

WINTER 2013

# MISSISSIPPI MEDICINE

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE



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*A Degree of*  
**PRIDE**

Keisha Bell, left, with mother Leesha Bell, was one of 614 physicians, dentists, nurses, allied health professionals and graduate students in the health sciences awarded degrees on May 25 during UMMC's 56th Commencement at the Mississippi Coliseum in Jackson. Keisha Bell received her medical degree during the ceremony presided over by Dr. Dan Jones, University of Mississippi chancellor, and Dr. James Keeton, UMMC vice chancellor for health affairs and dean of the School of Medicine. She is now pursuing her residency in ob-gyn at UMMC.

*I'm  
with the  
Doctor!*



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# MISSISSIPPI MEDICINE

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

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## AN ACCREDITATION SLAM DUNK



Woodward

In June, UMMC's School of Medicine received its highly anticipated accreditation report, and it could hardly have been better, said Dr. LouAnn Woodward, the school's vice dean.

"On the scale of accreditation reports, it was an A-plus-plus," said Woodward, who is also UMMC's associate vice chancellor for health affairs.

For 18 months, the School of Medicine had prepared for the February site visit from the national accrediting body, the Liaison Committee on Medical Education, which delivered its verdict four months later. The last accreditation site visit was in 2003.

The school was judged on nearly 130 standards for medical education, such as the quality of its students, the number of faculty members who have written textbooks, and the institution as a whole, Woodward said. The accreditation team, which included deans and leaders of other schools of medicine, found that the school was in compliance for every area, a rare occurrence for any institution.

"And they were so impressed with our students," Woodward said. "They said they had never seen a group of students so committed to making a difference."

That doesn't mean school officials believe they have no work to do, Woodward said. "To help reduce Mississippi's physician shortage, we need to increase the class size from 135 to 165-170," she said. "To get permission from the accreditation team to do that, the school must be able to show that it has adequate resources."

Twice the School of Medicine has broadened its resources in order to increase its class size. "But accreditation standards are changing, requiring greater and more updated resources that we need and which we plan to provide with a new School of Medicine," Woodward said.



Tomorrow's Doctors, Tomorrow's Cures®

## AAMC TAPS SOM'S HUSBAND AS NATIONAL DELEGATE



Husband

The election of medical student Leland Husband to a prominent leadership position will help generate national recognition for his school and, he hopes, new ideas for improving health care for his state.

Husband, of Tupelo, was selected in November as a National Delegate on the 12-member board that leads the Organization of Student Representatives (OSR), part of the influential Association of American Medical Colleges (AAMC).

Involvement in the OSR empowers medical students to help determine the direction of academic medicine on a national level.

Husband was one of five students representing UMMC's School of Medicine at this fall's AAMC national conference in San Francisco.

"We had one of the largest delegations there," said Husband,

a second-year student. "It's important for us to be involved with OSR because it's important for our school.

"We learn things that we bring back here. And it always helps when representatives of other schools meet students from Mississippi, which helps break down some of the stigmas about our state."

Husband already had earned two master's degrees when he decided to become a physician a couple of years ago after visiting the Philippines and other developing nations.

"I'd come back to Mississippi and drive to certain areas and see that it's not much different in some places," he said. "I love this state. We can help it improve health care. That's why I went to medical school. That's the goal."

Committed to improving the nation's health "through the advancement of academic medicine," Washington, D.C.-based AAMC represents all 141 accredited U.S. and 17 accredited Canadian medical schools, hundreds of teaching hospitals, 128,000 faculty members, 75,000 medical students and 110,000 resident physicians.

Husband's election to the national office demonstrates that the OSR "respects the experiences, contributions and leadership that our students have to offer," said Dr. Steve Case, associate dean for medical school admissions.

The School of Medicine's four other student representatives in San Francisco were Jake Lancaster, Jonah Gunalda, Matthew Oglesbee and Eric McDonald.



From left: Dr. Sunit Sebastian, Dr. Majid Khan and Dr. Timothy C. McCowan

## MRI TECHNOLOGY ENHANCES RADIOLOGY DEPARTMENT'S CARE

**A recently installed magnetic resonance imaging machine with twice the power of existing units in the Department of Radiology makes scans quicker for patients and gives physicians and researchers superior quality images.**

“This new 3 Tesla MRI helps our clinicians and researchers see anatomic structures with far greater precision and contrast than do our current scanners,” said Dr. Timothy C. McCowan, professor and chair of radiology.

“It allows us to train medical students and residents on some of the latest magnetic resonance imaging technology in the field, and it helps maintain the radiology department’s leading standard of care.”

Contractors installed the Siemens 3 Tesla MRI in May, in the basement of University Hospital.

With the 3T’s capabilities, radiologists can tell low-grade brain tumors from high, make pre-surgery maps of spinal tumors to help guide surgeons, and use it to diagnose and guide treatment for epilepsy and stroke victims. Physicians and scientists plan to apply it to many kinds of research, including obesity and Alzheimer’s disease.

Dr. Majid Khan, associate professor of radiology and neuroradiology division director, said the new machine’s contrast is so sharp that, in some cases, radiologists can eliminate the use of an intravenously injected contrast agent. Those cases would have needed the contrasting agent if they were scanned with the current 1.5T MRI machines.

It’s also considerably faster than the 1.5T MRIs, meaning patients don’t have to lie

still nearly as long. Khan said the new machine’s speed also reduces motion blur and leaves fewer artifacts, or impurities, in the images.

This summer, researchers with UMMC’s Memory Impairment and Neurodegenerative Dementia Center began using the new scanner to take brain images for a population study of cognitive decline in aging. The images will help researchers track minute changes in the brains of study participants.

MIND Center researchers hope to pinpoint risks and reasons for dementias, including Alzheimer’s disease.

Dr. Sunit Sebastian, assistant professor of radiology and body imaging division director, said he and his colleagues use the machine for the Medical Center’s liver and kidney transplant program, high-resolution scans for inflammatory bowel disease, quantification of liver fat and, of course, tumor imaging.

## STUDENT-RUN JACKSON FREE CLINIC REOPENS

Following a five-month renovation that doubled its size to 5,152 square feet, the Jackson Free Clinic officially reopened at 925 Martin Luther King Jr. Drive on Saturday, Nov. 17 with a reception and tours.

The expansion allows the JFC volunteer staff to serve more patients. As well, it brought new services, including general dentistry, occupational therapy and physical therapy.

The 12-year-old clinic is a not-for-profit that serves adult patients who don't have health insurance and can't otherwise afford care. Students from the University of Mississippi schools of Medicine,

Health Related Professions and Dentistry voluntarily staff the clinic under the supervision of licensed practitioner volunteers from UMMC and the Jackson community.

All the clinic's services are free. On a yearly budget of about \$30,000, the clinic provides examinations, medications, lab work, diagnostic services and health education for patients. While both the clinic's volunteer base and patient load have grown through the past decade, its facilities had not until this renovation and expansion.

During a campaign to raise money for the clinic's renovation and operations, Jackson Free Clinic board members received a

\$150,000 donation from the School of Medicine, a \$50,000 donation from the School of Health Related Professions and personal support from UMMC and Jackson-area community members.

The third major gift came in May 2012 when executives from Health Management Associates, Inc. presented Jackson Free Clinic student leaders with a \$150,000 donation during a news conference at the clinic. Those donations paid for the \$300,000-plus renovation and future operations plan.

Architects Richard McNeel and Melissa Edwards at JBMH Architects in downtown Jackson donated their design services, and contractor Ray Floyd of Jackson-based Fountain Construction and its subcontractors supplied at-cost construction.

In addition to adding occupational therapy, physical therapy and dental services, the project:

- ♦ increased the number of examination rooms from five to 10;
- ♦ provided a classroom for patient and student education;
- ♦ upgraded laboratory facilities;
- ♦ increased the waiting room size;
- ♦ provided a community conference room;
- ♦ upgraded restrooms;
- ♦ met all handicap standards;
- ♦ expanded diagnostic and volunteer subspecialty services; and
- ♦ doubled the number of patients that can be seen at the clinic.

For more information about the Jackson Free Clinic, visit [www.jacksonfreeclinic.com](http://www.jacksonfreeclinic.com).



Third-year medical student Savannah Duckworth takes her parents, Glenn and Robbie, on a tour of the updated Jackson Free Clinic.

# EHR IMPLEMENTATION NO ORDINARY DAY IN UMMC'S HISTORY

People likened it to D-Day. There were no ships, tanks or planes, of course, just the largest launch of a computer system in the Medical Center's history.

It all happened over about a 6- to 8-hour period between May 31 and June 1, 2012. UMMC joined the growing club of health-care institutions with an enterprise-wide electronic health record.

Involving literally years of preparation, a cast of thousands and a total price tag close to \$90 million, the actual launch of the Epic EHR system came off remarkably smoothly. There were a few anxious moments and some unforeseen glitches, but it was a good show all in all.

Then the real work started – using the technology in everyday practice with no opportunity to go back to the way it was in the good old days.

Nicholas Skinner, a communication specialist in the Division of Information systems, likened it to the introduction of the stethoscope in the early 1800s. The device was widely panned “because its hue and character are foreign and opposed to all our habits and associations,” according to an unnamed observer in the Times of London.

Fast-forward nearly two centuries, when stethoscopes seem glued around the necks of almost every primary-care physician.

“It helps to realize that change is not new and it is not necessarily a bad thing,” said Skinner. “It can be uncomfortable, but it can be beneficial in the long run.”

Indeed, the EHR promises to open up a literal treasure trove of data that can guide health-care decision-making and management, making it more effective and efficient.

It may even help the institution save money that will translate into lower



Nicholas Skinner, IT communications analyst, gives some last-minute Epic instructions to Taylor Crane, 2C nurse.

health-care costs, but that will only come once the organization has fully assimilated all the EHR's far-flung functionality. During the first few months, however, virtually every task takes longer and that translates into delays.

The Medical Center hopes to recoup about a third of its investment from the federal government in so-called “meaningful use” payments.

Still, after the sun set on the first day under the new system in May, spirits were high. Ellen Swoger, one of the leaders of the effort, put the day in perspective.

“It’s not only the largest implementation we’ve ever done, it’s the largest single implementation Epic has ever done.”

An architect's depiction of the south facade of the new medical school. Courtesy of CDFL Architects and Engineers.



# Hope on a GRAND Scale

by Gary Pettus

*New School of Medicine one  
remedy for doctor shortage*



**ON THE COVER:** First-year medical students Simone Williams, left, and Andrew Brown light up while studying a scale model of the new University of Mississippi School of Medicine as envisioned by CDFL Architects and Engineers.

## Putting more students into UMMC's School of Medicine would be like trying to cram a size-12 foot into a size-10 shoe.

**Y**et, administrators say, increasing the class size is exactly what they must do, or risk the future of health care in Mississippi.

In short, they want a bigger shoe — a new, \$63 million facility large enough to kick down the current 135-student threshold and allow the student body to keep growing.

Seeking most of that money as part of a bond package that state legislators must approve, advocates are presenting their case before the court of iffy economics, where even some members of the med school family want a second opinion.

“Alumni who remember their first-year classes of 150 students are wondering why we need a new building to increase class size now,” said Dr. James Keeton, vice chancellor for Health Affairs and dean of the School of Medicine.

“The long answer is that we now have 2,700 students on campus from all the schools, and they have to share space. Every classroom is already crammed and we’re constantly moving students around.

“Also, we teach differently now. We need more space for simulation for medical students, nursing students, pharmacy students.

“But the simplest answer is: We need more doctors.”

Per capita, Mississippi has the country’s smallest supply of primary care physicians. Just to reach the national benchmark, the state would have to add to its workforce more than 1,300 of these family medicine practitioners, pediatricians, gynecologists and others, *in addition* to those who will be trained under the status quo.

The state goal, for now, is 1,000 by 2025, a target endorsed by Gov. Phil Bryant.

“How many doctors do we have? Not enough,” Bryant said on Oct. 26, as he announced a \$10 million award in Community Development Block Grant Funds (CDBGF) to lift the medical-school cause.

“Mississippi needs more physicians,” Bryant said. “We need a new medical school.”

Since the School of Medicine opened in the 1950s, little has changed, space-wise, for medical students attending lectures — except there are even more of them today.



Awarded by the Mississippi Development Authority, the \$10 million grant is dropped on top of \$4.5 million appropriated by legislators in 2011 for architectural and engineering groundwork. That would leave the school's bond-issue need at an estimated \$48.5 million – the amount of the long-term loan taxpayers would repay if that total is approved.

“The new School of Medicine would be the largest building built here with state bond money,” Keeton said. “Most of what has already been built on this campus was financed by revenue bonds.

“The good news is we’ve got very good support from state leaders, including Gov. Bryant, Lt. Gov. Tate Reeves and legislators.

## cramped spaces



“When I visit with them, I’m hopeful.”

Even if Keeton’s hopes are realized, funding could be split into two parts.

“Maybe \$30 million one year, and the remainder the next,” said Dr. LouAnn Woodward, associate vice chancellor for health affairs and vice dean of the School of Medicine.

If approved, the new school would be first real home for med students, who, counting all four classes, now number more than 500.

Almost from the time the state’s only academic medical center opened in Jackson in 1955, they have wandered in the wilderness of the UMMC campus.

Without a dedicated building, they must inhabit several: the Research Wing, University Rehabilitation Center, Alumni House, VA Medical Center, Jackson Medical Mall, and various other educational buildings and clinical sites.

“If I told you to go to the School of Medicine, I’m sure you wouldn’t know where to go,” said Dr. Jerry Clark, the school’s associate dean for student affairs.

Now is the time to build such a place, said Dr. Loretta Jackson-Williams, associate dean for academic affairs.

“We have this wonderful opportunity, because we have the land. Other places have to go up; we can go out.”

As envisioned, the new medical school would be a 151,000 square-foot complex similar in size to the Ole Miss law school in Oxford. Its five stories would rise just north of the Learning Resource Center, near the Student Union. Already, road work linked to the site is under way near Lakeland Drive, which it would face.

The Gross Anatomy Lab is the only on-campus facility that would stay put, Keeton said. “But

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Top: Medical School students crowd into narrow rows that make group work difficult during a histology lab session.

Bottom: Third-year medical students train in cramped quarters in the Clinical Skills Assessment Center, housed on the second floor of the Jackson Medical Mall Thad Cochran Center.



A new medical school will have more technology-enabled small group classrooms like this one in the new School of Pharmacy, which opened at UMMC in 2012.

plans are to spend \$1.5 million to renovate it. It would be too expensive and unwieldy to move.

“All the clinics would also remain where they are.”

The new school’s cost per square foot, \$368, compares this way to expansion or addition projects at other medical schools in the South: Emory University, \$370 (162,000 square feet); Duke University, \$630 (84,000 square feet); Virginia Commonwealth University, \$793 (200,000 square feet).

A survey of nine Southern medical schools revealed that at least five are either planning renovations/expansions or had completed improvements within the last couple of years: University of Tennessee College of Medicine-Memphis, University of Alabama-Birmingham (UAB), Louisiana State University-New Orleans, University of South Alabama (USA) in Mobile and University of Arkansas-Little Rock.

UAB, USA and, particularly, Tennessee’s college in Memphis lap up Mississippians from the state’s candidate pool, Jackson-Williams said.

Between 2000 and 2011, 292 Mississippians chose to get their medical education out of state. That’s according to figures provided by Dr. Steve Case, associate dean of Medical School Admissions, who based his calculations on findings from the Association of American Medical Colleges.

Since UMMC’s med school accepts Mississippi residents only, it cannot make up the deficit with out-of-staters. A new, modern building might lure more candidates to stay closer to home, Woodward said.

“Updated, modern space and technology would not only help us recruit students,” she said, “it would also help us in faculty retention and satisfaction. In some courses, faculty members



Keeton



Clark



Jackson-Williams

are teaching in spaces that are markedly outdated.”

Of course, not all doctors trained here stay here. But more than half do, Woodward said.

Still, the national accrediting body, the Liaison Committee on Medical Education (LCME), must give permission for a school to pump up its student body. It won't unless the institution shows that it has enough resources and breathing room.

“The most important thing we provide for our students is a quality education,” Woodward said.

“When George Washington University School of Medicine was put on probation in 2008, a big issue was study space for students,” Jackson-Williams said.

UMMC's school has beefed up its resources twice in order to earn approval to boost

enrollment, Woodward said; but, now it has arrived at a crossroads.

In 1987, when Woodward entered UMMC med school, class size had fallen from a high of about 150 to 100 – a figure that wouldn't change for nearly two more decades.

“At that time, there was a consensus of opinion that medical schools were producing too many doctors, that the country would experience a glut,” Woodward said. Schools, including this one, began cutting classes.

By 2003, the wheels of conventional wisdom had made a U-turn: The Association of American Medical Colleges warned that a doctor shortage loomed – because of a large, aging and ailing Baby Boomer population; a rise in the ranks of retired physicians; and a surge in the number of female doctors, many of whom are committed to maintaining a balance between their professional and personal lives.



The new medical school at night, viewed from the north. Courtesy of CDFL.

Top: Anesthesiology residents complete epidural training in a small classroom borrowed by the Medical Advanced Skill and Simulation Education Center.

Bottom: Three major parts of a simulated operating room are wedged into one space, a control room, the simulator, and a space set off by white fabric dividers where groups get critiques and instruction.



“Not only are we not replacing retiring doctors at a 1 to 1 rate,” Woodward said, “the new doctors will not have the same work schedule.”

Starting around 2005, the school cracked the admissions door a little wider, bumping up first-year classes incrementally until the total topped out at 135.

“About two years ago, we decided to hold at that number until our accreditation visit, which was completed this year,” Woodward said.

But if the class size holds at 135, it won’t be enough, she said.

“Mississippi would still be last in physicians per capita.”

The new target is 165-170. To persuade the accreditation committee they can handle it, they’re going to need that new school, administrators say.

“If we do things the way we’ve done the last 25 years,” Woodward said, “we won’t be able to add students.”

As Keeton pointed out, this is not your father’s med school; it’s probably not even your older sibling’s.

Changing accreditation requirements call for new teaching methods that stress small-group discussions and hands-on learning and simulations; they rely less and less on lectures.

“The new building is designed to allow you to work in small groups, to turn around to the person behind you for discussions,” Clark said. “It also has a group of smaller meeting rooms, to replace our current so-called meeting ‘rooms,’ which include lobbies.”



Other features: a large amphitheater, a clinical skills assessment center, a mock clinic, a multi-purpose lab and a computer lab.

“Students today must bring their own laptops to class,” Clark said. “We have no computer lab for them to go to. Yet, in a few years, they’ll be taking only computerized tests.”

But for students, alumni and others emotionally linked to their medical school, new computers and clinics may not matter any more than this: “A new dedicated building would give the school something it has lost over the years: an identity,” Clark said.

So, when someone asks them, “Where is the medical school?” they’ll know. **M**

# Building Hopes:

Dedicated facility would herald statewide impact

by Jack Mazurak

The University of Mississippi School of Medicine is grappling with an array of space problems on the UMMC campus in Jackson. These issues jeopardize the school's ability to produce enough physicians for the state's needs and give students a modern, high-quality education that prepares them to ultimately play a leading role in improving the health of Mississippians.

The current economic impact of the 3,000-plus practicing Mississippi physicians who trained at the School of Medicine is \$6.3 billion annually. They support an estimated 60,395 jobs and generate about \$706 million in annual tax revenue. The larger class sizes generated by the new building would create an additional \$1.7 billion annual impact after 2025, generate another 19,290 jobs, and increase annual tax revenue by \$241 million.

## A new School of Medicine building would:

- ♦ Cost \$63 million, provide 151,000 square feet of usable space and permit growth from 135 students per class to 165-170.
- ♦ Consolidate most classes and labs into one building, making set up easier for faculty members and limiting cross- and off-campus travel by students.
- ♦ Offer 18 flexible, technology-rich classrooms with all-movable furnishings adaptable for lecture-style learning, teamwork sessions, small-group presentations, group discussion and other non-traditional learning methods.
- ♦ Provide a dedicated floor for simulation labs where medical and other health-professions students can learn techniques on software programs and computer-controlled interactive mannequins. Dedicated space would permit extended hours with key-card access so students can sharpen skills and practice techniques in their off hours.
- ♦ Give students space for individual study, group study, congregating and social interaction.
- ♦ Provide large, tiered auditoriums with unobstructed views, room to swivel and work in groups, and wide desktops suitable for laptops, texts and notebooks.
- ♦ Provide a computer lab where national board exams can be administered digitally.
- ♦ Offer a medical student lounge, meeting accreditation standards for larger class sizes, as well as a café and organizational spaces. A recent renovation of the current lounge, located in a basement by the UMMC morgue, meets minimum accreditation standards only for current class sizes.

## Currently:

- ♦ Facilities compromise the school's ability to meet accreditation standards that continue to change.
- ♦ The original School of Medicine building was constructed and opened in 1955 and, though outdated, most of its classrooms, teaching laboratories and offices are still used today.
- ♦ Lack of space prevents the school from boosting class sizes from 135 to the target of 165-170; this threatens the state's goal of training approximately 1,000 additional doctors by 2025. In a state already underserved by physicians and with a growing percentage of elderly residents, that failure would have a dramatic bearing on the population's health.
- ♦ Two large amphitheater-type classrooms, built in 1982 to accommodate lectures, hinder small-group sessions and active-learning tasks, such as using a laptop and textbook at once, which are essential for accreditation.
- ♦ Space shortages hobble efforts to recruit the state's top students. For example, there is no dedicated space for admission interviews or test proctoring.
- ♦ The Classroom Wing building, added in 2005, is overwhelmed by a space famine. Its larger classrooms are not tiered, which blocks students' views. Though medical simulation sessions are increasingly important in teaching health professions students, many sessions are held in basement storage areas and a converted closet.
- ♦ Because no single building houses the School of Medicine, professors hold classes, labs and tests in a mishmash on and off the main campus. The Clinical Skills Assessment Center, for one, is housed off campus in the Jackson Medical mall and needs a waiting room, check-in station and more.



*1960*



*2012*

Located on the second floor of the Medical Center's original 1955 building, as seen in the 1960s-era photo, left, the pathology lab is still used by medical students for their microbiology lab.

- ◆ A space crunch in the gross anatomy lab, where first-year students dissect human cadavers, prevents them from experiencing every cadaver procedure – putting at risk the school's ability to deliver training that is the foundation of a medical education.
- ◆ In the simulation center, where training for the dental, nursing and pharmacy schools is also held, a space and classroom gap means that some students must wait while equipment and supplies are shuttled between floors, reducing their training time.
- ◆ The second-floor pathology lab, where second-year students take medical microbiology, is furnished with wooden benches that are throwbacks to the building's 1950s origins. The industry standard is laminated, resin-composite tabletops, which even high schools have long used.
- ◆ Students in the pathology lab are thwarted by pillars and floor-to-ceiling electrical conduits that block their views of the front of the room. There's only one blackboard, so faculty members break out each session into groups and set up temporary dry-erase boards on counters and in a sink.
- ◆ Due to space constraints faculty in some laboratory-based courses teach in shifts at the current class size. Larger class sizes would further overload faculty by requiring them to teach the same labs multiple times.
- ◆ Since the pathology lab can hold only 62 students at a time, two sessions are necessary, one right after the other, shortchanging the first group, which spends less time on the microscopes. Even two sessions can't accommodate each 135-student class, so faculty members have turned to a seventh-floor histology lab as well.

- ◆ In the histology lab, cabinets and narrow aisles hinder group work for the larger classes that have emerged since the space was renovated about a decade ago.

*Contribute to Excellence:*  
**Help us build a new medical school**

Private support for project like UMMC's School of Medicine is always needed to purchase things such as state-of-the-art instructional equipment and furnishings. This "margin of excellence" helps us attract outstanding students and faculty and provide them with an exceptional environment conducive to learning.

Your support for the new medical school is welcome and appreciated. To find out how you can help, or to send a contribution, contact Sara Merrick, UMMC Executive Director of Development, via the information below:

**UMMC Office of Development**  
**2500 N. State Street**  
**Jackson, MS 39216-4505**  
**Phone: 601-984-2300**



Dr. Diane K. Beebe, professor and chair of family medicine, and her red Corvette are familiar sights around the UMMC campus. In 2012, Beebe was named chair-elect of the American Board of family medicine.

# BEHIND the WHEEL

## Beebe a driving force for more family physicians

### BEEBE'S REMEDIES: ATTRACTING STUDENTS TO FAMILY MEDICINE

- ◆ **Grow our own:** Create and support more pipeline initiatives like the Mississippi Rural Physicians Scholarship Program.
- ◆ **Increase exposure:** Foster a medical-school culture that embraces students' choice of primary care medicine as a career. This would include allowing students to spend more time with practicing family physicians.
- ◆ **Raise rewards:** Urge political movers and shakers to authorize increases in reimbursements for family medicine physicians.

by Gary Pettus



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# Resumé

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To her colleagues, students and patients, Dr. Diane K. Beebe, professor and chair of family medicine, is known as a down-to-earth professional who's as discreet and reassuring as her white lab coat.

She is also known as the unlikely driver of a muscle-bound sports car that's apparently itching for a fight.

And yet, the matchup between serene healer and her eyeball-blistering red Corvette makes sense – once you look under the hood.

Referring to her car, Beebe could have also been talking about herself: “I go the speed limit,” she said, “but when you're behind the wheel you know you have the power to do what you need to do.”

Even before her recent selection as chair-elect of the American Board of Family Medicine (ABFM), Beebe commanded significant power. Not only has she served on the ABFM board for three years, she has also been leader or a member of various statewide medical associations.

But now, as the emerging head of the ABFM, the second-largest of the country's 24 medical specialty boards, she has the potential to accelerate her clout and, she hopes, get things moving in the study of family medicine here at the University of Mississippi Medical Center and beyond.

She has the horses to do it, too, said Dr. James Keeton, UMMC's vice chancellor for health affairs and dean of the School of Medicine.

“This is a big deal,” Keeton said. “To become the leader of the American Board of Family Medicine is not only an honor for her; it's also an honor for this medical center. There is a huge need for physicians in this state, especially primary care physicians; now she's in a position to help Mississippi.”

The need for these physicians is well-documented.

As of April, 49 of Mississippi's 82 counties had too few physicians working in primary care, an umbrella term covering the specialties of family medicine or practice, internal medicine, pediatrics and obstetrics/gynecology.

That shortage was pinned down by the Northeast Mississippi Area Health Education Center at Mississippi State University, which also found that around 900,000 Mississippians are underserved in the area of primary care, or nearly a third of the population.

To wipe out these designated Health Professional Shortage Areas, the center reported, Mississippi needs at least 159 more primary care providers and as many as 430 more.

- ♦ Chair-elect of the American Board of Family Medicine
- ♦ Board member of the American Board of Family Medicine since 2009
- ♦ Chair of the Department of Family Medicine, University of Mississippi Medical Center
- ♦ Past chair of the Accreditation Council for Graduate Medical Education Residency Review Committee for Family Medicine
- ♦ Served on the Future of Family Medicine Task Force on Education
- ♦ Served on the Academic Council for the National Institute for Program Directors Fellowship
- ♦ Board member of the Mississippi Academy of Family Physicians
- ♦ Board member of the Mississippi Rural Physicians Scholarship Program
- ♦ Member of the Medical Assurance Company of Mississippi's Risk Management Committee
- ♦ Interim director and advisory board member of the Mississippi Office of Physician Workforce

The physician famine afflicts other states as well, Beebe said.

“My hope is our country sees this shortage and does something about it,” she said. “People argue about how much it will cost to do it and how do we do it. But I believe we need to spend the money up front.”

Beebe, 54, will argue that point from a national platform now. In April, her peers picked her as chair-elect of the Lexington, Ky.-based ABFM, committed to advocacy, research, physician certification and the growth of primary care. She will work closely with leaders of other specialty boards and family medicine groups, along with such bodies as the Institute of Medicine.

“This allows us at University Medical Center to know what’s happening on the national level; that’s important, particularly in this era of health care change,” said Beebe, who assumed the year-long duties as chair-elect in August and will be officially elected chair the following year.

Beebe was practically born to steer the board, said Dr. Ed Hill of Tupelo. “She is eminently qualified to serve, more than just about anybody else, because of her experience and unique expertise,” said Hill, former president of the American Medical Association and recent board chairman of the World Medical Association.

“And she has at least one character of leadership I believe is vital: She not only listens, but she also hears what you’re saying. She is very outgoing and easy to communicate with.

“I believe that’s why she is so loved and highly respected by her residents and students.”

Beebe, chair of the Department of Family Medicine since 2007, would like to spread the love by enlisting more residents and students, at least as many as she saw back in the 1980s, when she completed her residency training at UMMC.

“We have work to do,” she said.

“In 1984, 25 to 30 percent of the students here were going into family medicine, and the nationwide statistics were similar.

“Last year, only 10 percent chose family medicine here at this medical school, and that’s been true for the last several years.”

The reasons for the decline have prevailed for years. For one: The reimbursement rates for family physicians are lower compared to other specialties.

Then there is the exasperating math: Changes in Medicare during the 1990s multiplied the amount of paper work afflicting physicians, while subtracting the time they’re able to spend with each patient.

“The work load and reimbursement rates are challenges,” Beebe said.

“Family physicians make a good living, but in our health-care system the large reimbursements go to the sub-specialties and for procedures. Students graduate from medical schools thousands of dollars in debt.

“Many decide to go into a sub-specialty to be better able to pay this off.”

Incentives are on the way, however, including provisions in new federal health care laws that increase Medicare payments for physicians in family medicine and some other specialties.

“I would say I honestly believe we are blessed to make what we make,” Beebe said, “but I also believe there are financial reforms coming to increase reimbursements.”

Another lure is dangled by the Mississippi Rural Physicians Scholarship Program, which enlists rural students to study one of the primary care specialties. In exchange for their commitment to work as a physician in the state’s rural areas, it pays for their medical school.

There is nothing more rewarding than being a personal physician to a family for 30 or 40 years. There is no greater privilege.

~ Diane Beebe



Dr. Diane K. Beebe, left, discusses a case with third-year medical student Jeremy White.

But Beebe isn't finished building her case. "Family physicians are the most recruited specialty," she said, "and, as our population ages, that need is only going to increase with whatever happens to health-care reform.

"Also, you can mold your practice to whatever your community needs and to whatever you like to do: pediatrics, sports medicine, and on and on.

"Finally, there is nothing more rewarding than being a personal physician to a family for 30 or 40 years. There is no greater privilege."

No one had to persuade Beebe. Once she decided to become a physician, no other kind of doctoring would do. "I entered medical school with the idea that being a doctor means taking care of most people for most conditions," she said.

"When it comes to patients, most traditional family physicians are trained to handle 85 percent of whatever walks in. It doesn't matter

how old you are; it doesn't matter what sex you are. We will see you."

Beebe was still a little girl when she decided which route she'd take and how she'd drive it.

At age 5, she met her "Uncle" Bryant, a dashing friend of the family who was partial to Chevrolet's iconic sports car.

"So I grew up riding in one," Beebe said. "Back then I always said, 'I'm going to do two things when I grow up: Be a doctor and drive a Corvette.'"

"But I'm also a very practical person. I never would have bought one for myself."

So Bill King, her husband of 25 years now, bought one for her decades later – a surprise, more than a dozen years ago, on her 40th birthday.

"I looked outside and saw this red Corvette; I thought Bill had rented it," Beebe said.

She has since replaced it with a 2006 model flaunting a vanity license plate: DK BB.

But Beebe feared her car broadcast too much vanity.

For months, she wouldn't even drive her first 'Vette to work.

"It just didn't seem right," she said. "I honestly had issues with how blessed I was compared to my patients, who have so many needs.

"Then the people in my department found out about the car and said, 'Don't be silly. If you enjoy it, drive it.' And the patients think it's fun. It's now my symbol, I suppose."

While Beebe knows why she took a liking to Corvettes, it's not as clear to her why, at age 5 or so, she fell in love with the idea of becoming a doctor.

"But I guess I'm so stubborn that if I said I was going to medical school, I was going."

She began saying it just a few years after she, an only child, was born in Chicago to parents who are now deceased: a stay-at-home mom and a father who was a businessman by profession. When she was 12, the family moved to Mississippi, where Beebe stuck to her precocious plan.

"If anyone challenged me when I said I was going to be a doctor, I got mad," she said.

"It was, 'Oh, isn't that cute, especially for a girl?'

"My dad always said if I wanted to be a doctor, I'd be one. But when I finally went off to college to study pre-med, one of his associates said not many women get into medical school and maybe I should be a nurse instead."

Although Beebe took that advice with a shaker of salt, she did get her first taste of medicine as a teenaged nurses' aide: In Jackson, she signed up for St. Dominic Hospital's original group of candy strippers.

Her big taste came several years later when she arrived at the University of Mississippi Medical

Center, her obvious choice for an education and career. "I believed that medical school was something I would like," said Beebe, who joined the faculty in 1987 after completing her family medicine residency, "and I wanted to stay in Mississippi."

Dr. Robert Forbes, for one, is glad she did.

"Diane was a smart student who was dependable and worked hard," said Forbes, one of Beebe's professors and mentors in the Department of Family Medicine. "I was her teacher, but she became my boss.

"I've watched her at work as chairman of the department, and I wish I could confront people as well as she does. She is warm and friendly, but can be stern when she has to be.

"Now she is in this very impressive position with the family medicine board. I'm so proud of her. She is right on the leading edge."

Or right on a double-edged sword, said Hill.

"This brings her prestige, but it also brings a tremendous amount of responsibility.

Our primary care base is suffering, and it's disgraceful, to be candid. We're the richest country in the world, but we don't have the primary care base that many other countries have. If we don't rebuild that base, then we'll never see costs or quality improve."

Beebe said she welcomes the responsibility. And when that burden becomes a little too much, she can rely on one of her favorite past-times for relief: making jewelry, or taking trips with her husband, a retired registered nurse, to their beach house in Ocean Springs.

"Sand between my toes and the sound of the water lapping on the shore make the troubles of the week wash away," she said.

Sometimes, they retreat to their getaway in a red Corvette, Beebe driving the speed limit, but mindful of the power at her command. **M**

Diane was a smart student who was dependable and worked hard. I was her teacher, but she became my boss.

~ Dr. Robert Forbes

# All Worked Up

## New statewide initiative to swell physician ranks

Not only is Dr. Diane Beebe helping shepherd a national crusade to bring more medical students to the family medicine fold, she's also spreading the message directly to the home folks.

Picked to head a national effort as chair-elect of the American Board of Family Medicine, Beebe also has been assigned to temporarily fill the bully pulpit of the newly-launched Office of Mississippi Physician Workforce housed at UMMC.

As spelled out in a bill signed into law in April 2012 by Gov. Phil Bryant, the group's mission is to swell the state's supply of primary care physicians, including those who practice family medicine.

Beebe, professor and chair of UMMC's Department of Family Medicine, is the workforce initiative's interim director and will remain on its advisory board even after a national search yields a permanent one.

"We're getting formed and we hope to make a difference," Beebe said.

Right now, that hope is playing out in Hattiesburg, where the Physician Workforce is helping Forrest General Hospital assemble what would be only the third family medicine residency program in the state.

Forrest General has pursued a program for about two years and made a bid for accreditation to the Accreditation Council for Graduate Medical Education, which oversees all residency training, Beebe said.

"It takes several million dollars to start a program; the Mississippi Physician Workforce provided an initial outlay for the hospital to get it on its way. Obviously, we have to wait for accreditation, but I definitely believe it will happen."

Added to the existing residency programs at UMMC and North Mississippi Medical Center in Tupelo, Forrest General's could eventually help ease the physician shortage in the state with the lowest per-capita pool of primary care physicians: 8.3 doctors per 10,000 residents, compared to the national average of 12.8. Besides family medicine physicians, primary care doctors include general internists, pediatricians, obstetrician-gynecologists and others.

"We'll determine how many med students we need to be graduating from UMMC and from William Carey University," said Beebe, referring to the latter's College of Osteopathic Medicine in Hattiesburg.

"Then we'll seek to increase the numbers of those students who choose to do primary care; we want to keep them in the state by having enough residency spots for them. The ultimate goal is to put more primary care physicians on the ground in rural Mississippi."

Upon signing the workforce legislation sponsored by state Rep. Sam Mims, R-McComb, the governor stressed Mississippi's mission to add an extra 1,000 physicians to its total by 2025.

"Expanding our state's medical residency programs will directly



Gov. Phil Bryant addresses participants in the Mississippi Rural Physicians Scholarship Program (MRPSP), an initiative to place more doctors in underserved areas. Dr. Diane Beebe, interim director of a similarly-motivated effort, the Office of Mississippi Physician Workforce, also serves on the MRPSP board.

increase the number of physicians who remain in Mississippi to practice... (A)nd more doctors means better health care for our citizens," Bryant said.

New, emerging residency programs may receive financial support from money appropriated by the state legislature and awarded by UMMC with guidance from the workforce's advisory board.

That board is led by Dr. John R. Mitchell of Tupelo, a family physician who will serve a two-year term as chair, and vice-chair Dr. Hugh A. Gamble II of Greenville, a vascular surgeon, both of whom also serve on the workforce's executive committee.

"I believe we've learned the hard way ever since the Medical Center got its feet on the ground in the mid-1950s that we do a better job of growing our own doctors than we do importing them," Gamble said.

"But there's no way to expand the family medicine residency program at UMMC so that it can take up all the slack... The logical answer is to spread these programs across the state. The legislature and governor have stepped up and put some money on the line to get the ball rolling."

Blake Wilson, a member of the executive committee and advisory board, said the Physician Workforce is a "critical element" in reducing the doctor deficit.

"You prove it works, with programs such as the one at Forrest General," said Wilson, president and CEO of the Mississippi Economic Council. "Then you hope you get more funding."

That is Beebe's hope as well.

"My other hope is that, over the next five years, we will be able to place family medicine training programs in at least one or two other places in the state," she said.

"With expanded funding, we will be able to entertain more requests for startups of residency and physician programs.

"We'll be able to do what we need to do." **M**

Dr. S. Carlton Gorton, left, joined his father Dr. W. Mack Gorton at his medical clinic in Belzoni after graduating from the University of Mississippi School of Medicine.



# Hometown

# HEALING

by Gary Pettus

*Father and son are just  
what the Delta ordered*

For previous generations, the bland and modest white-brick building on Belzoni's Church Street dispensed everything from traveler's checks to legal counsel, from credenzas to Cadillacs.

But, for the past four decades, it has delivered something people here can really use: checkups — for high cholesterol, high blood pressure, high blood sugar — in a corner of the state where everything seems to be getting higher except wages.

No longer a bank, law office, furniture store or car showroom, the office in downtown Belzoni reawakened in 1973 as a medical clinic under the resurrection of Dr. W. Mack Gorton five years after his graduation from the University of Mississippi School of Medicine.

More than 30 years later, another UMMC alumnus, Dr. S. Carlton Gorton, Class of 2004, teamed up with his father to tackle a slew of health menaces in one of the most medically-underserved regions in the country: the Delta.

"In the clinic, we see patients with heart attacks, strokes, fractured bones, bleeding ulcers," said Carlton Gorton, 40. "Where else, even a big city, would anyone have the opportunity to see that, except in an ER?"

Not every med school grad would consider this an "opportunity."

"You don't get many doctors coming back to a small town," said his father with an ironic grin. "I made him an offer he couldn't refuse."

Truth is, the real offer came from higher up. "Belzoni is the place where I felt the Lord called me to work," Carlton Gorton said. "This is my hometown."

The father and son's impact on their hometown and beyond was a revelation to Dr. Nicholas Whipple during his brief time in Belzoni.

"Dr. Mack is the Father of Medicine in Humphreys County," said Whipple, 30, who worked with the Gortons during his fourth year of UMMC medical school in 2008 as a participant in the Rural Health Scholars Program.

"He has the energy and charisma of even the most excited first-year medical student."



Dr. S. Carlton Gorton administers a routine checkup to Jordan Waller, 2, whose family members, including his mom Ashley Waller, have been patients of the Gortons for generations.



Dr. W. Mack Gorton offers a diagnosis to long-time patient Betty Duett of Belzoni, who complained of pain in her ankles and feet.

## *“Where else but small-town Mississippi can a medical student have that experience?”*

~ Nicholas Whipple

As for “Dr. Carlton”: “He was never too busy to teach me, entertain my elementary questions, or chat about the Ole Miss game from the previous Saturday,” Whipple said. “His love for the state was contagious.”

Unfortunately, love isn’t the only thing that has spread in the Delta.

Messages posted in the clinic’s busy waiting room underline the challenges there.

A flyer pinned to a wall offers tips on “coping with diabetes during Mississippi summers;” next to it is a poster that reads, “Did you know that Jackson has a higher rate of diabetes and cardiovascular disease than the national average? Ask your doctor to help you find out more.”

The doctors are trying.

About 75 miles north of the Capital City, the residents of Belzoni, population 2,235 and shrinking, proudly bill their town as the Catfish Capital of the World; but as part of the Delta, Humphreys County’s seat of government also shares the unofficial title of Obesity, Hypertension and Diabetes Hub of America.

“We’re all diabetics here,” said Mack Gorton, 70.

Among his diabetic regulars is Betty Duett, 74, of Belzoni, nicknamed “Little Sliver” because of her habit of sneaking slices of cake.

Her diabetic mother, Juanita Rainey, 94, is “Big Sliver.”

“My grandparents also had diabetes,” said Duett, who dropped by the clinic one afternoon to complain about persistent pain in her ankles.

“I’m not supposed to have even a sliver of dessert,” she said, “but sometimes Dr. Gorton catches me.”

“I’ll walk into a restaurant,” said Mack Gorton, “and she’ll try to hide her strawberry shortcake under a napkin.”

As physicians often do, the Gortons minister to patients prone to lapses. Quite a few don’t take their medications consistently, and Mack Gorton doesn’t know why.

“That’s a good question,” he said. “It’s not that they can’t afford it, since many are on Medicaid.”

Still, the bond between the two men and their patients is as conspicuous and old-fashioned as the massive, metal weight scale that towers in a waiting-room corner,

salvaged from the pharmacy Mack Gorton’s father once ran. It’s a tangible reminder of a mostly bygone day when encounters between doctor and patient were more personal.

Many of the furnishings of the rambling, re-re-re-purposed building foster familiarity between staff and patients, its interior rooms and hallways bristling with bulletin-board photos of family and friends, framed newspaper articles and a movie poster of “Bull Durham” (lab tech Jan Cline, a 38-year employee, is devoted to Kevin Costner).

As a nurse led one elderly woman past Mr. Costner and to an exam room, the patient demanded to see “the daddy man doctor.”

Another, middle-age woman being escorted in the hallway happened to pass the daddy man doctor himself, who asked her, “Are you doing OK?”

“Ah, no,” the woman said half-reproachfully. “I fell in the bathtub; my toe broke.”

Apparently, she was on her way to or from the “bank vault,” a claustrophobic space that once held much of Belzoni’s wealth. “That’s where





the X-ray machine is now," Mack Gorton said.

Inside this labyrinth, the doctors and their staff of 15 or so see about 50 to 60 patients regularly, but many more during flu season. "It was about 130 last time," Mack Gorton said. "Everyone had the same symptoms; it was terrible."

Some of their grateful convalescents supplement their co-pays.

"Lots of them bring us food," said Carlton Gorton. "More probably to daddy ... You enter his heart through his stomach."

As a doctor-in-training, Whipple thrived in this family atmosphere.

"It was not uncommon for mother, aunt and grandmother to accompany a patient during routine visits," said Whipple, a Tupelo native now in his third year of pediatric residency at Primary Children's Medical Center in Salt Lake City, Utah.

"And all made sure I was planning to attend the Belzoni Catfish Festival; they even put me on the local news that night.

"By the end of my month's rotation, I knew the local preacher, mayor, and service station attendant by name. Where else but small-town Mississippi can a medical student have that experience?"

In this small town, Carlton Gorton's own medical education began when he was

still a boy and his father would put him to work at the hospital.

After his father sewed up a patient, young Carlton snipped off the excess thread.

"One time, we had somebody die on the table," Mack Gorton said. "(Carlton) stood up on a stool and looked down at the patient. I don't think he even knew what he was looking at." Carlton Gorton was 3 or 4 at the time.

"I saw lots of dead bodies," he said.

"I saw childbirth, too."

These sights intrigued, rather than traumatized, the young boy destined to be a doctor.

Dr. S. Carlton Gorton, center, and Dr. W. Mack Gorton inspect an X-ray with nurse practitioner Emily Aust.

*“Once I was accepted to med school, I planned from the beginning to return.”*

~ Carlton Gorton

“He didn’t know anything different,” Mack Gorton said. “My daddy was a pharmacist. So I was always around doctors, too.”

Like his own father, Mack Gorton grew up in the Belzoni area. He left to attend college, in Oxford, then medical school and a three-year residency in Jackson in Internal Medicine.

During his senior year at Ole Miss, he began dating the woman who would become his wife, Carolyn Carlton of Sumner, whose sister married Mack Gorton’s brother.

Mack and Carolyn Gorton would bring up two sons, including Mack Jr., now 44, and a nursing home director in Greenville.

“One of my cousins was a mortician, another was a pharmacist,” Mack Gorton said. “Doctor, pharmacist, nursing home director, mortician. The only thing we didn’t have was a florist.”

Following his residency, Mack Gorton came back home; on July 1, 1973, he opened the clinic



Dr. S. Carlton Gorton, left, and his father Dr. W. Mack Gorton confront an array of health problems at their clinic in downtown Belzoni.

Dr. W. Mack Gorton explains some medical literature to long-time patient, Nancy Townsend.

where his younger son would one day join him.

“After college, I developed a close friendship with some of the men in our community while playing tennis,” Carlton Gorton said. “They ranged in age from about 35 to 70. That’s when I realized that Belzoni would be a great place to practice if I were to become a physician.

“Once I was accepted to med school, I planned from the beginning to return.”

He returned to a region where heart disease kills more people than anything else, accounting for more than one out of every four deaths in the Delta in 2010, say statistics from the Mississippi State Department of Health. Nearly 39 percent of adults reported having high blood pressure, and more than 42 percent reported having high cholesterol that year. Type 2 diabetes was the sixth leading cause of death, just above stroke.

Those figures are higher than those for the rest of Mississippi – one of the unhealthiest states in the country.

Why this is so goes way beyond an obvious answer: poverty, Carlton Gorton said. “It’s also lack of education, and more.”

Still, poverty has come down hard on Belzoni, which lost more than 16 percent of its population since 2000, according to the 2010 U.S. Census. The percentage of families whose incomes loiter below the poverty line shot up from 29.3 percent in 1999



to nearly 39 percent in 2010, compared to less than 17 percent for the state.

Rather than finding discouragement in these numbers, Carlton Gorton sounded pleased that he can make a difference in the place where he and his wife Mary Katherine chose to bring up their two children.

“I love the people here,” he said. “I enjoyed my time in training in Jackson, but the Delta needs physicians and more of them.

“I live three doors down from my parents. I have the opportunity to work with one of my best friends – my dad. Our staff is awesome; some have worked with Dad for more than 30 years.

“There are challenges wherever you live and work. But the difference between working in this clinic and at an ER is we can see the outcomes.”

Once of those “outcomes” is Narkia Lee. Battling diabetes

and high cholesterol, he has been the Gortons’ patient for three years now, making the eight- or nine-mile drive from his home in Isola for checkups.

“They are the best doctors around,” said Lee, 37. “My blood pressure was out of whack; they got it back to normal. They’re the only ones who know what’s wrong with me and have helped me.”

More typical is the family of Ashley Waller, a young Humphreys County mom who brought in her son Jordan Waller, 2, for a routine exam.

“The Gortons have been our family doctors since the old days,” said Waller, as she held her 1-year-old daughter Ajaylyn in her lap.

“Daddy has taken care of her mother,” Carlton Gorton said.

“And my family on my daddy’s side,” Walter added, as Mack Gorton’s son lifted a stethoscope to her own son’s chest. **M**

Eric Bailey



# FIGHTING *the stigma*

By Gary Pettus

For some Mississippians, the only thing worse than dying from HIV/AIDS is admitting they have it.

It's these people that Eric Bailey and others hope to reach as the state strives to curb the spread of the deadly disease.

"I decided to be an ally for them, because in Mississippi, we are so hell-bent on worrying about what people say or think about us," said Bailey, 32, of Bolton.

"People aren't telling others they are HIV-positive, because they are hiding behind the stigma."

The stigma of HIV/AIDS is one culprit behind ominous statistics reported this year by the Centers for Disease Control and Prevention: With about a third of the country's population, the South, including Mississippi, has half of the nation's new HIV infections and the highest death rate from HIV.

The Jackson metro area is one of the country's worst offenders, claiming the fourth-highest rate of new HIV infections among metro areas in the U.S., and the third-highest rate for people newly diagnosed with AIDS in 2010.

"That's just shocking; it shouldn't be that high," said Dr. Deborah Konkle-Parker, director of UMMC's Collaboration for Research in Communicable Diseases (CRIC), whose doctorate is in nursing.

Ranking new HIV cases per 100,000 people for 2010, the CDC reported that only Miami, Fla.; Baton Rouge, La.; and New Orleans have been hit harder. For people newly diagnosed with AIDS, only the Baton Rouge and Miami areas are saddled with higher rates than Jackson's.

## DISTURBING DEATH RATE

Nearly 10,000 Mississippians were living with HIV at the end of 2011, reports the Mississippi State Department of Health.

For people who currently have HIV, Mississippi has the highest death rate in the country: 32.9 per 1,000 individuals living with the disease.

"Most places besides Mississippi have managed to reduce HIV death rates," Konkle-Parker said.

"This says something about lack of access to care, and about the willingness to be treated."

Fewer than half of Mississippians with HIV receive treatment regularly, the Health Department reports.

"There is a strong stigma against HIV and homosexuality in Mississippi," Konkle-Parker said. "So people lack the willingness to get tested, and to take medications, because someone might see them."

This failure fosters the spread of the human immunodeficiency virus (HIV), which causes the illness that shackles the body's disease-defense system: acquired immunodeficiency syndrome (AIDS).

There is no cure; untreated, it is deadly.

"We can't kill it, but we can effectively stop it," Konkle-Parker said. "When the virus is sufficiently suppressed, people are 96 percent less likely to transmit the disease."

"We have fantastic treatments out now that can completely control the disease, without having to take a lot of pills. And those without insurance can get them for free from the Health Department, as long as they go to a provider to get prescriptions."

When Bailey was diagnosed almost 14 years ago, a wave of more effective anti-HIV drugs had arrived, but he didn't know that then.

"When they told me I had HIV, the next thing I knew, I was waking up and doctors were standing over me," he said.

"I didn't know that much about HIV. But I knew I wanted to get something in my system to prolong my life."

## PRIDE AND PREJUDICE

Antiretroviral medications have suppressed the infection in Bailey's body. He's found it more difficult to suppress prejudice as he goes about helping patients find support services and urging others to get tested.

Many have asked him to help them break the news to their kin. Some are kicked out.

"I try not to make the parents feel too guilty about it," Bailey said. "But I tell them, 'At the end of the day, that is still your child.'"

Tracey Haymon faced the stigma in prison, where she was diagnosed in 1998. "The inmates with HIV were treated differently by the other inmates," said Haymon, 43, now living at Grace House in Jackson, which houses people with HIV.

For Haymon, drugs have subdued the disease. And, like Bailey, she has enjoyed family support; others aren't so lucky, she said.

"There was a lady in my hometown whose boyfriend died from complications from AIDS. But she was afraid to get

tested, afraid to know, and scared of how people would treat her.

"I told her I'm glad I did find out and could get help. Because, without that medicine I'm taking, I would probably be with her boyfriend now."

Haymon and Bailey are African Americans, the population harmed most by HIV.

Of the 550 new cases diagnosed in Mississippi in 2010, 78.5 percent were African Americans, although they represent only 37 percent of the population, said Dr. Leandro Mena, a UMMC associate professor and medical director of the Crossroads Clinic, the state's largest publicly-funded STD/HIV clinic.

And where poverty goes, HIV often follows, Konkle-Parker said. Denial, lack of education and ignorance are other factors; in Mississippi, misconceptions abound.

"People may think they are not at risk for HIV because they are not gay, so they don't get tested," Mena said.

In Jackson, the disease is transmitted mainly through unprotected vaginal and anal sex, he said.

## INROADS IN AIDS

There is some good news. At Mena's clinic, more people than ever are getting tested – the number of visits rose from 20,000 to more than 30,000 per year over the past two years.

Most of all, the rate for infected babies has dropped over the last decade or so, said Dr. April Palmer, chief of the Division of Infectious Diseases in UMMC's Department of Pediatrics, which follows



Dr. Deborah Konkle-Parker, left, and Dr. Leandro Mena discuss the challenges of battling HIV/AIDS in Mississippi.

about 60 to 70 women each year who were HIV-positive during pregnancy.

"I believe we are diagnosing almost every woman who has HIV," Palmer said. "We are aggressive in following infants with testing."

"Getting these women into long-term care is still one of our biggest issues. But when it comes to transmission of HIV to infants, we've almost got that down to zero." **M**

## HIV/AIDS DIAGNOSES IN JACKSON

(Estimates)

### HIV

Diagnosed in 2010: **184**

Rate (per 100,000): **34**

Rank: **4th**

Living with HIV infection (end of 2009): **2,952**

### AIDS

Diagnosed in 2010: **158**

Rate (per 100,000): **29.2**

Rank: **3rd**

Living with AIDS (end of 2009): **1,299**

Source: Centers for Disease Control and Prevention



As surgery begins, Kathy Lea, R.N., foreground, uses Pandora to select music for Dr. Lawrence Haber, right, Dr. Don Baker, center, and surgical tech Wayne Gale.

# SURGICAL *Symphony*

By Gary Pettus

On a recent morning at Batson Children's Hospital, the sounds of surgery filled Operating Room 6: monitors beeped, a ventilator hissed, suction tubes squished, Tom Petty's heart broke.

*"Last dance with Mary Jane, one more time to kill the pain."*

Hour after hour, rock, pop and more dripped softly from speakers into the antiseptic air as Dr. Lawrence Haber and his surgical team labored to straighten a young patient's spine.

Metal rods? Check. Screws? Check. Barenaked Ladies? Check.

"Barenaked Ladies," Haber said to his team, "is always good."

In the world of modern medicine, where surgical skill is often accompanied by output from iPods, iPads and Pandora, Haber's melodious milieu is fairly typical.

A survey cited in the medical publication "Injury" in 2008 found

that 63 percent of the participating nurses and doctors listened to music in the OR, while nearly 80 percent said that music in that severe environment stimulated serenity, even efficiency.

Haber, 47, chief of pediatric orthopedic surgery and a scoliosis treatment specialist partial to Nickelback, estimated that at least 50 percent of UMMC surgeons believe the likes of CCR, REM and O.A.R. are OK in the OR.

Wayne Gale, a surgical tech who works with Haber and a half-dozen other surgeons at Batson Children's Hospital, said all but one will inject music into their work.

"They have pretty good selections in there," said Gale, 47. "The music doesn't disturb me at all. But I don't miss it if it's not there." The practice has its critics, and some medical

experts lump it with other purported OR disruptions, including cell phones and pagers. But Haber has been sold on it at least since he was a second-year resident.

"I did a knee scope once with a sports surgery guy who was playing Pink Floyd," Haber said. "Dark Side of the Moon," I believe. I thought, 'This is the coolest.'

"In school, I always studied to music, wearing headphones with Guns N' Roses playing, or AC/DC." Also a classical music fan who owns two violins he played until he "got too busy," Haber laid out his case in the August issue of the American Academy of Orthopaedic Surgeons' publication.

"There has always been a connection between music and surgeons," he wrote in an AAOS Now point/counterpoint editorial. "Both disciplines require active thought, manual dexterity and practice to create perfection. One observer in my OR insisted that surgery is like a choreographed dance, so it's only natural that music would be playing in the background."

He added this caution, however: "Choose music that makes you happy and relaxed, but also is compatible with deep thought. Avoid depressing music or lyrics like 'When I die young.'"

Haber wrote the piece at the request of Dr. John Purvis, 64, associate professor of orthopedic surgery and member of the AAOS Now editorial board who, by contrast, has excised music from his OR — with one exception.

"If patients enter the OR still alert, before the anesthesia makes them too groggy, they might be more

comfortable if it's their music they hear playing," Purvis said. "It can help them relax.

"But during surgery, I see music as a distraction."

His dissent echoes that of Dr. Stuart J. Fischer, a New Jersey surgeon who tried to puncture Haber's argument with his dueling essay in *AAOS Now*.

"Loud music . . . might obscure critical auditory feedback that could be helpful to a surgeon during a procedure," Fischer wrote.

For his part, Haber quashes the music at key points. Whenever he has to communicate with someone across the room or do a back-and-forth with the anesthesiologist, the music goes off, he said in an interview.

"But the music is never at a level where people can't be heard. And the type of surgery I do, you feel it more than you hear it," he said. "It can be done in a way that's not distracting, and it shouldn't be, because it's a serious place where we work.

"But it's not as if we're singing in the OR, right?"

Throughout operations that may last seven or eight hours, Haber has the music changed to fit the varying "moods" of surgery. Often, during the first stage, it's relaxing pop or jazz, perhaps David Grusin.

"In the middle, it's usually rock," he said. "You get a little tired; I use it as a pick-me-up.

"At the end, it may be something more fun, like Barenaked Ladies or Maroon 5. Country is also nice."



Haber

Like workplace banter about football or your kid's soccer game, Haber said, music introduces a reassuring element of normalcy in the "unnatural setting" of the OR, an alien world inhabited by forests of snaking tubes and hoses; alarming organisms that constantly beep, blip or sizzle; and a swarm of needle-nosed surgery lamps gazing down at the patient like giant, thirsty mosquitoes.

Amid these surroundings, Tom Petty and the Heartbreakers, et al., crooned at a low, elevator-ride volume in Haber's OR – background noise, like the sound of the surf as you devour a best-seller on the beach.

But Purvis said he once encountered the opposite extreme at another hospital – an obnoxious "boom-boom-boom" in an adjoining OR as the attending surgeon performed a noisy joint replacement.

Surveys and studies of medical professionals both bolster and undermine the practice.

An analysis published in the British journal *Anaesthesia* in 1997 found that 51 percent of those surveyed believed music was distracting when a problem arose during the anesthetic.

Conversely, a study published in the *Journal of the American Medical Association* in 1994 said this: "Based on results of tests measuring surgeons' cardiac responses and other reactions in a nonsurgical setting, researchers concluded that surgeon-selected music improved the physicians' performance."

In 2011, an article in the British newspaper *The Guardian* cited two somewhat conflicting probes: one claiming that most United Kingdom surgeons said music in the OR helped create a "harmonious and calm atmosphere," another showing that during tricky operations music was clearly a distraction to novice surgeons.

But for seasoned UMMC surgeon Dr. J. Mark Reed, professor of otolaryngology and communicative sciences and a pediatric ENT, music is all but essential.

"It sure is important to everyone in the room I work with," said Reed, 49, whose OR selections range from Christian music and '70s easy-listening to blues and soul. "The OR can be a pretty boring place, especially for the people who aren't operating. Music helps take their minds to a calm place.

"I do think that heavy-metal music is probably too distracting. We try to stick with uplifting music. But in each OR, you'll find a different genre."

Standards from Motown, '80s hair bands, country, adult contemporary and more are on Batson Children's Hospital's OR Hit Parade, said Kathy Lea, 60, an R.N. who works with Haber and other surgeons.

At a different Jackson hospital, where she was employed years ago, one physician turned to Kenny Rogers for comfort and solace, she said.

"One night we were working late and this doctor said to me, 'Call the radio station and tell them we're at the hospital fixing a fracture and I need to hear "You Picked a Fine Time to Leave Me, Lucille."

"They played it, too." **M**

Gladstone Jones of Waynesboro admires his new nose with Stephanie Kline (standing, from left), Gary Swedenburg, dental student Kenzie Gaines and Dr. Harold Kolodney.



# LIFELIKE *Construction*

By Matt Westerfield

It began as a swollen red mark on his nose, but that swelling grew so fast that when 70-year-old Gladstone Jones of Waynesboro went to have it checked by a physician, the dermatologist said they had to take immediate action.

“He referred us to the ENT that day for a biopsy,” said Jones’ wife, Nina. That swelling, which Nina Jones originally thought was nothing more than a blemish, turned out to be squamous cell carcinoma and quickly progressed to the point where unthinkable surgery was required.

In April of 2011, Gladstone Jones had his nose removed by a head and neck surgeon at the University of Mississippi Medical Center’s Oral Oncology Clinic. But Nina was all smiles earlier this month when her husband received a brand new nose.

Thanks to the clinic’s growing expertise in designing and fabricating facial prosthetics, Jones received a lifelike silicone nose, modeled after his real one, which fits onto titanium implants in his nasal cavity.

“This is the third nose we’ve done, and the case was challenging but everything came together beautifully,” said Dr. Harold Kolodney, professor in the division of Oral Oncology and Biochemical Medicine at the Cancer Institute. “Mr. Jones has been very appreciative, very patient. He understood that this sort of thing takes time and it’s a team effort.”

After Jones’ surgery last year, Kolodney and his team used computer-modeling software to plan where the implants for the prosthetic nose would be screwed into the bone of the nasal cavity. Last fall, head and neck surgeons implanted the two titanium rods.

“The bone in the floor of the nose is not super-dense bone, so we wait four to six months for the bone to grow around the implants and make them solid,” said Kolodney, who has a dual appointment in the School of Dentistry as a professor of oral and maxillofacial surgery.

In the meantime, senior dental lab technician Gary Swedenburg designed the wax prototype for the prosthesis.

Kolodney said that ideally, they would take an impression of the patient’s real nose before it’s removed and make a mold for the new nose, but the tumor made that impossible. Instead, Swedenburg sculpted the prototype using only two pictures of Jones’ original nose. Jones visited the clinic in February and gave the team its first chance to see how well the prosthetic snapped onto the implants and how it looked on his face. “Once we get it fitted like we want, we’ll have a medical artist come in, and she’ll do the painting,” Swedenburg said during the February visit.

Jones was scheduled to return in March for the final fitting, but



physical ailments kept him home in Waynesboro until he was well enough to travel.

Meanwhile, Swedenburg shipped his wax prototype to Stephanie Kline, an anaplastologist and digital surgical planner at the University of Michigan. Anaplastology is a small field of specialists who customize facial prosthetics.

## TRUE COLORS

Kline and Jones spent July 10-13 at the Oral Oncology Clinic to complete work on the prosthesis. After Kline and Swedenburg fine-tuned the wax nose with Jones present, they cast a stone mold, which would then be filled with silicone.

Instead of simply painting the nose once it had cured, Kline demonstrated how she combined the gel-like silicone with basic colors to create a skin-tone base color.

"This is the color that's the undertone of his skin, and it'll be the last color that we pack inside the mold," she



Stephanie Kline, an anaplastologist at the University of Michigan, works on the wax prototype of Gladstone Jones' prosthetic nose.

explained on the morning that the prosthesis was made. "All these colors will be painted into the mold; they'll be catalyzed and they'll set or cure, and we'll get a rubber, silicone nose. We try to put as many colors and variations that are natural and match the patient inside the prosthesis so they cure and are inside the silicone."

Swedenburg seized the opportunity to learn from Kline and build on his skills, which are relatively new compared to what he's done most of his career. For 35 years, he worked in the family business his father started, Swedenburg Dental Lab, making dentures, crowns and implants.

"Three years ago, Dr. Kolodney came to me and asked, 'How would you feel about making facial prosthetics?' I said yeah, I need a change. I left the family business, and I've been having a good experience over here," he said. "I get to talk to the patients, get to know them and see the final result."

The final result for Jones was a hit. After curing two separate noses, Kline did some touch-up, or extrinsic, painting while Jones wore them to make sure they blended in perfectly.

"It looks very real. The rough draft looked pretty good, but this looks so realistic," Nina Jones said. "We're very grateful and appreciative. It'll help his self-esteem greatly."

"His wife said he wouldn't even look in a mirror before this," Kolodney said. "You can tell he appreciates it."



Kline makes skin-tone color adjustments to Gladstone Jones' prosthetic in the presence of senior dental lab technician Gary Swedenburg, who designed the wax prototype.

## FIELD OF DREAMS

Kolodney, who completed a fellowship in maxillofacial prosthetics at the Memorial Sloan-Kettering Cancer Center, said he's happy to be working at this level after years in private practice.

"It was always my dream to have the opportunity to do this, and you can't really do this kind of work out of an office. It can only be successful at an academic medical center where a program like this can really flower and reach its potential."

Kolodney cites advances in digital technology that have allowed the program to work on cutting-edge prosthetics, including ears and orbital prosthetics, where cancer of the sinus cavity requires the resection of orbital bone.

"We want to be a program where everything is in-house," he said. "Traditionally, people would have gone out of state to get this done. But with a complete cancer institute that includes otolaryngologists, oral and maxillofacial surgeons and oral oncologists, we are well-equipped to provide this service for the people of Mississippi." **M**

## Sepsis study explores carnitine's influence

Critically ill sepsis patients could reap life-saving benefits from a clinical trial of an experimental therapy that may start accepting patients this year in the UMMC Department of Emergency Medicine.

The trial, funded by a \$3.8 million grant awarded by the National Institute of General Medical Sciences last spring to Dr. Alan Jones, (SOM-1999) professor of emergency medicine, will spread to eight other hospitals across the U.S.

Sepsis is a body-wide bacterial infection. Left unchecked, it can cause damage and failure in vital organs, poor oxygenation and life-threateningly low blood pressure. Various studies claim sepsis kills anywhere from 14 to 50 percent of patients diagnosed with it.

In Jones' clinical trial, 250 participants will be randomized into control and different dose-level groups, which will receive intravenous injections of carnitine, a nutrient the body makes naturally.

Carnitine helps cells produce energy. Prior research had suggested septic patients become carnitine deficient, which makes each cell's energy production drop and the body overall become less efficient.

"While large skeletal muscles might tolerate that situation temporarily, it can wreak havoc on how well major organs function," Jones said.

If Jones' hypothesis of carnitine replacement proves correct, organ function in patients will improve and help their bodies fight off sepsis.

After starting at UMMC, the trial will extend to Carolinas Medical Center in Charlotte N.C., Northwestern University in Chicago, the University of Michigan in Ann Arbor, two sites at Indiana University in Indianapolis, two sites at Beth Israel Deaconess Medical Center in Boston, and Cooper University Hospital in Camden, N.J.



Jones

## NIH DIRECTOR DESCRIBES CHALLENGES

A visit to UMMC by Dr. Francis Collins, director of the National Institutes of Health, gave Medical Center researchers a chance to show how they use tens of millions of dollars in yearly grant funding from his agency.

It gave Collins a chance to promote biomedical research as an economic backbone and explain recent funding shortages.

His visit coincided with requests for new or renewed funding by some of UMMC's signature research programs, including the Jackson Heart Study, Center for Psychiatric Neuroscience and the Mississippi Center for Obesity Research.

NIH grants support hundreds of positions at the Medical Center, including lab techs, graduate students, postdoctoral fellows, junior scientists and seasoned, senior investigators. The funding supports work in understanding diseases, training students and improving human health.

Last fiscal year, UMMC received \$37.4 million from the NIH, well over half of the \$60.2 million total sponsored-project funding UMMC collected. That's up from FY 2011, when the Medical Center reaped \$28 million from the NIH of a total \$85 million in sponsored projects.



Dr. Francis Collins, right, director of the National Institutes of Health, and U.S. Sen. Thad Cochran, R-Mississippi, discuss federal funding of biomedical research during their visit to the UMMC campus on Oct. 12.

Despite the Medical Center's increased NIH support, almost any grant-dependent scientist will say it's been more difficult to get NIH funding the past several years. Collins said the NIH, on average, funded about one-third of the research grant proposals it received over the past 50 years.

"But over the last few years that's gotten much tighter. We're down now to about one out of six," he said. "We are at a difficult point now because of all the economic struggles of our nation."

# JHS RESEARCHES ARTERIAL HEALTH

Dr. Ervin Fox, UMMC professor of cardiology, is leading a \$3.6 million federally funded study to assess the health of small, medium and large blood vessels in thousands of African-Americans enrolled in the Jackson Heart Study.



Fox

Fox, (SOM-1993) and a team of technicians, sonographers, medical students and residents are performing pulse wave tonometry – a method of recording blood flow through different parts of the circulatory system – to take the arterial readings.

The information will help the researchers examine correlations between arterial health and heart disease. They are also assessing the health of vascular endothelium, the innermost lining of blood vessels.

“We think endothelial function is a marker for atherosclerotic risk and becomes abnormal early on in the development of heart disease, before negative health outcomes occur,” Fox said. “If endothelial function in our group can be proven to be a cardiovascular risk predictor, then it might be used in the future as a tool for disease prevention and management.”



Dr. Ervin Fox, standing at right, monitors as Shari Cook, foreground, and Audrey Samuels, center, take readings from a research participant.

While scientists and physicians have long suspected that arterial health impacts cardiovascular health, and have used tonometry to take such measurements, this study marks the first use of a more detailed version of pulse tonometry developed by investigators in Boston in a large African-American community-based group.

Fox hopes to include 3,829 people in his study. His team began recruiting participants in early April. A five-year grant Fox received in 2011 from the National Heart, Lung and Blood Institute paid for the research.

## CLINICAL TRIAL TESTS STEM-CELL THERAPY FOR STROKE

**An emergency helicopter trip in May that brought a stroke patient from Forrest General Hospital in Hattiesburg landed the Clarke County resident the first spot in a stem-cell therapy clinical trial at UMMC.**

The new therapy could prevent further brain injury following the initial stroke, preserve vital motor and cognitive abilities and shorten recovery times. It could add a full day to a narrow four-and-a-half-hour window when current drug treatments work best.

The UMMC Comprehensive Stroke Center is one of 10 U.S. sites that enrolled patients in the trial. Dr. Alexander P. Auchus, professor and McCarty Chair of Neurology at UMMC, serves as principal investigator for the Medical Center’s portion of the clinical trial.

“These are pluripotent stem cells derived from adult bone marrow,” Auchus said. “No fetal or embryo-derived cells were used in making this treatment.”

In a process similar to icing a twisted ankle, the stem cells may keep the

stroke-injured brain tissue from inflammation. Regardless of whether patients enroll, and which injection participants receive, all will get the stroke center’s standard of care, Auchus said.

Study participants, including the Clarke County patient, receive follow-up MRIs to reveal the size of the stroke and exams for function and strength at seven days, one month, three months and one year. Ohio-based biotech researcher Athersys developed the experimental therapy and organized the trial.

## UMMC WELCOMES NEW FACULTY

**Dr. Moeen Panni** joined the Medical Center full time in August as professor and chair of the Department of Anesthesiology, professor of obstetrics and gynecology and chief of perioperative services for the hospital.

Panni completed the joint medical school and Ph.D. program at the University of Cambridge, England with a doctorate in neuroscience in 1995. Following internship and residency work at the University of Cambridge and the University of Oxford, he completed his anesthesiology residency and obstetric anesthesia training at the Brigham and Women's Hospital, Harvard Medical School.

From 2002-2005, he was an assistant professor and an attending anesthesiologist at Duke University Medical Center, where he co-directed research in the Department of Anesthesiology Women's Division.

In 2005, he moved to the University of Texas, Houston Medical School, where he served as director of obstetric anesthesia and associate professor of anesthesiology and completed his certification in business administration from the American Society of Anesthesiologists. In 2008, Panni was selected and appointed chair of anesthesiology at the University of Florida College of Medicine-Jacksonville, chief of anesthesiology at Shands Jacksonville Medical Center and director of both the college's anesthesiology residency and obstetric anesthesiology fellowship programs. He was later promoted to full professor.

During his tenure at Florida, he oversaw significant improvements in the department's financial performance, clinical operating room efficiency and academic standing, starting both the obstetric anesthesiology fellowship and anesthesiology residency program at the medical center.

Panni has authored a number of publications in the fields of neuroscience and obstetric anesthesia and has won numerous educational awards, including the Society of Obstetric Anesthesiology and Perinatology's (SOAP) Research in Education Award in 2005 and the SOAP 2011 national "Teacher of the Year" award.

**Dr. James Shwayder**, formerly director of the Division of Gynecology and director of the fellowship in endoscopic surgery at the University of Louisville, has joined the Medical Center faculty as professor and chairman of obstetrics and gynecology.

Shwayder earned his medical degree at the University of Colorado Health Sciences Center and completed residency training in obstetrics and gynecology at Maricopa Medical Center, Phoenix, Ariz. From 1982-98, he was in private practice in Virginia and academic practice at the University of Colorado. While in Virginia, he was a clinical associate professor at the Eastern Virginia Medical School.



Panni

In 1998, he joined the University of Colorado Health Sciences Center and Denver Health Medical Center, where eventually he became associate director of obstetrics and gynecology and director of gynecology and gynecologic ultrasound. Shwayder also earned the Doctor of Jurisprudence from the University of Denver College of Law in 2003. He joined the faculty at the University of Louisville in 2006.

He is board-certified in obstetrics and gynecology and a fellow of the American College of Obstetrics and Gynecology. He is certified in advanced laparoscopy and hysteroscopy by the Accreditation Council on Gynecologic Endoscopy and serves as president of that organization. He has been a member of the American Association of Gynecologic Laparoscopy since 1981 and is on the board of trustees of the AAGL. He also is a fellow of the American Institute of Ultrasound in Medicine.

**Dr. Michael N. Lehman** has joined the Medical Center faculty as a professor and chair of the Department of Neurobiology and Anatomical Sciences.

After receiving the B.A. in biology-psychology *cum laude* with high honors from Wesleyan University, Middletown, Conn., in 1975, Lehman earned the Ph.D. in neurosciences at the University of Michigan, Ann Arbor, in 1982. He served as a postdoctoral scholar in the Reproductive Endocrinology Program there from 1982-83.

Lehman has more than 25 years of experience in academic research and leadership at Columbia University, the University of Cincinnati and the University of Western Ontario.

He comes to the Medical Center from the University of Michigan, where he has served as professor of molecular and integrative physiology, professor of obstetrics and gynecology and co-director and research professor of the Reproductive Sciences Program since 2010.

Having served as a member and officer in several professional societies, including the Association of Neuroscience Departments and Programs, Lehman currently serves as co-chair of the Professional Development Committee of the Society for Neuroscience, the world's largest organization of scientists and physicians devoted to advancing understanding of the brain and nervous system. He also serves on the editorial boards of *Domestic Animal Endocrinology*, *Frontiers in Neuroendocrinology* and the *Journal of Neuroendocrinology*.

Lehman's current NIH-funded research grants and awards include "Opioid Regulation of GnRH Pulses," "Prenatal Programming of Reproductive Health and Disease" and "Neuroendocrine Control of Seasonality."

A sought-after speaker nationally and internationally, Lehman has authored or coauthored more than 125 articles in peer-reviewed publications and a dozen book chapters and reviews.



Lehman



Shwayder

**Dr. Janice M. Lage** has been appointed professor and chair of the Department of Pathology. She has served as professor and chair of the Department of Pathology and Laboratory Medicine at the Medical University of South Carolina in Charleston since 1999. She will join the Medical Center full-time beginning Feb. 1 but began work on a part-time basis Nov. 1.



Lage

Dr. Lage is a native of California and a *summa cum laude* graduate of the University of California-Fresno, where she was valedictorian of her class. She earned her medical degree from Washington University School of Medicine in St. Louis. After an internship in pathology at Stanford University Medical Center in Palo Alto, Calif., she completed an additional year of pathology training at Barnes Hospital in St. Louis, followed by a year of residency in obstetrics-gynecology at Barnes, where she also completed a fellowship in surgical pathology.

She held a succession of faculty appointments in pathology and obstetrics-gynecology at Stanford, Washington University and Harvard

Medical School-Brigham and Women's Hospital in Boston before joining Georgetown University Medical Center in Washington, D.C., with appointments in pathology, ob-gyn and pediatrics. During her eight-year tenure at Georgetown, she served as director of surgical pathology, director of obstetrics and perinatal pathology, co-director of the pathology residency program, and associate chair.

Among her honors, Dr. Lage received the Merck Prize for Excellence in Internal Medicine from Washington University, a Golden Apple Award for excellence in teaching at Georgetown, and a faculty excellence award at MUSC. She is a member of more than a dozen professional societies, including the College of American Pathologists and the International Society of Gynecological Pathologists.

Dr. Lage is considered an authority on gestational pathology, including trophoblastic disease and breast pathology during pregnancy and lactation. Her work has helped define genetic markers and diagnostic procedures for gynecologic tumors and other diseases. She has published more than 140 articles, book chapters and abstracts, and is an active reviewer of the work of peers. She has been extremely active as an invited speaker and visiting professor.

## ONCOLOGIST STEPS ASIDE TO STEP UP FUNDING FOR ENDOWED CHAIRS

After Dr. Ralph Vance graduated from Murrah High School in 1964, he spent a summer at the Medical Center working as an orderly.

"At that time, there were separate water fountains with signs for white people and colored people and separate restrooms," he said. "Thank God, when I came back after four years at Ole Miss, those labels were gone.

"I've seen the university, over the years, make drastic changes for the better."

Vance, professor of medicine and an oncologist, capped a 40-year career at UMMC last June. But don't expect him to take it easy. He plans to help the University of Mississippi and the Medical Center in their efforts to fund endowed chairs and professorships.

"I've worked since 7th grade. I don't know how to sit down," he said.

For more than three decades, Vance has volunteered with the American Cancer Society, having served as state division president, the first president of the Mid-South Division and national president of the society.

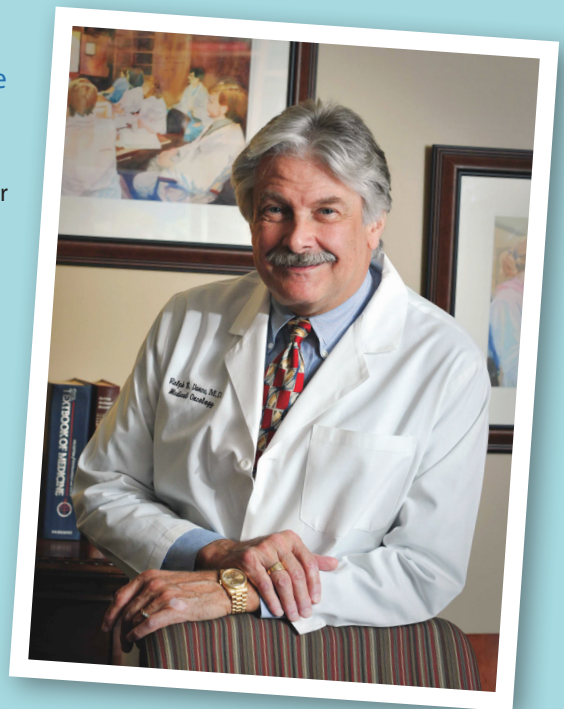
When Vance began his fellowship training in hematology-oncology 35 years ago, the overall survival rate of those diagnosed with cancer was in the mid-30s. Now the survival rate is greater than 75 percent.

"The American Cancer Society has been a huge part of my life," he said. "It was a great thing for me."

For his work with the ACS, the Cancer League honored Vance at its gala last year.

Vance was instrumental in establishing Camp Rainbow, a summer camp for children affected by cancer. The camp has welcomed children for 29 years. Additionally, he has taught dozens of medical students over the years, and he's still amazed that physicians around the state remember him.

Vance and his wife, Mary Douglas, have built a home in Oxford and moved there last summer. It sits directly across from his alma mater.



## PROFESSOR'S PATENTED METHOD MAY EASE CHEMO'S EFFECTS

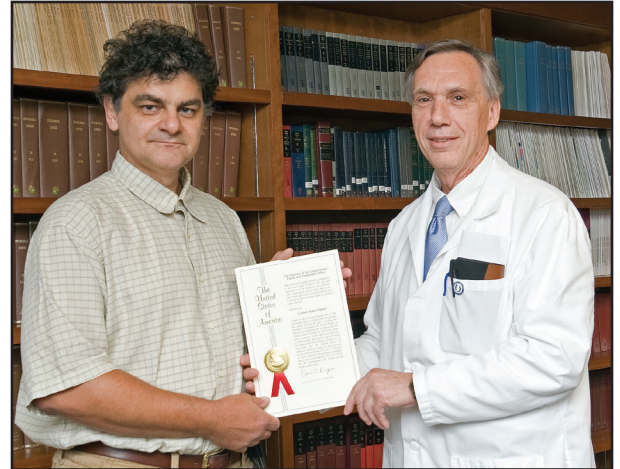
A patent awarded to biochemistry professor Dr. Drazen Raucher in September represents a major accomplishment in his decade-long development of a cancer-fighting therapy.

The method he and his team devised sends anti-cancer drugs directly into tumors. If it proves safe and works in humans, the innovation could cut the amount of chemotherapy and side effects that certain cancer patients must endure.

Raucher modified an elastin-like polypeptide molecule, ELP. As if putting a plow on the ELP locomotive's front, he connected a peptide that can penetrate cell walls. For a train car, he chose the anti-cancer drug doxorubicin.

When ELP molecules passed into heated tumors, they come out of solution and aggregate in clumps. They pierce the tumor cells and delivered their drug payloads, drastically reducing and even killing the tumors.

ELP attacks only the heated tumor cells, unlike conventional chemotherapy, which strikes both healthy and unhealthy tissue. Grants he received from the National Institutes of Health, the National Science Foundation and the Wendy Will Case Cancer Fund sponsored the work.



Dr. Drazen Raucher, left, professor of biochemistry, receives a U.S. patent from Dr. John E. Hall, associate vice chancellor for research, on Sept. 17. The patent is for a drug-delivery macro-molecule that could make chemotherapy and other treatments less toxic to the body's healthy tissues.



Holloman

## PROJECT BETA DESCRIBES HOLISTIC APPROACH TO TREATING DISTRESSED PATIENTS

A recent series of articles called Project BETA – Best practices in Evaluation and Treatment of Agitation – published in the *Western Journal of Emergency Medicine*, lays out a patient-centered, non-coercive treatment guideline.

Dr. Garland Holloman, associate professor of psychiatry and medical director of the psychiatric emergency service, chaired a task force that wrote Project BETA.

The task force set up five workgroups and produced an overview and five papers that present the guidelines. They are Medical Evaluation and Triage, Psychiatric Evaluation, Verbal De-escalation, Psychopharmacology of Agitation, and Use and Avoidance of Seclusion and Restraint.

Though some hospitals already employ techniques similar to Project BETA's, the publication marks the first compilation of a comprehensive approach backed by the American Association for Emergency Psychiatry.

The journal published Project BETA in February 2012. Alexza Pharmaceuticals provided an unrestricted educational grant to solely assist with printing and distribution.

A full version of Project BETA is free online at [http://escholarship.org/uc/uciem\\_westjem?volume=13;issue=1](http://escholarship.org/uc/uciem_westjem?volume=13;issue=1).

## IMMUNOLOGY DIRECTOR AWARDED CHAIR HONORING R. FASER TRIPLETT

Dr. Gailen Marshall, University of Mississippi Medical Center professor of medicine and director of the Division of Allergy and Immunology, received the inaugural R. Faser Triplett, Sr. M.D. Chair of Allergy and Immunology during an announcement of the new chair's funding April 17 at the Norman C. Nelson Student Union in Jackson.



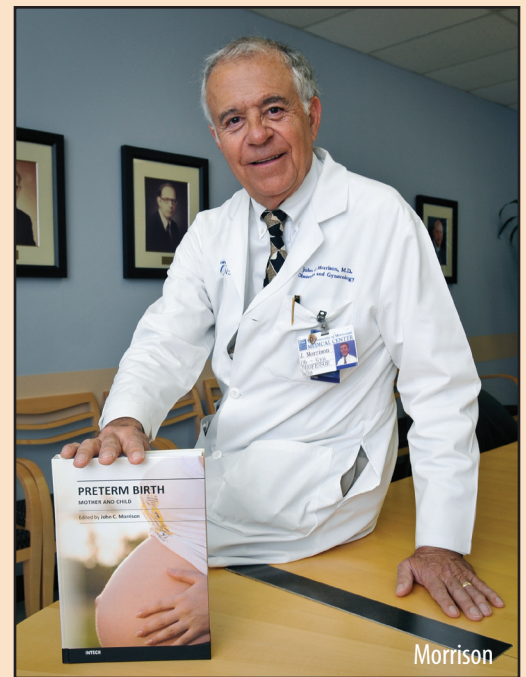
Marshall

The chair is named for the state's first board-certified allergist-immunologist. Triplett, who died at age 77 in 2010, left a legacy of care and service both to the people of Mississippi and to the University of Mississippi. He was a founding partner of the Mississippi Allergy Clinic, president of the American College of Allergy, Asthma, and Immunology, and served as president of the Mississippi State Medical Association.

Triplett served as president of the University of Mississippi Medical Alumni Association, the University of Mississippi Alumni Association, and was a lifetime member of the Ole Miss Alumni Association. The Triplett Alumni Center on the Oxford campus serves as the home of alumni activities for the University of Mississippi and recognizes his election to the Ole Miss Alumni Hall of Fame.



Medical Center representatives and members of the Triplett family on hand for the event included, from left, Dr. Richard deShazo, Suzy Fuller, Dr. Shirley Schlessinger, Lou Ann Woidtke, Marshall, Jackie Triplett, Dr. James Keeton, Liz Walker, Felton Walker, Susan Triplett and Chip Triplett.



## BIRTH TEXTBOOK OFFERS MULTI-SPECIALTY SUPPORT

A textbook on preterm birth edited and co-written by Dr. John Morrison, UMMC professor emeritus of obstetrics and gynecology, ties together a multi-specialty approach.

"Preterm birth is the No. 1 problem we see in all of obstetrics," said Morrison, a former chairman of the Department of Obstetrics and Gynecology. "It's the most common, most deadly situation we have and it accounts for 75 percent of neonatal death."

He wrote the book "Preterm Birth - Mother and Child" along with neonatologists, pediatric specialists and other ob/gyns to offer a complete guide.

"Nobody's told the whole story from the perspective of each specialty that's involved with treating a preterm mother and baby," Morrison said. "No one medical specialty can get their hands completely around all the aspects."

The book is available as a free download on the publisher's website. Print copies can be ordered at the same site, [www.intechopen.com/books/preterm-birth-mother-and-child](http://www.intechopen.com/books/preterm-birth-mother-and-child).

"If you're in Darfur and dealing with preterm births, you don't need to rely on a 10-year-old textbook that was donated," Morrison said. "There may be little infrastructure but there's always a cyber cafe where you can download the book and have the information right there in the field. And because it's online, it can be kept up to date."



Members of the Class of '62 are, front row, from left: Dr. Dan Young, Dr. Robert Clingan, Dr. Taylor Caffey, Dr. Steve Gammill, Dr. Jimmy Hays, Dr. Marion Sigrest, Dr. John R. Jackson, Dr. Crawford Owen, Dr. Rubye Martin. Back row, from left: Dr. Walt Simmons, Dr. Bob Abney, Dr. Robert Donald, Dr. Ted Blanton, Dr. Denman Bridges, Dr. Glyn Roy Hilbun, Dr. Calvin Hull, Dr. Hamp Miller, Dr. George Ladner, Dr. Dale Read, Dr. Percy Durfey, Dr. Kermit Till, Dr. Ed Ruff. (Photo by Deryll Stegall)

# Alumni REUNION

by Gary Pettus



Class of '62 colleagues Dr. Walter Rose of Indianola, left, and Dr. John "Hamp" Miller Sr. of Garrison, Texas, reunite during the Golden Grad reception in the Old Capitol Museum.

**F**ifty years have passed since Dr. Ted Blanton attended a lecture in the School of Medicine, but the sight of his old classroom bounced his memory like a reflex hammer.

Inspecting the vintage lecture hall dating back to the polio vaccine, Blanton grinned and said, "I found that front-row seat where I used to sleep."

Medical students may not have changed much since Blanton was up to his elbows in gross anatomy, but as he and other members of the class of 1962 confirmed recently, their medical school has.

Twenty-five of those alumni showed up for one or more events

on the Golden Anniversary of their graduation during the UMMC 2012 Medical Alumni Class Reunion Weekend staged Aug. 24-25 by the Office of Alumni Affairs.

While the School of Medicine paid special tribute to its "Golden Grads," members of the classes of '72, '82, '87, '92 and 2002 were also feted. A total of 91 grads matriculated in at least one weekend gathering, with spouses or other guests.

"Your time here helped make us what we are today," said Dr. LouAnn Woodward, vice dean and associate vice chancellor for health affairs, addressing alumni at a luncheon.





**2** Dr. Ted Blanton of Shelbyville Tenn., left, was one of the Class of '62 members to receive a gold medallion from Dr. LouAnn Woodward, right, vice dean of the School of Medicine and associate vice chancellor for health affairs. The ceremony was held in the Old Capitol Museum in Jackson.



**1** Dr. Rubye (Griffin) Martin of Baldwyn, Class of '62, has a word with Mary Ann Gammill of Memphis, wife of Dr. Steve Gammill, another Golden Grad, during a reception at the Old Capitol Museum. Martin was one of only three female members in the School of Medicine's Class of '62.

**3** During an Old Capitol Museum reception honoring the School of Medicine Class of '62, Dr. Calvin Hull, left, of Jackson makes a point with Dr. Jimmy Hays, of Jackson, center, and Dr. Rick Carlton, president of the UMMC Medical Alumni Chapter. Hull and Hays are both members of the Class of '62.



"We want you to be proud of your medical school and go out there and be a cheerleader for us."

To that end, alumni were hooked up with professors, staff and administrators to discover the latest developments at their medical alma mater and uncover what remained from their past.

Beyond the Medical Center's relatively recent explosion of buildings, course requirements and students, its face has also changed dramatically since the Jackson site opened in 1955, as a display of class portraits bore out.

Of the 62 members photographed for the class of '62, none were African-American, and only three

were women, including Dr. Rubye (Griffin) Martin of Baldwyn.

"We were treated very, very well then. The male students were very respectful," said Martin, whose medical degree served her during her missionary work in the Ivory Coast, a stint at the Mississippi State Department of Health, and a 35-year family medicine practice in Baldwyn before she retired.

The only surviving female member of a class that included Drs. Margaret Carpenter Russell (later Patz) and Barbara Goff, Martin said the reunion was worth the four-hour drive from Baldwyn. "Fifty years – it's a milestone," she said.

"I also wanted to remain acquainted with and have fellowship with

everybody. But I've had trouble recognizing some of them."

Her school has matured as well, as Woodward pointed out: A recent accreditation report recorded no areas of non-compliance, a first for the institution.

As for the student body, it now numbers 135, more than double the total for the class of '62 – only the fourth group to complete all four years here, in the post-Oxford era.

In contrast to its 50-year-old predecessor, the class of 2012 accepted 55 females and 26 members of minority groups, including 15 African Americans.

Construction has also altered the face of the campus.

## "You are those giants who shaped us and made us what we are today. You are our founding fathers ... and mothers."

~ LouAnn Woodward

Facilities built after most of the six honored alumni classes donned their white coats include Batson Children's Hospital, the Guyton Research Complex, and the Wisner Hospital for Women and Infants.

At another addition – the University Hospital and Chapel – the Rev. Dr. Ruth Black, director of pastoral services, reminded alumni: "They say there are no atheists in foxholes or surgery or medical school."

Unfortunately, she said, before the early '70s or later it's unlikely that the campus offered students a chapel or even "a dedicated place to pray."

Dr. Michael Havens of Batesville, class of '87, responded: "We prayed in a lot of places."

As the alumni learned, many of those places have vanished, transformed or, apparently, shriveled.

As he searched about for a familiar nook or cranny, Blanton, now of Shelbyville, Tenn., recalled a yearly ritual students christened "Resurrection Day."

"We had to go down to the basement and bring up our cadavers," said Blanton, whose specialty is otolaryngology.

"We always lost a lot of students that day. But I liked it.

"Now I guess they use manikins."

Actually, they use both, as Blanton's tour group discovered in the Simulation Center, where students respond to mock medical crises.

Inside a trauma room there, assistant professor of emergency medicine Dr. Jeffrey Orledge was treating a talking dummy named Stan for low blood pressure.

"Is someone going to call my husband?" Stan asked in a woman's voice.

When Blanton was a medical student, Stan was hardly a gleam in a roboticist's eye.

Still, the school holds several proud reminders of the Golden Grads' Golden Age, including a photograph of the late Dr. James Hardy performing the first animal-to-human

heart transplant in 1964, when many were in residency here; and the book- and box-crammed office of the late, world-renowned physiologist Dr. Arthur Guyton.

In his autobiography printed in the reunion weekend brochure, Blanton named Guyton one of his favorite professors. "Awesome teacher, good friend, inspired all of us," he wrote.



Barbara Blanton, left, former Mississippi state senator, and wife of Dr. Ted Blanton of Shelbyville, Tenn., chats with one of her husband's classmates, Dr. Dan Young of Waynesboro, Class of '62, during an Old Capitol Museum reception honoring the class of '62.

During a Friday evening observance honoring the Class of '62, Woodward linked the alumni's legacy to those of Hardy and Guyton: "You are also (among) those giants who shaped us and made us what we are today. You are our founding fathers ... and mothers."

The recognition ceremony drew 89 grads and their guests to the House Chamber of the Old Capitol Museum, including the 23 members of the Class of '62 who were there to receive a gold medallion.

Woodward (Class of '91) described some of their accomplishments and interests: One is a violin maker (Dr. James House Jr. of Hattiesburg);

some have done medical mission work (including Martin and Dr. Allan "Percy" Durfey Jr. of Canton); at least one has biked throughout Europe (Dr. John R. Jackson Jr. of Hattiesburg); one is the husband of a former lawmaker (Blanton, married to Barbara Blanton, who served in the Mississippi Senate, 1988 to 1992, before they moved to Tennessee).

Many have served in the military. And many have passed on: 22 are listed on the reunion brochure's "In Memoriam" pages.

Among the 40 who survived them is the senior class vice president, Dr. Jimmy Hays of Jackson, who referred to the toll on his colleagues and friends: "Some wonder why I'm up here," he said, explaining why he decided to address the assemblage.

"I'll tell you why: I'm the last class officer still standing."

After a moment of silence honoring the deceased, Hays retook the podium to end the night on a sunnier note: "Thank you very much," he said. "And we'll see you again in 50 years." **M**

# In Memoriam

**Dr. Leonard D. Ball III** (1967) of Granger, Ind.; Jan. 5, 2012; age 69

**Dr. Frances Shaw Barnes** (1943) of Montgomery, Ala.; Aug. 8, 2012; age 90

**Dr. Roy M. Barnes** (1949) of Port Gibson; Feb. 20, 2012; age 86

**Dr. Emile M. Baumhauer Jr.** (1948) of Pascagoula; June 23, 2012; age 85

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

**Dr. James S. Broome** (1966) of Marion, Mass.; March 24, 2012; age 72

**Dr. Carroll L. Busby** (1945) of Plainview, Texas; Feb. 12, 2012; age 86

**Dr. Cathy A. Butts** (1980) of Gautier; July 6, 2012; age 56

**Dr. David I. Carlson** (1962) of Brandon; July 9, 2012; age 74

**Dr. James R. Cavett Jr.** (1943) of Madison; June 1, 2012; age 92

**Dr. Milam S. Cotton** (1959) of Madison; Feb. 2, 2012; age 77

**Dr. Melissa Harvey Dockery** (1982) of Little Rock, Ark.; May 24, 2012; age 56

**Dr. Perry Neil Duggar** (1966) of Jackson; May 15, 2012; age 76

**Dr. Guy Robert Farmer Sr.** (1961) of Calhoun City; Jan. 19, 2012; age 75

**Dr. Jewell W. Fortenberry Jr.** (1980) of Atlanta, Ga.; Oct. 18, 2012; age 56

**Dr. Cherie Friedman** (1953) of Oxford; Jan. 17, 2012; age 84

**Dr. Anthony J. Gentile** (1946) of Scranton, Pa.; May 6, 2012; age 89

**Dr. H. Lamar Gillespie Sr.** (1953) of Hattiesburg; May 2, 2012; age 81

**Dr. Walter D. Gunn Sr.** (1949) of Lake Village, Ark.; Jan. 31, 2012; age 87

**Dr. L.C. Henson** (1954) of Kilmichael; July 1, 2012; age 84

**Dr. Toni Bertolet Henthorn** (1988) of Highlands Ranch, Colo.; Sept. 29, 2012; age 50

**Dr. Gary D. Holdiness** (1983) of Kosciusko; May 6, 2012; age 54

**Dr. L. Gerald Hopkins** (1961) of Oxford; Oct. 19, 2012; age 82

**Dr. M. Beckett Howorth Jr.** (1944) of Oxford; Oct. 31, 2012; age 89

**Dr. Ernest J. Johnson** (1961) of Tucson, Ariz.; Aug. 25, 2012; age 75

**Dr. Sharpe W. Johnson** (1983) of Jasper, Ala.; July 9, 2012; age 77

**Dr. Herbert A. Kroeze** (1952) of Madison; June 10, 2012; age 88

**Dr. Floyd L. Lummus** (1960) of Tupelo; Oct. 21, 2012; age 77

**Dr. Malcolm Sidney Moore Sr.** (1958) of Tupelo; May 17, 2012; age 78

**Dr. Jeffrey E. Newman** (1969) of Seattle, Wash.; Jan. 22, 2012; age 68

**Dr. John M. Pearson** (1957) of Hattiesburg; Sept. 2, 2012; age 81

**Dr. John R. Sanders** (1971) of Tupelo; Sept. 29, 2012; age 66

**Dr. Glenn Norman Smith** (1978) of Hattiesburg; March 16, 2012; age 58

**Dr. Joe K. Stephens** (1954) of West Point; March 2, 2012; age 80

**Dr. William Granville Tabb Jr.** (1941) of Ridgeland; Feb. 8, 2012; age 94

**Dr. Robert L. Thompson** (1961) of Chapel Hill, N.C.; July 20, 2012; age 75

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

**Dr. Patricia Cook Moynihan** (1965) of Franklin, Tenn., who helped pave the way for more women to enter the field of academic surgery, died on July 30, 2012; she was 77. One of only a few women in her graduating class at UMMC's School of Medicine, the Bay Springs native completed a general surgery residency there under Dr. James Hardy before joining the faculty of Johns Hopkins University in 1970 as the institution's first female pediatric surgery fellow. Two years later she was appointed an assistant professor of pediatrics and surgery at UMMC, then left Jackson in 1978 to become an associate professor of pediatric surgery at the Tulane Medical Center. In 1991, seven years after being appointed professor at Tulane University, she was recruited to join East Tennessee State University's Quillen College of Medicine as professor of surgery and pediatrics. She retired from ETSU in 2004. Moynihan is survived by two sons and six grandchildren.

**Dr. William Lewis Roberts** (1990), a prominent clinical chemist and pathologist, died on July 26, 2012, at age 52. An Ohio native, Roberts worked from 1995 to 1998 as an assistant professor of pathology at UMMC following the conclusion of his fellowship at Yale University's School of Medicine. In 1998 he joined ARUP Laboratories and the University of Utah School of Medicine in Salt Lake City, where he became a full professor of clinical chemistry in 2007 and remained until his death. At ARUP, a national reference laboratory and nonprofit enterprise of the University of Utah and its Department of Pathology, he directed the automated core laboratory and served as the chemistry group medical director, chair of the capital equipment committee and executive member of the research institute. As a clinical chemist, Roberts authored 144 peer-reviewed publications, eight review articles and 13 book chapters. His publications had been cited nearly 2,700 times before his death. He is survived by his parents, his wife and two children.

## MEDICAL ALUMNI HALL OF FAME

Six prominent physicians with ties to the University of Mississippi Medical Center were honored in May during the Mississippi State Medical Association's (MSMA) 144th session in Point Clear, Ala.

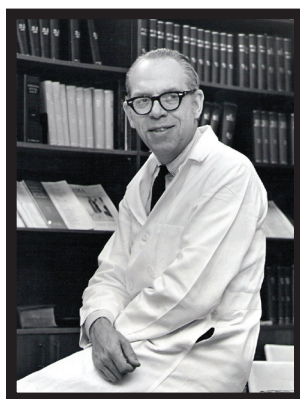
The University of Mississippi Medical Alumni Chapter named Dr. Lucius "Luke" Lampton of Magnolia the 2012 Distinguished Medical Alumnus for his ongoing accomplishments, and inducted these physicians into the Medical Hall of Fame for their lifelong contributions to medicine: Dr. Blair E. Batson, Dr. Arthur C. Guyton, Dr. James D. Hardy, Dr. John Edward Hill and Dr. Henry L. Laws II.

### BATSON

UMMC's first chairman of pediatrics earned his medical degree from Vanderbilt University, where he completed his residency in pediatrics.

A Pearl River County native, Batson served in the U.S. Army and the U.S. Army Medical Corps. At Johns Hopkins, he was a faculty member and earned his master's in public health.

At age 34, he was named chairman of UMMC's Department of Pediatrics, in 1955. Retiring in 1989, he continued to teach, touching the lives of more than 3,500 medical students.



He has been honored by, among others, the American Academy of Pediatrics and the Epilepsy Foundation of Mississippi, and is a member of the Ole Miss Alumni Hall of Fame. The children's hospital at UMMC was named in his honor.

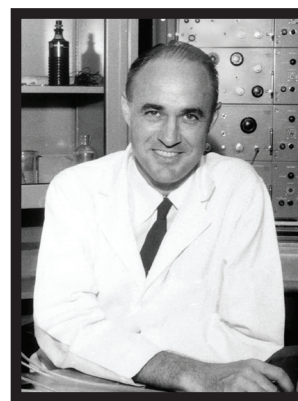
### GUYTON

A graduate of the University of Mississippi and Harvard Medical School, the Oxford native built a world-wide reputation as a physiologist during his tenure as chairman of the physiology department at UMMC's School of Medicine.

Modern medicine's grasp of the cardiovascular system is a result of his convention-shattering discoveries, and his Textbook of Medical Physiology is often cited as the best-selling medical textbook ever.

A World War II veteran, he contracted polio in 1947, resulting in residual paralysis for the remainder of his life.

The American Medical Association, the American Heart Association, the American Society of Hypertension and others awarded him their top honors. Guyton is the father of 10 children, all of whom are physicians. He died April 3, 2003, in an automobile accident.

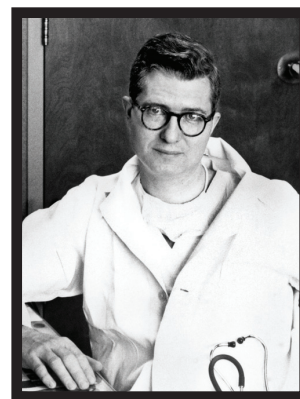


The inaugural Medical Alumni Hall of Fame Awards were presented at the Medical Alumni Welcome Reception during the Mississippi Medical Association's annual session on June 7, at the Grand Hotel in Point Clear, Ala.

This year's recipients were Dr. Edward Hill, Dr. Henry Laws, II, Dr. Arthur Guyton, Dr. James D. Hardy and Dr. Blair E. Batson. Pictured are Laws (from left); Blair Batson, Dr. Blair E. Batson's niece who accepted on his behalf; Hill; Dr. Rick Carlton, Medical Alumni Chapter president; and Dr. Helen Turner, accepting on behalf of the family of Dr. Arthur Guyton. Not pictured is Dr. Mart McMullan, who accepted on behalf of the family of James D. Hardy.

### HARDY

Mississippi's most influential surgeon ever, Hardy and his UMMC surgical team performed the world's first animal-to-human heart transplant, in 1964 – a year after the same team accomplished the first-ever human lung transplant.



UMMC's first chairman of the Department of Surgery, Hardy contributed to medical scholarship throughout his career.

He collected honorary memberships in various international medical societies, including the Royal College of Surgeons of London.

The Alabama native earned his M.D. at the University of Pennsylvania before going on active duty in the U.S. Army during World War II. Post-war, he underwent residency training as a surgeon, then served on the faculty at the University of Tennessee in Memphis before arriving in Jackson.

He died Feb. 19, 2003, at the age of 84.

## HILL

Known for his early work with impoverished patients in the Mississippi Delta, Hill is now a family physician in Tupelo, where he is the program director of the Family Medicine Residency Program at the North Mississippi Medical Center.

An Omaha, Neb., native who was educated in Vicksburg public schools, Hill began his medical career in the U.S. Navy after graduating in 1964 from the UMMC School of Medicine.



He has been recognized for developing a local maternal child health program that helped dramatically lower the fetal mortality rate.

Hill served as president of the American Medical Association before rising to the chairmanship of the Council of the World Medical Association from 2008 through 2011.

## LAWS

A pioneer in the training of surgical physician assistants, Laws recently received the Distinguished Service Award from the Southeastern Surgical Congress.

The Columbus native graduated from the University of Mississippi, where he also earned a Medical Certificate in 1954.

After completing medical school at Harvard in 1956, he served stints as a U.S. Army surgeon, in private practice in Anniston, Ala., and on the faculty of the University of Alabama-Birmingham.

Noted for his expertise in general surgery and trauma care, Laws was a leader in various prestigious professional organizations, including the American College of Surgeons.

He was selected to the Ole Miss Alumni Hall of Fame in 2004, the year after he retired.



Dr. Luke Lampton, left, who practices family medicine in Magnolia, receives the University of Mississippi Medical Alumni Chapter's 2012 Distinguished Alumnus Award from Dr. Rick Carlton, president of the Medical Alumni Chapter.

## DISTINGUISHED ALUMNUS

Graduating in 1993 from the UMMC School of Medicine, where he completed his residency, Lampton, 46, was brought up in Jackson.

The current chairman of the Mississippi Board of Health, Lampton practices family medicine in Magnolia, where he is Beacham Memorial Hospital's staff and medical director.

He is part of the clinical faculty at UMMC, and is a clinical associate professor at Tulane Medical School.

Lampton helped establish the Mississippi Rural Physicians Scholarship Program and the Mississippi Office of Physician Workforce, and is recognized for his work in hospice care.

A book and newspaper publisher, he is also chief editor of the Journal of the Mississippi State Medical Association.



Dr. Jeffery Orledge, left, assistant professor of emergency medicine, talks to family members about training students on high-tech mannequins.



Jackson State University graduate John Bullock, seated, a first-year med student, attended Family Day with his mom Brenda Bullock, left, and grandmother Willie Belle Coleman, all of Jackson.

# Family DAY

by Gary Pettus

The people most responsible for getting John Bullock into medical school could hardly afford their own medicine.

They are the patients Bullock met some months ago on a visit to the Jackson Free Clinic, a charity treatment center and hotbed of diabetes, heart disease and other conditions that often burden Mississippi's poor.

"A friend of mine invited me to go, and what I saw there, that's when I pretty much decided I wanted to be a doctor," said Bullock of Jackson, who was an undergraduate at Jackson State University at the time. "That one Saturday afternoon."

That one Saturday afternoon propelled him toward a certain Friday night: Aug. 10, when he and 134 other Mississippians slipped into a new white lab coat and a new way of life.

The occasion was the University of Mississippi School of Medicine's traditional White Coat Ceremony for entering medical students – a custom that capped off the school's third annual orientation session for the students' loved ones: Family Day.

"We welcome you; we need you. We're all on the same team," said Dr. LouAnn Woodward, vice dean and associate vice chancellor for health

affairs, in her opening remarks to parents on Family Day.

The event drew hundreds to the UMMC campus for a day-long program of tours and empathy from speakers like Jeff Doremus of Brookhaven, father of second-year student Kelly Doremus.

"Many of you probably feel like I felt: You're entering medical school," Doremus told a group of several hundred gathered in the Student Union.

Starting out with free coffee and muffins and ending up with the Hippocratic Oath, Family Day earned good reviews from students and parents.

Bullock, accompanied by his

mother Brenda Bullock and his grandmother Willie Bell Coleman, said, "I like the fact that it gives the parents an opportunity to see what our world will look like for the next few years."

It also gave relatives an opportunity to dote.

"I'm just so proud, I don't know what to do," said Willie Bell Coleman of Jackson.

"To have a grandson become a doctor."

In fact, there are 80 grandsons in the Class of 2016; males make up 59 percent of the M1 students.

Among the 55 females is Kimberly Simmons, 22, of Mize, who gave some credit to her older sister

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# Class of 2016

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- ♦ Males: **80** (59 percent)
- ♦ Females: **55** (41 percent)
- ♦ Members of minority groups: **26** (19 percent)
- ♦ African Americans: **15** (11 percent)
- ♦ Average age: **25 years**; age range: 20-34 years
- ♦ Colleges/universities represented: **35** (11 in-state)
- ♦ Types of college degrees represented: **25** (39 percent in biology)
- ♦ Overall Grade Point Average: **3.72**
- ♦ Biology, Chemistry, Physics, Math (BCPM) GPA: **3.67**
- ♦ Percentage from disadvantaged backgrounds: **33**
- ♦ Percentage to be the first in their family to graduate from college: **19**
- ♦ Percentage from rural counties: **36**
- ♦ Percentage from medically underserved counties: **71**

Source: Dr. Steven Case, Ph.D., professor of biochemistry and associate dean for Medical School Admissions

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Ashley Winford M-3, with Jeff and Elizabeth Brown in the Histology Lab.

"We can't teach them what you taught them when they were young. That compassion comes from you."

~ LouAnn Woodward

Ashley Simmons, 26, for luring her to medical school.

"I saw how passionate she was about her work," said Kimberly Simmons, a William Carey University graduate.

"Ashley is a registered nurse in Magee. I want to love what I do as much as she loves nursing."

The odds of that happening are good for all of UMMC's future physicians, if the admissions process holds true.

Accepting Mississippi residents only, the medical school received 368 applications for the class of 2016, but interviewed only 222, said Dr. Steven Case, associate dean for Medical School Admissions.

That means only 60 percent of the original hopefuls survived to the interview stage; only 61 percent of those, or 135, were allowed to put on the white coat.

"The admissions committee looks not only at academic credentials, but also for students who want to serve their communities, who have the heart for this," Woodward told the parents.

"We can't teach them what you taught them when they were young. That compassion comes from you."

What the medical school does teach them springs from a rigorous curriculum.

"The phrase, 'being fed through a fire hose' was never more apt," Doremus warned.

To acclimate students to this pressurized environment, the school will monitor their progress to determine who needs help, Woodward said.

That institutional concern extends to married students, who are urged to join the Medical Student Family Alliance, a support group currently led by Charla Howard and Elisabeth Briscoe.

"The goal is to promote healthy families throughout medical school," said Howard, a Methodist Rehabilitation Center researcher whose husband Joel Howard is a third-year med student.

Staging social events, family cookouts and monthly meetings to explore topics such as financial planning, the alliance is also open to couples who are dating, Howard said.

Whether the student is married, dating or unattached, Woodward told parents, "The first year is the toughest. But we will do right by them; I promise you."

During guided walking tours of the School of Medicine, those same parents got a small taste of the medical school's academic menu, including a course in Dr. Paul May's histology lab, where students learn the microscopic structure of plants and animals.

As parents poked around lab stations, May, a Ph.D. professor of neurobiology and anatomical sciences, said, "In terms of the new words medical students are going to learn, it's about the same as taking Spanish and French at the same time."

For many, perhaps, Family Day's highlight occurred that evening on the stage of the Belhaven Performing Arts Center in Jackson, where parents and students arrived to find 135 new white lab coats hanging from a clothes rack.

It was the first White Coat Ceremony to include families, Woodward told a crowd of 500-600. The ritual represents a formal welcome to

students into the medical family, she said.

"Patients who may not remember your name will know who you are," she said to the students, "because of that white coat you wear."

After students were called to the stage, one by one, to don this symbol of their chosen profession and their Humanism in Medicine pins, keynote speaker Dr. Steven Berk, dean of the Texas Tech School of Medicine, told them how he drew on his experience as a physician when he was abducted at gunpoint several years ago.

Reading from his book *Anatomy of Kidnapping*, published in 2011, Berk said that he survived because he was able to make a personal connection with his kidnapper, having learned "to have respect for all patients and their backgrounds.

"And I realized that my training as a doctor enabled me to remain calm and think clearly in times of stress."

But, echoing Woodward's remarks about parents' important influence on these students' lives, Berk said, "There's an old west Texas saying: 'If you see some turtles on a fence post, you know they didn't get there by themselves.'" **M**



Third-year medical student Lindsey Berg discusses different parts of the brain's anatomy with Philip and Joanne To.



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## 1950s

**Dr. Fred S. Evans** (1957), retired since 2001, has been doing volunteer work at a charity clinic and for his church's ministry to the needy in Pensacola, Fla. Evans was a member of the first medical school class to graduate from UMMC. He attended the last two years on a U.S. Navy scholarship and served in the Navy until 1981. An ophthalmologist, he practiced in Pensacola for 20 years before his retirement. He and his wife Pat, a Belzoni native, have two sons and four grandchildren.

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## 1960s

**Dr. William Bill McKell** (1962), who has retired from active practice, recently moved to Ridgeland from Gautier, where he volunteered for years as medical director of a free clinic for the uninsured. After medical school, he interned at Wilford Hall U.S. Air Force Hospital at Lackland Air Force Base in Texas, served two years as a flight surgeon and returned to UMMC for a fellowship in internal medicine residency and gastroenterology. He practiced until 1996, in Jackson, Houston and Pascagoula. He also served on the clinical faculty in UMMC's GI division.

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## 1970s

**Dr. Robert T. Carsley** (1970) of Oxford announced plans to retire from active practice as of Dec. 1, 2012. Since 2008 he has been a provider of pediatric care and an instructor for Methodist Le Bonheur Hospital in Memphis. As a major in the U.S. Air Force, he was chief of pediatrics at the USAF Hospital, Mountain Home AFB, Idaho, from 1973 to 1975. Before that he was chief resident of pediatrics at Batson Children's Hospital in Jackson. Between 1975 and 2008, he was in general pediatric group practice in Olympia, Wash., an instructor of primary care nurse practitioners at Seattle University and instructor for the physician assistants program at the University of Oregon Medical Center. Carsley and his wife Kristin have two sons, two grandchildren and another grandchild on the way.

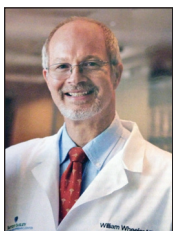
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**Dr. Claude Earl Fox III** (1972) of Ft. Lauderdale, Fla., retired on Sept. 1 as the founding executive director of the Florida Public Health Institute and research professor at the University of Miami School of Medicine, where he was recently appointed professor emeritus. He will continue to work with the Palm Beach County M.D./Master of Public Health program while maintaining the business he started 18 years ago as president of Med Plus Disability Evaluations Inc. Fox had previously served as professor of medicine at Johns Hopkins University for five years and with the federal Senior Executive Service in Washington, D.C. Before that, he was State Health Officer for the Alabama Department of Public Health for six years.

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**Dr. William James (Jim) Alexander** (1974), an Infectious Disease Medicine specialist in Cary, N.C., has been an independent medical consultant to pharmaceutical firms since 2008. He completed internal medicine and infectious disease training at the University of Alabama-Birmingham, where he was also a clinical faculty instructor and earned his master of public health degree. From 1978 to 1987, he was County Epidemiologist for Jefferson County in Alabama. With the U.S. Centers for Disease Control, he collaborated in the areas of sexually transmitted diseases, tuberculosis control and surveillance activities for viral hepatitis and HIV infection. Beginning in 1987 he held positions with several pharmaceutical companies. From 1996 to 1998 he was worldwide head of pharmacovigilance (drug-safety monitoring) and product safety for GlaxoWellcome. Alexander has contributed to clinical development programs supporting the approval of drugs for treating bacterial and viral infections, asthma, chronic obstructive pulmonary disease and migraine.

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**Dr. William "Bill" E. Wheeler** (1977) was recognized in July for his caring and compassion as the Cam Underhill Practicing Excellence Physician of the Year at Baptist Easley Hospital in Easley, S.C. The recipient of numerous nominations from patients and staff, the general surgeon has been with the hospital since 2006 and is serving his second year as president of the medical staff. Wheeler is also a previous winner of the Standards of Behavior Easley Award, which honors a member of the medical staff who demonstrates compassion, integrity and competence. Board certified in general surgery, Wheeler finished his residency in 1982 and was certified for additional qualifications in surgical critical care for 20 years. His first grandchild was born in July.

## 1980s

**Dr. William Dore Binder** (1980) has been appointed a member of the board of trustees of the Accreditation Association for Ambulatory Health Care Institute, a not-for-profit subsidiary of the AAAHC, the national accrediting body for a variety of health care organizations. After graduating from the School of Medicine at UMMC, he completed his obstetrics and gynecology residency at Tulane University in New Orleans and later earned a master's degree in medical management from Tulane's School of Public Health. Binder is a member of the American Congress of Obstetrics and Gynecology (ACOG), and previously served as a representative of the ACOG on the AAAHC board of trustees. He practices at Woman's Hospital in Baton Rouge, La., where he serves on the board of trustees and is a past board chairman.

**Dr. Charles K. "Ken" Lippincott** (1980) of Tupelo received the American Psychiatric Association's highest honor in 2011, when he was elected an APA Distinguished Fellow. Since 1999, Lippincott has been a member of the psychiatric staff at North Mississippi State Hospital in Tupelo, where he became clinical director in 2006. At North Mississippi Medical Center in Tupelo, he served as staff psychiatrist in the Behavioral Health Center for 21 years.

**Dr. Rathel "Skip" Nolan** (1982) has been awarded a fellowship by the Infectious Diseases Society of America, which represents physicians, scientists and other health-care professionals specializing in infectious diseases. Nolan, medical director of the Division of Infection Prevention at UMMC, is helping lead an effort to ensure that an influenza vaccine is administered every year to all UMMC faculty, staff and students who come in contact with patients.

**Dr. Randy Easterling** (1984) has been appointed to a two-year term to the American Medical Association's Political Action Committee Board of Directors. A family medicine physician practicing in Vicksburg, Easterling is past president of the Mississippi State Medical Association. He is the current president of the state Board of Medical Licensure.



**Dr. John Proctor** (1986) of Franklin, Tenn., has been appointed an emergency medicine representative to the Professional and Technical Advisory Committee of the Joint Commission, which evaluates and accredits health care organizations and programs across the country. He is president of TeamHealth, Midsouth Division, one of the nation's largest providers of hospital-based clinical outsourcing. After graduating from medical school, he completed his residency in emergency medicine at UMMC in 1990. He finished pediatric emergency medicine training and sub-board certification at Vanderbilt University Medical Center, where he served as director of emergency department operations from 1993-96. Proctor received his MBA from Vanderbilt in 1998. He is also an executive trustee for the National Emergency Medicine Political Action Committee and a Board of Directors member for the Emergency Medicine Foundation and the Emergency Nurses Association Foundation.

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## 1990s

**Dr. Mary Barraza Taylor** (1991) returned to UMMC in April 2011 to co-direct the new congenital heart center with Dr. Jorge Salazar. The Natchez native is the division chief of Pediatric Critical Care and medical director of Pediatric Cardiac Intensive Care and Extracorporeal Membrane Oxygenation Services. The ECMO program supports infants and children with respiratory failure, post-operative cardiac surgical patients and adult respiratory and cardiac failure patients. After graduating from UMMC, Taylor completed pediatrics residency and fellowships in pediatric cardiology and pediatric critical care at Vanderbilt University, where she was on staff for 12 years. She also concluded a senior fellowship in cardiac ICU at Boston Children's Hospital.

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**Dr. Susan A. Chiarito** (1993) of Vicksburg was elected president of the Mississippi Academy of Family Physicians on July 17, succeeding outgoing president Dr. William B. Jones of Greenwood. She pursued her medical degree at the University of Mississippi School of Medicine after practicing eight years of nursing, having earned her B.S. in nursing at Texas Christian University in Fort Worth. Board certified in family medicine, she practices at Mission Primary Care Clinic in Vicksburg and has mentored medical students at UMMC since 2000. Chiarito and her husband Vince have two daughters.

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## 2000s

**Dr. Syed Tanvir Ahmed** (2004 residency program), who practiced family and emergency medicine in Lawrence County, Mississippi for six years until May 2012, has moved to West Bloomfield, Mich. He graduated from UMMC's family medicine residency program in 2004. During his years in Mississippi, he also served as clinical assistant professor at UMMC in the Department of Family Medicine. Board certified in family medicine, Ahmed is a fellow in the American Academy of Family Physicians and a member of the College of Family Physicians of Canada in Ontario, which establishes certification standards for family medicine physicians and accredits postgraduate family medicine training in Canada's 17 medical schools.

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## *Surgical Symphony*

As surgery begins, Kathy Lea, R.N., foreground, uses Pandora to select music for Dr. Lawrence Haber, right, Dr. Don Baker, center, and surgical tech Wayne Gale. Read about music in the O.R. on page 28.