



MISSISSIPPI

medicine

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE

Summer 2016



*We're like the canaries
in the coal mine. For our
patients' safety, there needs to
be a revolution in medicine.*



-DR. LUKE LAMPTON, FAMILY MEDICINE PHYSICIAN

The stress of practicing medicine today is taking a toll on physicians' passion for the profession.



CONSPICUOUS ABSENCE

FEWER BLACK MALES PURSUING M.D.'S

DR. RALPH DANIEL

AN 'ELEGANT DOCTOR'

DOING THE MATH

SUMMERS' CAREER ADDS UP

SUMMER BREAK

Dr. Summer Allen and daughter **Maddie** share a moment in the University Hospital cafeteria before Allen begins a night shift. Her husband and Maddie's father, **Bear Allen**, often brings Maddie to the hospital to visit when Summer works double shifts. A pulmonary critical care fellow, Allen is a member of the Physician Moms Group on Facebook.



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**Chancellor,
University of Mississippi**
Jeffrey S. Vitter, Ph.D.

**Vice Chancellor for Health Affairs
and Dean, School of Medicine**
LouAnn Woodward, M.D.

**President, Medical Alumni
Chapter, University of
Mississippi Alumni Association**
Tim Kerut, M.D.

**Director of Alumni Affairs,
University of Mississippi
Medical Center**
April Mann Overstreet

Editor
Gary Pettus

Associate Editor
Annie Oeth

Writers
Karen Bascom
Bruce Coleman
Ruth Cummins
Annie Oeth
Brandi S. Van Ormer
Cynthia Wall

Photographers
Jay Ferchaud
Vickie King
Marc Rolph
Charles Runyan

Designer
Stephanie Seymour

**Associate Director
for Publications**
Tim Irby

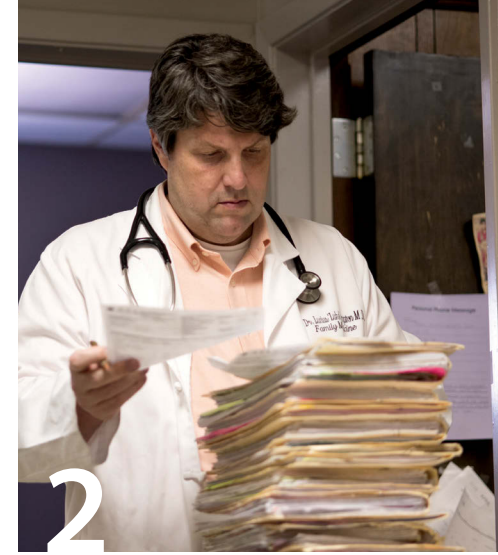
**Chief Public Affairs and
Communications Officer**
Tom Fortner

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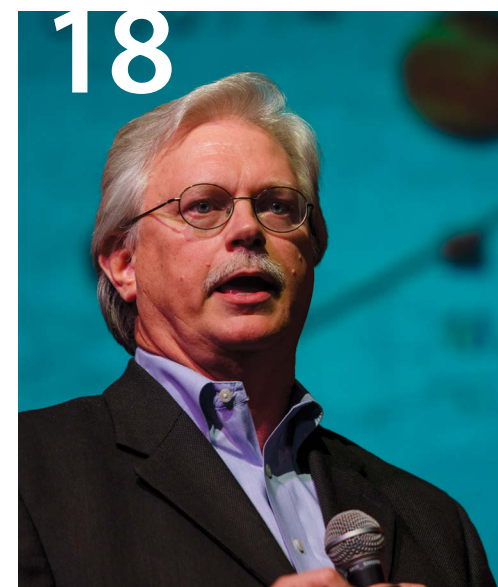
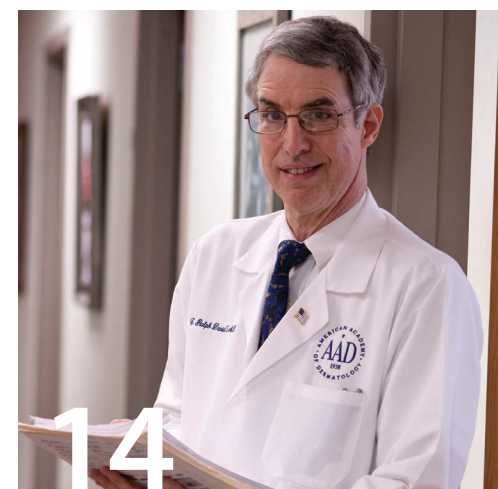
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MEDICAL PALL

BLISTERING RATES OF PHYSICIAN BURNOUT IGNITE SEARCH FOR ANSWERS

The stress of practicing medicine today is taking a toll on physicians' passion for the profession.

By Gary Pettus



The burden of paperwork is part of the "bureaucratic system of measures" that has Dr. Luke Lampton searching for ways to reinvent his practice.

We're like the canaries in the coal mine. For our patients' safety, there needs to be a revolution in medicine.

DR. LUKE LAMPTON,
FAMILY MEDICINE
PHYSICIAN



The cost of operating Dr. Luke Lampton's family medicine clinic in Magnolia has doubled or tripled since 1999, he said, but his passion for medicine has paid an even higher price.

"Even after hiring a nurse practitioner," Lampton said, "we're spending less time with patients and more on a bureaucratic system of measures that has nothing to do with saving peoples' lives."

As chair of the Mississippi State Board of Health and editor of the Journal of the Mississippi State Medical Association, Lampton mingles with enough physicians to know that many are overwhelmed by a system in which the joy of practicing medicine is slowly dripping away.

"Physicians have a sense of powerlessness," Lampton said. "People in suits are getting in the way of patient care and they're doing it to save money."

Physicians aren't the only professionals who endure work-related frustrations and bureaucratic burdens; but to the nation's doctors, the hurdles are now high enough to foster a level of burnout and stress so pervasive it has been labeled a "health-care crisis."

SUICIDE WATCH

More than 54 percent of physicians in the U.S. reported at least

one sign of burnout in a 2014 study released this year by the American Medical Association and the Mayo Clinic.

Even more telling, that percentage has jumped, from 45 percent, since a similar study was conducted three years earlier. Over that period, nearly a dozen specialties registered a bump in burnout of more than 10 percent, including family medicine, up by 11.7, to 63 percent.

"There are a lot of specialists who are burned out, and we are very burned out," Lampton said of family medicine physicians.

The upsurge was greatest for urologists, 22.4 (from 41.2 to 63.6); and dermatologists, 24.7 (from 31.8 to 56.5). For all physicians, the rate is even higher than that for the general U.S. working population, the study says. Physicians in mid-career are most likely to encounter burnout.

"The burnout issue exists not only for physicians and residents, but for non-physician providers as well," said Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine.

“Increasing pressures for high quality and efficiency put a squeeze on the provider’s time with the patient, which is what usually attracts someone to health care in the first place.”

“Stunning” is the word Dr. Jeffrey P. Gold used to describe statistics on stress, burnout, depression and suicide among physicians and other health-care professionals in an essay published in the April issue of Reporter, the flagship news publication of the Association of American Medical Colleges.

Every day at least one physician dies by suicide, reports the American Foundation for Suicide Prevention. Doctors are more than twice as likely to die by suicide, compared to the general population. For medical students, rates of depression exceed the general population’s by 15 to 30 percent.

“We have generations of physicians in practice who were never trained in career resiliency, and who are being asked to do things now that they never had to do before,” said Dr. Alan Jones, professor and chair of the Department of Emergency Medicine.

“For the next generation, we need to build medical school curriculum around resilience.”

As for residents, each program at UMMC affords them an education on wellness and impairment, as required by the Accreditation Council for Graduate Medical Education. How that education is presented depends on the individual programs.

“But burnout is a relatively new problem in medicine,” Jones said. “I don’t believe we realized the impact all these changes in health care would have on us.”

As Gold, the chancellor of the University of Nebraska Medical Center, wrote in the AAMC Reporter, it all amounts to “the greatest health care crisis American physicians and other health professionals face today . . .”

And, when physicians suffer, their patients suffer, said Lampton, a 1993 graduate of UMMC’s School of Medicine. “We’re like the canaries in the coal mine. For our patients’ safety, there needs to be a revolution in medicine.”

IMBALANCING ACT

The revolution is about time, which Lampton says is devoured by the mandates of electronic health records, at the expense of a physician’s personal touch.

“Physicians should demand that patient care be the center of their practice,” he said, “instead of jumping through administrative hoops.”

Digital record-keeping is designed to, among other things, give providers more complete information about their patients and to deliver it faster.

This year, the Mississippi Division of Medicaid began exchanging patient information in real time with Epic, the electronic records system adopted in 2012 by the state’s largest provider of Medicaid care to patients: UMMC.

“Our new medical records system is one of the best things the Medical Center has done,” said Dr. Kimberly Crowder,



Dr. Kimberly Crowder

chair of the Department of Ophthalmology, “but it adds to the stress. You have to see the same number of patients, but there’s more accountability.”

Lampton is less sanguine about EHR. “Computer systems on airplanes help a pilot be a better pilot and protect passengers,” he said. “Computers for physicians in our clinics and hospitals are built for billing.

“The potential of computers is massive; in another decade they may help us take care of patients; but right now they’re still in their awkward teenage years, and they’re putting up barriers that paper never did.”

The adoption of EHRs isn’t the only burnout combustible. The riddle of work/life “balance” may hark back to Hippocrates. Today, there is a pushback to try to equalize the scales, said Dr. Charles O’Mara, professor of surgery and associate vice chancellor for clinical affairs.

“The lack of an ability to commit to family or hobbies can contribute to burnout. Those outside relationships are extremely important to anybody. Younger physicians in particular understand that life means more than spending 90 hours at the hospital.



Dr. Molly Clark

“They have expectations of a lifestyle balance that older physicians did not have.”

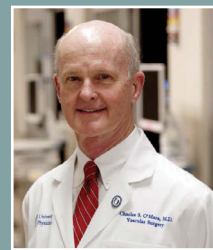
But it’s not necessarily a “balance,” said Dr. Molly Clark, associate professor and fellowship director in the Department of Family Medicine, licensed psychologist, and mother of two school-aged children.

“I did choose a specialty and a role that allow for a lot of autonomy. But, with two kids, having balance depends on a joint effort between me and my husband.

“Wherever you work, there will be difficulties and stressors. If it’s something you can’t change, then you have to learn to cope with it or leave that system. If you can change it, then work toward changing it. But, as for work-life balance, I don’t think it’s possible to have it all at any given time at work and in your personal life. This goes for women and men.”

For men and women, the stressors are similar, said Crowder, the mother of three young children.

“But during residency, females with families may feel even more guilt about time away from them. You hardly ever control your own hours.



Dr. Charles O’Mara

“Some people might thrive on attending another late meeting, but, personally, I’d rather devote that hour to going to see my son’s baseball game.

“Thankfully, I’m in a specialty that tends to be on the higher end of the non-burnout spectrum” [ophthalmology burnout rate: under 50 percent].

“I’ve told my residents that ophthalmologists tend to be happy people,” Crowder said. “We get to have relationships with our patients, and I believe that contributes to our well-being. The core of why I became a physician is still there: making things better for someone.

“That continuity with your patients is what you envision when you’re thinking about becoming a physician.”

Continuity is absent for the No. 1 burned-out specialty: emergency medicine. “It always tops the list,” said Jones, who has led UMMC’s Emergency Department since 2013.

“Emergency medicine is physically and emotionally taxing. You’re dealing sometimes with difficult patients; intoxicated patients. Children who are injured or killed.

“That’s different from oncologists, for instance, who get to know their patients over time. But, in the end, you can have the same problem, which is a patient’s death.”

DISTRESS TEST

Beyond a vexing technology and work/life imbalance, accelerators of burnout and stress include government regulations, loss of autonomy and declines in physician reimbursement.

“All of us have stress,” said Dr. Patrick Smith, UMMC professor of family medicine, chief faculty affairs officer and a clinical psychologist. The question is: Is it low-level stress (eustress) or distress?



Dr. Patrick Smith

For that, psychologists turn to the Maslach Burnout Inventory, which considers three subscale measures: emotional exhaustion, depersonalization and personal accomplishment (effectiveness).

“Excitement or low levels of anxiety can help improve performance,” Smith said. But, as the so-called Yerkes-Dodson Law states, with high levels, performance plummets.

TOP BURNOUT RATE INCREASES BY SPECIALTY

24.7% DERMATOLOGY
(31.8% of physicians reported burnout in 2011, vs. 56.5% in 2014)

22.4% UROLOGY
(41.2% vs. 63.6%)

15.9% PHYSICAL MEDICINE and REHABILITATION
(47.4% vs. 63.3%)

14.9% PATHOLOGY
(37.6% vs. 52.5%)

13.7% RADIOLOGY
(47.7% vs. 61.4%)

11.7% FAMILY MEDICINE
(51.3% vs. 63%)

11.3% ORTHOPEDIC SURGERY
(48.3% vs. 59.6%)

11% GENERAL PEDIATRICS
(35.3% vs. 46.3%)

10.3% GENERAL SURGERY SUBSPECIALTIES
(42.4% vs. 52.7%)

Source:

American Medical Association; for the complete list, go to www.ama-assn.org/ama/ama-wire/post/specialties-highest-burnout-rates, which features the “7 signs of burnout” and how to prevent them

BURNOUT RATES TOPPING 60%, BY SPECIALTY

- Emergency medicine (70-plus%)
- Urology
- Physical medicine and rehabilitation
- Family medicine
- Radiology

21st CENTURY STRESSORS FOR PHYSICIANS IN ACADEMIC MEDICINE

- Increased workload
- Pressure to keep up with an ever-larger knowledge base
- Changing reimbursement guidelines from insurers
- More frequent legislative intervention in public health issues, such as vaccinations and abortion
- More layers of accreditation
- More stringent requirements from the Joint Commission
- Stricter standards from the Institutional Review Board regarding human research
- Greater emphasis on oversight (compliance)
- Technology (electronic health records)
- Lack of resources, including equipment, space
- Hidden costs, such as inadequate work/life balance (inability to spend more time with loved ones, etc.)

Source:

Dr. Patrick Smith, UMMC

To understand why stress is most distressing for modern-day physicians, Smith said, “Go to the money.”

First of all, it costs more than ever to train a doctor. “People are coming out of medical school with the equivalent of a mortgage – without a house to show for it,” Smith said.

Once in practice, they face a species of stress not encountered in the wilds of many other professions.

“When a physician looks into a patient’s eyes and sees the fear, knowing they’re expected to provide answers, that is difficult, that is a heavy responsibility, and this happens every day,” Clark said. “We see very ill people all the time. In health care, not everyone experiences death and serious illness as much as we do.”

Those traditional, age-old pressures have been compounded of late by the onus of reeling in costs, Smith said.

“Health-care expenditures in this country will represent close to 21 percent of the Gross Domestic Product by 2021, so they become a target.”

At academic medical centers like UMMC, Smith said, where about 40 percent of the patients are uninsured or underinsured, cutting costs is a tall order. It becomes taller in Mississippi when you consider Medicaid.

“Medicaid was not expanded here, under the Affordable Care Act [ACA or Obamacare]. So we’re providing a lot of unreimbursed care.”

Physicians have to see more patients to make up for a decline in revenue, but have less time for each one – all while being press-ganged to improve health outcomes.

Or else, their compensation falls.

Then, there’s Medicare revenue, sapped by baseline reductions under the ACA.

Finally, many physicians find they cannot afford to be independent any longer, Smith said, “so they become employees of a health system.

“All these changes are contributing to burnout.”

SWING STATE

The issue boils down to mental health.

For its part, UMMC has a contract with Lifesynch to provide 24/7 access to professional counselors; there are also provisions for addiction treatment.

But these programs apply to all employees and members of their households, not exclusively to doctors, who are not known for looking after themselves.

“We have this perception that taking time to manage stress and burnout is synonymous with weakness,” Clark said. But, as rest can avert injuries for athletes, she said, the “restorative” powers of wellness can prevent burnout for physicians. “We need to take the time to take better care of ourselves.”

Collective burnout will worsen if unaddressed, especially when the physician shortage is expected to exceed 90,000 by 2020.

“If physicians don’t have the resiliency to maintain longevity, they

retire earlier,” Jones said. “That means fewer physicians, who become even more overworked and overrun with patients.

“The pendulum has swung very far toward making physicians do things they value less than patient care.

“It’s inevitable that the pendulum will have to swing back and give them a greater voice, or there will be more and more disgruntled physicians who are unwilling to stick it out.”

CORNBREAD AND TEA

How disgruntled are UMMC’s physicians? No burnout survey, as such, exists, but there is the Comprehensive Faculty Development Needs Assessment conducted from April to December in 2015.



Vickie Skinner

Tackling burnout did register as a need, if not a top priority, said Vickie Skinner, project manager for faculty affairs.

“But I believe strongly that if we deal with the four issues faculty identified as top priorities, we will also address burnout and work/life balance,” she said.

THOSE PRIORITIES:

1. MENTORSHIP – “which can help identify potential burnout early, and manage it,” Skinner said.
2. PROMOTION/TENURE – meaning evenhanded opportunities for advancement, with clearly stated guidelines.
3. COLLABORATION – that is, more of it across departments and schools.
4. RESEARCH AND SCHOLARLY SUPPORT – particularly, more protected time to engage in these activities, a requirement for faculty promotions.



Dr. Josh Mann, left, and Dr. Alan Jones are co-chairing a Provider Burnout Task Force.

The findings made it to the Council of Deans and Woodward, who responded by greenlighting the creation of a Provider Burnout Task Force, chaired by Jones and Dr. Joshua Mann, professor and chair of the Department of Preventive Medicine.

“The issue of physician burnout will get a lot of attention and we want to come up with meaningful recommendations,” Mann said. “I believe it will be a one-year project, at least,” he said of the task force, which met for the first time in May.

“Dr. Woodward wants UMMC to get a handle on this, and we hope to develop recommendations that will apply to nurse practitioners and other providers, as well as physicians.”

O’Mara believes enabling physicians to avoid career-ending burnout means attacking the issue internally, with more wellness programs; and externally, “with less onerous regulations, and electronic health records that are easier to use,” he said.

Externally, there is already the Mississippi Professionals Health Program (www.MSPHP.com), a subsidiary of the MSMA, which helps physicians respond to distress and recover from various forms of impairment, including addiction.

In the January issue of the JMSMA, Dr. Daniel Edney, MSMA president, announced that Mississippi has been selected to serve as a pilot project state for the AMA’s new STEPS Forward program, aimed at helping physicians combat stress and “reignite professional fulfillment in their work.”

Lampton, for one, is taking his own steps to do that.

“I still believe medicine is the most important profession on the planet,” he said. “Physicians save lives every day. So it’s not only important to save our profession, but also to elevate it.

“We have to find a way to restore that passion for taking care of patients, to remember why we became doctors in the first place.”

For him, the answer lies in “reinventing his practice.” He has taken on nursing home and hospice care, which involves home visits – echoes of a Norman Rockwellian age of house calls and country doctors.

“It’s talking to people about their lives,” Lampton said. “It’s sitting down with them at the kitchen table, being served a glass of sweet tea with cornbread and field peas in a skillet on the stove. It’s having time to let them know I care about them. It’s listening to their hearts. These are the things that restore me.” **M**

CONSPICUOUS ABSENCE

By Gary Pettus



Fewer black males
are pursuing M.D.'s in
Mississippi, leaving
a major void in the
medical landscape

Gene Harrion III knows what his job will be in about 15 years: “A hero.”

In the 13-year-old’s mind, “hero” equals Dr. Robert Smith of Jackson, his family doctor; “hero” equals physician. As a young African-American male stirred by Smith’s personal touch with patients, Gene is luckier than many of his peers; they won’t see their first black male physician up close until they’re in medical school, unless he’s on TV.

This lack of male physician role models in African-American communities is cited as one reason for a provocative statistic that has mobilized students and faculty in UMMC’s School of Medicine: Not only has the number of black males entering medical school failed to rise over the past four decades, it has fallen, from 1,410 in 1978 to 1,337 in 2014, as revealed in a report from the Association of American Medical Colleges.

Some of the institutional and cultural challenges that dogged members of Smith’s generation persist, even beyond the lack of mentors.

“When I was in grade school and said I wanted to be a physician, people told my parents they were wasting their time,” said Smith, the legendary civil rights figure who picketed the AMA in 1963 for tolerating segregation.

“Some people bullied me. They thought I was a little funny.”

Some 60 or 70 years later, Smith’s professional heirs aren’t faring much better. Michael Chiadika, a rising M3, never saw a doctor while growing up, much less an African-American one.

A few years ago, when he was considering going to dental school, the response from some people in his community failed to inspire him.

“They told me, ‘You need to aim a little lower,’” he said.

SUBPAR FOR THE COURSE

Why does this matter?

Whatever the source, the answers to that question echo those provided by that AAMC report, “Altering the Course: Black Males in Medicine,” available at https://members.aamc.org/eweb/upload/Black_Males_in_Medicine_Report_WEB.pdf.

When the physician work force is more diverse, more people are likely to seek and receive medical care. Those include patients with low incomes, non-English speakers, those on Medicaid, and racial and ethnic minorities.

“Patients like to see doctors who look like them,” is the mantra.

At stake is the ability to improve health care for everyone, declared Marc Nivet, chief diversity officer for the AAMC,

in the foreword to “Altering the Course.”

“This report aims to be a clarion call to leaders ... from kindergarten through professional school, to rise to the challenge of increasing the number of black males in medicine and to recognize the opportunity we have to alter [their] course ...,” Nivet wrote.

Their current course is unique. No other minority group has seen a comparable decline in medical school enrollment. The number of black male college graduates is up overall nationwide, but, like the number of entering students, the total who graduated from medical school dropped between 1978 and 2014 – from 542 to 515.



Alvin Harrion of Jackson, father of Gene, is glad his son wants to be a physician but is worried he may fall by the wayside. “What do I do to keep my son inspired at his age in the meantime, before he goes to medical school?” he said.

“He could easily be lost to technology, or decide to be a lawyer.”

Alvin Harrion

For his part, Smith believes this is a real possibility for Gene’s generation. “I’ve mentored any number of medical students, but that’s not enough,” said Smith, executive director of the primary care clinics of Central Mississippi Health Services in Jackson and Alvin Harrion’s boss.

“The handful of black students who are interested in the sciences no longer have to go into medicine. When I went into medicine there were few opportunities to be a physician or dentist, but there weren’t many black engineers or scientists either.

“There are also social influences today: drugs, crime, the dissolution of the black family. For black males, there is also a lack of support. If we can put these boys who can run the football on the front page, why can’t we give attention to those who want to do well academically?”

“We need to identify champions in the sciences and direct them. We do it for sports.”

At UMMC, there are programs underway which do that, but the number of black male medical students does not reflect the percentage of black male Mississippians, which is around 17 percent.

The Class of 2016 began in 2012 with 11 black females, but only three of the original 135 medical students were African-American males, or 2 percent.

Two years later the overall number of M1s was up slightly, but when Jeremy Stocks of Jackson took his seat in Gross Anatomy, he was mortified. The lack of black males in medicine was “painfully obvious,” he said.

Nine African-American females started that class, and only about seven of the 149 students were black males, representing barely 5 percent of Stocks’ Class of 2018.

Stocks made it to medical school in large part because his parents always expected him to excel. But expectations from his other relatives had their limits. “Some of my aunts and uncles don’t understand that I’m going to be a physician,” Stocks said. “They don’t get that.”

And when it comes to getting any kind of education, never mind a medical one, some of his peers don’t get it, either, he said.

UMMC PIPELINE PROGRAMS

“Pipeline” policies and programs offer preparatory and enrichment opportunities for students in order to encourage and support their success as they make the transition from high school into college, and from college admission to the completion of a degree.

- **Science Training and Education Program (STEP)** provides academic enrichment in math, science, and critical thinking for disadvantaged/underserved students, grades six to eight.
- **Medical Cooperative Program (MEDCORP III & IV)** offers disadvantaged/underserved pre-junior and pre-senior college students a program of study for the MCAT/DAT admission exams.
- **Pre-matriculation Summer Educational Enrichment Program (PRE-MAT)** is a six-week simulation and mentoring program to prepare students for professional school, featuring a thorough study of Gross Anatomy and biochemistry.
- **MINI-MED SCHOOL** offers the community surrounding Mississippi Valley State University information about disease prevention, proper health care and healthy lifestyles.
- **PROJECT REACH** cultivates an interest in the medical field for students in three Mississippi elementary schools: Franklin Academy Medical Sciences Magnet School, Columbus; Kirkpatrick Magnet School, Clarksdale; and Davis Magnet, Jackson.
- **Health Careers Development Program (HCDP)** allows undergraduate, graduate and professional students to explore career opportunities in health care.
- **Medical Cooperative (MEDCORP DIRECT)** – provides special consideration for medical school admissions to eligible college students.
- **High School Health Care Institute** is a summer enrichment camp that offers health advocacy training, CPR training, exposure to health care professionals and more to high school students from Saint Andrew’s and Wingfield high schools.
- **Clinical Elective Diversity Program (CEDP)** subsidizes related travel costs for underrepresented third- and fourth-year medical students from other accredited institutions who wish to experience clinical training at UMMC. Consideration is given to students from diverse backgrounds.
- **Community MCAT/DAT** exposes college students to these entrance exams and provides review sessions.
- **Community ACT** is an ACT prep course for high school students, as well as for college students seeking to improve ACT scores for entrance into nursing school.

Source: Dr. Gaarmel Funches, UMMC director of community education outreach



Gene Harrion III, left, who has wanted to be a physician since he was 4 or 5, is offered a taste of that medicine by his mentor **Dr. Robert Smith**. Smith had his own mentors when he was growing up, including a physician who went bird-hunting with his dad and donated his medical textbooks to Smith after retiring.

“If your only positive relationship is with that basketball goal outside, and your negative relationships are in school, you don’t think of education as a way out,” Stocks said.

“In fact, when I was growing up, if anyone asked me what I wanted to be, I said, ‘Not a doctor.’ I thought doctors had too much weight on their hands. I pictured someone who was very capable.

“But in college, I see that the smartest guy in the class has a 93 on this test, and I’ve got a 100. So why is he going to medical school and I’m not?”

“I can look at blood.”

Many others, male and female, have these same aspirations, until, for a variety of reasons, they dissolve along the way. In 2002, the AAMC reports, 18 percent of black high school sophomores hoped to become a doctor. But in 2012, the percentage of medical school applicants who identified as black/African-American was only 7.

Everyone wants to do well, said Chiadika, Stocks’ classmate, the former aspiring dentist. “No one sits at home and says, ‘I pray I’m average.’ But some of these young guys have parents who don’t see being a doctor as a sign of excellence.”

Chiadika’s mom died when he was in the sixth grade. “My dad raised five kids on a cab driver’s pay,” he said.

Chiadika admitted that he was a “terrible student” in high school. He didn’t even take the ACT until after he graduated. His father, a practical man, thought his son ought to study a trade in community college.

Then, in the college classroom, Chiadika did something he hadn’t done before.

“I tried,” he said. “I got all A’s. I went from never studying to taking the MCAT.”

It wasn’t an easy leap. While in college, Chiadika met students who had come from “nicer” high schools and had been privy to better information about established career paths, including medicine’s. “I didn’t have a person who said to me, ‘Do that,’ or ‘Don’t do that.’”



Rising M3s, from left, **Jeremy Stocks** and **Michael Chiadika** are the major organizers of the African-American Male Student Recruitment events in December and March.

Even Stocks, whose high school science teacher spurred him on toward distinction, had to carve his way into medical school with a dull blade.

“One way I found the answer was to come up here to the Medical Center, find the School of Medicine and ask the questions,” Stocks said.

“Altering the Course” corroborates Stocks’ and Chiadika’s personal experiences. “Black males may be disproportionately educated in school districts with fewer resources,” the report states.

Other hurdles, including the drought of black male role models in medicine, are verified as well.

“It’s not that there aren’t guys who wouldn’t want to go to medical school,” Chiadika said. “They just don’t have the guidance. They could become doctors, but don’t know how.”

DRIVE TIME

After “Altering the Course” came out in 2015, Dr. Jerry Clark decided the solution lay, at least in part, with students who had altered their own course.



Dr. Jerry Clark

He met with a group of black male M2s, “who had impressed me with how they had handled the M1 challenge,” said Clark, chief student affairs officer and associate dean for student affairs in the School of Medicine.

“I told them about the AAMC report,” Clark said, “and they

came up with a way to recruit more black males to medical school: Let them test drive it.”

Those M2s included Chiadika and Stocks, who, along with faculty and administrators, laid out the track, organizing a recruitment visit for high school and college students – African-American males with medical-school dreams or potential.

“We wanted them to see black medical students and black doctors and know that we exist,” Chiadika said, “and know that they can do this, too.”

The daylong visit in December was a revelation. The tour group entered the domain of human cadavers, the Gross Anatomy Lab. They navigated the Emergency Department and the Simulation and Interprofessional Education Center, where they saw medical mannequins intubated, resuscitated and probed.

Demonstrating her own concern about the AAMC’s findings, Dr. LouAnn Woodward gave a pep talk to the group, as did Dr. Loretta Jackson-Williams, vice dean for medical education.

“When you decide where to go to medical school, I want you to come here,” said Woodward, vice chancellor for health affairs and dean of the School of Medicine. “I want everyone in this room to be part of the army that makes a difference in Mississippi.”

The 35 or so visitors also heard from physicians, residents and medical students about how to prepare for, afford,

survive and savor medical school. A follow-up visit, in March, drew about 65 African-American males, and females, who were invited that time.

Among the panelists was Dr. Michael Holder, whose formative years in New Jersey mimicked Chiadika’s own, hundreds of miles and more than a decade away.



Dr. Michael Holder

“Except for Dr. Huxtable on ‘The Cosby Show,’ I didn’t see any African-American male doctors growing up,” said Holder, assistant professor of pediatrics and emergency medicine and executive director of simulation and inter-professional education.

“I had no idea how to get into medical school, what I needed to do. I was fortunate that my college put me into situations that benefitted me. But if I had left it to my counselors in high school, I would have gone to trade school.”

Still, many African-American males lack the guidance and opportunities he enjoyed in college and beyond, Holder said.

“It’s not that African-American students aren’t able to handle the work; it’s often that they aren’t at the top schools. They just aren’t exposed, but if you put them in the right program with the right mentorship, good students will rise to the top. Just give them a shot.”

Shots are being fired.

PIPELINE DREAMS



Dr. LouAnn Woodward

The recruitment visits, which will continue, are “just a drop in the ocean in terms of what’s needed,” Holder said, “but I’m very pleased to see the university support this – Dr. Woodward and Dr. Jackson made this a priority, which is something you don’t see every day, and I’ve been to several institutions.

“If it weren’t for programs like that one, I wouldn’t be a physician today. The important thing is to keep this going.”

Besides the recruitment tours, the School of Medicine for years now has abided by a “holistic review” of medical

WHEN JIMMY CARTER WAS PRESIDENT,

THERE WERE MORE AFRICAN-AMERICAN MEN IN MEDICAL SCHOOL THAN THERE ARE NOW.

NO OTHER MINORITY GROUP HAS SEEN A COMPARABLE DECLINE.

school applicants, weighing not only the prospects’ academics, but also their character and compassion.

“Schools using holistic review experienced increased diversity, no change to student success metrics, and an improved teaching and learning environment,” reported Urban Universities for Health, a partnership effort of the AAMC.

Finally, one of the best hopes, for grade-school and pre-med students alike, may be a long lineup of pipeline programs overseen by Dr. Gaarmel Funches, director of community education and outreach at UMMC: math and science enrichment courses; prep courses for the MCAT, DAT and ACT; and more.

The Science Training and Education Program (STEP), in particular, has reached out to promising youngsters – including a future “hero.”

PICTURE PERFECT

Gene Harrion pictures himself 20 or 30 years from now.

He sees himself in an office, wearing a white coat. The person sitting across from him says, “Thank you, doctor; you saved my life.”

When asked why more black males should become physicians, Gene didn’t hesitate. “It’s really important,” he said, “because there are a lot of stereotypes about African-Americans and how much knowledge they have. If they can become doctors, they prove they know as much as anyone knows.”

His father has little doubt that he can do this. “Gene is so vague about everything else, but when you talk to him about being a doctor, a light comes on,” Alvin Harrion said. “It’s in his blood.”

Alvin Harrion knows as well as anyone that it’s vital to recruit more students to medicine, including those like his son. He’s the former director of the office of primary care liaison for the Mississippi State Department of

Health, where his job was to find primary care doctors for rural areas in the face of Mississippi’s enduring physician shortage.

“I’ve recruited doctors,” said Alvin Harrion, executive director of business development for the primary care clinics at CMHS. “Now it’s strange to be growing one.”

Gene’s mentor, for one, believes that when it comes to growing more, the best answers are in front of us.

“We just need to be more aggressive,” Smith said. “It involves working more with existing institutions, including those at the Medical Center – the Office of Population Health, [the Division of] Multicultural Affairs. Their programs need to be enhanced.

“The outreach programs and the career-oriented programs need to be doubled in strength. Because a black physician is an institution. Any doctor is a \$2 million economic engine for the community. So this is community development. It’s social development. It makes economic sense.”

For now, there are also the recruitment visits and the pipeline support, including one Gene Harrion has taken

advantage of: STEP, an enrichment program in math, science and critical thinking for underserved or disadvantaged middle schoolers.

As he grows older, there are other courses for him – although many are for high school and college students, and none specifically targets black males.

“People like my son need to be cultivated and nurtured,” Alvin Harrion said.

“Our dilemma right now is to keep that fire stoked.”

For now, he’ll let Smith do most of the stoking. “He’s so personable,” Alvin Harrion said.

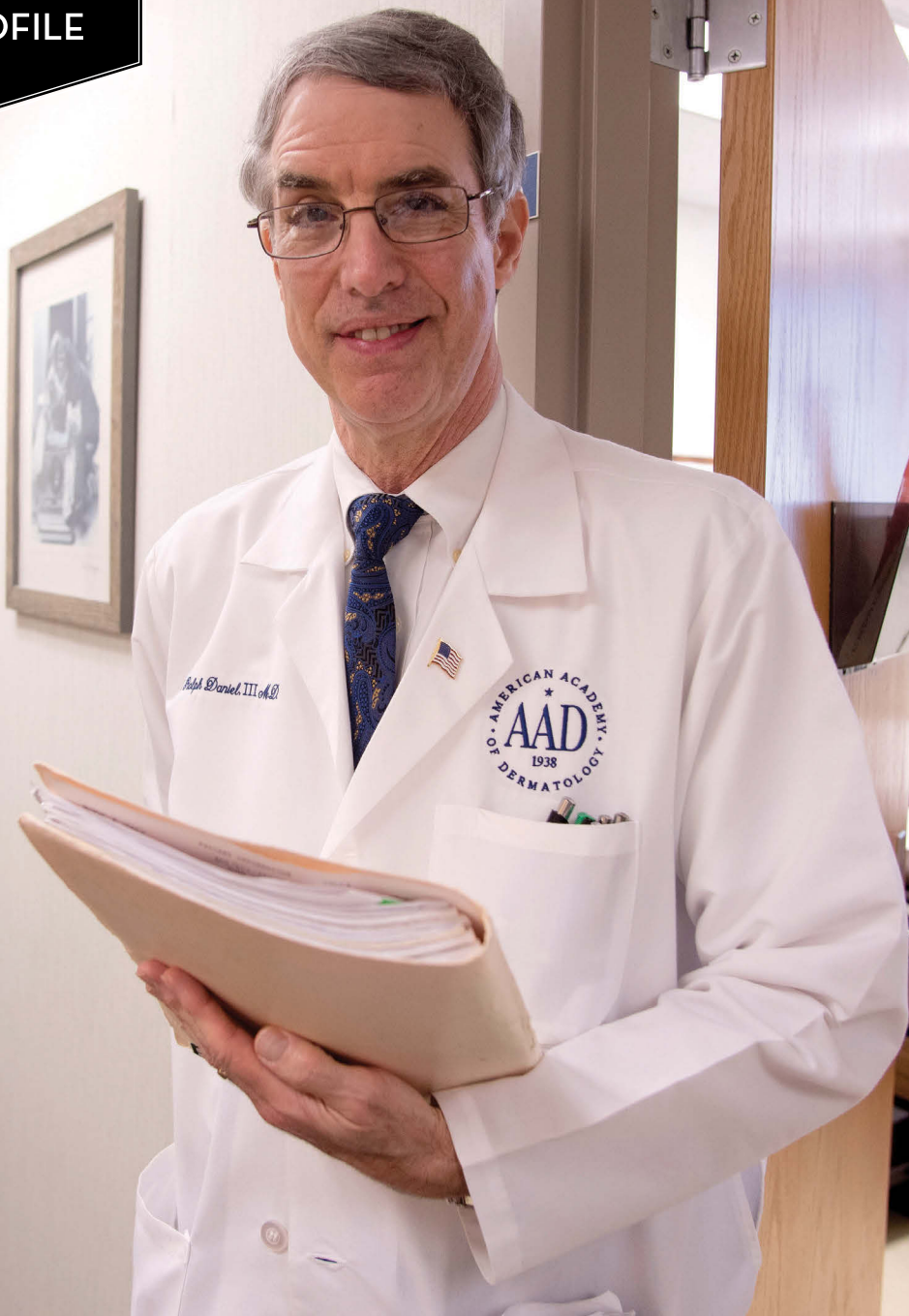
“For my son, it’s like talking to a friend. I don’t know how you put that in a bottle and sell it, but that’s kind of what motivates Gene to be like Dr. Smith.

“Even though I’m his father, Dr. Smith is his hero; but I can deal with that.” **M**

MEDICAL SCHOOL RECRUITMENT CHALLENGES

- For black men, the process of preparing for medical school, and for admission, is often unknown.
- Black students have a greater chance of attending underperforming schools, where test preparation and quality career counseling are often absent.
- Among young black men, certain perceptions prevent them from considering a career in medicine. This starts with standardized tests and medical schools’ reliance on them for admission.
- Young black men perceive that medical schools aren’t open to nontraditional students.
- An absence of black male physician role models endures – the proportion is lower than for any other racial and ethnic group in this country. A similar lack exists in academic medicine among faculty and leaders.
- Bias and stereotyping may curb black males’ progress in their education and careers.
- As they may for other prospective medical students, the costs of medical school and related debt may hold back African-Americans from pursuing an M.D.

Excerpts from “Altering the Course: Black Males in Medicine”



Dr. Ralph Daniel

Generosity, mastery define 'elegant doctor'

By Brandi S. Van Ormer



Dr. Ralph Daniel is flanked by his family – wife Melissa and his two sons Carl, second from right, and Jon.

While it may not be obvious to him, Dr. C. Ralph Daniel III is unique.

A member of UMMC's affiliate faculty in the Department of Dermatology, the UMMC alumnus specializes in nail pathology and has more than 100 publications and nearly 250 presentations to his credit.

No matter what country he is in, he typically opens his lectures in the native tongue of his audience.

Through his expertise in fingernails – he's one of very few dermatologists in the country specializing in the diagnosis and treatment of nail disorders – he has helped produce evidence in a murder investigation or two.

Still, he doesn't see himself as terribly unusual, shrugging off the suggestion with this: "I enjoy helping people. Seeing people feel better or get pleasure out of something... it's as good for me as actually having it happen to me," said Daniel, who's affiliated with St. Dominic Hospital in Jackson.

But the list of his extraordinary qualities goes on.

"Ralph's patience with patients is the key to his being such an elegant doctor," said Dr. Marianne O'Donoghue, associate professor of dermatology at Rush University Medical Center in Oak Brook, Illinois, and Daniel's longtime colleague. "He knows what they need, and he comes up with it."

Known in his field as the standard for philanthropy, he has built a career on his generosity.

In the same way that nails have a lot to say about the health of the patient, these incidents speak volumes about the uniqueness of his character.

DERMATOLOGISTS' DETECTIVE

It was 1979, and the 16-year-old patient in front of young Dr. Ralph Daniel was a curious case. For several months, physicians had been puzzling over her weight loss, weakness, and foot drop.

Daniel, a 1977 graduate of UMMC, was in his dermatology residency at the University of Alabama at Birmingham, and what interested him most about the girl was her nails, and the white lines that ran horizontally across each one. Called Mees lines, these bands of discoloration can appear in cases of renal failure, sometimes in chemotherapy patients, and, interestingly, for this young patient, after an episode of poisoning by the heavy metal, arsenic.

"There is a lot of information stored in nails," Daniel said. "It takes six months to grow out fingernails; they provide a good retrospective history."

For this patient, that history was a dark one: In the criminal investigation that ensued upon discovery of arsenic in her

system, it was found that not only had the girl's mother been poisoning her, but also, the child's father and a previous husband had already died by the mother's hand. In all three cases, the poison was arsenic, found by testing hair and nails.

Shortly afterward, Daniel gave a talk about this patient at the American Academy of Dermatology, and a colleague applied it to an unsolved case of his own: that of two unrelated traveling salespeople, both working in the same territory, who shared the symptoms of unexplained weight loss and weakness. The link that tied the two cases together, even after the death of one of the men, was fingernails.

Fingernails, Daniel said, grow at a rate between 0.1 mm to 0.15 mm per day. An examination of the living salesman's nails revealed Mees lines. By measuring the distance between those lines, investigators found that the gap between them corresponded to his regular visits to a restaurant... a restaurant that had also been frequented by the other, now deceased, salesman, and at which they were both served milkshakes by the same waitress.

Once these connections were made, the body of the other salesman was exhumed, and arsenic was found. Ultimately, the dermatological evidence was enough to warrant the arrest of the waitress for poisoning both men.

These crimes brought to the forefront the role that nails and hair play in forensic science, and raised the profile of nails as a key piece of evidence in suspected cases of poisoning. They were also the basis of one of Daniels' multitude of scholarly articles, and several presentations.

"Ralph's very best lecture was that one about arsenic poison; he's a fantastic doctor and a detective, a real Sherlock Holmes," O'Donoghue said.

"He made nails palatable to the rest of the dermatology world."

"HOW CAN I HELP?"

Since 1981, Daniel has been part of the dermatology



On a recent trip to Scotland, Dr. Ralph Daniel and wife Melissa do as the Scottish do.

community in the Jackson area, with a busy private practice.

His enjoyment in seeing patients and helping them to feel and look better has never flagged. Given Mississippi's tremendous need in the area of dermatology (under 50 dermatologists serving the entire state), clinical work alone keeps him busy, but that doesn't keep him from taking on more.

"Dr. Daniel is a very unusual individual," said Dr. Robert Brodell, chair of UMMC's Department of Dermatology. "Not only has he contributed in a huge way to dermatology through his interest in nails, he's also a very giving person. When Ralph sees a need, he finds a way to meet that need."

Brodell recalls how, in July of 2012, when the Department of Dermatology had just come into existence, and definitely had more

than a few needs, Daniel asked the new department chair, "How can I help you?"

In the intervening time since Daniel's offer, there's been a multitude of ways in which the Department of Dermatology has benefitted from his time and expertise.

"When we needed resources for Resident Research Day," Brodell said, "he not only volunteered as a judge, but he also gave us the monetary awards for first and second prizes. He also helps fund residents' travel to the annual American Academy of Dermatology meetings."

Conference attendance is crucial to residents, said Brodell, because it allows them to network and to realize that learning will continue throughout their careers. Daniel sees this as a priority because the government funding and pharma programs that existed when he was a resident have largely dried up.

In addition, Daniel's office has become the setting of "Nails 101" for UMMC residents. Once a month, students come to him for mini-lectures on the subject of nails, a topic to which they don't otherwise get much exposure.

"It's hard to find a specialist in nails," said Kathleen Casamiquela, a surgery dermatological resident at UMMC. "We

meet with Dr. Daniel on a monthly basis and can then take that knowledge back to our patients."

Casamiquela has also benefitted from another area of emphasis for Daniel: advancing women in dermatology. Beyond sponsoring female residents' attendance at the conference of the Woman's Dermatology Society, he helped start the legacy fund for the society.

In a field that is now two-thirds female, Daniel believes the WDS is crucial. "This group embodies the importance of networking, enthusiasm and mentorship," he said. "I want to be a part of helping that group and those in it achieve success."

Besides his work with the Department of Dermatology and mentoring students, Daniel has chaired the St. Dominic Health Care Services Foundation, served on the boards of directors for both St. Dominic Ambulatory Surgical Services and the Women's Dermatology Society, and has donated services to numerous charitable schools and children's groups around the state.

He also teaches around the world, sharing his expertise in nails with those who want to learn.

"He could be retired," Brodell said, "but instead, he's seeing patients, because he loves it. He's helping students, writing articles and mentoring residents. Through his publications and lectures, he helps dermatologists around the world, because he cares."

Dr. Richard Scher, professor of dermatology at Weill Cornell Medical College, has known Daniel for over 30 years, and has always been impressed by not only his colleague's dermatologic expertise, but also by his knowledge of finance.

"He's been a major force in our field, definitely. He has set up several legacies in perpetuity, as well as endowments for dermatology societies," Scher said. "Through his know-how, foresight, and persuasiveness, he has gotten many things set up that will continue long after we have gone."

Daniel's philanthropic pursuits and fundraising on behalf of dermatologic organizations have been, according to O'Donoghue, a hard-to-fill but necessary role.

"Ralph has made everybody in our field cognizant of what they have to give back; we are blessed, and we must give back some of our blessings," she said.

Scher, who has been in practice for 61 years, added, "He's much younger than I am, but he's given me a lot of sound advice, medically, professionally, and financially. I don't believe too much in politicians who talk about their legacies, but I do believe in Dr. Daniel."

A SOUTHERN GENTLEMAN

Daniels' philanthropy, professional achievements and investment in continued learning are well-noted by those who know him, but in the course of citing these attributes, they also tend to mention little details that reveal even more about him.

Scher, who has traveled extensively with Daniel to meetings across the globe, notes that before delivering his

presentation to a foreign audience, Daniel would "brush up on the language of that country so he could at least somewhat communicate."

"I'm not that talented!" Scher said with a laugh. "But in many countries, his first couple of slides are always in the language of that country, which goes over unbelievably well."

Daniel has, in fact, studied Greek, a little Gaelic, and Spanish (his Spanish-speaking patients don't

even require an interpreter), and is learning Hebrew because he co-chairs dermatologic meetings in Israel. He cites the enhanced connection and empathy between parties as the reason he pursues learning the language of another group.

Empathy was the basis of one of Daniel's first recollections as a child, going on house calls with his father, a physician, and experiencing the enjoyment of seeing people feeling better. As his career progressed, he learned to keep the whole patient – life, family, not just science – in mind as he treated each one.

"He's truly a Southern gentleman," O'Donoghue said.

As she traveled with her colleague for many years, O'Donoghue watched Daniel as he often helped all of their fellow attendees acclimate and get to know one another.

She has been personally touched by her colleague's empathy: "This is a man, a Jewish man, who sends me holy water from Lourdes, who has requested Masses for my husband when he was ill. He understands other people's needs, other people's faith, and he makes every effort to make you comfortable."

A detective, a philanthropist, a giver of time and expertise. What else can those who know him say about the unique career of Dr. Ralph Daniel, dermatologist?

"We spent a lot of time on the tennis court," O'Donoghue said. "He used to wear a hat that looked like he was Lawrence of Arabia; and of course, he always wore great sunscreen." **M**



Dr. Ralph Daniel consults with his patient, Hugh West of Jackson.



Dr. Richards Summers delivers a presentation on the NASA Digital Astronaut Project during a November 2014 TEDx forum in Jackson. (Photo courtesy of Dr. Richard Summers)

Doing the Math

From the ER to the lab, Summers' career adds up

By Gary Pettus

Some people dream in color; Dr. Richard Summers dreams in math.

Even in college, he dreamed in symbols – actual mathematical equations, which flashed before him and rearranged themselves, like dialogue being polished by an invisible writer.

Even in his sleep, he was studying his favorite language. This passion followed him to medical school, where his ideas on how the world worked had to be tweaked: “I spent the first week in Gross Anatomy looking in the body for the equations,” Summers recalled, “and there were none.”

Even so, the vernacular of relationships and balance and odds has served him well – in the classroom, the emergency room, and for several years at NASA, where he and pharmacologist Dr. Jan Meck

measured space travel's toll on astronauts.

“He's the most brilliant man you'll ever meet,” said Meck, who directed NASA's cardiovascular research lab before heading research at the Johnson Space Center in Houston, Texas.

“You give him hard intellectual problems to solve, and he's happy. He lies in bed at night and reads math books.”

In fact, Summers has proven the hypothesis that in academic medicine and research, there are worse things to be than a math whiz.

A professor of emergency medicine with a joint appointment in the Department of Physiology and Biophysics, Summers has also been associate vice chancellor for research since 2013, succeeding Dr. John Hall, who led the research programs with distinction for eight years.



Summers, left, oversees the unloading a patient from the AirCare helicopter, with **Jazz Kolb**, an R.N. in the Emergency Department, and **Paul Boackle**, flight/transport R.N.

As the emerging Translational Research Center is hammered and hoisted into place right outside his office window, Summers can literally watch his career at UMMC going up, story by story.

Scheduled for completion in 2017, the \$45 million, 106,000-square-foot structure represents the future of applied research, and by association, the future of the person who will oversee its work, in his uniquely qualified way.

“He approaches his leadership role as associate vice chancellor in the same way he approaches his job as an emergency medicine physician,” said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine.

“He's analytical and thoughtful, yet creative,” said Woodward, a professor of emergency medicine who was one of Summers' physiology students more than three decades ago. “I consider Richard a mathematician who happened to go to medical school.”

OUTSIDE TRACK

During his youth, Richard LeRoy Summers' legs moved almost as fast as his mind.

At Gulfport High School, he was a wide receiver and defensive back for the football team; he was a track star in the 100-yard dash.

Summers was a true child of the Gulf Coast, where he lived much of his early life haunting the piers and piloting boats,

and satisfying his thirst for salt-water fishing.

“I used to take my friend's skiff,” he said, “and float 12 miles away to Ship Island – that was our front yard.”

Voyages – short, long, true and fictional – thrilled him. He was fascinated by the movie “2001: A Space Odyssey,” and by Jules Verne's imaginary trips to the moon, the center of the earth and the bottom of the sea.

None of which was as gripping as a true-life World War II tale whose hero is his father.

A quarterback for the University of Miami in the 1940s, Summers' father, Richard Lee, was drafted first by the NFL's Chicago Bears, “and also by Uncle Sam.”

Uncle Sam had first pick. Richard Lee was a bombardier assigned to the flight crew of a B-17 that was soon shot down over the North Sea, where he and his crewmates almost froze to death as they floated on a raft, until a German U-Boat fished them out and put them on ice in a prison camp.

Summers' father escaped six times. Near the end of the war, he and fellow prisoners broke into their captors' armory and took over the place. That was just after the Battle of the Bulge, fought by the famous American general who finally rescued them.

“My father saw Patton ride into camp,” Summers said, “his stars gleaming.”

It took at least six months before Richard Lee was reunited with his mother after the war. “My grandmother had

FACULTY PROFILE

moved from Florida to North Carolina,” Summers said. “She thought my father was dead, until he showed up on the front porch.”

In post-war Mississippi, Summers’ father built a comparatively peaceful life in Gulfport with his wife Doris and their three children as a Presbyterian minister. It was at his father’s church that young Richard Summers met a medical missionary from Korea, an encounter he never forgot.

Many other friends of the family also practiced medicine. “It seemed like a very practical way to help people,” he said.

But math would not let him go, not even in his dreams. It added up to a language all its own, and exploring it was like a Jules Verne journey to another world.

As an undergraduate at the University of Southern Mississippi, he studied very little biology. His majors were physical chemistry and, of course, math. He was not on the medical-school track, but that is where he landed.

Not only that, he would choose a specialty that seems, superficially, as far removed from the structured, organized system of mathematics as it could possibly be.

It calls for decision-making under stress, improvisation, daring and nerve.

Richard Summers was not the son of a physician. But as a physician in the emergency room, he was definitely his father’s son.

BREATHING SPACE

If mathematicians and scientists have a reputation – fair or not – as dispassionate observers of the world around them, then Summers disproves the premise.

Which may be hard to see, until you get to know him, said Meck, the former NASA scientist, who knows him well.

“I’m a big bird watcher,” said Meck, a Richmond, Virginia resident who retired six years ago. “When Richard would come down to NASA, I’d take him to this place in Galveston, to this shorebird rookery.

“Leafless trees were everywhere on this island, where there were thousands and thousands of nesting birds; and in spite of all the noise they made and the smell, I just couldn’t pull him away. He was mesmerized.

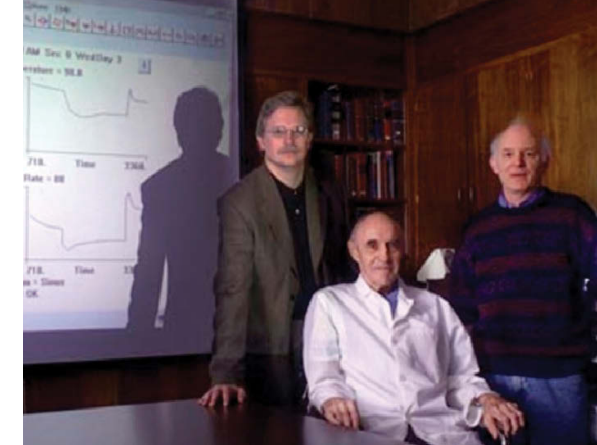
“He said, ‘I feel like I’ve been transported to prehistoric times.’ He saw the importance of protecting those creatures, and it was meaningful to me to stand there with someone who got that.

“He gets nature, he gets philosophy; he gets everything.”

Nine years ago, Meck developed cancer of the eye. “Richard flew down from Jackson to be there with me,” she said. “As a gift, he brought me a book. I looked at it and said, ‘Richard, I’m having eye surgery tomorrow.’”



An artist’s rendering of the Translational Research Center is displayed in **Dr. Richard Summers’** Medical Center office. The real thing is rising outside his window.



In this 2002 photo, **Summers**, left, is shown with his legendary colleagues, **Dr. Arthur Guyton**, center, and **Dr. Thomas Coleman**, who together designed a model of integrative human physiology. (Photo courtesy of Dr. Richard Summers)

“So we read it together overnight. The point is that he shows up; he’s a true friend.”

Friends mean a lot to him. Friendship is the reason he gives, more or less, for his career choice. “In college, they were interested in going to medical school,” he said. “So, at the last minute, I applied, too.”

As impulses go, that was one fruitful whim.

When he graduated from UMMC’s School of Medicine in 1981, emergency medicine wasn’t a specialty at the Medical Center, but it would be soon, and Summers would latch onto it. He got his first taste of it during his research fellowship, while “moonlighting” in the Emergency Department; there, the mathematician felt right at home.

“I thought of emergency medicine as a mathematics process involving probability,” he said. “Unlike, say a surgeon, who bases decisions on subjective data, as when operating on a patient’s cancer, in the emergency room, you’re using limited information; you need to make a quick decision that can be life-changing.”

Thriving in this setting, he rose to a professorship in the Department of Emergency Medicine, which he would eventually chair.

As for his career in research, that began with his post-doctoral physiology fellowship under Dr. Tom Coleman and the late Dr. Arthur Guyton. Together, Summers’ mentors created a mathematical model of human physiology that Summers would harness in his work with Meck at NASA as an outside consultant for 15 years.

“I was able to get very high-powered researchers to work with me just for the thrill of going to a Space Shuttle landing,” Meck said. “Richard was one of them. He received very little financial benefit, but did it for the sake of intellectual curiosity and to help the space program.

“We were able to use that great physiological model he brought to create a digital astronaut.” The researchers exploited the model to study, among other things, the effects of microgravity on a space traveler’s blood pressure and heart.

“In flight, an astronaut’s heart changed shape,” Meck said, “and the worry was that the heart was wasting away. Richard’s modeling refuted that. He said, ‘No, it was just a normal response to gravity.’”

Summers’ work for NASA’s Digital Astronaut Program was a national reputation builder. He also has some 300 publications under his name. After the Space Shuttle program was discontinued, the mathematical model was inherited by Dr. Robert Hester, UMMC professor of physiology and biophysics.

Coleman, now a professor emeritus in the same department, said he’s still working on the model with Hester, and that Summers is also “in the mix.”

“There is friendship, synergism and productivity here,” Coleman said. “The publication record speaks for itself. The UMMC

family should be very proud of what Richard has done, and I, for one, am expecting still more from Richard in the future.”

Everyone is.

MISSION STATEMENT

Summers, married now and the father of two, buried his own father 11 years ago. Doris Summers moved from Gulfport shortly before Hurricane

Katrina moved in and destroyed the family home in 2005.

“All the landmarks I knew growing up changed so much,” Summers said. “I love the atmosphere of the Coast, but it’s just not the same.”

A big part of the state he knew for much of his life – the people and places of his youth – have left, but he has no plans to leave it, he said.

“I believe this is the place I’m supposed to be and where I’m needed; plus, I’m a Mississippian.”

Obviously, there is a place for him at the Medical Center; it looms, six stories high, in plain view above him as construction crews flesh out its skeleton.

“The Translational Research Center,” Woodward said, “represents a historic institutional investment in research; certainly the largest in recent years.”

Its focus will be to bridge the gap between basic science and its bearing on patient care – important for UMMC, she said, “especially in the larger research environment.”

That environment is Summers’ province, as is his role involving the Mayo Clinic. Nearly two years ago, UMMC and the world-renowned institution agreed to expand their collaboration in clinical trials, other medical research and education.

Summers, the Medical Center’s liaison in that relationship, said it will abet health care’s move away from one-size-fits-all, evidence-based science to “precision medicine,” which is tailored to “the individual before you.”

“Precision medicine says, for instance, that if you’re treating your patients for strep throat, you’re not going to give the same dose to a 300-pound lineman and a 90-year-old woman.”

Summers’ current role as vice chancellor of research lacks the climate of urgency that is the ER physician’s bread and butter. But there are slight similarities between the two jobs, he said.

“With any major leadership role, there is no way you can know all the particulars; you do know the general direction things are going in, and you make decisions based on that.” Still, he said, “no one dies.”

Research is one of UMMC’s three primary missions, and since the fall of 2013, Summers has led it. But the other two – education and health care – are still in his life.

He still teaches the occasional class – perhaps training another vice chancellor of the future.

And on Sundays, you can find him working in the ER, testing the laws of probability, still fascinated by equations – particularly the human one. **M**

Cultural values

Exceptional, humble, Sarah Ali stands apart while fitting in

By Gary Pettus

Most of the students that day years ago in Sarah Ali's Hattiesburg grade-school class had never seen anything like it before.

Laid out for their edification and ingestion, was a spread of traditional Middle Eastern dishes Ali's mom had brought to complement their lessons on Egypt.

There was baklava, a nut-filled dessert sweetened with sugar and syrup (pecan pie that flakes?); grape leaves, a mess of tasty greens (collards' cousin?), and kofta, ground meat with red sauce (hooray for meat balls!).

Each was exotic, yet familiar at the same time – which is a pretty good description of the student whose mom prepared them: From her first day in elementary school until her last day in medical school, Sarah Ali – now Sarah Ali, M.D. – always stood out while fitting in.

“Sarah is one of those people who is probably good at everything, who has the potential to excel at whatever she does,” said Dr. Lyssa Weatherly, chief resident in internal medicine at UMMC.

“But she's still so humble and approachable. She is great at relating to every single person she comes in contact with, every ethnic group, every religious group; and I believe part of what helps her relate is her own ethnicity.”

Born and brought up in Hattiesburg, Ali is the only member of her parents' household whose birthplace isn't Egypt. But she speaks Arabic, in an Egyptian dialect, visits Egypt every other year or so, and observes the Muslim faith, as her family does.

“My mom wears a veil, and there aren't many veil-wearing women in Hattiesburg,” said Ali, whose first name is pronounced “SAH rah.” “My parents are proud of our culture and religion, and they taught us to be proud of being different.”

One of three grown children, Ali, who graduated with her M.D. in May, is not the first physician in her family. Her brother, Dr. Mohammad Ali, is an assistant professor of radiology at UMMC. But Sarah is the Alis' first female physician.



Dr. Sarah Ali was taught by her father and uncle that a career in medicine would ensure “stability and respect.”



On Match Day, March 2016, Ali is congratulated by Dr. LouAnn Woodward for being awarded her coveted residency match: Kaiser Permanente Medical Center in San Francisco.

"Literally, it's the only thing I ever wanted to be since I was a kid," she said. "My dad and my uncle have always encouraged me to pursue a career as a physician. From their perspective as immigrants, they believed that such a prestigious career path would ensure stability and respect; and I would be less likely to suffer from some form of discrimination."

Her path to medical school began in her hometown, at the University of Southern Mississippi, where she emerged as a leader in the classroom, as well as in the community, earning a place in USM's Founder's Day Hall of Fame.

After completing a Master of Public Health degree at Columbia University, she thought a long time before choosing a medical school. "Coming here was probably the best decision I could have made," she said. "It was so great to have my family nearby, and I used my brother's office here as a stress-relief room."

"I also realized that when you study medicine in Mississippi, you see the extreme cases; you get to see everything."

At UMMC, Ali continued to lead. She spent her last year here as president of the Associated Student Body, demonstrating "strong and thoughtful leadership," said Dr. Jerry Clark, the school's chief student affairs officer and associate dean for student affairs.

"Sarah has excellent communication skills, creativity and a quick wit. It's been a real pleasure to know her."

It was during Ali's internal medicine rotation that Weatherly got to know her.

"When she was off, patients would ask me where Sarah was," Weatherly said. "She received what is probably the greatest compliment you can get as a medical student: They called her 'my doctor.'"

Ali has begun practicing, officially, as a doctor while in San Francisco as an internal medicine resident at Kaiser Permanente Medical Center.



As M2 Class President at the time, Ali addresses the gathering at the August 2013 White Coat Ceremony, including, from left, Dr. Mary Currier, Mississippi State Health Officer, and Dr. LouAnn Woodward.

"You get to study all the organ systems in internal medicine," Ali said, "and I like the continuity of care, the relationships you build with patients."

Recently engaged, she has considered whether she will someday move back with her husband and see patients in Mississippi "It's not clear yet," she said, "but I would love to give back to the state that provided me with so much."

For her part, Weatherly had hoped Ali would stay. "I was sad when I found out she was going elsewhere, even though I was excited for her," she said. "But I also know she'll represent us well."

"There are a lot of medical students who are smart, who are good communicators, who have a good leadership style – which can be taught. But one thing I can't teach them is how to care, to be compassionate."

"Sarah she has all those things, and I believe that's what sets her apart."

Of course, her heritage has set her apart as well.

"It is probably unique for a female minority to take on leadership roles in a predominantly Caucasian Christian community," she said, "but it shows that you can be different and still be involved."

"People have assumed that it must have been very difficult for me growing up, but we've never really had a bad experience. There is a small Muslim community in Hattiesburg."

"And people here have been very curious about my culture."

Recently, she received a message on social media from a woman who has known about Ali's heritage since grade school. "She still remembered the day my mom cooked for our class," Ali said. "She said that the way she thinks about Muslims is not because of what she sees on the news, but because of my family."

Ali smiled, remembering that day, too. "Everyone loved the baklava." **M**

...they believed that such a prestigious career path would ensure stability and respect; and I would be less likely to suffer from some form of discrimination.



The Translational Research Center will be the home of the new School of Population Health.

School of Population Health to ease health-care transformation

UMMC received permission in April to plan a new School of Population Health from the State Institutions of Higher Learning. Scheduled to open in 2017, it will be the third school of its kind in the United States, said Dr. Bettina Beech, who has been appointed dean.

"In addition to biological factors, population health considers social, environmental and behavioral factors as important determinants of health," Beech said.

The mission of the school is to create leaders, including population scientists, clinicians and administrators, who are prepared to transform health-care delivery.

The school will begin with three departments: preventive medicine, data science and population health science. The first two are already in place within the School of Medicine and as part of the Center of Biostatistics and Bioinformatics, respectively.

Dr. Joshua Mann, professor and chair of the Department of Preventive Medicine, said his department will develop an accredited residency program in general preventive medicine. The school intends to hire faculty, recruit students and create coursework in 2016 and admit its first students in the fall of 2017.

The school will be located in the Translational Research Center, also scheduled for completion in 2017.



Medicaid exchange heralds a boon for patient care

The Mississippi Division of Medicaid is the first agency of its kind in the nation to exchange patient medical data with a health system in real time, allowing caregivers at UMMC to make better-informed treatment decisions.

Medicaid worked with MedAnalytics, a national health-care data analysis vendor, and Epic, UMMC's electronic medical records system, to take claims data from the state's Division of Medicaid and translate it into clinical data for use at

Dr. Jay Shake, left, associate professor of cardiothoracic surgery, and Dr. Sloan Youngblood, assistant professor of anesthesiology, review a patient's electronic medical record.

the Medical Center, the state's largest provider of care to Medicaid patients.

MedeAnalytics established an Enterprise Master Patient Index (EMPI), the core service that allows easy management of patient records that contain critical information such as medications, allergies and previous diagnoses. It allows caregivers to quickly review a patient's medical history.

Having real-time knowledge about a patient's history improves care and patient safety. Almost any electronic patient record program can use an EMPI to access Medicaid data.

"If a Medicaid patient who we've never seen before at UMMC comes to our Emergency Department, the physician and health-care team have access to their medical records," said Dr. John Showalter, the Medical Center's chief medical information officer and assistant professor of medicine.

Tests, for instance, will not be repeated unnecessarily. "There will be major cost savings to Medicaid and to UMMC, and the patient benefits," Showalter said.

Emerging School of Medicine goes over the top this spring

Gov. Phil Bryant helped celebrate a milestone in the construction of the emerging School of Medicine building during a March 28 "topping-out" ceremony.

Bryant was among some 100 dignitaries and other attendees who watched as a construction crane hoisted a structural beam to the top of the building, signifying that it has reached its maximum height.

"This new medical school will have a \$1.7 billion impact on our state by 2025 and will help create a support system of 19,000 – that's 19,000 jobs created," Bryant said.

The 151,569-square-foot, five-story building will boost the state's health-care economy, he said.

Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine, thanked Bryant for "being a great champion" of the effort to build a new school and ultimately providing greater access to health care for more of the state's residents.

Construction on the building by Roy Anderson Corp. Contractors is on track for completion by the spring of 2017, Woodward said. Medical students will start classes in the new facility the following fall.

The new, state-of-the-art space will enable the School of Medicine to enlarge its incoming class size each year from 135 students to at least 165.

Signing the construction beam during the March 28 topping-out ceremony are, from left, medical student **John Lippincott**; **Dr. Sarah Ali**, who earned her M.D. in May; **Dr. LouAnn Woodward**, vice chancellor for health affairs and dean of the School of Medicine; **Gov. Phil Bryant**; **Chris Monsour**, an official with Roy Anderson Corp. Contractors; **Dr. James Keeton**, distinguished professor and advisor to the vice chancellor; and medical student **Michelle Wheeler**.



Chancellor Jeffrey Vitter touts teamwork with Medical Center 'gem'

Praising the Medical Center as "a gem of an institution" and "the future of Mississippi," Dr. Jeffrey Vitter met with faculty members collectively for the first time, on April 7, as chancellor.

Addressing the Spring Faculty Meeting, Vitter, who became chancellor in January, emphasized his commitment to boosting collaboration between the Jackson and Oxford campuses.

Noting that the University of Mississippi was declared in February one of the top doctoral research universities in the country, Vitter added: "Perhaps the main reason we got that designation is we are starting to talk, think and act as one university." The recognition from the Carnegie Classification of Institutions of Higher Education is a first for the university.

Vitter attributed the "momentum" enjoyed by the institution to, among others, his predecessors, Dr. Dan Jones and Robert Khayat, along with interim chancellor Dr. Morris Stocks, as well as Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine, who led the faculty meeting.

Vitter, a New Orleans native who previously served as provost and executive vice chancellor at the University of Kansas in Lawrence, said, "What really excites me as a Southerner is the opportunity to come back to this area. "I'm really energized by the great leadership here and the potential," he said.



Dr. Jeffrey Vitter describes his vision for collaboration between the university's Jackson and Oxford campuses.

Specialized intercampus research fosters scientific synergy

Although 167 miles of road separate the University of Mississippi campuses in Oxford and Jackson, scientists at both institutions are paving paths to new discoveries through research collaborations.

"It used to be that one person could do lots of research on their own, but now fields are more specialized," said Dr. Srinivasan Vijayakumar, director of the Cancer Institute at UMMC. "Now, we practice team science."

"Both UM and UMMC have strengths. By combining our teams, we are pushing the envelope to make new discoveries."

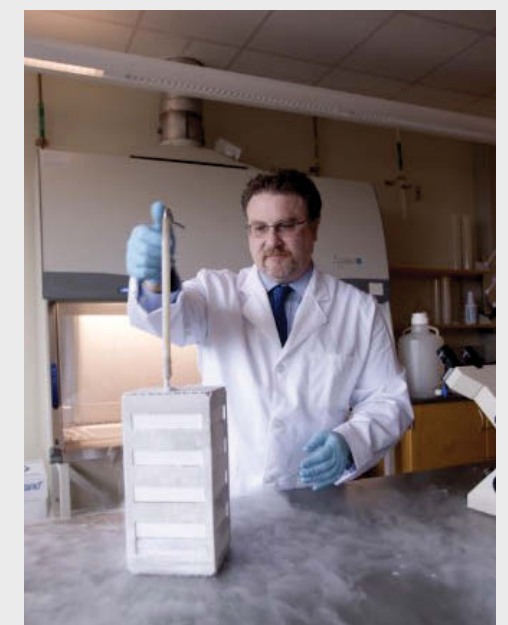
One of the most prominent intercampus collaborative efforts is between the Cancer Institute in Jackson and the National Center for Natural Products Research in Oxford.

Scientists at NCNPR look for compounds from nature that can be developed into pharmaceuticals and dietary supplement products. This research has led to clinical trials to test cancer-fighting abilities of the compound parthenolide.

"The NCNPR is the only institution of its kind in the country, perhaps the world," Vijayakumar said. "But they can't get approval of their products until tested in patients."

With UMMC's founding of the Cancer Institute in 2004, there arose "a perfect collaboration opportunity," said Dr. David Pasco, associate director of NCNPR and director of the cancer drug discovery core. Creating that core in 2011 solidified the relationship.

It's truly a joint venture between the campuses, Pasco said.



Dr. Pier Paolo Claudio's cancer research is a collaborative effort between the UM and UMMC campuses.



AirCare1 and 2 on the helipad, atop UMMC's Conerly Critical Care Hospital.

North Mississippi gives expanded AirCare service a whirl

UMMC has expanded its AirCare fleet from two to three helicopters, improving access to critical care services to north Mississippi.

The additional helicopter, stationed at Golden Triangle Regional Airport in Columbus, became operational on April 1. The other bases are located at UMMC's main campus in Jackson and in Meridian.

"Our priority is getting care to the patient," said Dr. Damon Darsey, associate professor of emergency medicine and medical director of the Mississippi Center for Emergency Services.

The Airbus helicopters, equipped to fly in marginal weather conditions, are supported by Mississippi's only Level 1 trauma care hospital, providing 24/7 in-house neurosurgical and

critical-care coverage and total care for every aspect of injury. The helicopters are paid for through UMMC's hospital patient-care activities, not from state tax dollars.

UMMC is leasing office and hangar space from Airbus at its GTR airport facility.

This advanced medical helicopter service will allow more Mississippians, especially those in the northern region, to remain in state for tertiary, or highly specialized, care, said Jonathan Wilson, the Medical Center's chief administrative officer.

"This is about more than just helicopters," Darsey said. "When we put in a new base, we're putting a piece of the Medical Center there to support the state of Mississippi in disaster and emergency response."

Caregivers ensure medicine's future, says Mayo Clinic chief

The future of medicine lies in the hands of those who care for patients and who put their needs first, one of the country's most prominent health-care leaders said during his address to an overflow crowd at UMMC in January.

"You have the mission – that commitment to the people of Mississippi – and it is really, really powerful," Dr. John Noseworthy, professor of neurology and president and CEO of the Mayo Clinic, said during a Jan. 8 Grand Rounds presentation.

"The future of medicine starts with the people, and the people I've met in the last couple of days here (at UMMC) are going to put us in a very good place."

UMMC's leaders asked Noseworthy

to address the future of medicine because it's so critical to the current status of health care.



Dr. Charles O'Mara, left, associate vice chancellor for clinical affairs, chats with Mayo Clinic CEO and president Dr. John Noseworthy.

Noseworthy's visit also put a spotlight on the partnership between the Mayo Clinic and UMMC which, committed in 2014 to expanding their existing collaboration in clinical trials, medical research and education.

Every year, more than a million people from across the nation and about 140 countries seek specialized care at the Mayo Clinic.

UMMC's relationship with the Mayo Clinic is "a real game-changer for Mississippi," said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine.

BEACHING ALZHEIMER'S

Brian Wilson concert buoys MIND Center research By Karen Bascom



Left: **Al Jardine** and his guitar rock at the MIND Center's benefit concert. Right, top: **Brian Wilson**, at piano, performs with fellow Beach Boy **Al Jardine**. Right, bottom: Enjoying the MIND Center's Catch a Wave Sponsor Reception are, from left, **Emily** and **Dr. Tom Mosley** and his parents, **Mattie** and **Tommy Mosley**.

Wouldn't it be nice if we had better treatments for Alzheimer's disease? The thousands of dollars raised after Brian Wilson's performance in Jackson can help make that goal a reality.

Wilson, a legendary singer-songwriter and co-founder of the Beach Boys, took the stage at Thalia Mara Hall on April 28 in a benefit concert for the MIND (Memory Impairment and Neurodegenerative Dementia Research) Center at UMMC.

"We were thrilled to have Brian Wilson perform this evening," said Dr. Thomas Mosley, director of the MIND Center. "He has written and arranged music that has been a gift to the world for many years."

Wilson opened the concert with "Heroes and Villains," an appropriate piece as generous support from businesses

and citizens grossed more than \$425,000 to defeat neurodegenerative dementia.

"The MIND Center is a national leader in Alzheimer's care and research located right here in Mississippi," Mosley said. "The proceeds from the concert will help us cure, slow the progression of and prevent dementing illnesses."

Fellow Beach Boys Al Jardine and Blondie Chaplin sang and played their guitars as Wilson played his grand piano. A nine-piece band joined the trio as they performed from a 50-year catalog featuring the band's earliest hits to Wilson's recent compositions.

Next door, the Mississippi Museum of Art Garden was a sunny California beach party with a steel drum band, surfboards and beach balls during a pre-concert

sponsor reception. A few lucky fans had the opportunity to meet-and-greet with Wilson, Jardine and Chaplin before the show.

Former UMMC vice chancellor Dr. James Keeton thanked Gov. Phil Bryant, First Lady Deborah Bryant and members of the state legislature in attendance for their continued support of UMMC and the MIND Center.

“You are all here tonight to help us in our quest to find a cure for Alzheimer’s,” Keeton said.

“I have the most pleasant job at this event: I get to thank all of you,” said Ambassador John Palmer, chair of the MIND Center Advisory Board. He extended gratitude to several key sponsors, including Mississippi philanthropists Donna and Jim Barksdale who received a standing ovation from the audience.

As they clapped, danced and sang along to Beach Boys tunes, some attendees remembered their loved ones.

“For me, Alzheimer’s has been a personal journey,” said Patricia McClure, MIND Center Events committee chair and Palmer’s daughter. “Her name was Clementine and she was my mother.

“Your loss also has a name, a relationship that ended too soon,” McClure said to audience members who lost family members to Alzheimer’s disease.

The performers also know the importance of family. Jardine invited his son Matt, who performs with the touring band, to come downstage and sing the falsetto lead in “Don’t Worry Baby.”

“Music has a special place in the brain and in the mind,” Mosley said.

\$10 MILLION KICKOFF

Sandersons’ gift propels \$100 million Children’s of Mississippi drive By Annie Oeth



Kathy Sanderson describes the care her granddaughter received at Batson Children’s Hospital as a young child. She and husband **Joe Sanderson**, left, are leading a \$100 million capital campaign for Children’s of Mississippi expansions.

Leading by doing, Joe and Kathy Sanderson are chairing a \$100 million fundraising campaign for Children’s of Mississippi, the umbrella organization that includes all pediatric care at UMMC and Batson Children’s Hospital.

The CEO and chairman of the board of Sanderson Farms and his wife are not only heading up the drive, the largest

in the history of Children’s of Mississippi, but they also pledged the campaign’s first large gift: \$10 million over the next five years.

“This is a wonderful day for the Medical Center,” Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine, said during a formal announcement of the gift on April 25.

The funds will help the Medical Center expand and update its space dedicated for pediatric care, including an expanded and renovated neonatal intensive care unit, more rooms for the pediatric intensive care unit, more operating rooms and the creation of an imaging clinic especially for pediatric patients.

A new pediatric clinic will make care for outpatients more convenient and comfortable for families.

Expansion of the Children’s Heart Center is also on the drawing board. Batson Children’s Hospital is the only hospital dedicated exclusively to the needs of children in Mississippi.

“Children’s of Mississippi must grow so Mississippi’s children can keep growing,” said Joe Sanderson.

“The goal to provide the best health care for children in Mississippi today and tomorrow is one that we must meet and exceed,” Woodward said.

“We consider it an honor and a privilege to take care of Mississippi’s children, but we are taking care of those children in areas that are undersized and outdated. A healthy future for our children depends upon the priorities we set now.

“This investment in the growth of Children’s of Mississippi that each of us is called on to make will mean that little ones here will grow up with the best of medical care, right here at home, and it will pay dividends of healthier families and a healthier state.”

A question of vision

Knowing the demands of serving a growing population and of raising funds to meet those needs, Woodward said, the question was who had the vision as well as the concern for Mississippi’s children to bring these goals to fruition.

“An extraordinary plan needs extraordinary leaders. Joe and Kathy Sanderson were the first people we thought of,” she said. “We knew if anyone could help us reach this lofty goal, Joe and Kathy, with their track record of dedication to Mississippi, to Children’s of Mississippi and to UMMC, could.”

The Sandersons know Batson Children’s Hospital well, not only through their philanthropy but because their granddaughter, Sophie Creath, was a patient at the hospital as a young child, suffering from pancreatitis.

“After witnessing the competent, loving care of (pediatric gastroenterologist) Dr. Paul Parker and the team at Batson, we realized the importance of this wonderful hospital,” Kathy Sanderson said.

“Sophie was in severe pain, but she was never afraid,” she said, “because of the extraordinarily competent and very



Three generations of the **Sanderson** family include, from left, granddaughter **Sophie Creath**, grandmother **Kathy Sanderson** and mother **Katy Sanderson Creath**.

loving care she received. That all the children of Mississippi can receive this kind of care has got to warm your heart. I know it does mine.

“We are all here for such a time as this, to give them the most wonderful care.”

Though they received the best of care for their granddaughter, the Sandersons said that growth and expansion are needed.

“We believe that the hospital is at maximum capacity and is lacking in several vital areas,” Joe Sanderson said. “The hospital is beyond capacity in the neonatal intensive care

unit and is badly in need of additional space.

“Children have to be transported to the main facility at UMMC because of a lack of equipment at Batson. Children sometimes need sedation when being transported. And further, there needs to be additional facilities for pediatric surgeries, particularly cardiac surgery.”

One of the state’s leading businessmen, Joe Sanderson said a state-of-the-art children’s hospital would be an economic boost to Mississippi that would draw the best employees to the state.

“Knowing the state has resources to care for children of their employees would certainly be a comfort to any business or family considering Mississippi as a potential home.”

Embraceable cause

The Sandersons are spearheading the effort by giving a tenth of the goal. “Kathy and I feel like Children’s of Mississippi is the most important and most worthy charitable endeavor in the state at this time,” Joe Sanderson said.

“This will be the largest gift we have ever made because we felt like this project was the most important to the state and to the children of Mississippi now and for years to come.”

Support for Children’s of Mississippi in the state has been unwavering, said Guy Giesecke, CEO of Children’s of Mississippi. “The people of Mississippi want us to have a strong children’s hospital, and they want it to thrive and be successful.”

Having the best of care for our children is a cause the people of Mississippi can embrace, Joe Sanderson said.

“I think people across the state have a great deal of respect and admiration for what is being done at the state’s only children’s hospital. I think that when the story is told about the need of today and for the future, people will be willing to help make the project become a reality.

“Of all the things to which they could give, this project will be one of the most important and last longer and impact our state and the children of our state more than anything else they could do.”

LEGACY OF COMPASSION

Parents' endowment keeps Toni Bertolet's work alive *By Gary Pettus*



Bob and Yvonne Bertolet contemplate a portrait of their daughter.

She was an aspiring doctor at age 3, a medical doctor at age 26, and an accomplished doctor long before her death at age 50.

Four years ago, Dr. Toni Bertolet, a Mississippi native and ophthalmologist who earned her M.D. at the Medical Center in 1988, was the victim of a tragic accident in her adopted state of Colorado. The circumstances of her death were the subject of a two-hour "Dateline" segment that aired Feb. 26 on NBC. But her work carries on, through the Toni J. Bertolet, M.D. Endowment, established in her honor by her parents to benefit the Department of Ophthalmology and, in turn, Mississippians whose eyesight might otherwise suffer.

Bob and Yvonne Bertolet of Ridgeland brought up a studious, level-headed daughter who, nonetheless, had a romantic and compassionate streak – she loved rainbows – and hated suffering.

"You might come in with an eye problem," Bob Bertolet said, "but she might also counsel you about your other problems."

Early empathy

She demonstrated her empathy for others early on, said Yvonne Bertolet, her mother. On the basketball court, she would run to a stricken player, even an opponent.

Although she was born in Jackson, she grew up in Natchez, attending Trinity Day School, where she also shone as a long-distance runner and student.

At Trinity, she lettered in high school basketball. She graduated as Most Outstanding Senior before excelling at Ole Miss as a student leader who finished summa cum laude in 1984.

Ole Miss was also the alma mater of her mother and her two brothers: Todd Bertolet of Ridgeland, a petroleum geologist; and the oldest of the three, Dr. Barry Bertolet, a cardiologist in Tupelo.

At one time, the siblings were in Oxford together, and two of Toni's and Barry's years in medical school overlapped.

"They lived in the same apartment building," Yvonne Bertolet said. "One time, Toni's phone went out, and Barry told her, 'If you get into any trouble, just run your vacuum cleaner.' She had a really loud vacuum cleaner and if he heard it, he'd come running."

"Todd and Barry were protective of her, and she was protective of them, even though Barry was older than her. She loved her brothers."

She also loved to sing. "She had an excellent voice," said her father.

A person of faith, she was the first physician, according to her parents, to volunteer for First Baptist Church's Mission First in Jackson, which provides the less fortunate with free legal and medical aid.

She also contributed her wisdom regularly to the online site, GotQuestions.org, a volunteer ministry that answers questions people post about their beliefs – such as, "Is there meaning in tragedy?"

Skilled at surgery, life

At the Medical Center, she graduated magna cum laude in 1988 before completing a one-year internship and a three-year residency in ophthalmology. During her final year, she was chief resident and performed research with Dr. C.J. Chen, who would eventually serve as chair of the department for 15 years.

"She was remarkable, the most disciplined resident I ever taught," Chen said. "She said ophthalmology was a fascinating specialty. From cataracts to infectious diseases of the eye, she would be able to take care of entire families, three generations of the same family."

"As a physician, she was an advocate for the patient. She was a very skilled surgeon, and a very good human being."

In 1992, she became a non-paid clinical assistant professor of ophthalmology, a position she held officially for the rest of her life, and a connection she never severed, even after she moved from her home state.

"I was a little bit surprised," Chen said. "I always thought she would stay in Mississippi."

After finishing her residency, she did stay in Mississippi for about a decade. During her first marriage, she worked for a short time in Meridian before returning to Jackson, where she practiced from 1992 until around 2002, adding for a time a satellite practice in Vicksburg.

Her move to the Denver, Colorado, area followed her second marriage, to Harold Henthorn. In the Highlands Ranch suburb, she joined the Cherry Hills Community Church, where she sang in the choir and taught Sunday school.

A sports and outdoor enthusiast, she worked for a time for the National Hockey League's Colorado Avalanche as the team ophthalmologist. But, because of a bad knee injury, she had to restrict herself to golfing, swimming and walking.

It was to Colorado, around 2010, that a woman named Randy McCarty traveled from Nebraska to care for her ill sister. McCarty had troubles of her own. She was diagnosed with glaucoma, and had no health insurance.



Dr. Toni Bertolet is hooded by Dr. Carl Evers after she received her Doctor of Medicine diploma in 1988.

McCarty knew her physician as Dr. Henthorn.

"When I told her I couldn't afford the eye drops, Dr. Henthorn took a handful of samples and gave them to me," McCarty said.

The medicine cost her \$3.30 – for one drop. One drop per night. One bottle per month. \$99 per bottle.

"The bottles lasted for months," McCarty said. "That's what brought the pressure down in my eye."

McCarty, who later moved back to Omaha, is better able to afford her medication now. "But I believe if Dr.

Henthorn had not given me those bottles," she said, "if she hadn't done that for me, I would be in horrible shape."

Last moments

In 2006, the physician was named one of the country's Top Ophthalmologists by the Consumers' Research Council of America.

A year earlier, she had given birth to her daughter Haley, who was 7 when her mother died.

The story behind that tragedy was revealed in a November 2015 episode of CBS' "48 Hours" and, more details aired on the February "Dateline" segment.

In December, Toni Bertolet's husband, Harold Henthorn, received a mandatory life sentence for her death. The jury found the alleged fall from a cliff in Rocky Mountain National Park was not an accident, but a homicide.

During the sentencing, her brother Barry read a statement in court written by their brother Todd: "This trial was about the last moment in Toni's life and the moment that Toni took her last breath. To Toni Bertolet's ... family, her friends and the people for whom she cared, Toni's life was about the moments that took their breath away."

In January of this year, a letter from Omaha arrived in Tupelo, one of many like it written since Toni Bertolet's death: "I want Haley to know that her mother most likely saved my eyesight. Dr. Bertolet went above and beyond for me and I'm truly grateful."

The letter was signed by Randy McCarty. She sent it to Dr. Barry Bertolet, to his Tupelo address – Haley's home now, too.

In a way, the family Toni Bertolet left behind hasn't let her go. When her parents see a rainbow, they see her.

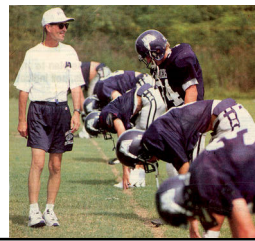
And, from time to time, her old basketball jacket is worn by a girl named Haley who wants to be a doctor and loves to sing.

To contribute to the Bertolet endowment:

To make a tax-deductible gift to the Toni J. Bertolet, M.D. Endowment, go to www.umc.edu/tonibertoletendowment/ or call Dr. Sheila Henderson in the UMMC Office of Development at (601) 815-3302 or email her at sahenderson@umc.edu. If making a donation by check, please mail your gift to the University of Mississippi Medical Center, Office of Development, 2500 N. State St., Jackson MS 39216.

COACH SHAW STILL INSPIRES

Foundation bearing his name lifts fight to cure children's cancer By Brandi Van Ormer



Members of the **Shaw, Branning and Dale** families attend the March presentation of the Sherard Shaw Foundation's first gift to Children's Hospital. The gift was made in memory of **Coach Scott Branning** and **Campbell Dale**, both of whom battled cancer. The group gathered to honor the inspiring spirit of both **Branning and Dale**, and also to further **Coach Sherard Shaw's** wish that all children have the best future possible. From left are **Tina Shaw, Keith Branning, Bubba Shaw, Carol Branning, Jeremy Rowan, Sarah Margaret Rowan, Jill Dale, David Dale (holding Avery Dale), Dr. Anderson Collier, Jason Branning, Mary Kelly Branning; and Meg, Benjamin and Charlie Branning.**

During his football coaching career at Jackson Academy, Sherard Shaw Jr. inspired young people to overcome adversity, even when he himself was diagnosed with stomach and esophageal cancer.

Family, friends, and former students and players can attest to how many lives he touched. Although he lost his battle to cancer in 1995, the foundation that bears his name continues to motivate others in the fight against pediatric cancer.

The Sherard Shaw Foundation for Pediatric Cancer Research earlier this year made its first gift in support of the fight to cure children's cancer: \$20,000 to the Children's Cancer Center at Batson Children's Hospital. The funds were raised at the foundation's first annual Gold Ribbon Night of Hope, held in February.

The Children's Cancer Center is the only center in the state providing comprehensive care for children with cancer or blood-related diseases.

"Everyone involved in the Sherard Shaw Foundation is from the state of Mississippi," said Bubba Shaw, Coach Shaw's son and member of the foundation's board of directors.

"Our first goal, after this first fundraiser, was to do something to help the cause of children's cancer locally. Batson definitely fits our mission.

"My dad loved his players, and they loved him back," he said. "He was incredibly upbeat and positive and a great motivator. He was fiercely competitive and appreciated the life lessons that can be learned from playing sports."

A cure for every child

Begun by Bubba Shaw and his wife Jennifer in 2014, the Sherard Shaw Foundation became official in June 2015 when it received IRS approval as a charitable foundation. The Shaws anticipate their first event will not only become an annual affair, but also, one of several events held yearly.

Bubba Shaw said that the foundation's inaugural event was even more successful than their board had hoped it would be, "a huge step in the right direction," that he hopes is a sign of things to come.

Guy Giesecke, CEO of Children's of Mississippi, the parent organization over the Medical Center's pediatric services and clinics, called the donation "a wonderful gift to Mississippi families whose youngest members are fighting cancer."

Dr. Anderson Collier, associate professor of pediatrics in the Division of Pediatric Hematology/Oncology, said the Shaw Foundation gift and others like it will allow Children's of Mississippi to accomplish its mission to cure every child of cancer.

"We are very committed to research for childhood cancer, both in helping to discover factors that contribute to the development of cancers, factors that influence how patients respond, factors that improve children's quality of life during and after therapy, and helping to develop new treatments that improve outcomes," he said.

"Childhood cancer researchers at our institution and around the world have improved the survival rates for childhood cancer tremendously in the past 50 years through collaborative research, but we have a long way to go. We are thankful to the Sherard Shaw Foundation and all the people who worked so hard to raise this money, which will help us move closer to making our dream of curing childhood cancer a reality."

In their memory

The gift is made even more meaningful because it was given in memory of two special people: Scott Branning, another coach at Jackson Academy, who died in 2012 after a fight with cancer, and 5-year-old Campbell Dale of Jackson, who was diagnosed in 2014 with stage IV rhabdomyosarcoma.

After a long journey and treatment at the Children's Cancer Clinic at Batson, he passed away in September 2015.

"We are just so happy we can do this in Campbell and Coach Branning's memory," Bubba Shaw said.

"We want to do anything we can to help children with cancer. As coaches, both my dad and Coach Branning wanted the best for their players, and we do our work now with that in mind, knowing that if my dad were here now, he'd put others before himself and press on."



Dr. Ray Grill is studying a two-drug therapy that could reduce inflammation and neuropathic pain for patients with incomplete injuries.

SPINAL CORD THERAPY MAY BOOST RECOVERY ODDS

For people with spinal cord injuries, effective pain management and return of motor function have been elusive.

"We researchers kept coming up snake-eyes," said Dr. Ray Grill, associate professor of neurobiology and anatomical sciences, who studies SCI.

Now, the odds may be in Grill's favor. He studies a therapy to battle chemotherapeutic resistance and neuropathic pain in SCI.

One cause of chemotherapeutic resistance is P-glycoprotein (Pgp), which limits molecules, including many drug treatments, from passing the blood-spinal cord barrier.

Previously, Grill's group found that an inflammatory response triggered by SCI caused an increase in Pgp: first at the injury site, then throughout the spinal cord. This limited bioavailability of riluzole, a drug used to delay nerve damage in amyotrophic lateral sclerosis patients, now undergoing SCI rehabilitation clinical trials.

Grill's goals are to find treatments that restore motor function, limit neuropathic pain and shield nerves from further damage.

Grill is testing a two-drug treatment. Rats with SCI take riluzole and licofelone, a drug that prevents Pgp increase and blocks two inflammatory pathways, not one as with typical anti-inflammatory drugs.

If effective, then the rats' legs should have a wider range of motion and decreased nerve hypersensitivity. Grill also expects increased riluzole bioavailability in the spinal cord and higher uptake in the gastrointestinal tract, because Pgp expression in both systems should be turned off.

Grill hopes his work will breathe second life into once-unsuccessful therapies.

"If we can increase the efficacy of previously-tried drugs, that's fertile ground for research."

TECHNIQUE COULD FOIL CELL DEGENERATION

Dr. Parminder Vig, professor of neurology and biochemistry, and Dr. Drazen Raucher, professor of biochemistry have a patent that could help patients with neurodegenerative disorders.

The technique delivers bioactive peptides to the brain and spinal cord using an elastin-like polypeptide (ELP) and a cell-penetrating peptide (CPP).

They developed the patent in a spinocerebellar ataxia 1 (SCA1) model. A mutation causes ataxin-1 to gather inside Purkinje cells, killing the cells and causing motor control problems.

"Our goal is to target symptoms before they start by delaying cell degeneration," Vig said.

Vig's drug candidate, a small peptide, slows ataxin-1 buildup but has a short half-life.



Dr. Parminder Vig, left, and **Dr. Drazen Raucher**, say that their patented method could be used to treat neurodegenerative diseases, tumors or traumatic injuries.

Raucher studies chemotherapy delivery using ELP. Water-soluble below human body temperature, ELP aggregates when heated. This makes it useful for targeted drug delivery and increases half-life.

"But if you want to deliver drugs to the brain, then the blood-brain barrier can be a problem," Raucher said.

Therefore, they added a molecular drill bit: a CPP that permeates the barrier, allowing the ELP-drug combination to reach the cerebellum.

They showed that the therapy targets the brain and improves motor control in SCA1 model mice.

The patent covers the molecules and the delivery method, including a laser heat source for greater skull penetration and using the olfactory pathway to the brain via intranasal delivery.

The patent's broad scope makes the technology versatile. "This patent has so many applications by taking a top-down approach," Vig said, which could be used for Alzheimer's and Parkinson's diseases, depression, brain tumors and neurotrauma.

UTERINE FIBROIDS CATCH HEAT IN CLINICAL TRIAL

UMMC is participating in the Sonata™ (Sonography-Guided Transcervical Ablation) study, a clinical device trial to treat uterine fibroids.

"You deliver heat energy directly to the fibroids, which can dry and shrink them," said Dr. Jay Hudgens, assistant professor of obstetrics and gynecology and lead investigator for the UMMC study site.

"With Sonata there are no incisions. Eventually, this procedure could be done in the doctor's office," Hudgens said.

Guided into the uterus through the cervix, an ultrasound device locates fibroids. Thin tines fan out, heat to 105°F and ablate fibroids without damaging other tissues. It takes two to four minutes for each fibroid, depending on size and location.

Koretta Vaughn of Hattiesburg, a trial participant, learned about Sonata on the UMMC website. She said there was a burning sensation and a little pain after the procedure, but was doing well during a visit to the UMMC Women's Specialty Care Clinic in Flowood.



KiOsha Diggs, left, nurse research coordinator, goes over a follow up questionnaire with **Koretta Vaughn**, UMMC's first participant in a clinical trial for a non-surgical treatment for uterine fibroids.

"The staff here have been very friendly," Vaughn said. "They're good at keeping me updated on all of the information."

That staff includes KiOsha Diggs, the clinical research nurse coordinating patients.

"I go over the patient's medical history to make sure they're qualified and prepared for the study and answer any questions they have along the way," Diggs said.

Vaughn will return for periodic visits to monitor symptoms and side effects.

"The definition of success for this device depends on what you're measuring," Hudgens said, whether that is decreased menstrual symptoms, shrinking fibroids or improved quality of life.

CHEMISTRY OF MAJOR DEPRESSION SCRUTINIZED



Researchers using post-mortem brain tissue to study biological changes in major depressive disorder are, from left, **Dr. Jose Miguel-Hidalgo**, **Dr. Grazyna Rajkowska** and **Dr. Craig Stockmeier**.

According to a study published by UMMC researchers in the March issue of *Neuroscience*, people with major depressive disorder (MDD) may have fewer glial cells called astrocytes in some parts of the hippocampus.

Dr. Grazyna Rajkowska and Dr. Craig Stockmeier, professors, and Dr. Jose Miguel-Hidalgo, associate professor of psychiatry and human behavior, study the brain's cellular and biochemical changes in mental illness.

The team collected brain tissue from recently deceased people with a history of MDD symptoms and matched each sample with a non-MDD control. They identified astrocytes looking for glial fibrillary acidic protein (GFAP), a protein they contain.

MDD patients who were not taking medication had 26 percent fewer astrocytes in parts of the hippocampus than healthy subjects or those that were taking antidepressants.

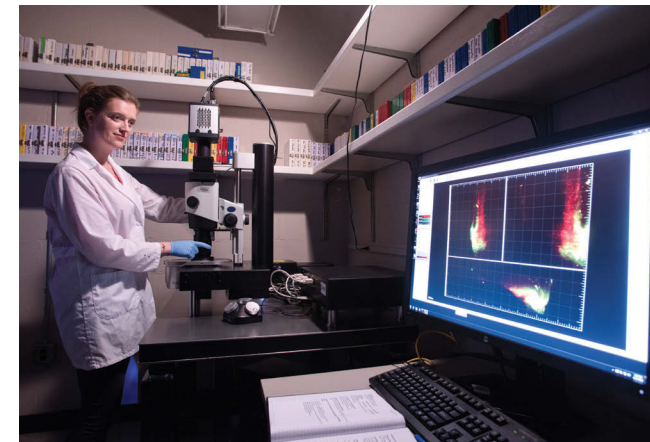
Older subjects with depression had a greater area of GFAP immunoreactivity in part of the hippocampus. Stockmeier says this could mean that cells get bigger or are more densely packed, which could limit the number of connections between cells and contribute to MDD.

The researchers suggest that the link between astrocyte

loss and MDD involves stress-related corticosteroids. Miguel-Hidalgo says that when this hormone builds up, it changes the communication and connectivity between cells, which may contribute to depression.

While the study has limitations, the findings aid in understanding the pathology of depression, Stockmeier said.

"The brain is the most complex organ of the human body. With each research project we are getting a bit closer to understanding how the brain is built and how it functions," Rajkowska said.



Dr. Aleisha Moore, postdoctoral fellow in neurobiology and anatomical sciences, studies a brain under a light sheet microscope.

MINDING THE BRAIN GOAL OF NEW INSTITUTE

UMMC is creating a new Neuroscience Institute (NSCI), expected to open by mid-summer 2016.

"If we are to understand how the brain works normally, and what goes wrong in brain disease, then we need an integrated approach," said Dr. Michael Lehman, professor and chair of neurobiology and anatomical sciences, who chairs the NSCI working group.

"We have to combine expertise and perspectives from many disciplines and specialties."

Collaborating departments include neurobiology and anatomical sciences, psychiatry and human behavior, neurology and neurosurgery, University Hospital and Methodist Rehabilitation Center. The NSCI is part of an affiliation agreement between UMMC and MRC.

The goal is to integrate high-quality clinical care, research, and education.

"Neuroscience institutes at other universities and hospitals are often focused on either basic science or clinical service, and rarely all three missions," Lehman said.

Clinical goals include stroke care expansion and certification, addiction treatment services, and a comprehensive neurotrauma program.

"The added value of the Neuroscience Institute comes

from the collaborative efforts that bridge our clinical departments," said Dr. Louis Harkey, professor and chair of neurosurgery.

NSCI will recruit scientists to create and build upon existing research programs and apply for external funding.

NSCI will also develop a first-year medical neuroscience course as the first part of an integrated four-year neuroscience curriculum and a physical medicine and rehabilitation residency program, which trains physiatrists.

"The best source of doctors for a state is from the state's own residency programs," Harkey said. "If we can train physiatrists, then we may have more physiatrists to provide services here in Mississippi."

EXPANDED PARTNERSHIP TACKLES FOOD INSECURITY

Food insecurity is a focus of a new partnership that links experts at UMMC and Mississippi State University with UMMC's Myrlie Evers-Williams Institute for the Elimination of Health Disparities.

The agreement expands collaborations between the universities and cultivates new opportunities to end health disparities.

MSU President Dr. Mark Keenum and Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine, sealed the partnership April 18.



Dr. LouAnn Woodward, left, and **Dr. Bettina Beech**, standing, represent UMMC during an April 18 celebration of the partnership between the Medical Center's Myrlie Evers-Williams Institute for the Elimination of Health Disparities and Mississippi State University, led by MSU president **Dr. Mark Keenum**, right. (Photo by Megan Bean)

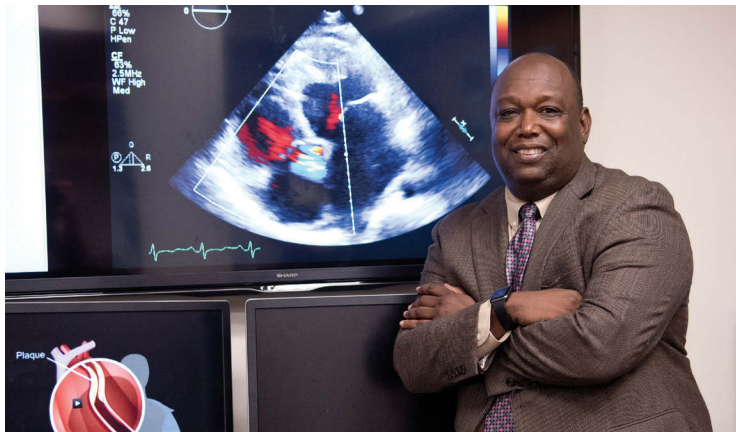
"This is a partnership made in heaven," said Dr. Bettina Beech, dean of the School of Population Health and the institute's executive director. The Medical Center made a four-year commitment to jointly research food insecurity and its relation to the health of children, minority males, and those with HIV/AIDS.

It's exciting news to Dr. Leandro Mena, associate professor of infectious diseases and principal investigator on a study of food insecurity and HIV risk among young African-American men who have sex with other men.

"Collaborations like this can really increase our capacity, in both understanding and researching the factors and also in expanding our blueprint and infrastructure as we build programs."

Mena and Beech believe addressing food insecurity can be a meaningful and productive part of the partnership. "The Myrlie Evers-Williams Institute made a commitment about a year ago to focus on social determinants of health – the lens through which we could impact health disparities," Beech said.

The new initiative "opens the door to expand in such a major way, allowing us to build a model that will hopefully be a national model," Woodward said.



Dr. Ervin Fox and his colleagues have used data from the echocardiogram to build and validate cardiovascular disease risk models for African-Americans.

DISEASE RISK MODELS APPLY TO BLACKS AND WHITES ALIKE

Cardiovascular disease risk models built using majority-white populations also work well for African-Americans, say recent findings from UMMC and the Jackson Heart Study.

Dr. Ervin Fox, professor of medicine and Jackson Heart Study (JHS) senior investigator, is lead author on the paper, published in the *Journal of the American Medical Association Cardiology*.

"We want to make sure that whatever risk calculator we use applies to an African-American cohort," Fox said.

Established in 2000, the Jackson Heart Study is the largest study of African-American cardiovascular health in the United States.

Fox and colleagues used the JHS cohort to create their own models that predict risk of CVD events, including not only coronary heart disease but also stroke and heart failure. They tested to see if these models work better for African-Americans than the Framingham Risk Score and American Heart Association pooled-cohort equations.

Fox and colleagues built risk models using variables from three data groups: the standard CVD risk factors used by the FRS and PCEs, blood biomarkers and sub-clinical disease variables that describe the heart and circulation.

Fox says that using simple models allows patients and their physicians to focus on modifiable behaviors such as diet and exercise.

"Models are strong tools for patients because they can remember their risk when they come home from the doctor's office," Fox said.

GRANTS, AWARDS TOP \$9.5M, NOV.-MARCH

The University of Mississippi Medical Center garnered \$9,517,162 from 49 new grants and awards from November 2015 to March 2016.

The following School of Medicine faculty obtained the largest awards (amounts are shown as annual figures):

DR. BARBARA CRAFT, associate professor of medicine, received \$561,957 for an industry-sponsored clinical trial.

DR. JI LI, associate professor of physiology and biophysics, was transferred \$294,388 from the National Institute on Aging for the project, "AMPK-SIRT1 Signaling in the Adaptive Metabolic Response," and \$184,566 from the National Institute on Aging for the project, "Role of Sestrin2 in Prevention of Age-related Cardiomyopathy."

DR. MICHAEL LEHMAN, professor and chair of neurobiology and anatomical sciences, received \$235,000 with West Virginia University from the National Institutes of Health for the project, "Role of NKB in the Control of GnRH Secretion by Ovarian Steroids."

DR. DOUGLAS VETTER, associate professor of neurobiology and anatomical sciences, received \$228,750 from the National Institute on Deafness and Other Communication Disorders for the project, "An Investigation into Cochlear HPA like Signaling."

DR. LEANDRO MENA, associate professor of medicine, received \$212,711 from Vanderbilt University and the Health Resources Service Administration for the project, "AIDS Education and Training."

DR. FAN FAN, assistant professor of pharmacology and toxicology, received \$190,625 from the National Institutes of Health for the project, "Animal Model of Impaired Autoregulation for Study of Age Related Vascular Cognitive Impairment."

DR. ROBERT LONG, assistant professor of medicine, received \$179,915 for an industry-sponsored clinical trial.

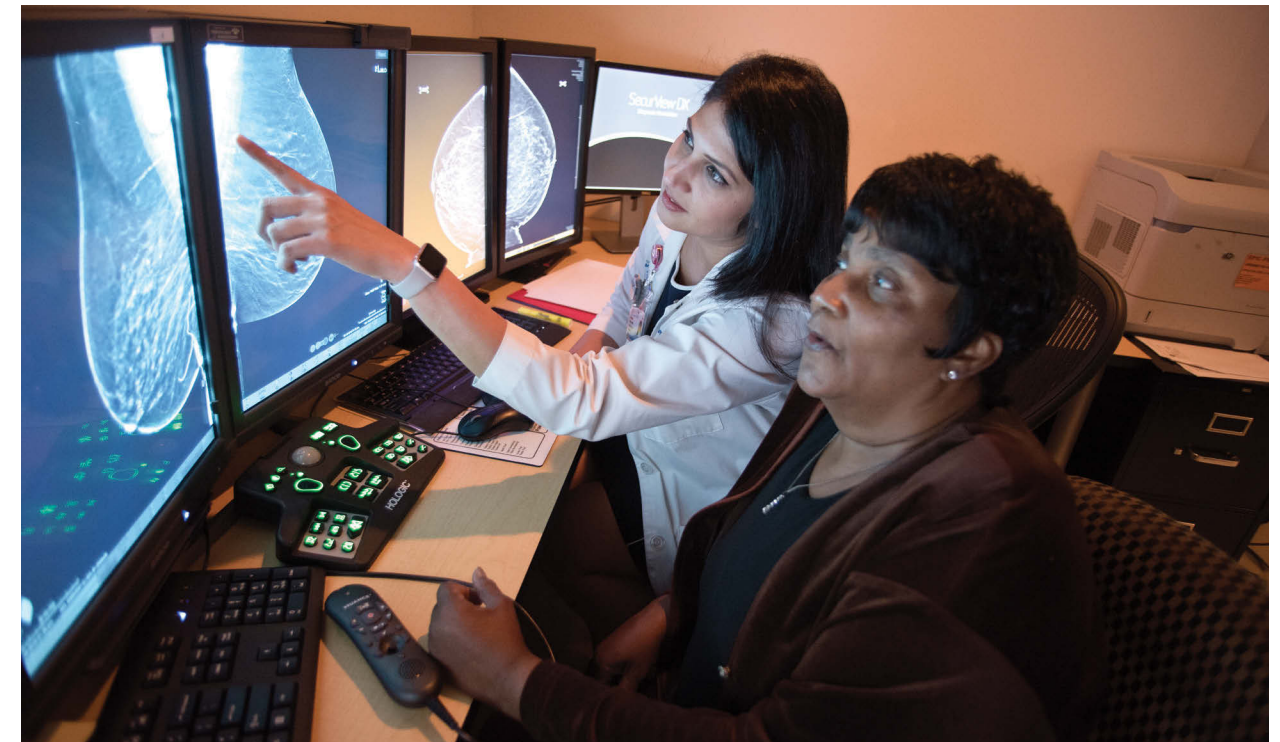
DR. CAMERON GUILD, associate professor of medicine, received \$154,630 for an industry-sponsored clinical trial.



PRACTICE rounds

'CLARITY AND CONFIDENCE'

3-D imaging puts early cancer detection in the picture **By Cynthia Wall**



Clinton resident Willie Smith listens to Dr. Harpreet Talwar explain the differences in 2-D and 3-D imaging.

New technology incorporated into UMMC's Breast Imaging Services will give many women a better chance of earlier cancer detection.

The new three-dimensional software from Hologic will enable doctors to better see smaller areas of cancer in dense breast tissue.

"This is a new tool that is crucial for women with dense breasts," said Dr. Harpreet Talwar, an assistant professor of radiology and chief of UMMC's breast imaging division. "Because of the volume of breast tissue, cancer can hide from two-dimensional images. It has less chance of hiding on the 3-D images."

Currently most women receive 2-D imaging.

"When a 2-D image isn't clear enough for a radiologist to say with certainty

that it depicts no cancer, the woman may be recalled to have additional imaging or sonogram," Talwar said. "In dense breast tissue, 3-D can detect cancer with more clarity and confidence. With 2-D images, the same cancer may be harder to detect and can be missed."

Willie Smith was among the first to try it at UMMC. A colon cancer and sickle cell survivor, the Clinton resident said she believes in getting the best screening possible.

"They said you could see more with 3-D," she said of Talwar and the breast imaging staff. "I said I want to go for it." Regular 2-D mammograms for women with dense tissue may be harder to interpret, so 3-D images often can allow radiologists to distinguish between malignant and non-malignant shapes, Talwar said.

"We're figuring out what lies inside the breast instead of looking at a compressed 2-D picture," she said.

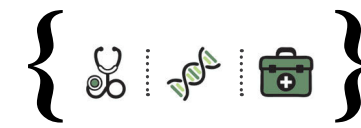
The *American Journal of Roentgenology* published a study that showed the 3-D mammograms resulted in a drop in the recall rate, a drop in biopsy rates, an increase in cancer detected and an increase in invasive cancer detected.

So how does this work? Talwar said a woman has a traditional 2-D mammogram, then the same machine rotates around her breast in an arc, taking images at predetermined intervals. A computer combines the images. Finally, radiologists can look at them in much thinner sections.

In Mississippi, Medicare and many insurance providers will pay for the 3-D imaging. Women who need this type of imaging should check with their insurers to see if it is covered, Talwar said. **M**



PRACTICE rounds



PRACTICE rounds

CULINARY MEDICINE

Class feeds into students' yen for healthy-eating know-how **By Gary Pettus**

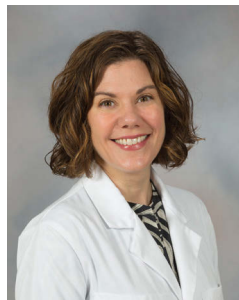


Nneamaka Ezekwe, center foreground, takes note of **Elena Dent's** oil-measuring technique as her classmates **Tameka Carmichael**, left foreground, and **Falan McKnight** observe.

As if they don't have enough on their plates, dozens of medical students eagerly piled cooking classes onto their course loads this past semester. More than 50 M1s, M2s and M3s partook of the brand-new Culinary Medicine Interest Group, a "cooking club" whose advocates anticipate that it will, like a well-made soufflé, puff up into something even bigger.

The signs are promising: When the first email went out for course registration, the four spring semester sessions filled up within two hours, said Dr. Caroline Compretta, assistant professor in the Department of Preventive Medicine, the Department of Pediatrics and the Center for Bioethics and Medical Humanities, who helped supervise the healthy-cooking lessons.

"The students were really hungry for this information," she said, in all seriousness. "They realize their patients will have nutritional and



Compretta

dietary concerns, and this won't be taught anywhere else." Held in January through March at the Norman C. Nelson Student Union, the sessions were based on curriculum at Tulane University's Goldring Center for Culinary Medicine, as taught in the Tulane School of Medicine Teaching Kitchen.

The idea there, and here, is to feed future physicians information about wholesome lifestyle changes based on good nutrition and eating habits – knowledge they can pass on to their patients.

"The culinary club is a pilot program that we hope will develop into something bigger and be offered one day as part of the medical school curriculum here," Compretta said.

The Culinary Medicine Interest Group had been in the works for more than a year and was made possible by contributions of time or funds on the part of staff, organizers and supporters.

The UMMC Alliance donated money for all cooking supplies and utensils. The Office of Student Affairs in the School of Medicine secured the curriculum and funded the licensing fees, while the Department of Preventive Medicine provided the food and other ingredients.

Susan Shands Jones, assistant professor of medicine and an attorney who serves on the Medical Center's legal staff as associate general counsel, helped organize the classes and worked with Tulane to obtain the license needed to use curriculum material.

"I'm also very interested in healthy eating," she said.

As are the medical students who participated in the culinary club, including Nneamaka Ezekwe, a rising M2 and repeat attendee.

The daughter of a registered dietitian, Ezekwe is aware of the gospel of good nutrition. "I think I know how to cook," she said, "but I may not always cook in the healthiest way.

"I believe it's important for any doctor to know more about nutritional intake, and not just prescriptions, for the good of their patients. I definitely want to be that mentor for them."

During the early February class, Ezekwe and her cooking mates filled a Student Union conference room with the aroma and sizzle of sautéing mushrooms, bell peppers and onions – ingredients in a recipe for sensible spaghetti.

"I like that this course is hands-on," she said, "and the food really smells good."

The room was furnished with four tables, with up to five students working together at each one. Every work station was supplied with a recipe card, utensils, necessary ingredients, cutting boards, pans and more.

Each featured a portable burn-



er, although some of the preparation took place in the nearby Student Union kitchen.

Before the cooking commenced, the students absorbed a lesson on nutrition and dietary science, followed by a food-chopping demonstration from Elena Dent, a

registered dietitian and certified diabetes educator.

"Keep your eyes on the knife," she said. "If it falls, don't try to catch it."

Dent also served up a crash course on the Mediterranean diet. "Macaroni and cheese is not a vegetable," she advised the class as she described instead a regimen that favors fruits, vegetables, whole grains, legumes, nuts, olive oil over butter, and spices and herbs over salt.

Unlike most medical school courses, the students were encouraged to eat their work – but first, they reviewed their dishes' calorie content, nutritional value and more.

"It's so they can see how making little changes can

make a big difference in your diet," said Compretta, who has been a co-investigator for the "Cook Right, Live Well" program funded by the Bower Foundation.

As Dent told the students during a later session held in March: "You're asking patients to change behaviors they've been doing for years." The results of those behaviors are especially apparent in any report about the health of the residents of Mississippi, a state awash in sweet tea and fried everything.

What the students learn in the culinary group can help them as physicians combat and even prevent cases of obesity, diabetes, heart disease and other illnesses, Dent said.

"If you stay in the South, and we hope you will, this will be a huge part of your practice." **M**

HEALTHY EATING TIPS FOR PATIENTS

1. Two to three cups of vegetables per day. "Macaroni and cheese is not a vegetable."
2. Legumes: two to three cups a week - lentils, peas, okra, beans, peanuts
3. Fruits and nuts: one to two servings per day
4. Whole cereal and grains: two to three servings a day
5. Fish: salmon mackerel, herring, albacore tuna, sardines, lake trout
6. Oils and fats: olive, canola, grape-seed, sesame
7. Dairy: seven ounces a day
8. Meats: four ounces a day - red meat, once a week; lean cuts, such as chicken, pork loin, turkey, venison
9. Alcohol: (consume with meals) red wine; five ounces a day for women, 10 ounces per day for men, maximum

Source: Elena Dent, UMMC registered dietitian, certified diabetes educator



PRACTICE rounds

TOPICAL PROGRESSION

There's a new vitiligo doctor in town **By Gary Pettus**



Dr. Jasmine Hollinger gauges the progress Barron Kaho has witnessed since she prescribed topical therapy for him.

Barron Kaho copes with a disease that's etched on his face and hands, a condition that has drained the color from his skin in patches – yet he considers himself lucky.

"Like I say," the Fayette resident said, "it's better to be on top of the earth than under it."

Kaho says he's lucky because the disease – called vitiligo (vit-ih-LIE-go) – isn't fatal. Also, the mottling began to spread about the time a new doctor came to town: UMMC dermatologist Dr. Jasmine Hollinger, an assistant professor of dermatology hired in September; her primary area of interest: vitiligo.

"She's the problem solver," said Kaho, who was referred to Hollinger by his family physician.

Under Hollinger's care, including treatments with topical steroids, Kaho has seen improvement in his condition, a disease that can bring ridicule from the usual cruel suspects of any race, color or creed.

"Vitiligo is not limited to any ethnic group," said Hollinger, who earned her M.D. at the Medical Center before completing a dermatology residency at Washington D.C.'s Howard University.

"But it may be more stigmatizing for African-Americans and others with darker skin types."

The possibility of stigmatization apparently haunted the late pop star Michael Jackson, whose purported case of vitiligo prompted him to depigment, or bleach, all of his skin.

"I don't want to look like no Michael Jackson," Kaho said.

Name-calling – "cow," "zebra" – pursued Chantelle Brown-Young after she was diagnosed with vitiligo at age 4. But as an adult, she has parlayed her distinctive appearance into an international modeling career as Winnie Harlow.

It doesn't work out so well for everyone.

Vitiligo is not yet curable for the estimated two million Americans it has struck, but available treatments can change the appearance of their skin.

An autoimmune disease, vitiligo destroys the cells that produce melanin, or pigment. Doctors don't know why this happens, but it may be related to, among other things, heredity or some trigger event such as stress or sunburn.

"For some people, the condition worsens without treatment," Hollinger said.

It can affect the skin anywhere on the body, as well as the hair, eyes and lips.

"Many people don't come to the doctor, because they have lost all hope, or they went one time and the treatment didn't work the way they thought it should," said Dr. Robert Brodell, professor and chair of the Department of Dermatology and professor in the Department of Pathology.

"I believe having somebody here with special expertise in the area of vitiligo will change that. The department is very lucky to have Jasmine Hollinger on our faculty."

Up to 40 vitiligo patients visit UMMC's staff of 10 full-time dermatologists annually, Brodell said.

"My sense is that at least 50 percent of them are African-American; individuals with dark skin are more likely to seek help."

While vitiligo prefers no race or gender, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, it's more visible in people with dark skin.

Asked if it's important for an African-American dermatologist to be available for these patients, considering the potential stigma, Brodell said, "absolutely."

Hollinger is the department's first African-American faculty member.

She returned to her native state to practice, she said, because "nobody is going to take care of Mississippians like Mississippians. I wanted to come back home and let patients know, 'Hey, I get it.'"

A Jackson native who grew up as Jasmine Campbell, she's the first physician in her family. Her brother's diagnosis a



Brodell

decade ago helped solidify her decision to become one. "He has vitiligo," she said. "There was no one here to treat him at the time, when I was in college, although he did find treatment in Maryland, where our father lives.

"My brother told me, 'You have to find a cure for this.' Thanks for the pressure," she said with a laugh.

The only FDA-approved drug for vitiligo is monobenzone, which depigments the skin, but is used only for patients who have widespread disease. Other treatments are available, including surgery, the rarely available melanocyte transplantation and phototherapy.

It's difficult to get insurance coverage for many of these treatments.

Despite the difficulties, Hollinger urges patients with vitiligo to seek treatment, not just for the sake of appearances and self-esteem, but also because of this: It's more common in patients with thyroid disease and other autoimmune diseases. Simple blood tests can determine if any of those conditions are present, although most people with vitiligo have no other problems.

"When we treat vitiligo, it's for reasons that are cosmetic, but we're also screening for other autoimmune diseases," Brodell said.

Blindness and hearing loss may also be present, Hollinger said. "Melanocytes play a role in vision and hearing.

"They are more than just skin-deep." **M**

LIMB SALVAGE

Team cuts out needless amputations **By Ruth Cummins**

Jennifer Hall remembers the shock she felt the night a doctor said her painful leg needed to be amputated.

"I went to the emergency room, and my leg was turning colors," Hall, a Hattiesburg resident, said of her experience in late 2014. "A surgeon did surgery right then to take a quick look.

"Next thing I know, he told me to consult with my family, and that he would need to take it at the knee or at the ankle. That's when my mother took me to UMMC."

Dr. Greg Stanley, assistant professor of vascular surgery and a limb salvage specialist, "was waiting on me." Her condition, she said, appeared to stem from an earlier experience with blood clots below her left knee that damaged an artery.

"We ended up doing surgery first thing in the morning, and he came in and told me he didn't see a need for amputation," Hall said.

"We are able to save over 90 percent of legs in patients who come here,"

said Stanley, a physician in the Medical Center's Division of Vascular Surgery. "Hundreds have been told they needed an amputation. To this day, they have their legs."

Stanley and Dr. John Winscott, associate professor of medicine in the Department of Medicine's Division of Cardiology, have formed a partnership in their quest to salvage the limbs of patients. They act quickly – especially if the patient has developed an infection – and take into account the patient's overall health.

Their patients often need revascularization.

"Typically, what we see is that the arteries in the leg are blocked off, either at 100 percent or almost 100 percent," Stanley said. "The only way the blood can get through is by small collateral vessels. The whole point of bypass surgery is to use a piece of your own vein, or another material, to create a new artery."

Instead of a standard surgical bypass, the Medical Center's limb restoration



Dr. Greg Stanley examines patient Jennifer Hall before a surgical procedure.

team uses an outpatient catheterization procedure called atherectomy, which removes the plaque that is limiting blood flow from the inside out, returning the artery to its normal function, Stanley said. "We can accomplish everything we need to through that one small needle stick in the groin, as opposed to an incision," he said.

"Patients are up walking and on the path to healing that same day," Stanley said. **M**



PRACTICE rounds

INJECTION OF HOPE

Melanoma therapy hits close to home **By Ruth Cummins**



Dr. Shannon Orr is administering the melanoma drug Imlygic to **Carol Stegall**.

The freckle on Carol Stegall's foot changed so much in size and appearance that the Terry resident finally visited her family physician.

During that visit, in 2008, her physician performed a freezing procedure on the suspicious spot. It got worse.

A plastic surgeon's diagnosis of melanoma was the beginning of years of surgeries, drugs that left Stegall feverish and barely able to crawl across the floor, and a sinking feeling as melanoma popped up in another area, then another.

Today, Carol Stegall's cancer hasn't disappeared. But a promising injectable immunotherapy treatment she's receiving at UMMC is helping to shrink the spots, giving Stegall hope that her disease will retreat.

"We've been told that with all of the advancements being made, that if someone is going to have melanoma, now's the time to have it," Stegall said. "I feel good. If I didn't know something was wrong, most of the time I wouldn't."

UMMC physicians Dr. Shannon Orr, assistant professor of transplant surgery and a surgical oncologist, and Dr. Natale Sheehan, assistant professor of medicine and a medical oncologist, are collaborating to provide Stegall's care just miles from her house.

She was faced with driving eight hours to the MD Anderson Cancer Center in Houston every two weeks to receive injections of the drug Imlygic, an oncolytic virus therapy for the treatment of melanoma lesions that can't be removed completely by surgery.

It was the longstanding relationship between Dr. Merrick Ross, a surgical oncologist at Anderson whom Orr trained under while a fellow there, and a conversation between Stegall and a friend who works at UMMC, that got Stegall's treatments started earlier this spring. Imlygic is administered nowhere else in Mississippi. Out of state, the nearest location is Memphis, Orr said.

It takes about an hour for Stegall to receive the treatment at the Multidisciplinary Melanoma Clinic at the UMMC Cancer Institute, the only clinic of its kind in Mississippi.

Sheehan and Dr. Robert Brodell, professor and chair of the Department of Dermatology, began the melanoma clinic in 2013. Patients can see a dermatologist, medical oncologist, radiation oncologist and surgical oncologist in the same visit.

Orr and Sheehan have started two other patients on Imlygic. "We like Dr. Orr and Dr. Sheehan," Stegall said. "We're glad God brought them into our lives." **M**

[transitions]

HUTSON RETURNS TO STEER GRENADA, LEXINGTON HOSPITALS



health care to the Grenada and Lexington communities," said Hutson, who joined the hospitals on March 7, before assuming his duties after a short transition period.

"On a personal level, (wife) Sandy and I are thrilled to return to Mississippi to be closer to our family in Corinth and in Oxford. We know first-hand how much the state of Mississippi has to offer and are eager to re-establish our home there," Hutson said.

The father of two taught himself to play the guitar after he turned 40 and strummed from time to time at the Marion hospital. "I'm a big country music fan, and I love to play music," he told The Southern Illinoisan newspaper in a recent interview. "Sandy and I often are on the porch swing, me with my guitar doing a little front porch picking."

He shared with the newspaper a story from his days at Baptist Memorial Hospital in Union City, Tennessee.

Don Hutson has come back home – or at least, just a few hours down the road from home.

The Corinth native and veteran health-care administrator has been named chief executive officer of the University of Mississippi Medical Center Grenada and the University of Mississippi Medical Center Holmes County in Lexington.

"We are thrilled Don has joined the UMMC family," said Dr. Charles O'Mara, associate vice chancellor for clinical affairs. "Don is an experienced hospital administrator with deep roots in northern Mississippi. He is an outstanding addition to the team, and will have a big impact on the organization and the Grenada and Holmes County communities."

Hutson left his post as Medical Center director of the Veterans Administration Medical Center in Marion, Illinois, to replace CEO David Putt, who retired in June. Hutson is overseeing operations at UMMC Holmes County, licensed for 25 beds, and UMMC Grenada, licensed for 156 beds.

"We are deeply grateful to David Putt for doing a superb job establishing the UMMC brand in Grenada, providing strong leadership in Lexington, and his 20-plus years of service in the system," including as CEO of University Hospitals, said Kevin Cook, CEO of University Hospitals and Health System.

In fiscal year 2015, UMMC Grenada had 2,636 adult and pediatric admissions, plus 417 in the newborn nursery for a total 3,053 patients admissions. UMMC Grenada also had 30,799 clinic visits. UMMC Holmes County recorded 462 admissions, 16,010 outpatient visits and 5,717 clinic visits.

"I am honored to join the UMMC team and serve alongside its dedicated professionals to deliver world-class

"I was in one of the wards, and a nurse asked me what I was doing there. She told me that usually the CEOs don't visit," Hutson told the newspaper. "I wanted her to know I was not uppity or too good to be there, and that I put my pants on one leg at a time like everybody else. She said, 'Oh, we know you do. We just want to make sure you know you do.' That has stuck with me."

Hutson holds a Bachelor of Business Administration degree from the University of Mississippi and received his master of health care administration from Baylor University. He served in the Army from 1985 to 2006, including service in Desert Shield and Desert Storm, and retired as a lieutenant colonel.

Medical Center director of the Marion hospital since 2013, Hutson managed an annual budget in excess of \$300 million and led a medium-sized rural health care system including a Health Care Center in Evansville, nine community-based outpatient clinics, and three administrative and clinical annexes.

Hutson was administrator and chief executive officer of Baptist Memorial Hospital-North Mississippi in Oxford from 2008 to 2012 and administrator and chief executive officer of the Union City hospital from 2006 to 2008. From 2003 to 2006, he was chief operating officer of Winn Army Community Hospital in Fort Stewart, Georgia.

From 2000 to 2003, he served as chief operating officer for the U.S. Army Health Clinic in Tokyo, which provides primary and specialty care for the 12,000 federal health system beneficiaries in greater Tokyo.

Hutson said he is pleased to "be a part of a team of professionals working diligently to enhance the health and well-being of the people of Mississippi." **M**



'CONSUMMATE PROFESSIONAL' DIRECTS VITAL HEART STUDY

Following a national search, Dr. Adolfo Correa, a physician-scientist with a strong record of clinical care, population-based research and leadership, has been appointed director and principal investigator of the Jackson Heart Study (JHS). Correa was the unanimous choice of the chief executive officers of the study's three participating institutions: Jackson State University, Tougaloo College and UMMC. Their recommendation has been acknowledged by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, which provides funding support for the JHS.

"The NHLBI is confident in Dr. Adolfo Correa's capacity to provide excellent leadership and stewardship over this important national study at this pivotal time in epidemiology and public health," said Dr. Gary H. Gibbons, director of NHLBI.

"Moreover, we look forward to continuing to work closely with Dr. Correa to advance an evidence-based elimination

of health inequities in the U.S. and around the world – beginning with the Jackson Heart Study."

Supported by funding from the NIH since 2000, the JHS is renowned for its important scientific findings about the risk factors for cardiovascular disease in African-Americans.

A population study that has followed the health of 5,000 participants, its findings have produced a treasure trove of data that continues to yield insights into the underlying causes of cardiovascular disease.

"I see the position of director of the JHS as a unique challenge and an exciting opportunity to work on an important public health issue, using big data and collaborating with other major studies and researchers around the country and the American Heart Association," Correa said.

"The vision of the JHS from its inception has been to elucidate the reasons for the high burden of cardiovascular disease among African-Americans. Our task is now to make this vision a reality."

Correa joined the JHS as chief science officer in 2011 and has served as interim director since the departure of Dr. Herman Taylor in 2013. He is a professor in the Departments of Medicine and Pediatrics.

Born in Mexico, Correa earned a bachelor's degree from San Diego State University and master's and medical degrees from University of California San Diego. He also holds a Master of Public Health degree and a Ph.D. in epidemiology from the Johns Hopkins University School of Hygiene and Public Health. He earned an MBA from the University of Georgia in 2010.

He completed a residency in pediatrics at the University of California San Francisco Medical Center and San Francisco General Hospital, including serving as chief resident, as well as a residency in general preventive medicine at Johns Hopkins. He spent two years with the Centers for Disease Control's Epidemic Intelligence Service.

Correa has held several scientific leadership positions with the CDC as well as academic appointments with Johns Hopkins. He currently holds adjunct/associate faculty appointments with the schools of public health at Johns Hopkins and at Emory University.

Correa's transition from interim director to director was effective Dec. 21, 2015.

In 2013, the National Heart, Lung and Blood Institute, and the National Institute of Minority Health and Health

Disparities, each a part of the NIH, announced renewed funding for the study.

At about the same time, the American Heart Association announced a new collaborative research relationship intended to build a biobank of research data that bridges the Jackson Heart Study and the landmark Framingham Heart Study. This venture has accelerated genomic investigations using the JHS and FHS databases.

"I have complete confidence in Dr. Correa's ability to maximize the potential of the Jackson Heart Study to contribute to these exciting new opportunities to understand and ultimately prevent heart disease and to support the development of the next generation of medical scientists," said Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine at UMMC.

At JSU, "Dr. Correa's appointment underscores our commitment to ensure that the Jackson Heart Study continues the phenomenal work being done in the area of cardiovascular risk factors research," said Dr. Carolyn W. Meyers, the university's president.

Dr. Beverly Hogan, president of Tougaloo College, lauded Correa as "the consummate professional who brings a strong medical and scientific background to the study.

"He has demonstrated commitment to ... increasing productivity, and understanding of the importance of the study in helping to inform the social determinants that adversely impact a significant percentage of African-Americans." **M**

NEW OFFICE FOSTERS STUDENTS' RESEARCH STATE OF MIND



Dr. Kevin Freeman leads the newly created Office of Medical Student and Resident Research.

In her quest to find a meaningful relationship at the Medical Center, medical student Sorsha Morris met her match in the laboratory: sleep deprivation.

Sleep deprivation in lab rats, that is.

This summer, Morris embarked on that specific research area, thanks to a lab partnership arranged earlier this year by a brand-new matchmaking service within the Department of Psychiatry and Human Behavior: the Office of Medical Student and Resident Research.

The office caters to trainees much like an eHarmony for scientific investigations of the brain.

"When you're a first-year student trying to settle into school, having one place to go to for information about research, having that point of contact, is really helpful," said Morris, now a rising M2.

That point of contact is the director of the new office, Dr. Kevin Freeman, assistant professor of psychiatry and human behavior, who pairs students with research mentors within the department, based on mutual, scientifically-related attractions.

"The Department of Psychiatry and Human Behavior has one of the largest research portfolios on campus, and we are one of those rare clinical departments with significant depth in both basic and clinical research," Freeman said.

"The opportunities for research training with us are many, but, historically, have not been well advertised to our medical students and residents.

"In addition to other departments, we offer great training that can help medical students decide if they want to incorporate research into their careers, and if so, to what degree."

Without this new program, Morris may not have found what she was looking for, at least not as easily.

"I had always wanted to try research, to see if that's what I wanted to do, so my advisor put me in touch with Dr. Freeman," Morris said. "We discussed my interests in neurology, including sleep research. Sleep research is a growing field, and I believe it would be cool to be part of that."

“But trying to get to know all of the faculty and what they’re working on is kind of unwieldy. To help me out, Dr. Freeman gave me some articles to read, and I was especially drawn to a particular area of sleep research.”

While some medical students like Morris have already considered research opportunities in psychiatry, others may not even know they exist or where to find them, said Dr. Scott Rodgers, chair of the Department of Psychiatry and Human Behavior.

“Despite our department’s longstanding history of excellence in research, we have not found good ways – until now – to involve our trainees in this work,” said Rodgers, who created the office.

“By bringing medical students and residents into our research projects, we expose them to the richness of this area of scholarship, enhancing their appreciation for the science behind mental illness.

“I believe many will find this research area appealing, regardless of their career goals.”

By February, Freeman had matched at least four medical students to researchers in the department.

“One of our goals at the Medical Center is to grow our clinical research portfolio, and this is a particularly high priority for our department,” Freeman said. “Exposing clinical trainees to research that matches their career interests is one way to do that.”

When physicians with this rich research experience remain at the Medical Center, they have a positive impact on the institution, Freeman said.

“We want to grow this talent pool in-house.”

Knowing the causes and origins of disease, the physical and biological “underpinnings” of treatments and how to improve those treatments “are great insights for any physician,” Freeman said.

There is another practical reason for pairing students with researchers: “The huge shortage in Mississippi of psychiatrists, particularly child psychiatrists,” said Dr. Scott Coffey, professor and vice chair for research in the Department of Psychiatry and Human Behavior, who leads the Division of Psychology.

“Through the work of this new office, medical students



Under the direction of **Dr. James Shaffery**, **Sorsha Morris** familiarizes herself with equipment in the Animal Sleep Research Lab, including the Faraday cage, used to study the brain processes of young, sleep-deprived rats.

may choose a residency in psychiatry. As for residents, we have not had an organized way of linking them with faculty members who are conducting research. This will fill that gap.”

For those who decide to enter this breach, the department offers some “world-class clinical researchers,” Freeman said.

That includes psychologists exploring the link between suicide and alcohol use, early detection and intervention for substance abuse, treatment of post-traumatic stress disorder, new treatments for alcoholism and anxiety disorders, child and adolescent obesity, and more.

As for Morris, she became fascinated by the studies of Rapid Eye Movement (REM) sleep conducted by Dr. James Shaffery, associate professor of psychiatry and human behavior, and assistant professor of pharmacology and toxicology.

His experiments are exploring the connection between the REM sleep stage and proper brain development.

“We will be looking at groups of young rats, disturbing their REM sleep, to see how that affects their behavior and brain,” Morris said.

This summer, in the department’s Animal Sleep Research Lab, Morris is testing, for instance, the performances and memories of sleep-deprived rats as they navigate a water maze.

“Sorsha’s work will certainly advance this whole project,” Shaffery said.

And it’s only fitting that a medical student – or any student – should find sleep deprivation a topic of more than passing interest, a thought not lost on Morris.

“Yes, it will be good information to know,” she said with a laugh, “considering what we may be going through ourselves.” **M**

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

[medical center welcomes new faculty]

DR. JONATHAN DAVID CARROLL,



Carroll

a former assistant professor of general surgery at the Louisiana State University Health Sciences Center, has joined the Medical Center as an assistant professor of surgery. Carroll earned his M.D. at UMMC in 2007. He had a general surgery internship and residency training at the Louisiana State University Health

Sciences Center, Shreveport, and joined the LSU faculty. Board-certified in general surgery by the American Board of Surgery, Carroll has served as secretary and vice president of the John C. McDonald Surgical Society.

DR. PEGAH HOSSEINI-CARROLL,



Hosseini-Carroll

a former gastroenterology chief fellow at the Louisiana State University Health Sciences Center, Shreveport, has joined the Medical Center as an assistant professor of medicine. She practices general gastroenterology with interests in colon cancer screening, obesity and women’s health.

She earned her M.D. at the LSU Health Sciences Center, Shreveport, in 2009. Her graduate medical training was completed in Shreveport with a residency in internal medicine and a fellowship in gastroenterology.

DR. THOMAS R. DENNIS,



Dennis

a former assistant professor of pathology and associate director of cytogenetics in the Virginia Commonwealth University Health System, Richmond, has joined the Medical Center as an assistant professor of pathology.

His cytogenetics-related positions were at Case Western Reserve University, Cleveland, Ohio; UCLA Medical Center, Torrance, California; the University of Nevada School of Medicine, Reno; and the University of Michigan, Ann Arbor. He was a chromosome microdissection specialist at the University of Nevada when he earned his Ph.D. in cell and molecular biology/cytogenetics there in 1999.

While completing a fellowship in clinical cytogenetics at the National Institutes of Health, Washington, D.C., and a medical genetics residency at Georgetown University Medical Center, Dennis served as a research fellow in the Cancer Genetics Branch of the NIH’s National Human Genome Research Institute, and served as an assistant professor of pediatrics, Division of Genetics, and associate director of the Clinical Cytogenetics Laboratory at the University of Florida, Gainesville.

After stints at the Translational Genomics Research Institute, Phoenix, Arizona; Shodair Children’s Hospital, Helena, Montana; Genzyme Genetics, Temple Terrace, Florida; and the Molecular Pathology Laboratory Network, Maryville, Tennessee; Dennis joined Virginia Commonwealth in 2013.

DR. JAMES “JIM” HURT III,

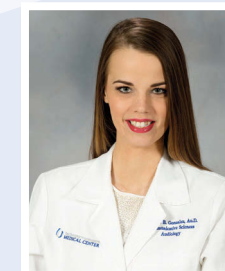


Hurt

formerly a sports medicine/arthroscopy specialist at Carolina Orthopaedic Specialists, has joined the Medical Center as an assistant professor of orthopaedic surgery.

Hurt earned his M.D. at the University of Alabama School of Medicine, Birmingham, in 2007. He had postgraduate training in preliminary general surgery at the LSU Health Sciences Center, New Orleans, an orthopaedic surgery residency at the University of Florida Shands, Jacksonville, an orthopaedic surgery residency at Tulane University, New Orleans, where he was chief resident in orthopaedic surgery, and a Mississippi Sports Medicine and Orthopaedic Center fellowship in Jackson.

DR. VICTORIA KIVLAN,



Kivlan

a former pediatric audiologist at Driscoll Children’s Hospital, Corpus Christi, Texas, has joined the Medical Center as an assistant professor of otolaryngology.

Kivlan earned her Au.D. at Idaho State University, Pocatello, in 2015. While a Doctor of Audiology candidate, she was an intern audiologist at Children’s

Hospital, New Orleans, and at four facilities in Boise, Idaho. She had a pediatric audiology clinical fellowship at the University of Alabama Birmingham Civitan-Sparks Clinics before joining Driscoll Children's Hospital.

She specializes in pediatric cochlear implants and electrophysiological measures of hearing. Her research interests include electrically evoked auditory brainstem responses in the pediatric population and association of congenital cytomegalovirus and hearing loss in children.

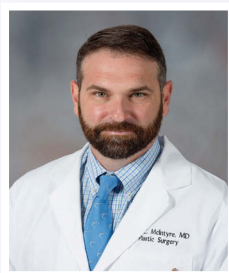
DR. MARK EDMUND LADNER,



Ladner

a longtime staff psychiatrist at the Jackson VA Medical Center, has joined the Medical Center as an associate professor of psychiatry. Ladner earned his M.D. at UMMC in 1992 and had a psychiatric residency here, serving as chief resident of psychiatry. Ladner served as director of outpatient psychiatry at the Madison County Medical Center and as secretary of the medical staff, psychiatric services chief and director of the Partial Hospital Program. He then entered private practice in psychiatry, providing outpatient treatment in Jackson. He joined the Jackson VA Medical Center in 2004, and served as acting chief of psychiatry from 2015-2016.

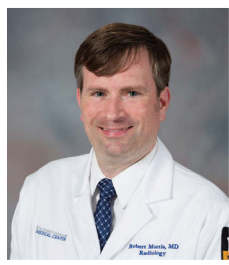
DR. BENJAMIN CLAYTON MCINTYRE,



McIntyre

a board-certified plastic and reconstructive surgeon, has joined the Medical Center as an associate professor of surgery. McIntyre earned his M.D. at the University of South Carolina School of Medicine, Columbia, in 2003. He completed his general surgery training at the University of Cincinnati and went on to complete a residency in plastic and maxillofacial surgery at the University of Virginia in Charlottesville and a fellowship in reconstructive microsurgery with a special focus on cancer reconstruction at Wellington, New Zealand. He joined the University of South Carolina School of Medicine as an assistant professor of surgery and served as a staff surgeon at Providence Hospital, Palmetto Richland Memorial Hospital, Palmetto Baptist Hospitals and Palmetto Baptist Parkridge Hospitals in Columbia and at Lexington Medical Center in Lexington, South Carolina.

DR. ROBERT WILLIAM MORRIS,



Morris

a radiologist specializing in musculoskeletal imaging and procedures, has joined the Medical Center as an assistant professor of radiology. Morris earned his M.S. magna cum laude at UMMC in 2002. He had postgraduate training, first as a transitional year intern at Baptist Health System, Birmingham, Alabama, then as a resident in diagnostic radiology and as a fellow/instructor in musculoskeletal radiology at the University of Alabama at Birmingham. Before joining the UMMC faculty, he worked with Lakeland Radiologists, P.A. in Jackson for eight years.

DR. ALI G. SAAD,



Saad

formerly the director of anatomic pathology, director of neuropathology and director of pediatric pathology at Baptist Health Medical Center and Wolfson Children's Hospital in Jacksonville, Florida, has joined the Medical Center as a professor of pathology. Saad earned his M.D. at the Lebanese University Faculty of Medical Sciences, Beirut, Lebanon, in 1996. He had a surgery internship and an anatomic pathology residency at the American University of Beirut and was a resident in anatomic and clinical pathology at the University of Cincinnati. Saad had a pathology fellowship in the combined neuropathology program at Brigham and Women's Hospital and at Children's Hospital, Harvard Medical School, and a pediatric pathology fellowship at Children's Hospital Boston. He served as assistant professor of pathology, director of gastrointestinal pathology, director of surgical pathology and director of anatomic pathology at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital. After a stint at Saskatoon Health Region in Canada, he joined Baptist Health/Wolfson in 2015.

DR. SARA SILVER,

a former pediatric endocrinology fellow at Virginia Commonwealth University, has joined the Medical Center as an assistant professor of pediatrics in the Division of Pediatric Endocrinology and as a full-time provider at the Children's of Mississippi ambulatory clinic in Tupelo. Silver earned her doctor of osteopathic medicine at the West



Silver

Virginia School of Osteopathic Medicine in 2008. She completed a traditional osteopathic rotating internship in 2009 at a Michigan State University College of Osteopathic Medicine program at Botsford Hospital in Farmington Hills before completing her pediatric residency at the University of South Florida program at All Children's Hospital in St. Petersburg. She then did her pediatric endocrinology fellowship at VCU. Her professional interests include diabetes mellitus, childhood obesity, growth disorders, puberty and post-traumatic hypopituitarism.

DR. KEITH E. TANSEY,



Tansey

formerly a neurology and physiology faculty member at Emory University and a physician in the Spinal Cord Injury Clinic at the Atlanta VA Medical Center, has joined the Medical Center as a professor of rehabilitation medicine in the Department of Neurosurgery and in the Department of Neurobiology and Anatomical Sciences. He is also a senior scientist in the Center for Neuroscience and Neurological Recovery at Methodist Rehabilitation Center and a physician in the Spinal Cord Injury Clinic at the VA Medical Center in Jackson. Tansey earned his M.D. and his Ph.D. in neuroscience at the University of Texas Southwestern Medical School, Dallas, in 1994. He completed his residency in neurology at Washington University and fellowships in neurorehabilitation and spinal cord injury research there and at UCLA. After directing the Spinal Cord Injury Program at the University of Texas Southwestern Medical Center, Tansey joined the Emory University School of Medicine faculty and directed the Spinal Cord Injury Research Program at the Shepherd Center in Atlanta.

DR. FRANK X. TORRES,



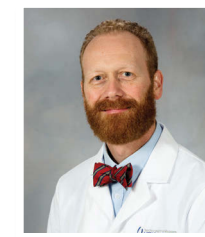
Torres

a former anatomical pathologist at Eastern Health in St. John's, Newfoundland, Canada, has joined the Medical Center as an associate professor of pathology. After receiving his M.D. from the Universidad Autonoma de Guadalajara, Jalisco, Mexico, in 1983, Torres was accepted into a transitional residency program and an anatomic pathology residency program at State General Hospital, Hermosillo, Mexico. He then had anatomic

pathology residency training at the Washington University School of Medicine, St. Louis, Missouri.

A senior staff member in the Department of Pathology at Henry Ford Hospital, Detroit, Michigan, Torres was also a partner at Laboratory Medicine Service, P.A. in Laredo, Texas. In 2011, he joined Eastern Health as divisional chief of anatomic pathology and became a staff pathologist there. While at Eastern Health, Torres also served as clinical assistant professor at Memorial University.

DR. DANIEL C. WILLIAMS,



Williams

supervisory psychologist in the Addictive Disorders Treatment Program (ADTP) at the G.V. (Sonny) Montgomery Veterans Affairs Medical Center, has joined the Medical Center as an associate professor of psychiatry and program director of the Psychology Training Consortium. Williams earned his Ph.D. in clinical psychology with an emphasis in adult psychopathology and psychotherapy at the University of Memphis in 2007. He then joined the VAMC, where he served as an ADTP outpatient operations manager, an operations manager in the Substance Abuse Residential Rehabilitation Treatment Program and ADTP team leader and supervisory psychologist. Williams also served as acting associate chief of staff for mental health at the VAMC. His clinical work emphasizes evidence-based interventions for addictive and co-occurring psychiatric disorders.

DR. STUART AARON YABLON,



Yablon

medical director of the Brain Injury Program at Methodist Rehabilitation Center, has joined the Medical Center as a professor of neurosurgery. Yablon earned his M.D. in 1987 at the University of Texas Medical Branch at Galveston. He had an internal medicine internship at the Oral Roberts University School of Medicine, Tulsa, Oklahoma; a residency in physical medicine and rehabilitation at the University of Medicine and Dentistry of New Jersey/New Jersey School of Medicine, Newark; and a brain injury/rehabilitation research career development fellowship at the Institute for Rehabilitation and Research and the Department of Physical Medicine and Rehabilitation, Baylor College of Medicine, Houston, Texas. The one-time director of rehabilitation research at the Baylor Institute for Rehabilitation in Dallas, Yablon moved to Canada to join the University of Alberta Faculty of Medicine and Dentistry as an associate professor of physical medicine and rehabilitation, while also serving as medical lead of the Brain Injury Program at Glenrose Rehabilitation Hospital, Edmonton. He returned to the Methodist Rehabilitation Center in 2015.

VC TO LEAD MED SCHOOLS' ACCREDITING BODY



Woodward

Dr. LouAnn Woodward, the leader of the state's only academic medical center, is poised to head the agency setting the tone for medical education throughout the United States and Canada.

On July 1, the vice chancellor for health affairs and dean of the School of Medicine began serving a 12-month term as chair-elect of the Liaison Committee on Medical Education (LCME) before taking over as chair of the accrediting body in July 2017 for a one-year term.

Woodward, who has led UMMC since March 1, 2015, was appointed in 2013 to a three-year membership to the LCME and was reappointed this year; she has served on its executive committee and chairs its subcommittee on International Relations. Sponsored by the Association of American Medical Colleges and the American Medical Association,

the LCME establishes benchmarks for U.S.- and Canadian-chartered medical education programs operated by universities or medical schools.

"I'm honored to receive this opportunity," said Woodward, SOM Class of 1991, "and humbled that my colleagues have confidence in me to take it on."

The U.S. Department of Education recognizes the LCME for its accrediting role. Established in 1942, the agency is also acknowledged by the World Federation for Medical Education.

Most state boards of licensure require that medical schools earn accreditation from the LCME. Accreditation normally occurs every eight years and covers standards in five areas: institutional setting, educational program for the M.D. degree, medical students, faculty and educational resources.

In order to receive federal grants for medical education and participate in federal loan programs, an institution must be accredited by the LCME.

Woodward serves as one of 18 members of the organization, currently chaired by Dr. John Fogarty, professor and dean of the Florida State University College of Medicine in Tallahassee.

"LouAnn has done a great job in her time on the board, reviewing and making recommendations on some of our most difficult cases that come before our committee," Fogarty said.

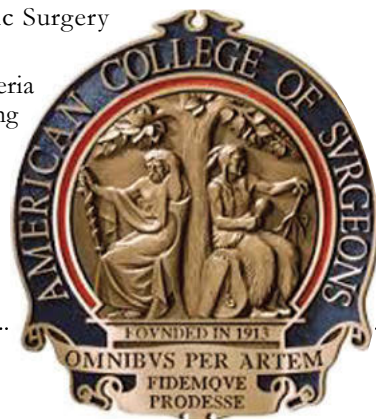
"We were very pleased that she accepted our invitation to run for chair-elect, and she was confirmed unanimously by our board."

BARIATRIC PROGRAM MERITS ACS ACCREDITATION

The Medical Center's bariatric surgery program has been accredited by the American College of Surgeons. The national accolade comes from the college's Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

The accreditation demonstrates that UMMC's program meets essential criteria for staffing, training and facility infrastructure and protocols for care, ensuring its ability to support patients with severe obesity.

The accreditation "also signifies our commitment to reporting our outcomes from surgery, and to ensure that those outcomes meet, or are better than, national averages," said Dr. Kenneth Vick, associate professor of surgery and a key player in the growth of UMMC's bariatric surgery program.



HENDERSON PROCLAIMED A 'CMO TO KNOW'

Dr. Michael Henderson, UMMC's chief medical officer, has been named one of the nation's "100 Hospital and Health System Chief Medical Officers to Know."

The honor was established by Becker's Hospital Review, a source of business and legal information for health-care industry leaders.

"This recognition is important to UMMC and the team we have put in place in the CMO office," said Henderson, a native of Edinburgh, Scotland. "Together, we are all making a difference by improving care for our patients."

Becker's singles out CMOs who "exhibit dedication to clinical leadership and have contributed to establishing standards of excellence at their respective organizations."

"Dr. Henderson has a track record as an outstanding physician and surgeon," said Dr. Charles O'Mara, professor of surgery and associate vice chancellor for clinical affairs.

"In his first year at UMMC, he has defined and clearly communicated the path for us to provide high quality, patient-centered care for those we treat."

Henderson and his team have honed in on reducing infection rates and the rate of operating room errors. Henderson also sets the bar for decreasing rates of mortality, enhancing the patient experience, and reducing patient readmissions that occur 30 days or fewer after discharge.

He spent five years as chief quality officer at Cleveland Clinic, where he also served as chair of the quality and patient safety institute and was a professor of surgery, before beginning his current appointment in March 2015.

He is a fellow of the Royal College of Surgeons in Edinburgh and fellow of the American College of Surgeons, serving as chair of its advisory committee on national surgical quality improvement.



Dr. Michael Henderson, center, foreground and his team members include, front row, from left, Dr. Peter Arnold and Dr. Phyllis Bishop; second row, from left, Lisa Lathem, Amber Arnold, Dr. Tommy Prewitt and Sheila Bullock; third row, from left, Shannon Wentz, Darlene Bryant, Amanda Roberson, Dr. Lisa Didion and Amanda Breazeale; and fourth row, from left, Dr. Steve Bondi, Matt Duckworth and Judy Flynt.

FRIEL GARNERS PRESTIGIOUS BOARD APPOINTMENT



Friel

Dr. Michael T. Friel, assistant professor of plastic surgery, has been appointed to the American Cleft Palate-Craniofacial Association's (ACPA) Board of Directors.

Friel's specialties include treatment of pediatric cleft palates.

The ACPA is an international nonprofit medical society of health-care professionals who treat and/or perform research on oral cleft and craniofacial conditions. For more than 65 years, ACPA members have

provided care for children and adults with cleft lip, cleft palate and craniofacial abnormalities.

Following medical school at Tulane University School of Medicine, Friel completed a general surgery residency at University of Texas Health Science, a clinical fellowship in hand surgery, microsurgery and aesthetic surgery at the Buncke Clinic in San Francisco, a plastic surgery residency at Temple University School of Medicine in Philadelphia and a fellowship in craniofacial and pediatric plastic surgery at Indiana University.

ONCOLOGIST TAPPED AS ONE OF THREE STEINER FELLOWS



Kanakamedala

Dr. Madhava Kanakamedala, an assistant professor of radiation oncology and a member of several cancer care teams, has been named a 2016 Ladislau and Melita Steiner Fellow.

The honor allows Kanakamedala to spend three months at New York University's Langone Medical Center studying gamma knife surgery. The Leksell Gamma Knife Society annually funds three international fellowships in honor of Steiner and his wife.

"Your inclusion in the small group of successful applicants is a testament to your

hard work and superior academic performance as well as the personal qualities that distinguish you from your peers," Kanakamedala's acceptance letter reads.

"Dr. Madhava was an exceptional resident and we are pleased he chose to stay at UMMC where he trained," said Dr. Srinivasan Vijayakumar, UMMC Cancer Institute director and head of the Department of Radiation Oncology.

"This fellowship will prepare him to offer even better cancer services to Mississippians."

JONES ACCLAIMED FOR EMERGENCY MEDICINE RESEARCH



Jones

Dr. Alan Jones, professor and chair of emergency medicine at UMMC, has earned the Society for Academic Emergency Medicine's Excellence in Research Award for his outstanding contributions to emergency medicine through the creation and sharing of new knowledge.

These contributions include research accomplishments and service to the profession.

Jones' work is a collaborative effort with colleague Dr. Michael Puskarich and is related to sepsis therapy and outcomes, including L-carnitine treatment and biomarkers of the disease. Jones graduated from the School of Medicine in 1999.

He completed his residency in emergency medicine and served as chief resident at Carolinas Medical Center in Charlotte, North Carolina.

Following residency training he completed a clinical trials research fellowship, and while serving on the emergency medicine teaching faculty at Carolinas he completed coursework for a master's degree in public health from the University of North Carolina at Charlotte.

He returned to UMMC in 2011 as a full professor and vice chairman of emergency medicine. He also serves as the department's director of research and its research fellowship program. He succeeded Dr. Richard Summers as chair of the department.

BEECH, POPULATION HEALTH GURU, NAMED ACE FELLOW



Dr. Bettina Beech, dean of the new School of Population Health and professor of pediatrics and family medicine, has been named a fellow of the American Council on Education.

Beech, who also is executive director of UMMC's Myrlie Evers-Williams Institute for the Elimination of Health Disparities, will serve as an ACE Fellow for the 2016-17 academic year.

She becomes one of nearly 2,000 higher education leaders who have taken part in the program over the past five decades.

Beech was nominated by Dr. Ralph Didlake, professor of surgery, associate vice chancellor for academic affairs, and chief academic officer.

"Dr. Beech is an exemplar of a content expert who is positioned to make ... high-quality, mission-directed and workforce-driven changes," Didlake said.

"Population health, and educational programs spinning out of population health, represent needs that are specific to Mississippi," he said. "Her experience and education, and her body of knowledge representing population health, just fits that so perfectly."

The ACE Fellows Program is designed to strengthen institutions and leadership in American higher education by identifying and preparing faculty and staff for senior positions in college and university administration; 33 fellows were selected this year.

"I'm absolutely thrilled," Beech said. "The ACE is the biggest, most respected organization in higher education in the United States."

GOLD FOUNDATION TEACHING AWARDS



Chance Davis, D.O.



Savannah Duckworth, M.D.



Ashley Griffin, M.D.



Ashley Johnson, M.D.



John Rushing, M.D.



Diana Tate, M.D.

Six residents were honored this spring with the Arnold P. Gold Foundation's Humanism and Excellence in Teaching Awards.

Selected by third-year medical students, the award recipients demonstrate compassionate treatment of patients, families, students and colleagues. The 2016 honorees are Dr. Chance Davis, Dr. Savannah Duckworth, Dr. Ashley Griffin, Dr. Ashley Johnson, Dr. John Rushing and Dr. Diana Tate.

RISHI ROY CAPTURES TOP RESIDENT RECOGNITION



Roy

Dr. Rishi Roy, a surgery resident at UMMC, is winner of the 2016 Robert S. Caldwell, M.D. Memorial Award.

The accolade recognizes Roy, a Madison resident, as the Medical Center's top resident. The honor is bestowed by the Medical Assurance Company of Mississippi and was presented at UMMC's recent spring faculty meeting.

The award, which comes with a gift of \$1,000, recognizes excellence in medical care, record keeping and leadership. Its recipients are teachers of medical students and fellow residents.

Roy, who has a vascular surgery fellowship at the University of Virginia, was nominated for the honor by Dr. Mark Earl, assistant professor of surgery and director of the Medical Center's general surgery residency program.

Dr. Diane Beebe, professor and chair of the Department of Family Medicine, said Roy "has demonstrated an unquestionable talent for leadership and has excelled in a variety of roles at the institution."

Roy served as administrative chief resident for surgery and co-chair of the Resident Quality Council, Beebe said. He has served as resident representative to hospital leadership rounds, co-chair of the hospital-wide Chief Residents Council, and helped lead the ACGME-required Resident Forum. Roy also was instrumental in the development of a house staff review committee.

He was elected class president his first through fourth years of medical school. He received the Most Outstanding Resident Teacher Award in 2012 and the Department of Surgery Resident Teacher Award in 2013.

"This award is especially meaningful since Dr. Caldwell was a general surgeon by trade," Roy said. "My goal was to get more resident involvement in quality improvement and decision making on an administrative level.

"For me it has been especially enlightening to see how health systems work in an ever-changing environment where they must provide quality care at lower cost. I have to thank Dr. Earl for his nomination and his kind words and Dr. (Chris) Anderson for his continued support."

TELEHEALTH ACCOLADE SALUTES INNOVATION

UMMC and C Spire have received the TMC 2015 Telehealth Award for a breakthrough telehealth pilot program that dramatically lowered the cost of care and improved the health of 100 Mississippians struggling with chronic diabetes.

The mobile service unit of the Mississippi-based telecommunications and technology firm and UMMC's Center for Telehealth were among 10 projects recognized by HealthTechZone.com, a leading health-care technology news source.

HealthTechZone.com is a unit of TMC, a global integrated media conglomerate for the communications and technology industries.

The award honors innovative technologies and solutions that help improve health-care



Cook

delivery and overall wellness. Award winners were judged based on their ability to improve health-care delivery and management.

Kevin Cook, CEO of University Hospitals and Health System, said the hospital system expects to save \$189 million in Medicaid every year by just helping individuals better manage their diabetes.

"After seeing the improved health and quality of life for individuals participating in this program, we're ready to

expand the benefits to other chronically ill populations," Cook said.

After expanding operations, UMMC plans to enroll 1,000 new patients per month in Mississippi and surrounding states by the end of this year.



WINDHAM HAILED AS EXCEPTIONAL MENTOR

Dr. Gwen Windham has collected the Herbert Langford Research Mentor Award, presented by the UMMC Department of Medicine in recognition of her exceptional service as a research mentor to faculty, residents and students.

An associate professor of clinical geriatrics/gerontology at UMMC, Windham, a SOM Class of 1996 alumna, is one of the key clinical faculty members of the geriatrics fellowship program and a mentor to medical students in the Medical Student Training in Aging Research Program.

The director of the Neuroepidemiology Core in the Memory Impairment and Neurodegenerative Dementia (MIND) Center, she earned a Master of Health Science from Johns Hopkins Bloomberg School of Public Health.

She completed her residency at UMMC and fellowship in geriatric medicine and gerontology at Johns Hopkins.



Windham

GRANGER'S FACULTY AWARD IS AN SEC WIN

Dr. Joey Granger, Billy S. Guyton Distinguished Professor of physiology and biophysics, is the 2016 Southeastern Conference Faculty Achievement Award winner for the University of Mississippi.

"I am deeply honored to have received this recognition and am humbled to be in such a distinguished group of faculty scholars," said Granger, dean of the UMMC School of Graduate Studies in the Health Sciences and director of the Cardiovascular Renal Research Center.

"I also appreciate the SEC for their recognition of scholarly activity as an integral part of SEC universities."

To be eligible for the honor, an individual must be a full professor and teacher or scholar at an SEC university with a record of extraordinary teaching and a level of scholarship that is recognized nationally and/or internationally.

A graduate of the School of Graduate Studies in the Health Sciences, Granger joined the faculty in 1990. His research has focused on preeclampsia, a poorly understood complication of pregnancy.

His research has been funded by the National Heart, Lung and Blood Institute since 1985. He is the principal investigator of the Medical Center's NHLBI Institutional Training Grant for hypertension and cardiorenal diseases research.

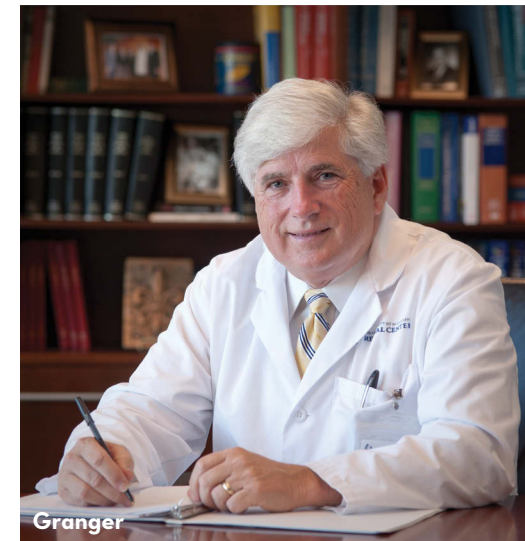
Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine, described him as a "distinguished scientist and teacher widely respected by his peers

and loved by his students.

"And the crawfish etouffee, seafood gumbo and bread pudding he makes for his school's annual holiday party are second to none."

Each winner of the award, selected by a committee of SEC provosts, receives a \$5,000 honorarium and is his or her university's nominee for the SEC Professor of the Year Award.

Granger is the second UMMC physiology faculty member in three years to win the award. The previous winner, Dr. John Hall, Arthur C. Guyton Professor and chair, was later named SEC Professor of the Year.



Granger

1940s

Dr. Robert K. Royce (1940) earned his medical certificate from the two-year medical school in Oxford in 1940. At age 99, he is still in good health and playing golf regularly, although he says his game is terrible.

"I have a delightful social life with friends, bridge, poker, a great country club, and, most wonderfully, a delightful 94-year-old 'platinum blonde trophy,'" said Royce.



He still lives in St. Louis, Missouri, in the house he built 50 years ago.

"How lucky can you be?" he asks.

1950s

Dr. Joseph Johnston (1953) of Mount Olive reports that, after three years, retirement is still agreeing with him.

His business card now reads, "No business, no worries, no plans, no money. Ain't got much, don't want much, ain't mad at nobody. God loves you and so do I!"

Johnston earned his M.D. at Cornell University in 1955 after completing the University of Mississippi's two-year medical school in Oxford.

1960s

Dr. Charles Cotten (1961) says that, between "gold and traveling," he wonders how he ever had time to work.

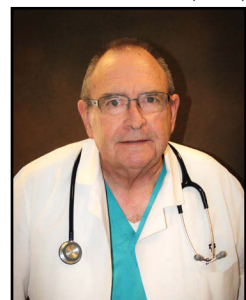
He reports enjoying "old age" with his wife, Loretta, in Jacksonville, Florida.

He and his classmate, Dr. George "Rowdy" Hamilton (1961), still stay in touch.

Dr. Stover Smith (1961) of Laurel is enjoying retirement, improving his golf game and staying active in Rotary and in church.

He moved back to his home town of Laurel in 2009 after living in New Orleans since 1965 for his radiology residency and active practice. He retired from part-time practice in 2014.

Dr. Kimble Love (1963) was inducted into Forrest General Hospital's Doctors Hall of Fame at the sixth Doctors' Hall of Fame awards dinner on Feb. 25, 2015.



Hosted by the Forrest General Healthcare Foundation, the event honors physicians who have contributed to the improvement of health care in Hattiesburg and to the growth and excellence of Forrest General Hospital.

A pediatrician, Love practices at the Children's Clinic in Hattiesburg.

Dr. Horace "Bubba" Watkins III (1964), who lived and practiced in Laurel for 40 years, is enjoying retirement in Fairhope, Alabama.

Watkins comes from a long line of physicians: His father, Horace Watkins Jr., graduated from the two-year medical school in Oxford in 1935, and his grandfather, the first Horace Watkins, is the namesake and initiator of Watkins Memorial Hospital in Quitman.

Watkins has enjoyed retirement since 2008 and has seen one of his three sons continue the medical line in the family: Paul Watkins graduated from the School of Medicine in 2010.

When asked why so many of the Watkins family chose medicine, he said, "We didn't know what else to do - it was the family business!"

Dr. Warren E. Anderson (1965) immensely enjoyed his 50th class reunion in 2015.

He and his wife recently moved from northern Illinois to southern Wisconsin and are blessed to be in good health and to be enjoying retirement.

Dr. Carl Moran (1968) reported, "I have practiced medicine in Mississippi since 1969: 20 years as a country doc and 25 years as an emergency physician at Memorial Hospital in Gulfport.

"It has been a great career."

Dr. Charles D. Miles (1969) was recently re-appointed to the Mississippi State Board of Medical Licensure by Gov. Phil Bryant.

Semi-retired, he occasionally does consulting work for North Mississippi Health services. He also speaks to physicians about health-related issues pertaining to the medical practice act and licensing issues.

From 1975 to 2015, Miles practiced obstetrics and gynecology in Columbus.

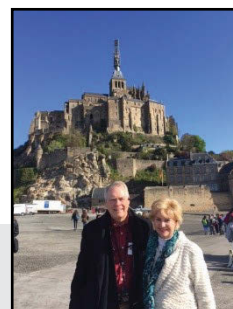
1970s

Dr. David Thomas (1971) recently retired from the Saint Louis University School of Medicine. He was honored with an appointment as professor emeritus in the School of Medicine there.

Thomas remains active as associate editor of the Journal of the American Medical Directors Association, as a consultant on several projects and as a reviewer for medical journals.

Dr. Van Lackey (1972) continues to practice in the Jackson area.

He and his wife, Lynn, just returned from a trip abroad that included a visit to Mont-Saint-Michel, France.



Dr. William Ford Jr. (1973) is enjoying retirement after practicing radiology for 32 years. In the latter part of his career, he found himself back where he started, doing some locums work at UMMC.

Hunting, fishing, and managing wildlife now keeps him busy, as does the maintenance of a few vintage automobiles.

He still makes time to get together monthly for dinner with some of his classmates.

Dr. Gilliam "Swink" Hicks (1975) retired from his post as professor of clinical general medicine at UMMC in June 2015.

Hicks did his internal medicine residency at UMMC and at the VA Medical Center. At UMMC, internal medicine residents selected him Teacher of the Year for the 2013-2014 academic year.

Dr. C. Ron Cannon (1976) of Flowood is serving as president of the American Board of Otolaryngology.

He also has served as president of the American Academy of Otolaryngology-Head and Neck Surgery in 2006, and as chairman of the Board of Governors for the American Academy of Otolaryngology-Head and Neck Surgery in 2002.

After earning his M.D., Cannon completed an internal medicine internship at the City of Memphis Hospital and a surgical and otolaryngology residency at UMMC.

He served as chief resident of the department of otolaryngology, head and neck surgery, at the University of Virginia Medical Center in the early 1980s.

Dr. John J. McGraw (1978) became medical director of OrthoTennessee in Knoxville in January. The group has more than 100 musculoskeletal providers in the greater Knoxville area.



McGraw continues his work with the American Academy of Orthopaedic Surgeons, serving on the Communications Cabinet and the Council on Advocacy. He has just begun a two-year term on the editorial board of AAOS NOW, the

leading orthopaedic publication worldwide.

He has a passion for advocacy on behalf of orthopaedic patients nationwide.

Dr. M. Sandra Scurria (1979) has crossed an item off of her "bucket list;" last August, she and her partner moved into their newly-built home.



She continues to work with MDVIP, a concierge medicine organization, in Texas.

"I love having a small practice where I can spend lots of time with each patient," Scurria said. "I have no plans to retire anytime soon, and overall, life is good!"

1980s

Dr. David Krischer (1980) retired from primary care in 2010, but he's kept moving. Since his retirement, he has bicycled solo across the United States and down each of the coasts.

He and his wife, Ann, live in upstate New York, where he is "chief cook and bottle washer, dog walker, gardener and volleyball player."

The Krischers hope to do more traveling in the coming years.

Dr. Dwalia South (1980) of Ripley had her appointment to the Mississippi State Board of Health confirmed.

She looks forward to working with the entire staff and board.

South lives on her family farm with her husband, musician Roger Yancey. A noted writer, she collected her stories, essays, poems and letters in her book "Una Voce," published in 2011.



Dr. Tanith Graham (1981) has moved his pain practice to the Columbia Pain and Spine Institute in Gresham, Oregon, after 27 years as an anesthesiologist and pain physician in Portland.

"I like the switch to little call and no weekends," he said.

He has his eye on the reservoir area for a possible future retirement home.

Dr. Thomas Skelton (1981) and **Dr. Deborah Skelton** (1981) continue to see their "medical family" prosper.

In less than a year, all three of their children will be M.D.s: Dr. Lauren Skelton Smith (2013) is a radiology resident in Birmingham, Alabama; Dr. Charlotte Skelton Taylor (2014) is a radiology resident at UMMC; and Thomas Skelton Jr., is set to graduate from UMMC in 2017.

Thomas Skelton is a professor of medicine in clinical cardiology at UMMC, while Deborah is a private practice gastroenterologist in Jackson.

"We're the poster family for the alumni association," Thomas said.

Dr. Mary Currier (1983) received the AMA's Nathan Davis Award for Outstanding Government Service.



The state health officer for Mississippi was chosen for the award because of her efforts to advance public health. The Mississippi State Medical Association nominated Currier for the honor, one of the

most prestigious awards given nationally to elected officials and career government employees.

Among Currier's accomplishments is her work to require immunizations for school attendance, which led to legislation that has been praised nationally.

During her tenure as state health officer, Mississippi has seen declines in rates of infant mortality, tuberculosis, syphilis and deaths related to Sudden Infant Death Syndrome.

Dr. J. Martin Tucker (1984) has been elected secretary of the American Congress of Obstetricians and Gynecologists, the nation's leading group of physicians providing health care for women.



Tucker has been in private practice with Jackson Healthcare for Women since 1990 and is affiliate faculty at UMMC.

He is also a member of the steering committee of the Mississippi Perinatal Quality Collaborative.

Dr. Phyllis Bishop (1988) has been chief quality officer/patient safety officer for UMMC since 2015.

She continues to serve as vice chair for clinical affairs for the Department of Pediatrics, and she continues to practice pediatric gastroenterology.



Dr. Presley Mallett (1988) is medical director of Cedar Lake Surgery Center, a free-standing ambulatory surgery center in Biloxi.

He has practiced anesthesiology there for the last 19 years.



Dr. Presley Mallett, left, and his son, Ian, second from left, enjoy an outing in the Grove before an Ole Miss football game with Mallett's former classmate, **Paul Milner**, right, and Milner's son, **Bennett**.

Dr. Alan L. Causey (1989) is now practicing at Lakeland Regional Medical Center in Lakeland, Florida, after more than 16 years as a nocturnal pediatric emergentologist at All Children's Hospital in St. Petersburg, Florida.



He also does some locum tenens work in various PERs across the country.

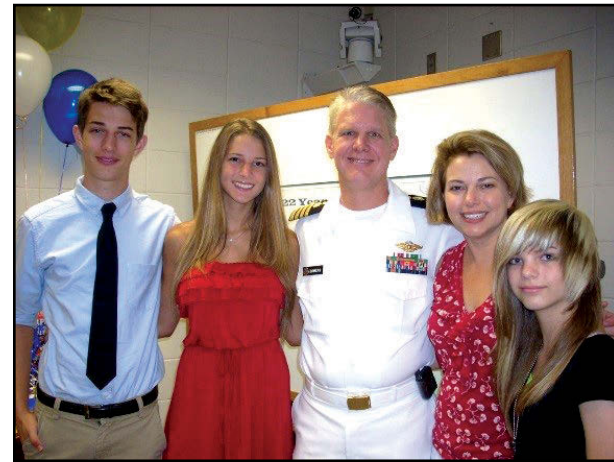
He and his wife, Jan, continue to live in Tarpon Springs, Florida, where Jan is doing well in her pottery business.

1990s

Dr. Patrick Bowers (1990) retired from the Navy in 2012 as a captain/O6 after more than 22 years of active-duty service, including three deployments to Iraq.

He is working as a staff psychiatrist in a PTSD specialty clinic at the James A. Haley Veterans' Hospital in Tampa, Florida.

He and his wife, Tamra Reaves Bowers (UMMC School of Nursing Class of 1989) have three children: Philip, a first-year medical student on an Air Force scholarship at the University of South Florida; Leah, a first-year nursing student at the University of South Florida; and Greta, a 10th-grader.



Bowers (in uniform) with family.

WE WANT TO HEAR FROM YOU

If you have an update on your life and career, send it to alumni@umc.edu. Please include your name at graduation, year of medical school graduation and change of address, along with any other new contact information. If you like, please send us a current photo of yourself for publication as well.

In Memoriam

Dr. Henry Leigh Adkins (1952) of Germantown, Tennessee; March 25, 2016; age 92

Dr. Charles E. Bell (1958) of Brandon; March 18, 2016; age 86

Dr. Robert M. Bradford (1986) of Metairie, Louisiana; April 15, 2016; age 72

Dr. Joe Herrington (1960) of Natchez; Dec. 21, 2015; age 80

Dr. Whitman B. Johnson Jr. (1953) of Clarksdale; March 4, 2016; age 87

Dr. William Lynch Jr. (1959) of Madison; Feb. 1, 2016; age 81

Dr. Glen Allen McCrory (1997) of Madison; May 6, 2016; age 46

Dr. Ike Newton (1964) of Greenville; March 8, 2016; age 83

Dr. Charles K. Safley (1973) of Flint, Michigan; May 22, 2016; age 71

Dr. Bobby Joe Shewmake (1966) of Port St. Joe, Florida; Jan. 9, 2016; age 74

Dr. Jack Walker Thornton (1964) of Hertford, North Carolina; May 6, 2016, age 83

Anne Turner (former faculty member) of Jackson; April 6, 2016; age 92

DR. DEWITT GREY CRAWFORD (1960) of Louisville died on Jan. 17, 2016 at age 80.



A native of Greenwood, "Dr. DeWitt" grew up mostly in Louisville, where he was known for his singing, and for playing the saxophone and clarinet in the local band, Oakley Sharp and the Sharpshooters.

Crawford entered the School of Medicine in 1956 and was a member of the second four-year class to graduate. While there, he joined Dr. Arthur Guyton in heart research.

After an internship at John Gaston Hospital in Memphis, he returned to Louisville to enter a family medicine practice with his father, Dr. John Albert Crawford Sr.

In 1972, he and his father opened Tri-County Nursing Home. He was an aviation medical examiner and company physician for several corporations, and served as medical director of Operation Head Start.

Among his honors were the Mississippi Heart Association 20-year Service Recognition Award, John B. Howell Memorial Award as the Mississippi Family Physician of the Year, and, for two years, the Mississippi Academy of Family Physician President's Award.

For six years, he was a battalion surgeon for the Mississippi Army National Guard. He made two mission trips; in Honduras, he was credited with saving the life of a 2-year-old boy.

Crawford enjoyed computers, golf, music, gardening and traveling. Even after receiving a diagnosis of pancreatic cancer and during his chemo treatments, he was often seated atop his riding lawnmower, tending his yard.

DR. CHARLES E. FARMER (1959) of Clinton died Jan. 3, 2016 at age 80.



A native of Columbus, Farmer did his undergraduate work at Mississippi College in Clinton, where he was a standout athlete in football and baseball.

Farmer's medical school class was the first to complete all four years of training at the new School of Medicine.

After earning his M.D., he completed his surgical residency at the University of Arkansas for Medical Sciences. Upon fulfilling a military commitment with the U.S. Air Force, he then completed a fellowship in cardiothoracic and vascular surgery at the Marquette School of Medi-

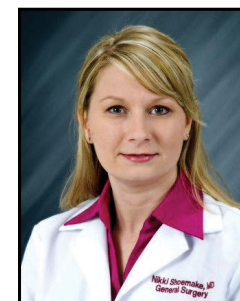
cine in Milwaukee, Wisconsin.

Eventually, he and his wife Kay moved their family back to Jackson, where Farmer served on the surgical staffs of several hospitals, including Hinds General, where he was chief of staff and chief of surgery.

Farmer was recognized as a leading gastric bypass surgeon, but his 28-year career as a surgeon ended with a traumatic hand injury. Afterward, he worked at the VA Medical Center in Jackson, the Central Mississippi Correctional Facility in Rankin County and as a review physician for the Mississippi Division of Medicaid.

For several years, he was team physician for the Clinton High Arrows and volunteered as team physician for Mississippi College, which inducted him into the institution's Sports Hall of Fame in 2014.

DR. PAULA NICOLE "NIKKI" SHOEMAKE-PATTERSON



(2003) of Starkville died June 1, 2016 at age 40 during the birth of her daughter, Aubrey Caroline Patterson.

Aubrey Caroline passed away a week later, on June 8.

Having decided in grade school that she would become a physician, Shoemake-Patterson excelled in school, graduating with honors from Tupelo High School

in 1994 before earning her bachelor's degree in microbiology from Mississippi State University in 1998.

After graduating with her M.D. from UMMC and completing her surgical residency at St. Raphael Hospital in New Haven, Connecticut, she joined the staff at Oktibbeha County Hospital. In 2014, she was accepted as a fellow of the American College of Surgeons.

A loyal MSU and sports fan, she was also dedicated to her family. She had been elated at the prospect of giving birth to another daughter.

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

She and her baby daughter were laid to rest together. Her family had asked that, in lieu of flowers, donations be made to Batson Children's Hospital.

NORMAN NELSON, MEDICAL CENTER'S LEADER FOR TWO DECADES, DIES AT 86

Dr. Norman C. Nelson, who led UMMC during 21 years of its most dynamic growth, died at his home on April 21. He was 86.

He was buried in Lafayette, Louisiana, in the state where he trained to be a physician.

Nelson was the first UMMC leader to receive the title of vice chancellor for health affairs at his appointment. Vice chancellors who served since his tenure are Dr. Wallace Conerly, Dr. Daniel W. Jones, Dr. James E. Keeton and Dr. LouAnn Woodward.



"Dr. Nelson was the vice chancellor when I was in medical school," Woodward said. "I remember him as a champion for the students and a well-respected surgeon and leader. He was passionate about the growth and advancement of the Medical Center."

"He was the longest-serving leader in the history of UMMC, facing challenges with creativity and determination while expanding the size, influence and reputation of the Medical Center. His name will always be synonymous with commitment to excellence."

Keeton, who stepped down as vice chancellor in 2015 after six years in the role, said Nelson's tenure was remarkable.

"I was always struck by the fact that the average longevity of people in these positions is about six years. Dr. Nelson served nearly four times that long. We all stand in awe of his achievement."

In recent years, although a stroke confined him to a motorized scooter and limited his ability to speak, Nelson routinely made appearances at Medical Center events. One of those is the annual recognition of faculty admitted to the eponymous Nelson Order recognizing UMMC's best teachers.

Nelson began his career in academic medicine at Louisiana State University Medical Center in New Orleans, rising through the ranks to become medical school dean. He came to Mississippi's health sciences campus in 1973 as vice chancellor for health affairs and dean of the School of Medicine. At the beginning of his tenure, the Medical Center consisted of two health professional schools, a teaching hospital and a small research program.

When he retired in 1994, he had transformed the institution into a nationally respected health sciences campus with

four health professional schools, a major teaching hospital, a robust research program, and the largest, funded physical plant expansion package in the state's educational history. That array of eight new buildings, added to the 10 authorized and constructed during his tenure, essentially gave the Medical Center a new physical plant.

Frank Crosthwait Jr., of Indianola, a former College Board member, worked with Nelson from 1984 until Nelson's retirement in 1994. He called him "a valued friend" he greatly admired.

"He gave UMMC outstanding leadership during a period of great growth and was well-respected not only by his peers but also by the citizens of Mississippi," Crosthwait said.

Brad Dye, who served as Mississippi's lieutenant governor from 1980 to 1992, said Nelson's "outstanding leadership and vision have benefitted and will forever impact every Mississippian. His untiring work ethic and focus were always on improving health care and making it accessible to all citizens."

"He was convincing and skillful in presenting to the legislature the needs and potential of the Medical Center, its patients, students and employees," Dye said. "He was also a valued and trusted friend to me and countless others who admired and respected him."

Nelson first came to Mississippi at age 5 when his father, an attorney, bought the National Park Hotel in Vicksburg. His family also lived briefly in Biloxi before moving to Houston, Texas, where he completed primary and secondary school. From Texas, he went to Tulane University in New Orleans, earning his B.S. in 1951 and the M.D. in 1954; he was tapped for membership in the academic honor societies of Sigma Xi, Phi Kappa Phi and Alpha Omega Alpha.

Nelson interned at Charity Hospital of New Orleans, then spent a year in private practice before serving from 1956 to 1958 on active duty as a captain in the Medical Corps, U.S. Army 101st Airborne Division. He took his residency in general surgery at Charity Hospital from 1958-1962 and then held a U.S. Public Health Service fellowship at Harvard and Massachusetts General Hospital as a clinical research fellow from 1962-1963. He joined the LSU surgery faculty in 1963, and became the medical school's associate dean in 1969 and dean in 1971.

From 1965 to 1970, Nelson held a prestigious John and Mary R. Markle Fellowship, one of the most coveted honors in academic medicine. Among his other recognitions were the 1969 Arthur M. Shipley Award from the Southern Surgical Association; eight awards for teaching excellence during his years at LSU; the 1985 (and first) Herman Glazier Award as the Outstanding Public Administrator from the Mississippi Chapter of the American Society for Public Administrators; the 1989 Outstanding Alumnus Award from the Tulane School of Medicine; and a 2013 Hall of Fame election by the Medical Alumni Chapter of the University of Mississippi Alumni Association.

But no honor meant more to Nelson than the dedication of the student union at the Medical Center in his name. He frequently told his faculty and staff that, because the institution's principal mission is "to train health professionals for Mississippi, the 'only reason we have a job is because of our students.'"

PAIGE REFRESHED

On Match Day 2016 in March, **Adrienne Paige**, now an OB-GYN resident, discovers, along with husband **Joseph**, that she will be doing her residency at UMMC.





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