it was truthful and sounded good.”

“The second time,  
I realized, ‘I’ve got to  
make you understand.’”



Lyssa Weatherly

The admissions committee liked the sound.



She was “tabled” the second time; put on a waiting list.

That’s why she wasn’t expecting to get the word so soon. That’s why she cried so hard when she found out; although, she would have cried anyway.

“When I got in, it was, ‘I’m going to prove you guys did the right thing.’”

But it wasn’t what she expected.

“It was better,” Weatherly said.

“The first two years are about learning how to be a good student. It’s all about you. You have to miss people’s birthdays, family trips, because you’re studying.

“By the third year, you realize it’s not about you anymore. When you open a book as a third-year student, it doesn’t say, ‘This is a book on hypertension.’

“It says, ‘Mrs. Smith.’”



During his time in medical school so far, Mayes has helped organize fund-raising for Batson Children’s Hospital, including one that brought in more than \$2,000.

He’s a leader, Clark said. “There’s just something about Chad that makes you gravitate toward him.”

For her part, Weatherly has led a program recognizing the medical center’s staffers, put together course reviews for M1s, helped newly-admitted students learn the ropes before they get here.

“Dr. Weatherly has helped make the University of Mississippi Medical Center a better place,” Clark said. “I’m not aware of anyone who has made a bigger impact as a student.”

The admissions committee got it right, he said.



### **MARCH 15: Match Day.**

Lyssa Weatherly has been here before; her husband Brandon has not.

They dated in college and were married last year. A few years ago, both decided to apply to medical school at the same time, her first time. But on this day, he is still a four-year student, one year behind her.

He needs a residency match at UMMC; he needs to be with his wife.

“If I don’t get this,” he says, “I may be working at Krystal Burger.”

They sit next to each other in the crowded room, her head resting on his shoulder, waiting for his name to be called.

He hops to the stage, opens his envelope, and in a spoof of LeBron James’ NBA melodrama, dons a baseball cap and says, “I’ll be taking my talents to the University of Mississippi Medical Center in Jackson.”

Through her smile and, of course, her tears, maybe Dr. Lyssa Weatherly remembers why her husband is a year behind her, a turn of events that goes back to the day they were struggling to write their admissions essays together, when she suddenly stopped and began to sob, unable to put into words how much this meant to her.

One day he would decide that it meant a lot to him, too; but at that moment, he hugged his future wife, shut down his laptop and gave up, unwilling to risk taking a spot from anyone with that much heart. **M**

# WORDS OF HONOR: When essays matter

**Getting into medical school may not depend solely on finding the right words to say, but the search can be worth it.**

Every year, medical school hopefuls try to express their passion and sincerity in interviews and their personal comments, or essay.

For the UMMC School of Medicine admissions committee, well- or ill-chosen words can reveal much about a candidate's potential as a student and doctor.

"How important is the essay? It depends on how well or how poorly a student does on it," said Dr. Steven T. Case, associate dean for medical school admissions.

"I've read one student essay that had just one sentence.

"On the flip side, we've had students who were the first in their family to go to college; who went to a public school that failed in many of (the educational requirements); whose family income was well below poverty level.

"And yet they believe they have led a blessed life, and express that to us; this tells you something about their character.

"So the essay can count a lot or count nothing."

For **Lyssa Taylor** (now Weatherly), it seems, the essay could have hardly counted more.

For **Chadwick Mayes**, the words he chose revealed how much he had matured.

Here is what they wrote.

## { Essay Excerpt }

### Chadwick Marsalis Mayes

2011 Entering Class

Submission date: 10/06/2010

...Over the past six years, I have experienced changes that were minute and enormous. Some of these changes stem from failures and others from successes. ...

Over the past year, I have been able to increase my GPA over one point. Although my MCAT score only went up one point, I feel like my potential for success in medical school is as good as any applicant. I have also increased my study habits and community outreach. I have learned to apply my knowledge, instead of just memorizing it. ... I have motivated the minorities in my program to achieve and have been an example of what a good student should be. I was also able to help build houses for Habitat for Humanity, as well as mentor 5th-8th grade children through the Project Innovation Program. I have begun to notice helping people makes me happier as a person and I want to continue serving my community and my family.

At the age of twenty-four, I have experienced gains from an opportunity to continue my education through the Professional Portal Track program and losses of three family members and one close friend. I have learned to fight through the obstacles and keep pushing towards my goals this year. I have matured because of a second chance to continue my education and learned to appreciate life, family, and friends. An opportunity to matriculate into medical school is an honor and promises not to take my second chance for granted.

## { Essay Excerpt }

### Lyssa Alaina (Taylor) Weatherly

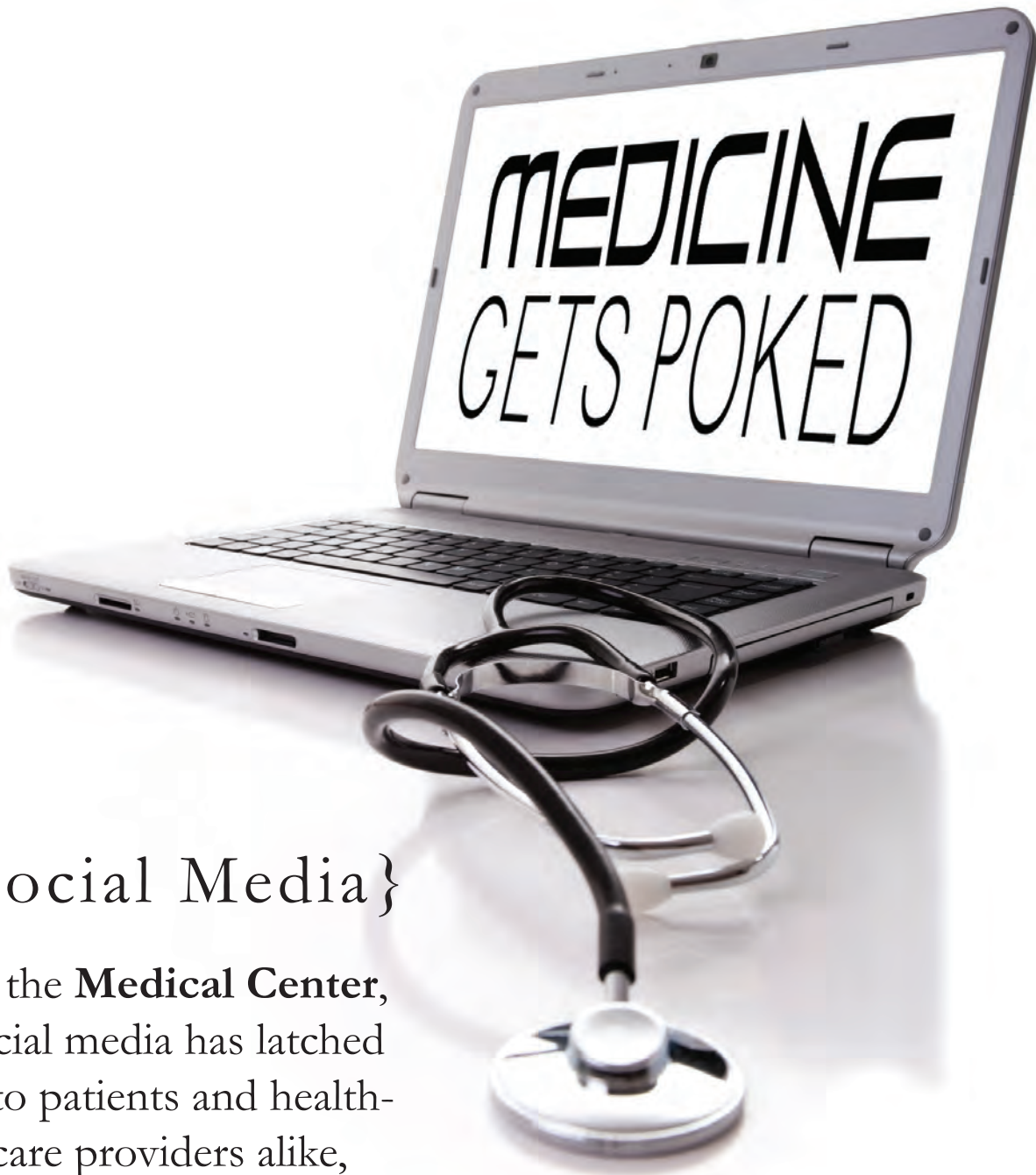
2008 Entering Class

Submission date: 10/15/2007

...I do not want someone who is simply brilliant to be my doctor. I want someone who will work their hardest for me. I see so much of this in myself. I am not the smartest applicant nor do I have the highest scores, but what I do have is worth much more. I have a love for people and a determination to work my hardest at everything I do. ...

I have learned so much about medicine. I have learned it holds the power to save lives. That alone leaves me dumbfounded. I have learned with the same measure it has the power to end them as well. I have also learned that it has limits. When I shadowed an oncologist one summer, I left the office everyday heavy from the weight that there is so much that still needs to be researched and improved. It blew me away that the answers could possibly be out there, but they are not being found quickly enough. Because of this, I have gained so much respect for medicine and the people who practice it. I have seen a heart stop beating and start again and been in awe of its mystery. I have seen the power of a reconstructive surgery completely change the personality of a once discouraged woman to one of pride and confidence. I have seen cancer therapy drugs lengthen the life of a patriarch of a loving family to bring them unspeakable joy. I am enthralled by this. It completely captivates me, and I want to be a part of it. ...

I want to be a doctor. I want to be a great doctor - one who loves people and will care for them with all her heart. It pushes me even now, and I know it will continue to push me ... through waiting, through medical school, and through life.



## {Social Media}

At the **Medical Center**, social media has latched onto patients and health-care providers alike, hooking them with its power to dispense massive doses of information, research and, in many cases, solace.



Lauren and Hayden Casavechia



by Gary Pettus

**Soon after her baby began his battle with a shockingly rare disease, Lauren Casavechia experimented with a relatively new and potent therapy: blogging.**

**T**he Web log she started following her son Hayden’s diagnosis offered something traditional medicine did not: a way to connect with, console and be comforted by, parents like her.

“It’s easier to talk to each other sometimes than to your friends who have healthy children, because you don’t want to make them sad,” said Casavechia of the Scott community near Greenville, whose son was treated at Batson Children’s Hospital.

“You give each other advice and share information; the blog has been my big help.”

Blogging is just one form of social media – along with Twitter, LinkedIn, Skype, Facebook and more – that has friended medicine at UMMC, treating patients with a free supply of boundless information, while arming practitioners with fresh instruments for research, education and awareness.

“We use Facebook, Twitter, YouTube, you name it,” said Kevin Stump, CEO of the Mississippi Organ Recovery Agency, which deploys social media to encourage organ donation and boost donor registries, a potential benefit for transplant candidates at UMMC.

In May of 2012, Facebook added features that promoted organ donations and provided links to



register. Within the first week, as reported by the John Hopkins University medical magazine, the number of registered donors had exploded nationwide by 1,183 percent.

“You have to use traditional and social media,” Stump said. “It takes all avenues.”

The trick is to avoid making a wrong turn.

Social media and the Internet are a laundry list of medical symptoms – and a fountain of hypochondria.

They’re a support system for the sick – and poor substitutes for doctor’s appointments.

They’re aces at describing a disease – and amateurs at identifying yours.

“There are no controls for who claims to be an expert,” said Dr. David Norris, assistant professor of Family Medicine at UMMC.



“E-medicine, WebMD, and FamilyDoctor.org are among the reliable web sources. But there are other sites that are not professionally validated.”

This is worrisome in light of a survey compiled by the Pew Research Center in late 2012: One out of three U.S. adults has used the web to dope out a medical issue.

“There is a huge potential for misinformation,” Norris said.

Even patients who depend solely on trustworthy websites, rather than visits to the doctor, could be risking their peace of mind, maybe their health.

They may conclude they’re under attack, say, from poison ivy when the culprit is shingles – or vice versa.

“They may self-diagnose with very rare, and at times very frightening, diseases,” Norris said, “when there’s a more benign cause.”

They may resort, unknowingly, to a harmful treatment, as one of his patients did, based on a Facebook post’s recommendation for controlling diabetes: cinnamon.

“Cinnamon sugar is concentrated carbohydrate, which actually made her condition worse,” Norris said.

Still, social media’s potential for sweetening health care is immense.

The Mayo Clinic has acknowledged its power by creating the Social Media

Residency program, where participants learn to shoot, edit and upload videos with smartphones and other devices.

They learn how to improve patient education, employee-patient communication and their organization in general through social media.

It can spread the word about a new study, new approaches and treatments; you’re reaching a wider audience.  
Dr. Joey Granger

For its part, UMMC has its own Facebook page and Twitter news feed for patients and employees.

Mindful of social media’s strengths, many physicians and faculty members have launched themselves deep into cyberspace.

Dr. Sydney Murphy, an instructor in UMMC’s Department of Pharmacology and Toxicology, is particularly Facebookish.

As a member of a section committee for the American Physiological Society, she updates a page

with training schedules, awards announcements, job application guidelines for students and more.

The society also exploits, or plans to, such sites as HootSuite and ResearchGate to keep scientists wired in and savvy, she said.

LinkedIn, for one, can be kind to careers.

“Dr. Granger can go in my page and say, ‘Sydney is an expert in the field of kidney disease, hypertension,’” Murphy said.

“It’s like a letter of recommendation.”

Dr. Joey Granger is dean of the School of Graduate Studies in the Health Sciences, and a social media convert – to a point.

“It can spread the word about a new study, new approaches and treatments; you’re reaching a wider audience,” said Granger, the Billy S. Guyton Distinguished Professor of Physiology and Medicine.

But he draws the line at releasing, willy-nilly, studies and experimental treatments not carefully scrutinized. “The foundation of medical research is peer review,” he said.

At any rate, research is getting poked firmly by Facebook and its cyber cousins, especially in the area of recruitment.

Earlier this year, the Division of Clinical Immunology at UMMC posted a plea for study subjects on its new Facebook page, said Dr. Krissy Rehm, division director.

“Within an hour, 100 people had seen it.

“Our standard way of recruitment is to put out flyers around the medical



Dr. Sydney Murphy

complex and on the Intranet scrolls. But everybody is on Facebook.”

A social-media relative, Gotomeeting recently, and instantly, transported through the ether a UMMC biochemistry research lab to eighth-graders at Bay Waveland Middle School in Bay St. Louis, about 170 miles away.

“We used an iPad to show them around the tissue culture room,” said Dr. Hanna Broome, who earned her Ph.D. in biochemistry in May and helped organize the Web-hosted video conferencing sessions as a graduate assistant.

“Then we moved to a computer with a webcam to show them pictures of cells under the microscope.”

Those live images were of HeLa cells, as described in the book the students were reading, *The Immortal Life of Henrietta Lacks*.

Those conferences reached well over 100 students, who did not have to endure a three-hour bus ride to Jackson or squeeze into a crowded lab to see their studies come alive. They sat in the school library.

“This is a great tool for awakening in students a passion for science,” Broome said, “especially students who may not have otherwise been able to visit a lab.”

Social media’s capacity to bring like-minded, but far-flung, people together continues to hearten Casavechia, even now, after her son’s death last



August when he was 14 months old.

Hayden’s frequent seizures were caused by adenylosuccinate lyase deficiency, a disease that affects only a handful of children

in the United States, and not many worldwide.

After Casavechia couldn’t find much information about it, she started her blog, “so that when other families came in contact with ASLD I could help them.”

People from across the world found her – her blog had nearly 100,000 views as of January – people whose children had similar diseases or whose babies suffered

from seizures. People seeking answers.

“I might not have the answers,” Casavechia wrote, “but would love to communicate.” Rather than focus on the statistics, she said, “I would love to share how we made each day count in Hayden’s life.” **M**



### { stay connected }

-  [facebook.com/ummc1](https://facebook.com/ummc1)
-  [#UMMCNews](https://twitter.com/UMMCNews)
-  [youtube.com/ummcnews](https://youtube.com/ummcnews)
-  [@UMMCNews](https://instagram.com/UMMCNews)
-  [facebook.com/batsonhospital](https://facebook.com/batsonhospital)
-  [#blairebatson](https://twitter.com/blairebatson)
-  [youtube.com/batsonhospital](https://youtube.com/batsonhospital)

## SOCIAL MEDIA AND HEALTH

Percentage of consumers who have:

Posted about their health experiences or updates:

**24**

Commented about their health experiences or updates:

**27**

Posted reviews of medications or treatments or doctors or health insurers:

**16**

Shared health-related videos or images:

**16**

Traced and shared their health symptoms or behavior:

**18**

Joined a health-related cause:

**20**

Supported a health-related cause:

**28**

Source: PwC HRI Social Media Consumer Survey, 2012



Dr. Rodney Meeks

# mending the fragile life

by Gary Pettus

UMMC'S MEEKS REFLECTS  
ON DECADES OF  
HEARTBREAK, TRIUMPH



## FACULTY PROFILE

### He was 15 the day he got the news about Cliffie.

Some 50 years later, Dr. G. Rodney Meeks of Brandon doesn't dwell on it, doesn't say it propelled him into medicine, the profession he excelled at until his retirement this year.

But when asked to describe a life-changing event, he remembers his brother.

"Life is fragile," said Meeks, repeating a truth that has dogged him as an OB-GYN and professor of medicine at UMMC, and also as a brother, son and father.

Still, there is this other truth he could always cling to, one that helped define him: You can put some people's lives back together.

Over his 35-year turn at UMMC, he saw this. He saw younger and younger babies survive premature births.

He saw the rise of *in vitro* fertilization and test tube babies, progress in reconstructive surgery and cancer treatments, and a surge of women entering medicine.

"I feel very blessed to have been here," he said, unable to name any lowlights from his career.

"There were so few of them by comparison to the good things, they just don't stick in my mind."

He prefers to reflect on the healing power of medicine and his acknowledged mastery of it – he specialized in pelvic-floor disorders and, in 2008, the Society of Gynecological Surgeons named him Distinguished Surgeon of the Year.

Medicine's possibilities were first revealed to him decades earlier, by an old book he discovered in his grandmother's house when he was 9 or 10.

It was a Merck's manual, the classic medical textbook whose earlier, 1899 edition, for example, included treatments for collapse, perspiring feet and nightmares.

"It was fascinating," Meeks said.

As a cure-all for life's ills, the book, however, had nothing on his father, a World War II veteran who had landed at Normandy, and then found civilian life afterward serene by comparison.

"My dad was happy in general, even with all the hardships he faced. He always believed that he and we could deal with any situation," said Meeks, who tried to make his father's character his own.

Maybe that's what sustained him that Saturday when he'd been mowing the lawn and his parents came home to break the news about his 6-year-old brother.

"I believe these were my mother's exact words: "We lost Cliffie."

"My first thought was, 'Let's go find him.'"

## ACCOMPLISHMENTS and MEMBERSHIPS

Winfred L. Wiser Chair  
of Gynecologic Surgery, UMMC

Director,  
Division of Gynecology, UMMC  
Distinguished Surgeon of the Year,  
Society of  
Gynecologic Surgeons, 2008

American College of Obstetricians  
and Gynecologists Fellow

Ward L. Ekas Award for outstanding  
resident in obstetrics and gynecology,  
University of Rochester (N.Y.) Strong  
Memorial Hospital, 1978

American College of  
Obstetricians and Gynecologists  
Society of Gynecologic Surgeons  
American Urogynecology Society  
Mississippi State Medical Association

Jackson Gynecic Society

Winfred L. Wiser Society

Association of Professors of  
Gynecology and Obstetrics



Dr. Rodney Meeks, far right, with his accomplished family, from left: daughter Dr. Ellen Meeks, who has a doctorate in physical therapy; daughter Dr. Shannon Meeks, a pediatrician in Atlanta; wife Dr. Sara Meeks, who retired from medicine early in her career; and son Patrick Meeks, a computer engineer in Ocala, Fla.

# mending the fragile life

The boy he used to take swimming and on bike rides had drowned during a boating trip at the Barnett Reservoir. This left Meeks with “a certain outlook.”

Within a year or so, he would make up his mind to save lives for a living.

His family – including his sister and another brother – had been in Mississippi for several years by then, moving from Oklahoma, where Meeks was born and where he found the Merck’s.

Over time, the book continued to work its magic, and by high school in Columbia, his family’s home for several years, he believed that a doctor’s life would be “extremely rewarding.”

“I wanted to see and live in a different place,” he said.

When Dr. Henry Thiede, UMMC associate dean of academic affairs, announced he would become chair of Rochester’s OB-GYN department, Meeks, Sara and their 6-month-old daughter Ellen moved to the Empire State.

“We didn’t have a washing machine in Rochester,” Sara Meeks said. “So, when it snowed, we had to pull our dirty clothes to the laundry on a sled.”

During his residency, Meeks had more luck fixing his patients than he did his roof, which leaked whenever it rained.

But, as his family physician in Columbia warned him:

---

“He was one of the **nicest** people I ever encountered at UMC.”

Dr. Karen Cole

---

So did the woman who would become his wife.

Between him and Sara McDavid of Macon, there was, in every sense of the word, chemistry – their major at Millsaps College in Jackson, where they met.

During summers, Meeks would write to her from the New Mexico oil fields where he worked to earn college money. At Millsaps, they both toiled in the cafeteria, and made plans to become doctors.

Although Sara would become a pediatrician, she retired early to devote all her time to volunteering and bringing up their children: Ellen, the oldest, now a UMMC doctor of physical therapy; Shannon, a pediatrician in Atlanta; and Patrick, a computer engineer in Florida.

“I never got to the point where I could go back to work,” said Sara Meeks, noting that her husband always backed her up choices.

“We’ve been married 43 years,” she said. “Sometimes it’s been hard, but I haven’t seen anyone I’d swap him for.”

Almost two years older than her husband, she had finished her second year of medical school when Meeks was accepted in 1970, the year they were married.

“We were broke,” Sara Meeks said, “and we knew we were broke.”

Although she finished her residency at UMMC, Meeks considered a more exotic setting for his residency in OB-GYN: the University of Rochester in New York, a place recommended by some friends, and a long way from home in miles and Fahrenheit.

“You can’t heal them all.”

No one had to tell Meeks that, certainly not after his father, at 52, died of a heart attack.

“It made me realize, more than ever, that you should do whatever you can to enjoy life,” Meeks said. “I can tell you that my dad enjoyed it very much.”

He decided to enjoy it in the state he considered home, after he was lured back to Mississippi by his mentor, Dr. Winfred Wiser, then the chair of UMMC’s OB-GYN Department and the man for whom UMMC’s Hospital for Women and Infants is named.

“When I got here in 1978 after my residency, I told Dr. Wiser that I would make a commitment to stay two years,” Meeks said.

Two decades later, Meeks was named the Winfred L. Wiser Chair of Gynecological Surgery – “one of the best moments of my career,” he said.

From the moment he had returned to Mississippi, Meeks began making his reputation in UMMC’s classrooms and OR; on youth soccer fields, where he refereed with his son Patrick sometimes; and in the choir loft and pews of St. Mark’s United Methodist Church in Brandon.

“He gets to church early just to shake hands with everyone, to let them know they’re welcome,” said the Rev. Sandra Thomas, pastor of worship and music.

He has written thank-you notes and get-well cards about as often as he’s written prescriptions – which they are, in a way.

While Thomas' daughter was being treated for cancer years ago, Meeks and Sara helped out by keeping Thomas' two young sons "at the drop of a hat," Thomas said.

"They're just very kind people."

As a medical student working under Meeks on research projects, Dr. Karen Cole saw his gentleness bubble up in the lab.

"When our first rabbit died, I cried like a baby," said Cole, a Jackson OB-GYN, "and he didn't think I was an idiot.

"He was one of the nicest people I ever encountered at UMC."

Sister Clarice Carroll saw Meeks' compassionate side as well when he helped her spearhead a prenatal-care program for women in prison.

Now a retired associate professor of OB-GYN, she said he was known at the medical center as a "gentleman" and the doctor "with a beautiful head of curly hair."

That's why she, among many others, was shocked the day he came to work bald.

Meeks' daughter Ellen probably knows the story best.

In 2001, when she was 27, she needed surgery on the part of the brain linked to her seizures; she had to have her head shaved.

"I guess my dad figured I was tired of talking about the surgery, so he decided he'd give everyone a new topic of conversation," Ellen Meeks said. "It worked."

As she lay in her hospital room following the operation, she walked her father – sporting a head as barren as hers. He had also shaved off his grand, handlebar mustache – perched under his nose for years like the wings of a small bird.

The whole family was startled, Sara Meeks said. "One of the kids saw him and said, 'Here comes Mama Jean.' He looked so much like his mother."

Later, Meeks would repeat the gesture after Sara lost her hair during chemotherapy for breast cancer.

"He doesn't put the lid down any more often than the other guy," she said, "but he is very kind."

Now, in his retirement, Meeks plans to travel, teach some classes part-time and, "after driving to the medical center for 35 years, see if I can force my car to turn in another direction."

The book that helped put him on that path, the Merck's, has vanished. But he remembers it well, the exhaustive roster of cures or treatments for almost every condition, it seemed, except heartbreak.

When it comes to that, he has to face it alone, except when Mama Jean's in town, and they drive together to Lakewood Cemetery on Clinton Boulevard and visit Cliffie. **M**



During his "A Faculty Farewell Dinner" retirement event Jan. 30, Dr. Rodney Meeks, second from right, receives a gift marking his 35 years of service to the Department of Obstetrics and Gynecology and the Medical Center. On hand for the presentation were, from left, Dr. Harriette Hampton, professor; Dr. Mohamed Ghafar, assistant professor; and Dr. James Shwayder, professor and chairman of the department.

Dr. Robert Donald Jr. of Pascagoula helped found an organization that sponsors the Daily Bread soup kitchen, one of the many community projects that occupy the retired physician. The dining area features a mural of the Last Supper.



# Compassionate BIRTHRIGHT

## DR. ROBERT DONALD JR. WAS DESTINED TO SERVE THE FORSAKEN

by Gary Pettus

It had been a typical day at Our Daily Bread, a Pascagoula soup kitchen, where the aroma of fried chicken had lured a homeless couple, Krizia Deal and Michael Pickett, from the woods.

Typical until the visitor arrived – a towering man in his 70s who took a seat beside Deal, a mural of the Last Supper looming behind them.

“Without this place, we wouldn’t have anywhere to eat,” Deal said to the visitor, who probably knew that already.

She was addressing Dr. Robert Donald Jr. of Pascagoula – the man who happened to drop by for a tour of the place he helped found; the only place Deal and Pickett ever get a hot meal; the only place for hundreds of people like them.

It’s just one sample of Donald’s “ministry to the poor and children,” as he calls it, a ministry that is central to his life and family history, a timeline notched by the figures of the down-and-out stretching back to the Great Depression and his grandfather’s door, where they could also get a bite to eat.

“I’ve always been proud of that,” said Donald, a graduate of the medical school class of 1962.

While his heritage made him proud, it took a couple of encounters a half a world away to make him act.

Those chance meetings were so haunting, that when he started acting, he didn’t stop – not after his retirement, not after a stroke.

A rolled-up inventory of his charity and relief work would be thick enough to stun a gar.

Over the years, he has been joined by many others in the cause, including Janet Donald, a former teacher and mental health counselor, and his wife of 51 years.

### COMMUNITY SERVICE and HONORS

- ◆ Lifetime Achievement in Volunteer Service, 2008 Governor’s Initiative for Volunteer Excellence (GIVE)
- ◆ 2009 Outstanding Service Award, Jackson County United Way
- ◆ Mississippi State Medical Association Community Service Award, 1986
- ◆ Episcopal Diocese of Mississippi, Honduras Medical Mission, five times
- ◆ Remote Area Volunteer, Medical Corps mission to Southwest Virginia/Kentucky, 2003
- ◆ Founding president, Our Daily Bread, 1981
- ◆ Chair, Bacot Home for Youth
- ◆ Board of directors, Jackson County Civic Action Committee
- ◆ Board of directors, United Way of Jackson County
- ◆ Board of directors and medical advisory board chair, Volunteers in Medicine Gautier
- ◆ Advisory Board, Salvation Army, Jackson County
- ◆ 2000 Pascagoula Rotary Outstanding Citizen, Jackson County
- ◆ Rotary International “Paul Harris Fellow,” twice

“He was my physician,  
but I count him as a good friend, too.  
I almost cried when he said  
he was retiring.”

Shirley Mullins

“You can’t say no to Bob and Janet, when they have given so selflessly to the community,” said Linda Holden, Moss Point’s former economic development director.

“The two of them, without missing a beat, without drawing a breath of tiredness, just keep marching on.”

From food pantries to a free medical clinic to the scars from the wounds he helped heal during his 40 or so years in family practice, Donald’s handiwork extends not only from Pascagoula to Ocean Springs but also into Central America.

“Whatever it is, if you say ‘Dr. Donald’ with it, you know it’s going to be good,” said Shirley Mullins of Vancleave.

“As his patient, I wasn’t just a number to him.

“When I was pregnant – this was years before ultrasound – he found my baby’s heartbeat with a stethoscope and marked it with an ‘X’ on my stomach. He said, ‘Now you can go home and show your husband.’

“That’s the kind of personal, hands-on doctor he was.

“He was my physician, but I count him as my good friend, too. I almost cried when he said he was retiring.”

Donald, who turned 77 on June 15, is retired, but still moving, making the rounds across Jackson County, where his face is as familiar to residents as the salty air and the shrimp po-boys at Bozo’s.

Not bad for someone from Lauderdale County, some 150 miles north of the Gulf of Mexico.

Donald’s everlasting love of the outdoors was born in Meridian, where he also came into the world.

It was there that his mother, Mary Neville Donald, suddenly found herself bringing up three children on her own. Donald Sr., a World War II Army physician, had suffered a fatal heart attack in the service when Donald Jr. was 14.

Before earning his M.D. at Jefferson Medical College, Donald’s father had attended the Ole Miss medical school, which was then a two-year institution in Oxford.

A new, four-year school would be up and running in Jackson before Donald Jr. turned 20. But discovering your calling and being able to afford it are two different things.

He pondered, instead, finding a job in the woods.

“Sewanee had a great forestry program, and I considered that for a career,” he said, referring to the University of the South, his undergraduate alma mater.

“But I realized I wanted to work with people.”

Working with people, though, requires a strong stomach; the first time Donald drew blood in medical school, he passed out.

“I was on the floor,” he said.

He got over his squeamishness, as well as his financial hump. Physicians

lined up to loan him money for his schooling at UMMC; the U.S. Air Force, which he had joined, contributed to his senior year’s costs.

Among the physicians who helped was his older cousin and mentor, the late Dr. Emile Baumhower Jr.

After establishing his family practice in Pascagoula, Baumhower was the draw that eventually led Donald to the Coast.

“He was one of the great guys in this world,” Donald said. “He was my big brother.”

Together, they would launch reputations that inspired a ‘Goula girl and future physician.

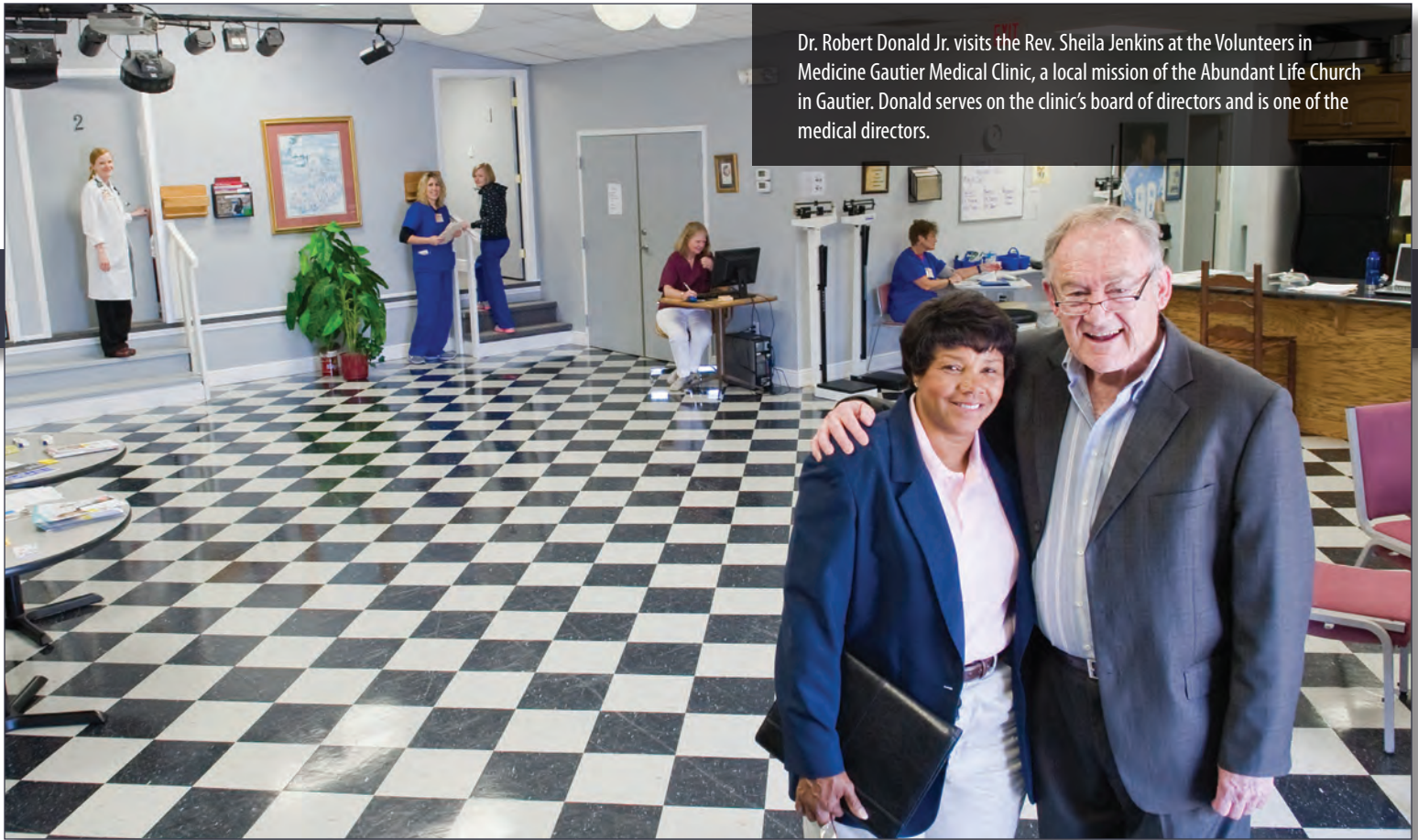
“If you were their patient, they made you believe you were the most important thing to them at that moment,” said Dr. Teresa Williamson of Pascagoula, who was about one second old the first time she saw Baumhower, the doctor who delivered her.

“That was the kind of doctor I wanted to be.”

As a teen, Williamson went on a trip with a youth group from St. John’s Episcopal Church, which dispatched Donald as a chaperone, fortunately.

“On the way there, my brother cut his head while horsing around,” Williamson said.

“There, on the side of the road between Pascagoula and Orlando, Dr. Donald pulled out his black bag and stitched him up in the Winnebago. I got to assist him.



Dr. Robert Donald Jr. visits the Rev. Sheila Jenkins at the Volunteers in Medicine Gautier Medical Clinic, a local mission of the Abundant Life Church in Gautier. Donald serves on the clinic's board of directors and is one of the medical directors.



At Our Daily Bread in Pascagoula, Dr. Robert Donald Jr. shares a moment with homeless couple Krizia Deal and Michael Pickett, who depend on the services of the soup kitchen. "This is the only hot meal we get," Deal said.

Dr. Robert Donald Jr. and his wife Janet Donald end their day together on the tree-shaded deck of their home in Pascagoula.



"Then we got back on the road went to Disney World."

Her dream at that time was to practice with Baumhower and Donald, she said. "They said they would wait for me."

When Williamson graduated from medical school, her parents gave her a black bag; its contents were all Dr. Donald-approved.

In 1996, she joined him and Baumhower. Today, she practices with Dr. Robert Donald III, one of Donald Jr.'s three sons. "We call him 'Little Bob,'" Williamson said. "Bless his heart."

As for "Daddy Donald," she said, "to have worked with him, life couldn't have been better.

"He misses being a doctor, but he's still doing what he loves, which is helping people."

He came by this love honestly.

Years ago, in Meridian, his uncle fired up his own soup kitchen, Donald said.

In the 1930s, following the country's economic collapse, his mom's dad fed people for free.

"That has always been part of my family's story," Donald said.

In the 1970s, he found his own stories. That was during his military service in Pakistan, where he served as commander of a military base dispensary.

Touring the mountainous area around the Khyber Pass one day, he saw a man in a sheet wandering around the perimeter of an isolated village.

When Donald finally stopped him, the man pulled back the sheet to reveal a primitive colostomy bag. He was lost and apparently searching for a hospital.

Donald also remembers peering into the pale, anemic face of a young girl. "I gave her some iron and vitamins," he said.

"There wasn't much else I could do. I don't know what happened to her; I never saw her again."

Those images followed him back to Pascagoula, where he and Janet have made their home for the past 35 years.

"What I saw in Pakistan made me realize I was living in a world of plenty," he said.

Within a year or so of his return to the states, and at the urging of a missionary, Donald was on his way to Guatemala on a medical mission.

"I saw buildings with their fronts blown off," he said. "Little kids were running around pointing guns."

Revolution was wrecking the country, as it was in Honduras, where Donald also traveled as part of a contingent bearing soap, toothbrushes, equipment to create a safe water supply and more.

"On that first trip, we brought a veterinarian, who also served as a dentist because he knew how to numb a tooth," Donald said.

"There was this one woman he kept trying to calm down by telling her she was going to be alright. But his Spanish was so bad that he was really saying, 'You're going to die.'

"So that was interesting."



“Dr. Donald has set the bar  
impossibly high for the rest of us.  
Some of us don’t know  
if we will reach even the  
lower level of that bar.”

Linda Holden

The mission to Honduras endures, led by the Episcopal Diocese of Mississippi. But soon after it began, Baumhower delivered a strongly-worded suggestion that Donald took to heart.

“He said there’s stuff that needs to be done right here. So we started Our Daily Bread.”

The soup kitchen/food bank, an operation now engaging a dozen area churches, delivers food in Jackson County to 550 people each day, five days a week, said Mary Meldren, the director.

Located on Old Mobile Avenue, it feeds a hot lunch to about 100 people daily.

Some four or five miles westward, patients without health insurance turn to the Volunteers in Medicine Gautier Medical Clinic; Donald is on the board of directors and was instrumental in finding physicians to staff it.

“Dr. Donald helps everyone in this community,” said the Rev. Sheila Jenkins, pastor of Abundant Life Church, which sponsors the clinic.

“He always finds a way to meet the needs of the underdog.”

The have-nots include schoolchildren whose families take home about eight pounds of free groceries on Thursdays, referred there by local school districts.

The program is called Backpack Buddies, and Donald got it going in Jackson County.

“The first family we fed was four children and their mother,” he said. “They were living in a car with no back windows.”

Troubled families also turn to the Bacot Home for Youth in Pascagoula. Janet is a volunteer there, and her husband built much of the playground equipment.

Donald was also drawn to many of the community projects boosted by his good friend and renowned civic leader, the late Jolly McCarty.

“Dr. Donald has set the bar impossibly high for the rest of us,” Holden said. “Some of us don’t know if we will reach even the lower level of that bar.”

In the 1980s, the City of Pascagoula received national acclaim for the innovative design and teaching element that distinguish I.G. Levy Park, which Donald helped create.

He and Holden were among a variety of far-flung honorees at an awards ceremony hosted by President Ronald Reagan at the White House.

In 2008, his own state came through, toasting Donald with the Lifetime Achievement in Volunteer Service Award from the Governor’s Initiative for Volunteer Excellence (GIVE).

About two years later, he endured a stroke, and subsequent bypass surgery. They didn’t shut him down for long.

He still roams around the county he has left such a mark on; his face recognized almost everywhere he goes – at coastal strongholds from Jerry Lee’s Grocery to the Singing River Healthplex.

At the end of a long day of being back-slapped and hand-shook, he unwinds on his deck behind his home on Harbor Lane, shaded by a centuries-old oak tree in a bird-watchers’ paradise of pelicans, gulls, ospreys and herons.

Overlooking the untroubled waters of Lake Yazoo, it is the perfect place for literal and mental reflection.

His most satisfying accomplishment? “Church work,” he said.

The GIVE Award? “I was honored.”

It would be easier to pull a tooth out of a frog than to pull a boast out of Donald.

Leave it to Mullins, his friend and former patient, to give him his due: “He has been a part of anything good that has happened in Jackson County.” **M**

# Flournoy:

## Gift an homage to physician's schooling

By Gary Pettus

Dr. Edwin Flournoy forged his professional reputation in Georgia, but, thanks to a recent donation, his name will live on in his home state of Mississippi as well.

A \$250,000 gift bearing his name has established an endowed fund for the Department of Family Medicine at UMMC, where Flournoy graduated from the School of Medicine in 1960.

A long-time resident of Albany, Ga., Flournoy serves on the board of the donor organization: the Georgia Academy of Family Physicians (GAFP) Educational Foundation, which had never provided a grant outside its home state before.

"This was a special situation," said Robin Eubanks, executive director of the Atlanta-based foundation.

"When we decided to give endowments in honor of our board members, Dr. Flournoy said he wanted his to go there in Jackson, where he was raised, went to elementary school, high school, college and medical school."

The Edwin E. Flournoy, M.D. Endowed Family Medicine Fund for Faculty Development can be used to fund, among other things, workshops, training sessions, retreats and the recruitment of visiting professors or other experts to teach faculty members.

"I'm very happy I can do this in Mississippi," Flournoy said during an April luncheon at UMMC. "I very much honor the education I received here."

The fund will grow and endure as it accepts more gifts, which are

fully tax-deductible when made through the University of Mississippi Foundation.

"We are thrilled to honor a graduate who has been a forefather in establishing family medicine residencies," said Dr. Diane Beebe, chair of the Department of Family Medicine.

"Faculty members who come to residency programs were trained as doctors, not as teachers; so faculty development is never-ending and needs a lot of support.

"Its importance in accreditation is stronger than ever. To be able to support it in perpetuity is really a gift."

Flournoy's personal connection to UMMC is broad and deep. His wife Beth, a Meridian native, had their first child at UMMC in Jackson, the

“We are thrilled to honor a graduate who has been a forefather in establishing family medicine residencies”

*Dr. Diane Beebe*

city where they met as students at Millsaps College.

Flournoy ended up in Georgia because of his military commitment to the U.S. Air Force, which eventually landed him in Albany, in a poor, rural area of the state lacking physicians.

He practiced there from 1965 until his retirement in 2007.

“Dr. Flournoy was instrumental in starting the family medicine program in Albany, helping populate southwest Georgia with family physicians,” Beebe said. “That is no small accomplishment.”

Flournoy was one of five physicians who established the GAFP Educational Foundation, now a grant-giving institution.

“It has quite a legacy of supporting education,” Beebe said.

Although he has retired, Flournoy continues to work part-time, at a Veterans Administration clinic in Albany.

“It gives me a warm feeling to still be able to practice the art of medicine today,” he said. **M**



Dr. Diane Beebe, left, chair of the Department of Family Medicine, thanks Dr. Edwin Flournoy for the endowed faculty development fund established in his name.

# Goudelock:

## 'Miracle' surgery motivates bequest

By Joshua Cogswell



On any given day, you are likely to find Dr. John Goudelock out in his cow pasture, driving his tractor and feeding his herd.

Or, you might catch him in his woodworking shop etching intricate patterns on his hand-carved duck decoys.

If he's not there, you might try checking under the hood of the 1930 Ford Model A he's restoring.

A retired surgeon, Goudelock, 64, is by turns a cattle farmer, woodworker, gunsmith, metalworker, gardener and mechanic.



Retired surgeon Dr. John Goudelock displays the hand he injured when his rifle exploded. Surgery at UMMC helped him regain much of its function.

In short, he's always using his hands.

That he even has a left hand today, though, is a minor miracle. It's a miracle that Goudelock ascribes to the skill of surgeons at the University of Mississippi Medical Center, who were able to save most of the function in his hand after an explosion all but destroyed it.

Out of gratitude, Goudelock has set up a fund to support hand surgery at UMMC, both through annual gifts and through a bequest in his will.

"I was devastated to think of what I would do with one hand. Now I have about 65 percent of my function back, which sure beats the heck out of zero," Goudelock said. "I was very grateful, so I took a look at my savings and decided I wanted to do something."

Goudelock's journey from patient to benefactor began on December 10, 2003. It was supposed to be a joyous time in his life. After 15 years as a

divorcee, Goudelock remarried. Just 10 days after the wedding, he was relaxing on the back porch of his historic home in Myrtle with his wife Mary.

He brought out his Winchester Model 1886 lever-action rifle, a gun he had proudly restored by hand, and began taking target practice. When he pulled the trigger, the gun exploded and his left hand with it.

The blast destroyed both of the major arteries and both major nerves that run through the hand providing blood and sensation to the rest of the hand. What remained of his fingers dangled at surreal angles. He was rushed to the hospital in Memphis, Tenn. where emergency surgery was able to preserve what remained.

The day after surgery, the doctor warned that "there's a good chance that the thumb would become gangrenous," Goudelock said. The doctor added that he believed that Goudelock would eventually lose the hand to amputation.

"I wasn't in a mood to accept that," Goudelock said.

As a surgeon in Vietnam in the 1960s, Goudelock had repaired similar wounds. He spoke with a Navy SEAL friend who remembered him saving the hand of a fellow soldier who had been severely injured in an explosion.

With his friend's encouragement, Goudelock decided to seek a second opinion. The first doctor he saw after his initial surgery said he would not be able to restore function to his hand. So did the second. And the third. And the fourth, fifth and sixth.

"At that point I started to become discouraged," Goudelock said, "But I still wasn't in the mood to accept that."

It wasn't until a routine visit to the University of Mississippi Medical Center—about six months after the accident—that Goudelock's fortunes changed. While walking through the Medical Center, he passed a door that said "microsurgery". He popped in and asked for an appointment. Dr. Bill Lineaweaver, then a faculty member in UMMC's Department of Surgery, spoke with him, listened to his theories and ultimately decided to go ahead with a risky reconstructive surgery.

"He was the first doctor who took the time to examine my hand in detail," Goudelock said.

After an eight-hour surgery, doctor and patient were hopeful. Over the next 90 days, feeling gradually returned as nerves began to regenerate. It was when Goudelock was working in his garden that he noticed what he thought was an ant bite in the

fingers of his left hand. He brushed it off. Another ant bite came. After that, he realized that the sensation was the feeling returning to his fingertips.

To Goudelock, a UMMC graduate, it's important that his gift has gone to an academic medical center. He said that doctors in an academic medical center are more apt to perform the types of complicated surgery that saving his hand required.

"They really see the teaching and research value of doing these types of procedures," Goudelock said. "If you asked a doctor in private practice whether he would perform one eight-hour procedure or eight 30-minute procedures in a day, he would choose the 30-minute procedures."

Goudelock hopes the hand surgery fund he's established can help others restore function to an injured hand, rather than being forced to live with severe disability.

In a rural state like Mississippi, many depend on their hands for their livelihood, Goudelock said. Those who suffer injuries like he did find themselves in difficult straits.

"I see people coming from all over for hand surgery [to UMMC]"

*Dr. John Goudelock*



Surgeon Dr. John Goudelock cradles the vintage rifle that exploded in his hand in 2003.

"Patients with injuries to their hand, they're not able to work, and so they can't pay their doctor's bill," he said.

Goudelock hopes that by enhancing training and faculty support, the endowment he's created will help change that.

"In the future," Goudelock said, "I see people coming from all over for hand surgery [to UMMC] like they go to MD Anderson for cancer."

In the meantime, John Goudelock will keep on tinkering with his rebuilt hand, and enjoying every minute of it. **M**

Dr. Goudelock has written a more detailed, technical account of the repair of his hand that we have posted online at [www.umc.edu/goudelockreport](http://www.umc.edu/goudelockreport).

# Lynch:

## Scholarship venerates son's memory

By Joshua Cogswell

The University of Mississippi Medical Center means a lot to Dr. William F. Lynch, Jr.

Lynch's training at UMMC in the 1950s – as part of the first class to spend all four years at the newly built campus – launched a nearly four-decade career in radiology.

After spending much of his professional career in private practice, Lynch returned to the UMMC faculty in 2004 to teach Neuro-CT before retiring in 2011. He said his second stint at the Medical Center was just as educational and rewarding as the first, and that he "learned as much from the students as they did from me."

In gratitude for his time at UMMC, Lynch and his wife, Gwen, have established a scholarship in memory of his late son: The William F. Lynch III Memorial Scholarship.

"I felt like I wanted to repay the university for all of the inspiration and training, and the love of teaching, I was afforded," Lynch said.

A confluence of factors sparked Lynch's interest in creating a scholarship for medical students. His retirement in 2011 prompted him to begin thinking about his legacy and how he could best make an impact. At the same time, Lynch was thinking about how he could make a fitting memorial tribute to his son, William F. Lynch III, after his untimely death at age 42.

What clinched the idea was an article he read in a University of Mississippi Foundation newsletter detailing gifts made by members of his graduating class: R. Faser Triplett and Paul Moore. After reading about their gifts, it became clear to Lynch

that he wanted to do something lasting, something that would benefit his grandchildren and great-grandchildren's generation. So, with the help of the UM Foundation, Lynch created a scholarship endowment funded by a \$100,000 charitable trust.

Lynch's grandchildren – William F. Lynch IV, Ryan Walker Lynch and Grady Wilson Lynch – were part of the planning and presentation of the scholarship to the university.

"We wanted to create this scholarship as a memorial to the life of my son Bill and as a legacy for his three boys," Lynch said.

The scholarship will be awarded to a deserving medical student, with preference given to students who plan to stay in Mississippi and practice radiology.

For Dr. Tim McCowan, chairman of the Department of Radiology, this

“I hope someone reads about this and is inspired themselves to make a gift to the university.”

*Dr. William F. Lynch, Jr.*

gift will be a great way to attract promising students to choose radiology as a specialty.

With medical imaging becoming an increasingly critical part of medical practice, radiologists will be in high demand, McCowan said.

“This scholarship will ensure that the best and brightest students consider radiology as a specialty,” McCowan said. “Well-trained radiologists are crucial to meeting the future healthcare needs of the citizens of this state.”

Dr. Lynch’s other goal is to ensure that promising physicians stay in Mississippi to practice.

“With the groundbreaking on the new School of Medicine, the purpose being to train more students, we want to make sure those students continue to study and train and practice here in the state of Mississippi,” Lynch said.

This is certainly a goal that Dr. James E. Keeton, vice chancellor for health affairs and dean of the School of Medicine, can get behind. With the nation’s lowest rate of physicians per capita in Mississippi, UMMC has committed to expanding its medical school class size in order to provide more doctors.



The grandsons of Dr. William F. Lynch, Jr., from left, William F. Lynch IV, Ryan Walker Lynch and Grady Wilson Lynch, with Dr. James E. Keeton, UMMC vice chancellor for health affairs and dean of the UM School of Medicine.

“We are grateful to Dr. Lynch and his family for seeing this need and helping us train the next generation of physicians,” Keeton said.

Lynch believes other medical alumni will become part of that movement as well. They just need to know the opportunity is there, he said.

“I hope someone reads about this and is inspired themselves to make a gift to the university,” Lynch said. **M**

*For more information about how to create a legacy that will benefit generations to come, contact Sara Merrick, UMMC executive director of development at 601-984-2300.*

# RESOUNDING *Residencies*

{ Trainees speak up for  
better patient care }

By Bruce Coleman

When recent data from the intensive care unit indicated a spike in catheter-associated urinary tract infections, a potential solution to preventing this type of infection for patients at the University of Mississippi Medical Center came from a once-overlooked source.

The suggestion by resident physicians was pretty direct: place a bladder scanner in the ICU. But having hospital administrators consider residents' advice hasn't always been as straightforward.

With an increasing focus on the quality of patient care by health-care organizations nationwide, academic medical institutions are recognizing

the inherent value that residents have in quality improvement efforts.

It's a welcome trend, according to Dr. Shirley Schlessinger, professor of medicine and associate dean for graduate medical education (GME).

*“This is really a great opportunity to engage the residents and get the most mileage out of their knowledge, background and frontline experiences with our patients.”*

Dr. Michael H. Baumann

“It's very clear in academic medical centers that, unless you actively engage the trainees in quality initiatives and how to solve problems, you're probably not going to be as effective as you want to be,” she said. “Our

residents in general tend to be the first line of physical contact with patients in our hospitals and clinics. They are who the nurses call first when there are problems with patients.

“They are in a unique position to identify problems with systems and to provide solutions that can make a difference in the long-term outcome of the quality of care for our patients.”

Indeed, a study published in the July 2012 issue of the Joint Commission Journal on Quality and Patient Safety suggests that a house staff quality council that engages residents in quality improvement efforts can boost patient safety significantly.

To that end, a Resident Quality Council has been working to carve out its place at UMMC.

Following the example of a leading health-care organization, Schlessinger sought to emulate its program at UMMC.



She consulted with Dr. Michael H. Baumann, an expert in quality care, and Dr. William H. Cleland, then head of risk management, and found residents who were receptive to the concept.

"I didn't give them any clear-cut guidelines," Schlessinger recalled. "The volunteer members wanted to take an active part in quality measures at the hospital. I wanted them to think from their own perspective what could make the biggest difference, have the greatest impact on how they could improve quality care."

The committee is made up of 12 residents, each of whom serves on other hospital committees. They give reports of committee actions to the council. The council's chair, Dr. Jason Stacy, house officer in the Department of Neurosurgery, and co-chair, Dr. Rishi Roy, house officer in the Department of Surgery, report the council's findings to the Hospital Quality Board.

The first thing the committee addressed was the variation in the level of faculty engagement in patient care. The residents suggested an enhanced faculty evaluation tool because, as Schlessinger puts it, "helping our faculty be good supervisors and teachers is important to quality care."

Next, council members suggested ways the Access Center could improve the transmission of critical patient information to make certain it had arrived at the unit by the time the patient had been transferred.

"If we see a change that needs to be made at the ground level, as residents we now have a mechanism to address that change," Stacy said.

"The hospital is really the focus of these quality improvement efforts by the Resident Quality Council," Baumann said. "It really points to the

need for having GME and the hospital working hand-in-hand for the quality care of our patients."

But what makes the Medical Center's Resident Quality Council unique among its contemporaries at other academic medical centers is its peer-review efforts, Baumann said.

The Resident Quality Review Committee, also made up of resident volunteers, is tasked with helping individual residents who may be struggling with their responsibilities or may have trouble communicating with other members of the health-care team.

Schlessinger said the peer review group should have a lasting impact on quality.

"While the quality council is focused on patient care and trying to have systems checks in place to make sure we can provide the best quality care, the peer review council is more of an educational process for our physicians," she said. "It's about helping each of us be the best doctor we can possibly be. ..."

Baumann said both groups provide a great opportunity for house staff to make their mark on the health-care team at the Medical Center.



Members of the Resident Quality Council, from left, Dr. Kathryn Mallette, Dr. Kellen Jex and Dr. Jason Stacy, discuss patient safety issues at a meeting.

This "innovative next step," as Baumann describes it, doesn't work like a traditional hospital review committee, because it doesn't have the power to mete out plans of improvement. But it can have its findings brought to the attention of the appropriate GME director.

"It's not about finding fault – it's not a 'gotcha' kind of thing – but they talk about how they can properly remediate resident challenges," Baumann said.

"Physicians, nurses and residents all have their own peer review process now," he said. "This is really a great opportunity to engage the residents and get the most mileage out of their knowledge, background and frontline experiences with our patients." **M**

# A RECORD OF *Survival*

{ Dialysis patient feels  
right at home }

By Gary Pettus

The story of Martha Patrick's disease is carved in the landscape of her rust-brown limbs – a ridged, flesh-and-blood geology resembling a bird's-eye view of the Grand Canyon at sunset.

This is the spoiled "topsoil" of her arms, which Patrick has pierced so many times it has played out, forcing her to plant the needle in her legs.

The scarring is the price of long-term home hemodialysis using an artificial kidney, which has purchased Patrick's life for more years, perhaps, than for anyone else.

On May 22, 2012, the Forest resident reached the 40-year milestone, a month following her retirement as a part-time library book-shelver. Now, she is up to 41.

"It's just a number to me," Patrick said. "That's just my life. I don't think it's that great."

That's not the opinion of Dr. John Bower, a semi-retired nephrologist who has not fully retired, in part, out of his regard for her.

"You can't just walk off and leave a patient you've been seeing for (more

*"She's an inspiration to everybody."*

Brenda Dyson

than) 40 years," said Bower, professor emeritus at UMMC.

Nor is it the opinion of Dr. Christopher Blagg, emeritus executive director of Northwest Kidney Centers in Seattle.

Patrick's time on home hemodialysis "is, as far as I know, a record," said Blagg, a home hemodialysis expert.

The record of survival for anyone with kidney, or renal, failure is 50 years as of 2013, said Blagg, whose advocacy

## END STAGE RENAL DISEASE (ESRD) PATIENTS

2010 (population affected as of Dec. 31)

### MISSISSIPPI

Per million

Center hemodialysis: **5,643**

Center self hemodialysis: **0**

Home hemodialysis: **79**

Continuous ambulatory peritoneal dialysis (CAPD): **187**

Continuous cyclic peritoneal dialysis (CCPD): **340**

Transplant: **1,594**

Unaccounted for by the USRDS : **18**

Total: **7,861**

### PATIENTS ALIVE WITH ESRD

Per million

1980 (as of Dec. 31): **682**

2010 (as of Dec. 31): **7,861**

Source: 2012 United States Renal Data System ([www.usrds.org/reference.aspx](http://www.usrds.org/reference.aspx))

in the 1970s helped usher in Medicare coverage for dialysis and kidney transplantation.

Patrick, 56, who's never had a transplant and has survived this long strictly on home hemodialysis "is one of the longest surviving patients in the world," Blagg said.

She has survived "end-stage renal disease (ESRD)": permanent kidney failure, which must be treated by a transplant or artificial filtering – dialysis.

For Patrick, it started in 1972, with nosebleeds, loss of appetite, insomnia. "I'd sleep during school, I was so tired," she said.

Born with abnormally small kidneys, she had outgrown them by age 15, like an old pair of shoes.

Her kidneys were working at 10 percent of normal capacity; wastes piled up in her blood, like a biotic landfill.

Untreated, she would have died.

"Martha's mother said, 'I want her to live,'" Bower recalled.

Dorothy Sanders Patrick learned how to use an artificial kidney machine so Patrick could do home dialysis.

Martha Patrick's own training served her well after her mother died in the late 1980s, ironically, of kidney cancer.

Later, her sister, Linda Leclerc of Forest, served as Patrick's "third hand."

"It's the concept of the 'dumb neighbor,'" said Bower, who gives Patrick monthly checkups at the Jackson Medical Mall's UMMC Outpatient Dialysis Unit.

"We try to make the training so simple, even your dumb neighbor could do it. The key is that patients accept responsibility."

Some patients choose peritoneal dialysis, in which a hollow tube is surgically placed in the abdomen; a material called dialysate absorbs toxins before they're drained from the body. This, too, is a home treatment but wasn't an option when Patrick's kidneys failed.

Hemodialysis, her choice, requires a fistula, a surgically created access joining an artery with a vein. Patrick, who has had several fistulas, is among the 1 to 2 percent of dialysis patients who dialyze at home rather than at a center.

Of the more than 400,000 in the country, only about 6,000 do home dialysis, which would cost several thousand dollars yearly without Medicare, Bower said.

"At a dialysis center, you schedule your life around dialysis. Do it at home, and you schedule dialysis around your life."

During each session, Patrick inserts into her fistula two needles attached

to plastic tubes that connect them to the dialyzer, or artificial kidney, supplied by the center.

One needle removes the blood from the body so it can be pumped through, and scrubbed by, the machine. The clean blood returns to the body through the second needle.



Home dialysis nurse Vanda Echols, left, discusses medications with Martha Patrick.

Calculating at least two piercings per shift, Patrick has stuck herself thousands of times. "If the first stick is a bad one, I stick myself again," she said.

For the four-a-week, 3 1/2-hour sessions, her bedroom is her dialysis unit. "I get in bed and watch TV at the same time," she said.

Patrick has turned down transplants, she said. "I didn't want a big surgery, and I've been doing good."

But because of dialysis' limitations, she has high blood pressure, hardening of the arteries and metabolic bone disease. She must use a walker.

"The kidney also controls blood pressure and bone-material content in the body," Bower said. "The artificial kidney can't." Medication has to

"Transplants improve the quality of life," Bower said, "but you need a donor, and the patient will probably need more than one during a lifetime."

After years of dialysis, Brenda Dyson received a kidney from each of her two sisters. "Which is better, a

transplant or dialysis? It depends on the individual," said Dyson, Community Engagement Coordinator for Network 8 in Jackson, which serves kidney patients in Mississippi, Alabama and Tennessee.

"When I first met Martha, I was amazed that someone would look that good and do that well on dialysis. She's an inspiration to everybody."

"She's responsible, takes good care of herself, eats right," said her sister Leclerc. "That's why she's done so well all these years.

"I don't care what she says; anyone who can do what she's done, that's impressive." **M**

## STUDY SORTS OUT BMI LIMITS FOR AT-RISK MOTHERS-TO-BE

In a new study, researchers used data from nearly 4,500 pregnancies in Mississippi and Virginia to sort out body mass index (BMI) thresholds for numerous pregnancy complications including gestational diabetes, preterm labor, endometritis and preeclampsia.

Obstetricians have known for a long time that more weight means worse complications, said study co-author Dr. John Morrison, professor and chair emeritus of obstetrics and gynecology.

"But we were being asked, 'When does one condition develop versus another?'" he said. "What doctors want to know is, at what point do you look for one thing versus another? When should you

refer a patient to a tertiary-care hospital rather than taking on a dangerous situation yourself?"



Morrison

In 2007 and 2008, researchers recruited 4,490 expectant mothers at UMMC and the Naval Medical Center in Portsmouth, Va. Using that data, the researchers retrospectively grouped women into seven BMI categories and analyzed the complications each woman faced.

With that analysis, they identified a threshold for each complication.

For example, only 2.8 percent of underweight and normal-weight mothers – classified as BMI between 18.5 and 25 – developed gestational diabetes.

But that jumped to 6 percent in overweight mothers (BMI 25-29.9), the threshold for the particular complication. It increased to 9 percent among obese mothers with BMI 30-34.9, further to 11.4 percent in mothers with BMIs 35 to 39.9, and topped out at 15 percent in mothers with BMIs 40-44.9.

The Australian and New Zealand Journal of Obstetrics and Gynecology published the study online in February.

The authors want their findings put into practice. Applied in practice, the threshold findings could save lives.

"We'd like to take this data and put it to work in our clinics," Morrison said. "Ideally, we'd like to limit Caesareans and make earlier diagnoses of gestational diabetes. We want to address the complications and treat them effectively."

## UMMC EXPERTS JOIN NATIONAL WOMEN'S HIV STUDY

As UMMC joins a nationwide study of women with HIV, paving a path to funding and 20 years of accumulated data, organizers hope more Medical Center researchers will climb aboard.

"Mississippi is the state with the highest case fatality rate in AIDS," said Dr. Deborah Konkle-Parker, associate professor of infectious diseases. She said Jackson has one of

the highest infection rates of metro areas in the country.

"So this is an incredibly ripe location for conducting HIV-related research."

This year, Konkle-Parker received a \$3 million, five-year award to join the Women's Interagency HIV Study. WIHS is a 20-year-running project with approximately 4,000 participants through multiple centers throughout the country.

The National Institutes of Health funds WIHS, which broadly examines how being HIV-positive affects women's health over time. New recruits from Mississippi and other Southern states would help the study's cohort reflect demographics in states with heavy HIV burdens.

Konkle-Parker's grant is a subcontract through the University of Alabama at Birmingham.

"My hope is that through this WIHS study, people who are involved in other areas of research, like cardiovascular disease, hypertension, stress, social and behavioral conditions, will be interested," she said. "There are a lot of those effects in people with HIV."

With data going back two decades and a repository of 1.9 million specimens, WIHS offers researchers mountains of information they can mine for their own investigations under the WIHS umbrella.

Representatives of the National Institute of Allergy and Infectious Diseases, and investigators from Johns Hopkins University and UAB, met May 7 at UMMC for a site visit. Dr. Stephen Gange, professor of epidemiology at Johns Hopkins Bloomberg School of Public Health, oversees the WIHS data management and analysis center.

"WIHS is a big cohort with 4,000 to 5,000 to begin with," Gange said. "We're adding a substantial number of women and, as they age, their contributions will be increasingly important."



Dr. Deborah Konkle-Parker, right, meets with members of the Women's Interagency HIV Study during a site visit in May at UMMC.

## NEXT-GEN TECHNOLOGY UNRAVELS MICROORGANISMS' MUTATIONS

The explosive pace of technology is giving scientists insight into how tiny disease-causing bacteria mutate and spread on local, nationwide and worldwide scales.

Dr. Ashley Robinson, associate professor of microbiology, uses genetics to track changes in methicillin-resistant *Staphylococcus aureus*, or MRSA, and to understand its spread over time.

"Microorganisms don't have feathers where you can easily tell them apart," he said. "You have to look at their genes to tell one strain from another."

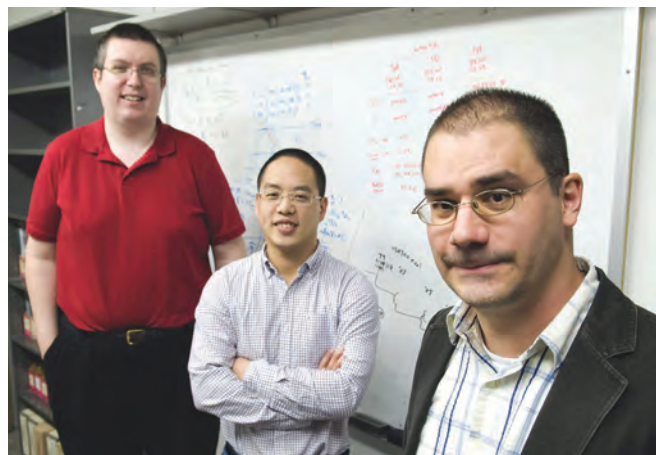
Propelled by next-generation DNA sequencing machines, faster computers and logarithmically larger databases, researchers like Robinson can now process and analyze exponentially more information than just a couple of years ago.

In a study published in June 2012 by Proceedings of the National Academy of

Sciences, Robinson and his co-authors used information from 87 MRSA genomes to map its spread throughout the United Kingdom.

For the study, Robinson collaborated with researchers at the University of Edinburgh, the University of Cambridge, the Broad Institute of the Massachusetts Institute of Technology and Harvard University, the University of Bath and other health-service and governmental institutions.

Like detectives, the researchers pieced together gene mutations in the 87 samples to trace the bacteria's emergence, adaptation and transmission. They found particular strains had spread from hospitals in large population centers like London and Glasgow, to smaller regional ones.



From left, Dr. Jonathan Thomas, postdoctoral researcher, Xiao Luo, laboratory researcher, and Dr. Ashley Robinson, associate professor of microbiology

Such research may ultimately lead to better ways of containing and preventing the spread of MRSA.

## RESEARCHERS TOUT PTEROSTILBENE'S CANCER-FIGHTING POWER

A compound in blueberries – pterostilbene – helps keep prostate cancer tumors from growing and spreading in mice, researchers at the University of Mississippi Medical Center reported in a paper published in March.

A mouthful of a name for coming in such small fruit, pterostilbene – pronounced tero-STILL-bean – also inhibits tumor growth and prevents metastasis better than resveratrol, a compound found in grapes and red wine.

It's too early to say wholesale quaffing of blueberries could cure prostate cancer in men, but the findings suggest more research might yield a promising cancer treatment, said Dr. Anait S. Levenson, associate professor of pathology and a researcher at the UMMC Cancer Institute.

"These experiments involved multiple disciplines to look at what we eat, not just as nutrition, but as medicine," said Levenson,

the study's principal investigator and lead author on the paper.

In March the Public Library of Science One published her paper, "Pterostilbene Acts through Metastasis-Associated Protein 1 to Inhibit Tumor Growth, Progression and Metastasis in Prostate Cancer."

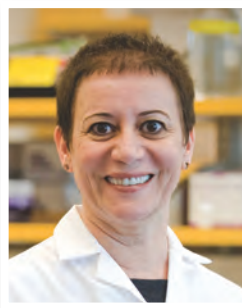
Levenson tested resveratrol, pterostilbene and five other stilbene compounds – each with slightly different molecular structures – on highly aggressive strains of prostate cancer.

She collaborated with Agnes M. Rimando, research chemist with the USDA Agricultural Research Service Natural Products Utilization Research Unit housed at the University of Mississippi's National Center for Natural Products Research.

Of all the compounds, pterostilbene did the best at inhibiting MTA1, a protein associated with prostate cancer's aggressiveness. Both compounds also helped rescue the tumor suppressor protein p53.

The team then grew human prostate cancer tumors in prostates of genetically immune-compromised mice. Researchers then treated the mice daily with 50 mg/kg of resveratrol or pterostilbene over eight weeks.

Tumors in an untreated control group grew and highly metastasized. The mice treated with resveratrol grew considerably smaller tumors. But those treated with pterostilbene grew even smaller tumors and developed significantly less metastasis.



Levenson

## UMMC WELCOMES NEW FACULTY

**Dr. Robert Brodell** was named the chair of UMMC's newly-created Department of Dermatology in July.

Originally hired as professor and chief of the Division of Dermatology, he and his new department will be responsible for training the first residents in dermatology in Mississippi.

Brodell earned his M.D. at the University of Rochester School of Medicine and Dentistry, and then completed his residency in dermatology at Washington University in St. Louis/Barnes Hospital, where he also earned a fellowship in dermatopathology

Board certified by the American Board of Dermatology, he specializes in dermatology and dermatopathology. His research interests include the human papilloma virus, teaching dermatology, ethics in dermatology and translational research: moving science to the treatment room.

A member of several professional organizations, he is the immediate past president of the American Board of Dermatology and serves on the Board of Directors of the American Academy of Dermatology.

Brodell was named a Master Teacher in his previous role at Northeastern Ohio Medical University and served as chairman of the Master Teacher Guild.

He was the recipient of the Association of American Medical Colleges Humanism in Medicine Award in 1999 and earned the Liebelt/Wheeler Award for Faculty Excellence in 1995, as well as numerous teacher of the year awards.

He is a member of the editorial board of the Journal of the American Academy of Dermatology and Postgraduate Medicine and has reviewed articles for 28 journals.

Brodell has worked at all levels of the American Cancer Society (ACS), including the ACS National Board of Directors, and is one of six inducted into the ACS Relay For Life Hall of Fame.

He was also the Cleveland Cavs Pro Basketball Fan of the Year in 1997.

Brodell has performed more than 1,300 lectures at local, regional and national venues; directed 30 regional and national symposia; and written 213 peer-reviewed publications and book chapters.

He is the editor of *Diagnosis and Treatment of Warts: An Evidence-Based Approach* (Martin Dunitz, Taylor & Francis Group, 2003.)

**Dr. William C. Little** was named the new chair of UMMC's Department of Medicine, taking over from interim chair Dr. Shirley Schlessinger.



Brodell

Little, also a professor of medicine, took the department's reins on July 1.

A cardiologist, Little arrived from UMMC from Wake Forest Baptist Medical Center in Winston-Salem, N.C., where he served as professor and vice chair of internal medicine.

"He has a great depth of administrative and research experience, and has a prodigious record of publication in medical journals," said Dr. James Keeton, vice chancellor for health affairs and dean of the School of Medicine.

Little earned his M.D. in 1975 from the Ohio State University College of Medicine, completed an internal medicine residency at the University of Virginia Hospital in Charlottesville in 1978, and finished a cardiology fellowship at the University of Alabama School of Medicine in 1980.

His administrative positions have included head of the cardiovascular animal research laboratory at the University of Texas Health Science Center, vice chairman of Wake Forest University Physicians and chief of the cardiology section at Wake Forest.

Little has investigated various heart functions during states of disease, the effectiveness of various drugs and procedures, and the roles of chemical signaling in heart disease.

He is the author and co-author of more than 240 articles and 21 book chapters, and has a consistent history of receiving National Institutes of Health, association and industry grant awards.

Little serves as chair of the Cardiovascular Disease Board and is a member of the board of directors of the American Board of Internal Medicine.

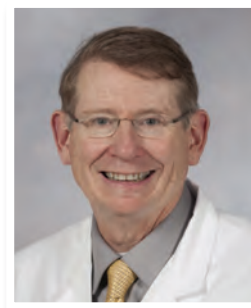
In making the announcement, Keeton also commended Schlessinger for her "past three years of tireless service as interim chair of the Department of Medicine."

**Dr. Alan Arthur Simeone**, a board-certified thoracic surgeon, has joined the Medical Center faculty as an associate professor of surgery.

His particular area of interest will be the treatment of heart failure, including mechanical circulatory support and cardiac transplantation, based on his extensive training and experience.

Simeone earned the M.D. at Eastern Virginia Medical School, Norfolk.

He trained at the Dartmouth-Hitchcock Medical Center, Lebanon, N.H.; Wake Forest University/Baptist Medical Center,



Little



Simeone

Winston-Salem, N.C.; the Medical University of South Carolina, Charleston; the Division of Trauma and Surgical Critical Care at Yale University, New Haven, Conn.; and at Duke University Medical Center, Durham, N.C.

Someone served as an attending surgeon, thoracic transplantation and circulatory support, in the Department of Cardiothoracic Surgery at Duke University Medical Center, and then as an assistant professor and attending surgeon in the Division of Cardiac Surgery at the Johns Hopkins Hospital, Baltimore, Md., from 2012-13.

He is the author or coauthor of a dozen articles in peer-reviewed professional publications and two book chapters.

**Dr. Holly Howard Hobart**, an American Board of Medical Genetics-certified clinical cytogeneticist, has joined the Medical Center faculty as an associate professor of pathology.

After receiving a B.A. in economics from Rice University, Houston, Texas, Hobart earned the M.S. in ecology and evolutionary biology and the Ph.D. in cytogenetics, genetics, ornithology and evolutionary biology at the University of Arizona, Tucson.

He did a postdoctoral fellowship in human clinical cytogenetics in the Department of Medical and Molecular Genetics at the Indiana University Medical School, Indianapolis.

After completing his postdoctoral fellowship and attaining board certification, Hobart served as laboratory director at the Palo Verde Laboratory, Tempe, Ariz.; laboratory director, locum tenens, of the Clinical Cytogenetics Laboratory at Children's Hospital of Eastern Ontario, Ottawa, Canada; research associate professor and laboratory director of the Nevada Genetics Laboratories and of the Molecular Cytogenetics Laboratory in the Department of Pediatrics at the University of Nevada School of Medicine; associate professor and laboratory director of the Clinical Cytogenetics Laboratory in the Department of Medical Genetics and the Department of Pathology at the University of South Alabama College of Medicine; and technical director of the Immunogenetics Laboratories at Penrose Hospital, Centura Health, Colorado Springs.

Hobart has since served as temporary laboratory director of the Clinical Cytogenetics Laboratory at UMMC.

He is the coauthor of 14 articles in peer-reviewed professional publications and has authored or coauthored more than 20 presentations nationally.



Hobart

**Dr. Michelle Ann Grenier**, a faculty member at seven different academic health institutions during the last 18 years, has joined the Medical Center faculty as a professor of pediatrics.

Grenier earned her M.D. at Eastern Virginia Medical School, Norfolk, Va. She did postdoctoral training at the Johns Hopkins Hospital, Baltimore, Md., where she was a pediatric intern, a pediatric resident and a pediatric cardiology fellow.

She finished her clinical cardiology fellowship at the Children's National Medical Center in Washington, D.C.

Grenier joined the faculty of the University of Texas-Houston in 1994 as an assistant professor of pediatrics. She then served consecutively as an assistant professor of pediatrics at the University of Rochester, Emory University School of Medicine and Baylor College of Medicine; and as an associate professor of pediatrics at the Mercer University School of Medicine and at the University of Kentucky.

Since 2009 she has served as an associate professor in the Department of Cardiology at Cincinnati's Children's Hospital.

Named to the Best Doctors in America database since 2010, Grenier is a fellow in the American Academy of Pediatrics and in the American College of Cardiology.

Her research interests include sudden cardiac death in young athletes, cardiomyopathy/heart failure, 3-D and 2-D imaging, and quality assurance.

The lead author and/or coauthor of more than 15 articles in peer-reviewed professional publications and 15 book chapters, Grenier is on the editorial board for the American College of Cardiology and serves as a reviewer for the journal *Physician and Sportsmedicine*.

**Dr. Praveen Kumar** joined the Medical Center faculty as a professor of pediatrics on April 1.

After receiving the M.B.B.S., the D.C.H. and the M.D. from Punjab University, India, Kumar completed fellowship training in the Division of Neonatology at the Children's Hospital of Michigan, Wayne State University, Detroit.

Before joining Batson Children's Hospital as chief of the Division of Newborn Medicine, he was an attending neonatologist at Northwestern Memorial Hospital and Children's Memorial Hospital, Chicago.



Grenier



Kumar

## NEW FACULTY continued

Kumar joined the faculty of the Northwestern University Feinberg School of Medicine, Chicago, in 1998 as an assistant professor of medicine and rose through the ranks, becoming professor of pediatrics there in 2010.

He is the author or co-author of more than 50 peer-reviewed articles, more than 50 abstracts and more than 20 editorials and book chapters.

Kumar has been a strong advocate for infants, their families and physicians, and has served in leadership roles at both regional and national levels. He has worked on issues related to perinatal care.

A fellow of the American Academy of Pediatrics, Kumar is an active member of several professional organizations and serves as a reviewer for numerous journals, including Pediatrics, Experimental Neurology and the Journal of Neonatal-Perinatal Medicine.

Kumar has worked closely on the sixth edition of the Textbook of Neonatal Resuscitation and the seventh edition of Guidelines of Perinatal Care.

In 2011, he served on the Workgroup on Screening for Critical Cyanotic Congenital Heart Disease for the Secretary's Advisory Committee on Heritable Diseases in Newborns and Children, which developed the strategies for implementing screening for critical congenital heart disease.

**Dr. Carla G. Monico**, a board-certified nephrologist and longtime consultant at the Mayo Clinic, Rochester, Minn., has joined the UMMC faculty as an associate professor of pediatrics.

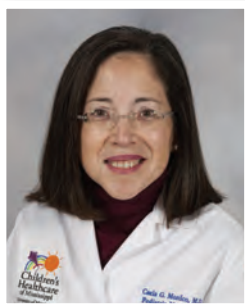
Monico earned the M.D. at the Creighton University School of Medicine, then did an internal medicine internship, an internal medicine residency, and a nephrology fellowship at the Mayo Graduate School of Medicine.

She was a Mayo Foundation Scholar at University College London, UK.

Monico joined the Mayo Clinic as a senior associate consultant in the Division of Nephrology and Hypertension, Department of Internal Medicine. Later, she earned a joint appointment there as a senior associate consultant in the Division of Pediatric Nephrology, Department of Pediatric and Adolescent Medicine.

Since 2005, she has been a consultant in the Division of Nephrology and Hypertension in the Department of Internal Medicine and as a consultant in the Division of Pediatric Nephrology in the Department of Pediatric and Adolescent Medicine.

While at the Mayo Clinic, Monico served as an instructor in medicine and as an assistant professor of medicine and assistant professor of pediatrics.



Monico

She is a reviewer for three academic journals. As co-investigator or principal investigator of 14 federal, foundation or industry grants, including two current federal grants, her research interest includes inherited forms of pediatric urolithiasis.

She is the coauthor of 15 articles in peer-reviewed professional publications, 25 abstracts and two book chapters.

**Dr. James J. Cox Jr.**, a family practitioner with an interest in osteopathic manipulative medicine and sports medicine, has joined the UMMC faculty as an associate professor of family medicine.

Cox earned the D.O. at the Nova Southeastern University College of Osteopathic Medicine, Davie, Fla., then did a rotating internship, followed by a family medicine residency, at Palmetto General Hospital, Hiialeah, Fla.

While in private practice in family medicine and osteopathic manipulative medicine at Sunny Isles Beach, Fla., Cox served as a clinical instructor of family medicine and of osteopathic manipulative medicine, then later as assistant professor of family medicine and of osteopathic principles and practice at Nova Southeastern University.

He served as a clinical assistant professor and attending physician at the Sanford L. Ziff Health Care Center, Davie, Fla.

Cox was also a clinical instructor in family medicine and osteopathic manipulative medicine at the Lake Erie College of Osteopathic Medicine, Bradenton, Fla. He comes to UMMC from Jupiter, Fla., where he was in private practice in family medicine and osteopathic manipulative medicine.

An active member of several professional organizations, Cox has given two dozen presentations nationwide. He has authored or edited numerous scientific course books and book chapters.



Cox

For a complete listing of UMMC new faculty, visit [www.umm.edu/newfaculty](http://www.umm.edu/newfaculty)



# In Memoriam

**Dr. Harold Brewer** (1958) of Plant City, Fla.; Nov. 5, 2012; age 85

**Dr. Carl Coers** (1959) of Fort Worth, Texas; March 9, 2013; age 78

**Dr. Joe Downward** (1958) of Selma, Ala.; Jan. 26, 2013; age 85

**Dr. Pat Gill** (1952) of Macon; March 3, 2013; age 86

**Dr. John Harbour** (1943) of Smyrna, Ga.; Nov. 22, 2012; age 92

**Dr. Harold Louis** (1946) of Rochester, NY; Feb. 7, 2013; age 90

**Dr. George Lyon** (1978) of Starkville; Feb. 5, 2013; age 59

**Dr. James Mayfield** (1962) of Carthage; Dec. 23, 2012; age 75

**Dr. William Potter** (1960) of Gulfport; March 24, 2013; age 84

**Dr. J. Purdon** (1981) of Oxford; March 3, 2013; age 62

**Dr. James C. Ratcliff** (1954) of Ridgeland; May 13, 2013; age 81

**Dr. Robert Ray** (1953) of Jasper, Ala.; March 25, 2013; age 83

**Dr. Charles Stanback** (1963) of Columbus AFB; Feb. 4, 2013; age 83

**Dr. Garland Seale Stewart Jr.** of Columbus (1971); May 19, 2013; age 67

**Dr. Donald Strickland** (1987) of Spring, Texas; Feb. 16, 2013; age 53

**Dr. Joe Thigpen** (1948) of Bryan, Texas; April 16, 2013; age 92

**Dr. William Thompson** (1958) of Flora; Jan. 30, 2013; age 79

**Dr. Charlton Vincent** (1949) of Laurel; Jan. 9, 2013; age 86

**Dr. William Warner** (1940) of Memphis, Tenn.; April 27, 2013; age 97

**Dr. Thomas White** (1985) of New London, N.H.; March 1, 2013; age 56

**Dr. John Williams** (1961) of Long Beach; Nov. 5, 2012; age 77

**Dr. Jerry Young** (1985) of Pontotoc; Jan. 2, 2013; age 53

**Dr. Martha “Marky” Aden** (2000) of Cincinnati, Ohio, a long-time Mississippi resident, died on March 15, 2013 at age 62.

A former newspaper reporter and obituary writer, Aden dramatically changed careers and focus when she was almost 50 – from writing tributes to the deceased to healing the living as a physician. She was born on the fourth of July, 1950. In 1971, she earned a degree from Mississippi College in classical languages.

The one-time Mississippi Delta resident taught Latin and English, was employed in the Coahoma Chancery Court clerk’s office and did newspaper work at the Clarksdale Press Register and the Delta Democrat Times.

She served briefly as press secretary for former Gov. William Winter during his 1984 U.S. Senate campaign.

As a reporter for The Clarion-Ledger in Jackson, she requested the more accommodating hours of an obit writer in order to be able to take pre-med courses at Millsaps College and pursue her new calling.

In 2000, Aden graduated from the UMMC School of Medicine; at 49, she was the oldest physician earning a degree.

She completed a one-year internship in pediatrics at Washington University, then a residency in pediatrics, psychiatry and child and adolescent psychiatry at Cincinnati Children’s Hospital Medical Center.

Triple board-certified in pediatrics, adolescent psychiatry and pediatric psychiatry, Aden also worked at the University of Cincinnati Medical Center.

She married Greg Wenker in 2011, and became a mom to his two children.

A victim of cancer, which she had battled for years, Aden donated her body to medical science.

**Dr. Billy “Bill” Rivers Penn** (1962) of Baton Rouge, La., a former prisoner-of-war who built a successful career in OB-GYN following his military service, died on April 27, 2013, at age 80.

Penn, who was born on Sept. 5, 1932, in McComb, served in the U.S. Navy as a medical corpsman assigned to the Marine Corps during the Korean War.

After losing his right eye and suffering other wounds in hand-to-hand combat, he was taken prisoner by the Chinese, who later allowed him to return to the United States as part of a prisoner exchange.

A former Marine Corps commandant asked him to write his story, which is now housed in the T. Harry Williams Center for Oral History at Louisiana State University.

Following his stint in the Navy, he attended LSU, and then earned his M.D. from UMMC in 1962 before completing a rotating internship and residency in OB-GYN at Baroness Erlanger Hospital in Chattanooga, Tenn.

During private practice in Baton Rouge, he became a founding member of the Gynecologic Laser Society and introduced the epidural anesthetic to women in labor there.

In the 1970s, he promoted laser surgery for certain treatments, in lieu of general surgery.

In response to the rise of venereal disease, especially among young women, he joined his colleagues in educating teenagers about the dangers of promiscuity and unprotected sex.

A member of several military organizations, he was honored in 2009 by a veterans group that changed its name to the Billy Rivers Penn, M.D.,

Korean War Veterans Association, Chapter 230.

The DAR presented him their Medal of Honor in July 2011 in recognition of his military service and his research in the area of women’s health.

He was a member of the Baptist faith, but also attended St. James Episcopal Church for the last 40 years.

Among his survivors are his wife Nancy, four children, two step-children and several grandchildren.

**Dr. Robert “Bob” D. Sloan**, the first chair and head professor of UMMC’s new Department of Radiology, died on April 3, 2013 at the age of 95 at his home in Medford, Ore.

The Clarksburg, W.Va., native graduated from Washington and Lee University and the Johns Hopkins School of Medicine, where he also completed an internship and residency in radiology.

He served in the U.S. Army Medical Corps during World War II and in the U.S. Air Force during the Korean War.

In 1955, he was appointed the chair of Department of Radiology of the newly created University of Mississippi Medical Center in Jackson. He was his students’ frequent choice for Teacher of the Year.

Sloan retired in 1980 and moved four years later to Raton, N.M., where he lived until 2010. A talented landscape photographer, he saw his works displayed in galleries, museums and the Governor’s Gallery at the New Mexico State Capitol.

For the past three years, he lived in Medford, Ore. He is survived by the former Harriett (Hattie) Stech, his wife of 66 years; two daughters; four grandchildren; and one great-granddaughter.

## PEDIATRICIAN GAY NAMED TO 100 MOST INFLUENTIAL LIST

TIME magazine named HIV specialist Dr. Hannah Gay, UMMC associate professor of pediatrics, to its annual list of the 100 most influential people in the world, the 2013 TIME 100.

Gay's treatment regimen for an HIV-infected newborn functionally cured the baby. She is the first UMMC faculty member to make TIME's list.

Also named to the TIME list were Gay's colleagues, Dr. Deborah Persaud, Johns Hopkins Children's Center virologist, and University of Massachusetts Medical School immunologist Dr. Katherine Luzuriaga, both of whom joined Gay in presenting the child's case report in a March scientific meeting in Atlanta.

The report is the world's first to describe an HIV functional cure in an infant.

"This case represents decades of work by thousands of researchers and health-care providers to bring the HIV epidemic under control," Gay said.

TIME's full list appears in the April 29 issue. It recognizes the activism, innovation and achievement of the world's most influential individuals.



Dr. Hannah Gay



Martin

## MARTIN ELECTED FELLOW TO LONDON'S ROYAL COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Dr. James N. Martin Jr., UMMC professor of obstetrics and gynecology and director of maternal fetal medicine, was unanimously elected to the Royal College of Obstetricians and Gynecologists in London as an *ad eundem*, or honorary, fellow.

He received the award at the organization's World Congress meeting in Liverpool in June.

"This award recognizes the major contributions that you have made to our specialty and the well-being of women," said Dr. Anthony Falconer, president of the Royal College.

The RCOG encourages the study, advancement and practice of obstetrics and gynecology through postgraduate medical education, training and publication of clinical

guidelines and reports. Its international office works with other international organizations to lower maternal morbidity and mortality in disadvantaged countries.

Martin earned his M.D. from the University of North Carolina School of Medicine, trained in obstetrics and gynecology at North Carolina Memorial Hospital, completed a clinical research fellowship with the World Health Organization at Karolinska Hospital in Stockholm, and a maternal fetal medicine fellowship at University of Texas Science Center at Dallas.

He joined UMMC in 1981 to practice and teach maternal fetal medicine. He has more than 500 scientific publications to his credit, many focusing on pregnancy-related complications.

## SIMPSON EARNS TEACH PRIZE

Dr. Kimberly Simpson, UMMC neuroscientist and associate professor of neurobiology and anatomical sciences, was named the first Regions Bank TEACH Prize winner.

The TEACH Prize, which includes a \$10,000 cash award, recognizes a faculty member who most exemplifies the values of student engagement, intellectual challenge and dedication to the craft of education, in keeping with UMMC's educational mission.

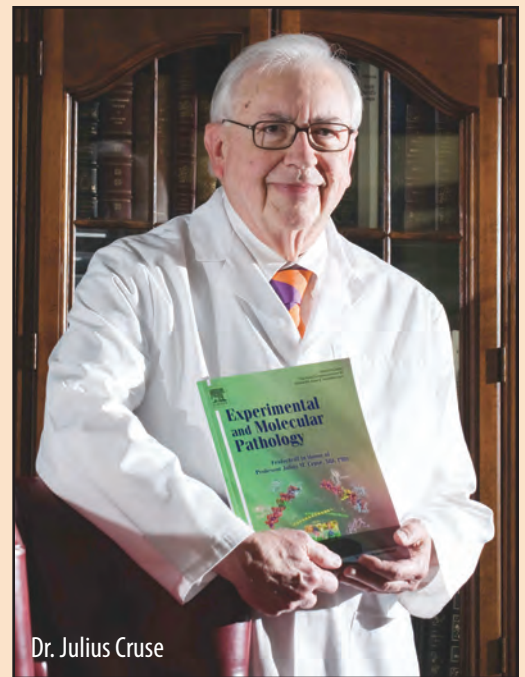
As director of the school's medical neurobiology course for first-year medical students, Simpson added clinicians to a roster of speakers who help bring hospital experiences into the classroom.

Alon Bee, city president of Regions Bank Metro Jackson, and Dr. James Keeton, UMMC's vice chancellor for health affairs, presented Simpson with the TEACH Prize and plaque during The Nelson Order 2013 induction on May 1.

"Kim is very deserving of this award – the Medical Neurobiology course is widely recognized by our medical students as one of the best courses in the preclinical curriculum," said Dr. Michael Lehman, professor and chair of neurobiology and anatomical sciences.



Alon Bee, right, city president of Regions Bank Metro Jackson, and Dr. Jimmy Keeton, vice chancellor for health affairs, present Dr. Kimberly Simpson, associate professor of neurobiology and anatomical sciences, the first Regions Bank TEACH Prize and plaque during The Nelson Order 2013 induction.



Dr. Julius Cruse

## CRUSE HONORED AS MENTOR, RESEARCHER

Two scientific journals are publishing Festschrift editions to honor Dr. Julius Cruse for his 47 years of contributions to immunopathology and his role as mentor to scores of students, faculty and colleagues.

Cruse, Guyton Distinguished Professor of Pathology, Medicine and Microbiology, joined the University of Mississippi Medical Center in 1967 and continues to serve as vice chair of pathology.

Festschrift issues are special editions containing articles submitted by colleagues or students. The journal *Experimental and Molecular Pathology* published a Festschrift issue for Cruse in December 2012. A Festschrift issue of the journal *Immunologic Research* was scheduled for release earlier this year.

Well-known immunopathologists feted Cruse. Researchers and professors from Israel, Germany, Italy, Johns Hopkins University, Columbia University, UCLA, the Salk Institute and other institutions came out in force.

"I'm both humbled and honored that so many distinguished researchers would submit their work for the Festschrift issues," Cruse said.

As a Fulbright Scholar in Europe, Cruse began exploring the newly-defined field by the late 1950s. Within half a lifetime, he had become a stalwart in the specialty.

At the age of 29, he became UMMC's first professor of immunology.

To date, Cruse has written more than 300 scientific and medical research articles and served on editorial boards of numerous journals.



Stringer

## STRINGER TO LEAD OTOLARYNGOLOGY GROUPS

Dr. Scott Stringer, chairman of the UMMC Department of Otolaryngology and Communicative Sciences, assumed the presidency of the Association of Academic Departments of Otolaryngology (AADO) on Nov. 4.

Across the United States and Canada, the AADO represents and promotes the shared interests of academic institutions' departments of otolaryngology (ENT). The organization's past president-elect, Stringer will now serve a two-year term as president.

Stringer was also chosen president-elect of the Society of University Otolaryngologists-Head and Neck Surgeons (SUO-HNS) at the organization's annual meeting in November. The SUO represents all faculty members in university otolaryngology programs nationwide.

Its tasks include providing guidelines for resident education and blueprints for teaching medical students.

Stringer takes over as president this year.



Alexander

## NIH TAPS ALEXANDER FOR SCIENTIFIC REVIEW

Dr. Barbara Alexander, Ph.D., associate professor of physiology and biophysics at UMMC, will serve as a member of the Hypertension and Microcirculation Study Section of the National Institutes of Health's Center for Scientific Review.

NIH study sections review grant applications submitted to the NIH, make recommendations on these applications to the appropriate NIH national advisory council or board, and inspect the status of research in their fields of science.

Study section members are selected based on competence and achievement in their scientific discipline. They must show a history

of quality research, publications in scientific journals, and other significant scientific activities, achievements and honors.

Alexander, who studies the short- and long-term effects of maternal hypertension, started her six-year term this summer.

Her areas of expertise include developmental programming of adult health and disease, low birth weight, intrauterine growth restriction, sex differences and hypertension.

She earned her Ph.D. in biochemistry at UMMC, where she also completed post-doctoral work in physiology.



Woodliff

## WOODLIFF ELECTED GOVERNOR OF STATE ACP CHAPTER

Dr. Dan Woodliff, associate professor of medicine at UMMC, has been named governor of the Mississippi chapter of the American College of Physicians (ACP).

Woodliff served as governor-elect for one year before taking leadership of the local chapter of the ACP, the national organization of internal medicine physicians (internists).

Elected by state ACP members, Woodliff began his four-year term during the ACP's annual scientific meeting April 11-13 in San Francisco.

As governor, Woodliff will put into place national ACP projects and initiatives at the chapter level and will help organize meetings and activities in Mississippi.

The ACP is the largest medical specialty organization and the second-largest physician group in the country. ACP members include approximately 133,000 internists, related subspecialists and medical students.

## SCHLESSINGER WINS PHYSICIANS' LAUREATE AWARD FOR EXCELLENCE

Dr. Shirley Schlessinger, professor of medicine at UMMC, is the 2013 recipient of the Laureate Award by the American College of Physicians (ACP) for the Mississippi Chapter.

The honor recognizes fellows and masters of the ACP for demonstrating excellence in medical care, education or research.

For the past 20 years, Schlessinger, the School of Medicine's associate dean for graduate medical education, has served in various roles at UMMC, including professor of medicine-nephrology, vice chair for education in the Department of Medicine, medical director of the Mississippi Renal Transplant Program, medical director of Continuing Medical Education and interim chair of the Department of Medicine.

She has obtained more than \$3.5 million in recurring, annual federal funds for graduate medical education at UMMC.

She met her husband-to-be, Dr. Louis Vincent Punecky, at the Louisiana State University School of Medicine in New Orleans on their first day of medical school; both completed their internships and residencies in internal medicine at UMMC.



Dr. Shirley Schlessinger

## WOODWARD NAMED TO MEDICAL SCHOOL ACCREDITING BODY

Dr. LouAnn Woodward, the University of Mississippi Medical Center's associate vice chancellor for Health Affairs, has been appointed to the nationally recognized accrediting body for U.S. and Canadian medical schools.

Woodward, who is also UMMC's vice dean of the School of Medicine, started serving a three-year term on July 1 as a member of the Liaison Committee for Medical Education (LCME), sponsored by the Association of American Medical Colleges and the American Medical Association.

In the United States, the LCME determines the accreditation status of all programs leading to the medical degree. It works with the Committee on Accreditation of Canadian Medical Schools to accredit M.D. programs in Canada.

Woodward, also a professor of emergency medicine, is a native Mississippian. She earned her undergraduate degree from Mississippi State University and received her medical education at UMMC, where she also completed her residency training.

She is one of 17 committee members, who meet in Chicago and Washington, D.C.



Dr. LouAnn Woodward

## 1950s

**Dr. Barry Gerald** (1958) retired in June 2009 as professor emeritus of radiology after serving as chair of the Department of Radiology at the University of Tennessee Health Science Center in Memphis for 20 years. Gerald had also served as chief of radiology at the Regional Medical Center at Memphis (The MED), Le Bonheur Children's Hospital and St. Jude Children's Hospital, all in Memphis. Previously, he was on the faculties of the University of Arkansas; University of California, San Francisco; and University of Tennessee. He completed his fellowship in neuroradiology at the New England Medical Center in Boston and his fellowship in pediatric radiology at Cincinnati Children's Hospital Medical Center. Gerald is married to Marjorie Brown, Ole Miss Class of 1956, and has three children and five grandchildren.

## 1960s



**Dr. Don S. Davis** (1966) of Meridian and his wife Lynne celebrated their 50th wedding anniversary on June 9, marking the occasion with a recent trip around the world sponsored by the University of Mississippi Alumni Association. Davis, a native of luka, is an otolaryngologist with a practice in Meridian.

## 1970s

**Dr. James Sones** (1972) has been appointed professor of medicine and director of clinical services for the GI Division at UMMC. The Europa native, who is board certified in internal medicine and gastroenterology, continues to be affiliated with Gastrointestinal Associates, PA in Jackson, which he helped found in 1981. Sones completed his internship and residency in internal medicine at UMMC and fellowships in gastroenterology and clinical pharmacy research at Southwestern University of Texas, Parkland Hospital in Dallas.

**Dr. Clinton Cavett** (1973) of Indianapolis, Ind., is director of pediatric surgery for Community Health Network in Indianapolis. Cavett, who grew up in Jackson, served as assistant professor of surgery in pediatrics at UMMC, 1980-1984. He was also director of pediatric surgery for Carilion Medical System in Roanoke, Va., 1992-2010. His honors include Best Doctors in America 2011-2013, and Best Doctors in America Southeast Region, 2009-2010. He is married with three children.



**Dr. George R. Wilson III** (1973) has served as senior associate dean of clinical affairs at the University of Florida College of Medicine in Jacksonville since August 2012. His prior position at the college was chair of the Department of Community Health/Family Medicine for 17 years. Board certified in family medicine and in hospice and palliative medicine, Wilson performed his residency in family medicine at the Naval Hospital in Camp Pendleton, Calif.



**Dr. Susan Buttross** (1977), chief, Division of Child Development and Behavioral Pediatrics at UMMC, celebrated her two-year anniversary in July as host of *Relatively Speaking*, a Mississippi Public Broadcasting radio call-in show that offers listeners the chance to seek advice and share personal stories. Airing at 9 a.m. Mondays on MPB Think Radio, *Relatively Speaking* features MPB's Kevin Farrell. Buttross is a professor of pediatrics and an American Academy of Pediatrics fellow. She has received national and regional Best Doctors in America awards and has been named one of America's Top Pediatricians.



**Dr. Robert C. Lee** (1978) of Kingsport, Tenn., was re-certified in family medicine in April and obtained a Certificate of Added Qualifications (CAQ) in Hospice and Palliative Medicine in December 2012. He has served as medical director of Holston Medical Group, a 160-provider, multi-specialty group practice in Kingsport, Tenn., since 2004. He also serves as regional medical director for Amedisys Hospice and Homecare.

**Dr. John McGraw Sr.** (1978) of Knoxville, Tenn., became chair-elect of the Board of Councilors for the American Academy of Orthopaedic Surgeons during the AAOS annual meeting in March. McGraw will assume the chair in March 2014 and will serve on the AAOS board of directors until 2015. In April of this year he retired as a colonel, U.S. Army, after 34 years of commissioned service in Air Force and Army active duty and reserve units. McGraw has been a member of the Knoxville Orthopaedic Clinic for 10 years. He is a team physician for the Tennessee Smokies, the Chicago Cubs' Double-A minor league baseball team.

## 1980s



**Dr. John Barnard** ((1980) of New Albany, Ohio, was named the first recipient of the Ann I. Wolfe Endowed Chair in Research Leadership for The Research Institute at Nationwide Children's Hospital in Columbus, Ohio. Barnard, a practicing gastroenterologist, has also served as president of The Research Institute since 2005. He is pro-

fessor of pediatrics in the Division of Gastroenterology and Nutrition and vice chair for research in the Department of Pediatrics at the Ohio State University College of Medicine. Under Dr. Barnard's leadership, The Research Institute has become a top 10 National Institutes of Health-funded freestanding pediatric research facility. Barnard and his wife Ellen have four children.



**Dr. Geri Weiland** (1980) of Vicksburg was the overall winner, with partner Joe Lightsey, of Dancing with the Vicksburg Stars in April, a fund-raising event for United Way of West Central Mississippi. Lightsey, her nephew-in-law, is a medical student at UMMC. Proceeds from the charity event benefitted the Workforce Assistance Program. The former Geri Grantland, Weiland

is a Gautier native. She completed her residency at UMMC in 1983. Weiland is a member of the Medicaid Pharmacy and Therapeutics Advisory Committee, president of the West Mississippi Medical Association and vice speaker of the Mississippi State Medical Association. She is married to Mike Weiland, an Ole Miss engineering graduate (1977). Their son, M. David Weiland Jr., is a 2012 graduate of the UMMC School of Medicine.



**Dr. Pleasant Fite Hooper** (1982) is the founder and president of TMS BioScience Labs located in the New Orleans Bioinnovation Center in the medical district. The company provides advanced clinical mass spectrometry services to the organ-transplant clinical community. Hooper's invention, HomeTrak, is a system of home-sample collection for organ transplant monitoring

complemented by mobile-device access and patient participation. Hooper, a clinical assistant professor of surgery at Tulane University School of Medicine, will chair the Mass Spectrometry section of the 2013 World Gene Conference in Hainan, China, in November.



**Dr. Darden North** (1982) of Jackson has published his fourth novel, *Wiggle Room*, a contemporary thriller released by Sartoris Literary Group in June. A native of the Mississippi Delta, North has written three previous novels—*Fresh Frozen*, *House Call*, and *Points of Origin*, which received the national Independent Publisher Book Award in the Southern Fiction category. North, who

lives in Jackson with his wife Sally, is a board-certified physician in obstetrics and gynecology. He completed his OB/GYN residency at UMMC in 1986.

**Dr. William James "Jim" Phillips** (1986) of Cleveland, Ohio, was recently honored as the 2013 Critical Care Teacher of the year by the Cleveland Clinic. Phillips completed residencies at UMMC in anes-

thesia and emergency medicine, and did fellowships in critical care anesthesia and pain management at Vanderbilt University Hospital and the Mayo Clinic, respectively. This year, he earned a Master of Strategic Studies degree at the U.S. Army War College in Pennsylvania.



**Dr. Wayne A. Slocum** (1987 – residency) of Tupelo is the winner of the 2013 Golden Tongue Blade Award – the Doctor of the Year honor presented by North Mississippi Medical Center in Tupelo. He has been with OB/GYN Associates in Tupelo since completing his residency in obstetrics and gynecology at UMMC, where he was chief administrative resident. Slocum is past president of the Northeast Mississippi Medical Society, and a member and officer in the Mississippi section of the ACOG. Slocum, who grew up in Baton Rouge, is married to the former Yvette Andries; they have three children.



**Dr. Robert Bennett Jr.** (1988) was appointed chief of service at Memorial Hermann Surgery Center in the Woodlands, Texas, in 2012. Bennett, who grew up in Tupelo, practiced medicine in Tyler, Texas, for 20 years before accepting his current position. He is a board-certified anesthesiologist and has completed fellowships in pain management and cardiology.

**Dr. Barbara Goodman** (1989) will take over from Dr. Scott McPherson as board president of the Medical Alumni Chapter of UMMC this fall. Goodman, a family practice physician, is on the clinical faculty of UMMC and serves as preceptor for family medicine rotations. Since the fall of 1997, she has been at Primary Care Associates in Meridian, which is associated with Rush Hospital.

## Send us your lives

We're looking for more and more class notes. If you didn't get your news in this issue, send it for the next. Let your classmates know what you've been doing since graduation or the last class reunion. Be sure to include the name you used in school, the year you graduated, and if possible, a digital photo of yourself.

We also welcome your story ideas, subjects you'd like to see covered in these pages or a graduate you know who would make an interesting profile.

Send class notes, story ideas and photos to [gpettus@umc.edu](mailto:gpettus@umc.edu) or mail to

**Gary Pettus**  
Division of Public Affairs  
University of Mississippi Medical Center  
2500 North State Street  
Jackson, MS 39216-4505

University Medical Center  
 Division of Public Affairs  
 2500 North State Street  
 Jackson, Mississippi 39216-4505

Nonprofit  
 Organization  
 U.S. Postage  
**PAID**  
 Jackson, MS  
 Permit No. 247

CHANGE SERVICE REQUESTED

The University of Mississippi Medical Center offers equal opportunity in education and employment, and in all its programs and services, M/F/D/V.



The leaders of the four major metro Jackson health-care systems put aside their sometime-rivalry to collaborate on the construction of a Habitat for Humanity Home during the March 28 Healthcare Build 2013 on Englewood Street in Jackson. With them are, from left, Duane O'Neill of the Greater Jackson Chamber Partnership and Michelle Owens, the new homeowner. Proceeding from their left are Claude W. Harbarger of St. Dominic Health Services; Dr. James Keeton, UMMC vice chancellor for health affairs; Todd Lupton of Health Management Associates; and Mark Slyter of Baptist Health Systems. Teamwork among the employees of the health-care institutions helped Owens, a single mother of two young children, realize her dream of home ownership. They worked with Habitat/Metro Jackson, which builds \$60,000-\$70,000 homes for qualifying families.