TULANE UNIVERSITY SCHOOL OF MEDICINE | FALL 2008 **TULANE UNIVERSITY SCHOOL OF MEDICINE | FALL 2008**



RESIDENTS HEAL NEW ORLEANS

CHILDREN RIDE TO HEALTH

PROSTATE CANCER POWERHOUSE



'd like to share a story, one which shaped my life's work and my personal philosophy. When I arrived in Boston from England, the 1960s and '70s were troubled decades.

Racial tensions were running high over the busing issue and the economy was in a tailspin. Massachusetts had been heavily reliant on the manufacturing industry, and as this sector declined, there appeared to be little to replace it. Unemployment was high, violence was common, the waterfront was derelict and few would venture downtown at night for dinner. The number of people without health insurance was soaring and the infant mortality rate was among the highest in the nation.

In my opinion it took two governors in the 1980s, one Democrat and one Republican, to sow the seeds of the success we see today. There was a marked expansion of community health centers, centers that also functioned as community hubs. I was always struck by the sight of school kids going to the neighborhood health center to do their homework because it was a safe place.

Above all, I believe that because the communities took responsibility, the centers became the glue that bound the neighborhoods and gave people pride in their surroundings and each other. Today, faculty compete to work in them because salaries are competitive and the centers provide the opportunity for research in clinical medicine and public health. San Francisco, Chicago, New York and Birmingham have also discovered the benefits of community health centers. We are adding New Orleans to that list.

Our city desperately needs knowledge-based industries. This can only happen if Tulane and LSU medical schools work closely together and include all of New Orleans' academic institutions. Tulane and LSU must also ensure that as we educate future generations we focus on retaining these physicians in Louisiana.

Benjanu

Benjamin P. Sachs, M.B., B.S., DPH, FACOG Senior Vice President of Tulane University Dean of the School of Medicine

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Senior Vice President and Dean Benjamin P. Sachs, M.B., DPH

Administrators

Mary Brown, MBA, M.Ed. John D. Clements, Ph.D. Karen DeSalvo, M.D., MPH Lee Hamm, M.D. Marc Kahn, M.D. N. Kevin Krane, M.D. Alan M. Miller, M.D., Ph.D.

Editor

Diana Pinckley

Contributors

Keith Brannon Melanie Cross Alicia Duplessis Kathryn Hobgood Arthur Nead Mary Rickard Fran Simon Mike Strecker Zack Weaver

Photography

Sally Asher Paula Burch-Celentano Will Crocker Dr. Jeff Johnston Dr. Rick Streiffer Baylor College of Medicine

Cover Photography Will Crocker

Illustration Kazushige Nitta Simon Hardeveld

Design Zehno Cross Media Communications

President of the University Scott S. Cowen

Vice President for University Communications Deborah L. Grant



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Letters and comments should be sent to: Tulane Medicine magazine c/o Tulane University Public Relations 215 Gibson Hall 6823 St. Charles Ave. New Orleans, LA 70118

Phone: 504-865-5210 Fax: 504-862-8777 E-mail: mednotes@tulane.edu Website: www.som.tulane.edu

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Dr. Chukwunomnso Dennar is medical director and physician-on-board for the 'On the Road Services' nobile medical unit.

SUPPORTING HEALTHY NEIGHBORHOODS

ulane School of Medicine continues to expand its efforts to bring medical services to New Orleans communities.

■ A NEW STUDENT CENTER at Dillard University will include a health clinic designed to serve the Gentilly community. Dillard will operate the executive director of the Tulane University Community Health Center at Covenant House and vice dean of community affairs.

Thanks to a grant from the State of Qatar, the **TULANE COMMUNITY HEALTH CENTER AT COVENANT HOUSE** is making health care accessible to more New Orleanians. A bright green professor of medicine in the general internal medicine and geriatrics section of the Tulane School of Medicine.

The TULANE COMMUNITY HEALTH CENTER NEW ORLEANS EAST

opened on Aug. 25, in a partnership between Tulane and Mary Queen of Vietnam Community Development

During this time of rebuilding New Orleans and the health infrastructure, I see the mobile unit as a transient medical patch until a viable health structure is operational. Corporation. The clinic, a first step in building a system of neighborhoodbased primary care in New Orleans, is supported through

primary care facility with Tulane and EXCELth Inc., a nonprofit organization that increases access to health care. Tulane physicians, nurses and medical residents will staff the clinic, along with students from Dillard's programs in nursing and public health. The clinic, which can handle up to 25,000 patient-visits a year, will specialize in preventive medicine and management of chronic diseases. "We will not turn away anybody, regardless of their ability to pay," said Dr. Karen DeSalvo,

mobile medical unit, the size of a large RV, provides "On the Road Services" in neighborhoods where residents live. Traveling to the parking lots of apartment complexes, churches and schools, the unit offers adult and pediatric services, including physical examinations, immunizations, blood pressure screening and monitoring, and social work services such as counseling and assistance with Medicare. The unit's medical director is Dr. Chukwunomnso Dennar, an assistant

—Dr. Chukwunomnso Dennar

a gift from the Qatar Katrina Fund as part of its effort to meet the health needs of those directly affected by Hurricane Katrina. The Amir of Qatar visited on April 29-30 to review the progress of the fund, established with a \$100 million gift from the people of Qatar to assist the victims of the hurricane. Some \$5 million has gone to support Tulane's Community Health Center at Covenant House, which, combined with its mobile unit, serves over 1,000 patients a month.

HOSPITAL PLAN CLEARS HURDLE

ov. Bobby Jindal and his administration have announced support for a 424-bed, \$1.2 billion teaching hospital that will provide \$2.5 billion in economic stimulus for the Crescent City.

The hospital will provide care for about three-quarters of the area's uninsured and act as an anchor for the medical corridor. It is slated to rise next to a proposed 200-bed Veterans Affairs hospital on a 66-acre parcel bordered by Tulane Avenue, Canal Street, South Rocheblave Street and Interstate 10, near the LSU Medical Center. A cancer center and a bio-innovation center are also planned nearby.

"This is a major step forward in the healing of our city," said Dr. Ben Sachs, senior vice president of Tulane and dean of the School of Medicine. "This state-of-theart academic medical center will be a place to train the next generation of physicians and to provide highquality care to the medically underserved."

For generations, Tulane and LSU medical students were trained at the Medical Center of Louisiana at New Orleans, formerly known as Charity Hospital. Tulane and LSU physicians also staffed the hospital, which was closed after Hurricane Katrina. Since then, students from both schools have trained at hospitals scattered throughout the greater New

Orleans area while the Louisiana Department of Health and Hospitals sought input from Tulane and LSU on a strategic plan for a new academic and research medical center.

The state has allocated \$74.5 million for

Dr. Ben Sachs (right), dean of the Tulane School of Medicine, makes rounds in the emergency department of Tulane Medical Center with Dr. Robert Lynch, chief executive officer of the hospital. The proposed new academic medical center will play an important role in meeting the area's healthcare needs post-Katrina, Sachs says.

land acquisition and design of the hospital, which is slated to have 364 acute-care beds and 60 psychiatric beds. Other funding will come from FEMA damage reimbursement and bond issues.



Michelle Collins shadowed family physician Dr. Blaine Lavergne in Bunkie, La., this summer as part of a new Tulane program to encourage interest in rural medicine.

MEDICAL ROADS LESS TRAVELED

his summer, 13 students who had completed their first year at Tulane University School of Medicine spent a month learning about primary health care in placements across rural Louisiana and gaining valuable clinical skills.

Sponsored by the Louisiana Area Health Education Centers in conjunction with the dean's office at the School of Medicine, the program gives medical students the opportunity to observe medicine practiced in rural areas underserved by physicians.

Studies indicate that early exposure to family medicine predisposes students to choose primary care medicine, helping to boost the ranks of needed doctors, especially in rural areas, says Dr. Rick Streiffer, professor and chair of the Department of Family and Community Medicine at Tulane.

"Today, about 10 percent of physicians practice in rural areas, while nearly a fourth of the population lives in these areas," Streiffer says. "And these are places where people tend to be older and sicker, so they are more in need of access to health care."

In support of the Tulane Rural Outreach Initiative, medical school dean Dr. Ben Sachs has established two full-tuition medical school scholarships, beginning this academic year, for students who are from rural Louisiana and make a commitment to return to rural Louisiana to practice primary care medicine after their training.

SHEDDING NEW LIGHT ON CANCER RISK

hen the World Health Organization recently added nightshift work to its list of probable cancer-causing agents, Dr. Steven Hill at the Tulane School of Medicine wasn't surprised. His laboratory has explored the connection between cancer and exposure to light since the early 1980s.

Hill, chair of Tulane's Structural and Cellular Biology Department, examines the antitumor activities of the hormone melatonin, produced by the body in response to darkness. Hill was the first to demonstrate that melatonin inhibits the growth of human breast cancer cells.

Numerous studies, including those



Cancer researcher Dr. Steven Hill studies the effects of light and darkness on cancer risk.

by Hill and his collaborators, show that when melatonin production shuts down, tumor development and growth is greatly enhanced.

"Melatonin production is related to a diurnal/circadian rhythm stimulated by the onset of darkness," Hill says. "It is suppressed in response to light.

"Even brief exposure to light during the normal dark/sleep cycle can completely block melatonin production, denying the body the benefits of melatonin's antitumor properties," Hill says. Hill cites scientific data showing that women who work at night for an extended period of time are at higher risk for breast cancer and endometrial cancer. Men who work night shifts have a higher risk of prostate cancer.

The reason for the risk: Shift workers don't generally achieve total reversal of their sleep patterns, Hill explains, and revert to a typical social schedule on their days off. Thus their circadian rhythms do not adjust to their shift work, and their melatonin production is diminished.



Orthopaedic surgeons at Tulane Medical Center use the new O-arm Imaging System for high-resolution, multidimensional images to guide them during surgery.

O-ARMED FOR SURGICAL SUCCESS

ulane Medical Center's orthopaedic surgeons have decreased the time required for complex operations while increasing the accuracy of surgical incisions since the hospital acquired a robotics-assisted positioning system that produces high-resolution, multidimensional images.

Tulane is the only hospital in the state with an O-arm Imaging System, a mobile CT scanner that produces 3-D images in the operating room. The images are particularly useful in complex orthopaedic and spinal operations; they also can be used in neurosurgery.

Dr. James Bennett, professor of orthopaedics and chief of pediatric orthopaedics, has adopted the O-arm technology into his routine procedures for correcting curvature of the spine (scoliosis) in adolescent patients.

About one in 10,000 children—primarily girls—need surgery for scoliosis, a medical condition commonly occurring or worsening during adolescence. In scoliosis, the spine forms in the shape of a "C" or an "S" instead of a straight line.

WEIGHING IN ON HEALTH

Acques Courseault of Atlanta and Ryan Jupiter of New Orleans, thirdyear students at the Tulane University School of Medicine, are helping the community get healthy with Don't Weight to Lose, a nonprofit organization educating New Orleans residents about maintaining a healthy weight and improving food choices.

The program was launched in April at the Franklin Avenue

Baptist Church, where both are longtime members. Nearly 300 of the church's 8,000 members signed on.

Courseault says the predominantly African-American church is the perfect starting point for the program because of the prevalence of obesity, diabetes and cancer in the community. "The church gets them back into shape spiritually and by doing this we are helping them physically."

With the help of other Tulane medical student volunteers, Don't Weight to Lose participants join an intervention group that meets regularly for a year. Group leaders offer tips on exercise techniques, nutrition information, health screenings and individual consultations based on the required exercise and diet diaries.

Each participant receives a "power pack" with exercise illustrations, a resistance band, a pedometer and a DVD that features Courseault demonstrating the exercise routines.

"Now that we're in medical school, we have the knowledge and the resources to educate people on things that can save lives," says Courseault. "Our goal is to teach participants that it's not about how you look, it's how healthy you are. Looking great and feeling great follow healthy behaviors."

Dr. Timothy Harlan, an assistant professor of medicine who advises the students on the nutrition portion of the program, says the level of initiative



put forth by the students "isn't normal anywhere but at Tulane."

"In New Orleans and the South, there are cultural issues that go along with obesity," Harlan says. "What (these medical students) are doing has the capability to be generalized across the nation."

Find out more at www.dontweighttolose.com.

READY IN A HEARTBEAT

ulane Medical Center has been named an accredited chest pain center by the Society of Chest Pain Centers. "Tulane Medical Center can diagnose a heart attack in less than 10 minutes and initiate treatment to reverse the coronary artery blockage soon thereafter."

A patient suffering a heart attack should receive a cardiac catheterization within 90 minutes of arriving at a hospital, according to the American College of Cardiologists. Emergency room staff must make a rapid diagnosis in consultation with a cardiologist before transferring the patient to a 24-hour cardiac catheterization laboratory.

Cardiologists Dr. Lawrence O'Meallie and Dr. Patrice Delafontaine, chief of cardiology at the Tulane School of Medicine, spearheaded the accreditation, identifying ways the hospital could more efficiently provide definitive treatment for patients.

Now, paramedic crews can also notify hospital staff immediately when they identify a heart attack in patients, explains Merry McSwain, chest pain center coordinator and emergency medical services liaison at Tulane Medical Center. "With this system, we are preparing for the patients' treatment before they even arrive."

A community outreach program educates the public about the warning signs of a heart attack. "It is safer to dial 911 or go to an emergency room immediately, have a medical screening and not be having an attack than to ignore the signs," McSwain says. "When in doubt, check it out."



Focusing on different neighborhoods on different days, a Tulane team delivers physical and mental health care to the children of New Orleans.

BY KEITH BRANNON

SAVING THE CHILDREN

hether it's flu, elbow scrapes, asthma, immunization shots or even serious medical care, Dr. Jaya Aysola says there's nothing she can't treat in her clinic that you couldn't accomplish in a regular pediatrician's office.

Blood work? Check.

Oxygen delivery? Yes.

Throat culture? You bet.

"I even do paps and pelvics on this unit," she says, ticking off more services with her fingers. "There really is nothing that can't be done in our clinic that a normal clinic couldn't do."

Never mind that one of Aysola's exam rooms is only 70 square feet. And that's the most spacious of three aboard her 38-foot-long, bright blue children's mobile medical unit.

But size isn't the point of the New Orleans Children's Health Project, a mobile outreach program that aims to bring pediatric care to children in parts of the city most devastated by the levee breaches of Hurricane Katrina. The project is a partnership between Tulane University School of Medicine and the New York City-based nonprofit Children's Health Fund, which has raised more than \$1.8 million to pay for equipment and services for the program.

"Our patients have seen a system that has helped them and that they can trust."

—Dr. Jaya Aysola, medical director for the New Orleans Children's Health Project



Tulane provides staffing and administrative support, including residents who assist doctors and nurses in the program. In all, two full-time doctors, a nurse practitioner, a registered nurse, three therapists, three drivers and three administrative staffers work for the program, which has logged more than 12,000 patient visits since starting up shortly after the storm. Last year, television powerhouse *American Idol* raised \$600,000 to buy an additional bus devoted solely to mental health care.

The two buses park together outside of a different neighborhood school four days a week to see appointments and walk-ins. Mondays are spent in the Lower Ninth Ward at Martin Luther King, Jr. Charter School for Science and Technology. On Tuesdays, they're parked at Esperanza Charter School in Mid-City; Wednesdays at Andrew Jackson Elementary in Chalmette and Thursdays at P.A. Capdau Charter School in Gentilly.

"We're the closest thing to a community-based health center that these communities have," says Aysola, who is medical director for the New Orleans Children's Health Project. "Those four communities have a doctor and a medical home with experienced, trained staff to provide for their medical needs continuously."

Three years after Katrina, she has watched those needs change. At first, doctors were seeing "anything and everybody," including cancer patients who couldn't get to their own doctors for continuing treatment and transplant patients whose hospitals had shut down after the storm. Aysola, who is board-certified in both pediatrics and general internal medicine, also treated adults who needed care along with their children.

One mother in the Ninth Ward was bringing her six-yearold son for regular asthma treatment. Physically, she was out of breath. Aysola sensed something wasn't right and asked to listen to her heart and take her blood pressure. It turns out the woman was suffering from postpartum cardiomyopathy, a rare condition that results in a weakened heart after pregnancy. As a result, the heart muscle can't pump blood efficiently, affecting the lungs, liver and other body systems. Doctors in Texas diagnosed the woman's condition during the evacuation, telling her that her heart was pumping only 10 percent of its normal load.

"She had been back (in New Orleans) for six months. She was struggling, trying to get her son enrolled in a school, get shelter for herself and get out of the FEMA trailer. She had just completely neglected her own medical needs," says Aysola, who took the woman as a patient and eventually transitioned her to other physicians at Tulane Medical Center.

GOING WHERE THE PEOPLE ARE

he woman's predicament drove home a key realization about families after the storm. When you're faced with so much uncertainty—losing your home, your neighbors and sense of community and at the same time fighting to keep a job, to care for children and to overcome the numerous obstacles in the way of rebuilding the city, basic needs go unmet. Routine medical care becomes something to think about later.

The mobile unit tries to counter that approach by making care as convenient and affordable as possible. They park next to schools to make it easy to drop in, so a child doesn't have to miss an entire day of class. There is a 24-hour call line staffed by a pediatrician so patients can speak to a doctor at any time in case of an emergency. The bus takes same-day appointments for urgent care; those with non-urgent issues can usually get a doctor's appointment in less than a week. Services are free to those without insurance; the clinic also takes patients covered by Medicaid or private insurance.

Along with convenience and affordability comes a need for education. Concepts that many families take for granted, such as well-child checkups for infants, weren't traditions shared by those who grew up going to Charity Hospital for all medical care. When children got sick, they went to the emergency room, Aysola says.

"We're educating patients on how to properly and effectively receive health care and what to advocate for themselves. We had patients who walked into our unit and didn't understand the concept of a prescription refill. They didn't know that they were supposed to see their pediatrician for anything other than a shot at the WIC center," Aysola says. "They didn't know you could go to a doctor when you're well, and that you didn't just go to Charity ER when you're sick. These are systemic educational issues that need to be addressed. These communities are so disenfranchised at times that even those with health insurance don't know what they are entitled to. Health education can be this basic."



The New Orleans Children's Health Project Tulane University School of Medicine, Department of

Staff members in the mobile units spend time explaining the basics to patients. They tell parents about assistance programs and Medicaid eligibility. They also share pamphlets about healthy eating habits, how to spot development milestones for kids and adolescents, tips for asthma and allergy care, and ways to cope with behavioral problems. They follow up when people miss appointments. One case worker tracks families to make sure they come in for scheduled immunizations and check-ups.

WHERE EVERYBODY KNOWS YOUR NAME

Il the effort is making a difference. When the clinic first opened, repeat visits were rare. Now, they're the norm for roughly 1,000 regular patients. "Every single one knows all my staff by name," Aysola says proudly. "They see us on the street and it's, 'Hey, Dr. Jaya.' They call us when they're ill. They have changed their ways because they have a seen a system that has helped them and that they can trust."

Aysola even has some patients with insurance who chose to stay with her clinic for care rather than go to a traditional doctor's office.

Anthia Ross of Gentilly has three children who are patients of the Thursday mobile unit. On a recent summer afternoon, she braved a downpour to bring her 16-year-old daughter Kayla for a follow-up immunization shot. She says she doesn't mind the tight spaces in the bus. It beats sitting in a crowded clinic waiting area and the experience is different, she says.

"They take their time with you here instead of just rushing you in and out," says Ross, 35. "But the best thing is that this is around the corner from my house. So, sometimes, we get to walk to the doctor's office."

MINDING MENTAL HEALTH

hildren in post-Katrina New Orleans need more than physical attention. Delivering mental health services is also critical. Demand for appointments on the mental health mobile unit has far exceeded expectations in a city still facing a shortage of mental health providers for children and adults alike.

"It's booked all day, every day. We see 16 patients a day," says Donna Usner, mental health coordinator for the New Orleans Children's Health Project. "[Patient volume] is three times higher than expected."

Grants from the Bush-Clinton Katrina Fund and *American Idol's* "Idol Gives Back" Foundation paid for this unit, which first rolled in the city in March 2007. It has two sound-proof patient rooms, including one stocked with toys for play-based therapy.

Therapists treat children ages four to 18; the most common issues are aggression, anger management, post-traumatic stress disorder and depression, which typically manifest through behavioral problems such as acting out or falling behind at school. "We're seeing a lot of behavior problems is the best way to say it," Usner says.

Symptoms of post-traumatic stress disorder in very young children include regression in milestones—a child who used to be verbal and now doesn't speak or one who used to be potty trained wetting the bed at night.

"Sometimes it's hard for parents to realize that their children are traumatized," says Aysola. She says that the problems are so pervasive among both adults and children in the community now that spotting them is like trying to find a black dot on a black piece of paper. It's everywhere.

"Sometimes it's hard for parents to realize that their children are traumatized."

—Dr. Jaya Aysola

"Everyone has suffered significant loss and trauma and are in various stages of resiliency and coping, from the providers that have to deliver care to the teachers at schools to the parents and family at home," she says.

ADAM'S STORY

ne patient, whom Usner calls Adam to protect his anonymity, came to the unit after struggling in school. Before the storm, Adam was a happy 9-year-old honor student who never had detention and always got A's in conduct. He played

with friends and participated in playground activities.

His mom worked for the city of New Orleans and chose not to evacuate during the storm.

"When the water started coming up, it was about to Adam's chest and more to his mom's hips. She managed to get them from their home to the North Claiborne overpass. They spent the first night there. He witnessed a dead body floating in the water. And from there they went to the Superdome, and he witnessed all kinds of things," Usner says. "They were there for four-and-a-half or five days."

Adam and his mother spent 10 months in Houston before returning to live in a FEMA trailer in front of their flood-damaged home. During that time, Adam changed. He fell asleep in class. He was withdrawn and unmotivated. He ended up failing and having to repeat a year of school. "Rather than expressing his depression as a lot of kids do in a very aggressive, destructive manner, he was more introverted so he wasn't as easily identified by the teacher or the staff," Usner says.

Adam and his mom moved back to the city around the time when the Saints returned to the Superdome for their first season since the storm. Adam's school was having a "Bless You Boys" day to celebrate. "Every time someone mentioned the Saints or playing football or the Superdome, Adam would wet his pants. And he'd never had problems with that before," Usner says.

> She saw Adam twice a week and worked through his fears. Now, he can go to Saints games and is excelling in school again. "It took a lot of desensitization and cognitive behavioral therapy to address what was an unhealthy fear," she says.

Surprisingly, even three years away from the storm, the flow of mental health cases isn't slowing down. Part of the reason is that so many have put off dealing with mental health problems because they are still coping with the basics like finding permanent housing or work. "It has taken so long for many families to have those needs met that it's just now that they are beginning to recognize and address their mental health needs," Usner says.



A mobile mental health unit gives children a safe and colorful place to heal.



The Pediatric Emergency Room at Tulane Medical Center offers 24-hour trauma care from two board-certified pediatric emergency physicians in a bright, child-friendly environment.

TULANE PEDIATRICS IS HAVING A GROWTH SPURT

he department is beefing up staff, building up subspecialty divisions and launching a multimilliondollar renovation to make its clinics as kid-friendly as possible with new patient rooms and waiting areas. This comes almost a year after opening a new pediatric emergency room at Tulane Medical Center in downtown New Orleans and a newborn intensive care unit at Tulane-Lakeside Hospital in Metairie.

"We're back in the community, and we're back on our feet," says Dr. Samir S. El-Dahr, chairman of pediatrics.

El-Dahr has been working to rebuild the department, which lost more than a third of its 55 faculty members and many of its patients after Hurricane Katrina. Within the last 18 months, he has recruited 12 full-time faculty to join the department, bringing its roster up to 46 physicians. More than half have come from outside of New Orleans to participate in the area's recovery.

A key aspect of that recovery is returning emergency services downtown. The Tulane Medical Center Pediatric Emergency Room opened in July 2007 and has 12 beds to deliver 24-hour trauma care. The department recently hired two board-certified pediatric emergency physicians which sets it apart from other emergency rooms which have pediatricians or emergency physicians but don't have someone trained only to provide pediatric emergency services, El-Dahr says. Roughly five percent of those visiting the ER end up being admitted as patients of the hospital.

El-Dahr credits the ER as well as a new hospitalist program for helping build patient volume. The Tulane Pediatric Hospitalist Service allows area pediatricians or community-based providers to refer patients in need of hospitalization or sub-specialty care to two fulltime physicians within the program. They follow the patient from admittance to discharge and keep the referring physician abreast of their progress. "With one phone call, your patient gets in, you get frequent follow-ups and then you get your patient back," El-Dahr says.

Tulane Pediatrics has also maintained a strong research base as it rebounds. The department rose to 38th in the nation in terms of National Institutes of Health research funding this year compared with a 65th place ranking in 2005. Areas of research include the study of genetic factors that lead to abnormal kidney development during pregnancy, pediatric hypertension, maternal-child transmission of HIV and mechanisms of transition of inflammatory bowel disease to colon cancer, among others.

On the horizon for the fall are the re-opening of renovated outpatient clinic spaces downtown. The department is taking over half of Tulane Medical Center's fifth floor for clinic services, including child psychiatry. Everything will be decorated with a "day at the beach" theme with brightly colored murals, kid-sized furniture and designated play areas. The goal is to make the clinic more approachable from a child's perspective, says Dr. Michael P. Kiernan, associate chairman of the department.

"Everything is going to have a child-friendly face to it," Kiernan says.



What describes Tulane graduate medical education in the post-Katrina era? According to Dr. Jeff Wiese and the new residency class, it's courage, character and teamwork, built on a long journey home.

The Resident Advantage

hen Hurricane Katrina struck on August 29, 2005, 105 internal medicine residents were affiliated with Tulane residency programs. The 42 who were assigned to wards and intensive care units at Charity and Tulane

hospitals stayed until the last patient was evacuated from the city some five days later-caring for their patients in appalling conditions without light, air conditioning, electricity, essential medical supplies and equipment, or working bathrooms. The remainder evacuated to Houston or Alexandria—where they assisted Charity and VA patients—or to their home medical schools.

Within a few more days, many of those young physicians had come back to the drowned city any way they could to hang drywall themselves in clinic spaces so that those clinics could care for desperate New Orleanians.

"They were not required to do so but they found their way back from Dallas and Houston-wherever they were-to build these clinics," says Dr. Jeffrey G. Wiese, associate dean of graduate medical education at Tulane and head of the internal medicine residency program. "It's one of the great untold stories of Hurricane Katrina."

Wiese credits that impressive display of courage, character and teamwork with a more recent win. For the internal medicine residency class that began work July 1, 2008, there were 700 qualified applicants for 45 positions. "People were choosing Tulane as number one over the top five programs in the nation," Wiese says, noting that the internal medicine residency program only had to go to No. 56 on its match priority list to fill the residency class.

BY DIANA PINCKLEY • PHOTOGRAPHY BY WILL CROCKER

Before Hurricane Katrina, Tulane's graduate medicine programs enrolled about 450 residents and fellows; now there are about 350. Wiese predicts that number will grow back to pre-Katrina levels in two years.

"Physicians learn to be great physicians by taking care of patients, and prospective applicants know that," says Wiese. "For the last two years, it follows that there was a dramatic drop in applications because there were no patients to support the training. This year, there has been a dramatic increase the other way."

The surgery residency program also illustrates the trend, with officials interviewing 43 of 450 applicants. The surgery residency program was completely restructured after the catastrophic hurricane, earning accreditation with commendation on July 1, 2007. In the first year, residents' case volume exceeded that of the five years before Katrina. The residents' scores on the standardized surgical training exam also more than doubled this year.

Clearly, Tulane is attracting the residents it wants. "In the past year, the quality of our residents has been at a pre-storm level, if not better," Wiese says. "But in any resident, from this point forward, there are the added elements of courage, character and teamwork.

"There's a new surge of confidence and a new sense of purpose among our residency teams," Wiese adds. "They're instrumental in rebuilding health care in this city. They're taking on, and solving, problems that the country hasn't figured out yet-poverty, indigent health care and delivering care to people within their communities."

The people who are residents now are likely to be Tulane medical faculty in five or 10 years, Wiese notes, and their experiences now "will define and distinguish them for the rest of their careers."

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DR. WIESE ON THE ROAD: 2005

Cell phone minutes	15,736
Gallons of gas	1,534
Gallons of coffee	157
Nights in a hotel	85
Hours of sleep	1,155
Hours of work	3,549
Driving miles	36,007
Dollars spent	\$57 479

Value of keeping a residency, a department and medical school courses together...

Priceless

Dr. Jeff Wiese maps a medical future; his précis of vital travel statistics post-Katrina is in insert.

ALL-AROUND MVPS

he latest residency statistics shed light on a fact that Wiese says has become crystal clear in national medical circles. "Not only is Tulane excellent in teaching, patient care and research—we are also committed to building a community of people who want to make a difference in the world," he emphasizes. "It's a group where people care more about the team than about themselves, put-

ting self-interest aside to benefit their patients and their community."

The graduate medical education head is a good example of that philosophy. Wiese thinks of himself as a coach. "It's not that different from Saints Coach [Sean] Payton motivating Reggie Bush on the field," he says of his relationship with the residents, who continually appear at his open office door for a word of encouragement or congratulation.

It's an appropriate metaphor for a physician whose office has a panoramic view of the Superdome and is dotted with football memorabilia, including a helmet from the University of Oklahoma Sooners. Born on a farm in Oklahoma, Wiese played football for Drake University. "I was a free safety, the thinking man's position, where I could use my brain to make up for my deficiencies in speed," he says wryly. After graduating from Johns Hopkins University School of Medicine in 1995 and completing a residency and internal medicine fellowship at the University of California-San Francisco, the board-certified hospitalist came to Tulane in 2000.

"I felt I wanted to go somewhere I could make a difference," says Wiese. "When I saw Charity and Tulane, I thought I could make a difference right away, and I haven't been disappointed."

His black doctor's bag rests atop a small fridge in his office in between his hospital rounds. "I'm still a doctor," Wiese says. "It's important for the residents to see the program director continuing patient care, research and education. You can't sacrifice any of it."

Wiese's research explores the best curricula to advance quality and how to measure and assess that quality in residents and faculty. He's also interested in the role evolving technologies play in clinical reasoning and patient safety.

Wiese is particularly passionate about teaching—and he comes armed with statistics. "A physician will care for about 60,000 lives in a 30-year career," he says. "If a physician teaches other students for a portion of every month, that's 300 million patients affected indirectly. And if you can train five people a year to teach other physicians, you can reach 6 billion—literally the whole world. And that's how you change the world."

Another impressive set of numbers illustrates his dedication and the extraordinary circumstances he faced as head of the internal medicine residency program when its 105 residents were scattered to far-flung sites.

During the months following Hurricane Katrina, he set up an Internet chat room, answered thousands of e-mails, logged thousands of cellphone minutes and put his cowboy boots on the road to visit every resident—in person. (A statistical snapshot of his effort is in the box on the facing page.) Only five of the 105 chose not to return, and all residents who sought a fellowship position after training were placed in one.

A WINNING TEAM

iese is quick to downplay the magnitude of his efforts. "This was a team effort, and many people deserve credit—people like Dr. Bill Merrill who took care of the Houston contingent, Dr. Michelle Guidry who took care of the Alexandria group, Dr. Eboni Price who

took care of the New Orleans cohort, and Dr. Lee Hamm, who likely did as much travel in keeping the department and school together.

"But the real credit goes to the Tulane residents who provided health care all over Louisiana. Without them, all of this would have been for naught. A leader without a team is just a guy taking a walk."

His efforts have gained wide national attention. Wiese received The Society of Hospital Medicine Education Award in 2005, the ACGME Parker Palmer Courage to Teach Award and the AAMC Robert J. Glaser Distinguished Teacher Award in 2006, and the ACP Walter J. McDonald Award in 2007. He has won 41 teaching awards and published over 50 articles, books or book chapters.

But what matters most is healing a community—from the grassroots up. "We've built a team of residents and fellows who value taking care of the indigent," he says. "These people are about being at a patient's bedside, prepared to look directly in his eyes, and without uttering a word, communicating what he needs to hear."

That message: "Even though the rest of the world may have discounted you—given you no home, no school, no job, no health care—today, there will be at least one person who believes in you. One person will give you back the God-given dignity that no man had a right to take from you. And that one person is going to be me."

Says Wiese, "That's what makes these Tulane residents special physicians—and exceptional human beings."

Residents, particularly those in internal medicine and pediatrics, are also more involved with neighborhood clinics and schools now, not only caring for sick children (and their parents) but also teaching them from an early age about healthy habits.

Wiese and Tulane are laying the foundation for the future of New Orleans health care, while they extend the graduate medical program's reputation. "Nationally, 80 percent of residents stay in the communities where they train," Wiese says, adding that, in New Orleans, that number may be even higher.

Wiese also has a message for New Orleanians. "This Tulane team of residents and fellows is your future in health care, and it's a future of which you will be very proud."

Those who stay will be leaders in Louisiana health care, and those who leave are recruited by high-profile medical centers or work internationally. "We see that as a win, too," Wiese says. "The Tulane medical program slogan—we heal communities—is not specific to New Orleans or the United States. It extends throughout the world." ♥

Healing Home

Oncologist Dr. Oliver Sartor has returned to New Orleans to join what has become a prostate cancer powerhouse at Tulane—both in seeking out the causes of the disease and developing new, effective treatments for it.

early one man in six will be diagnosed with prostate cancer, compared to a one-in-eight risk of breast cancer in women. American Cancer Society statistics indicate that, in 2008, prostate cancer will be identified in almost 190,000 men and will be responsible for about 29,000 deaths in the United States. In Louisiana, statistics predict 3,430 new patients and 420 deaths.

Tulane, which has amassed a solid record of "firsts" in

BY DIANA PINCKLEY prostate cancer research and treatment in the last two decades, is building on its strengths. In the last year alone, the Tulane Cancer Center has hired four basic-science researchers and one of

the nation's leading medical oncologists. It's critical mass, and a critical healthcare advantage for men between Houston and Nashville—and the people who care about them.

PHOTOGRAPHY BY WILL CROCKER



Dr. Oliver Sartor (in blue shirt) returned to New Orleans in January with his wife, Dr. Sissy Sartor (standing); daughter Abby; son Alton, now in his first year of medical school at Tulane; and Moxie, the center of family attention.

RETURN OF THE (ALMOST) NATIVE

r. Oliver Sartor, a 1982 graduate of Tulane University School of Medicine, has come home. Before Hurricane Katrina, the prostate cancer specialist was director of the cancer center at the Louisiana State University Health Sciences Center. In the general disarray following the catastrophic damage to the city, he accepted a post at Dana-Farber Cancer Institute/Harvard Cancer Center in Boston, one of the top five such centers in the nation.

But the pull of home and family was strong. His wife, Dr. Sissy Sartor, also a School of Medicine graduate, is a reproductive medicine specialist who led a team that rescued more than 1,000 embryos from a flooded fertility clinic after the storm. Teenage daughter Abby insisted that she return to Newman School uptown. And then son Alton was accepted to Tulane School of Medicine.

Alton is following the family tradition. His father is the 12th physician to descend directly from great-grandfather Dr. Daniel Ryan Sartor, a Tulane Medical graduate, class of 1872, who practiced in the tiny north Louisiana town of Alto.

Today, Dr. D. Ryan presides silently over Dr. Oliver's medical efforts 135 years or so later, thanks to a framed mezzotint photo on an almost-empty bookshelf in the Piltz Professor of Cancer Research's new office. Boxes of books line the wall; they will soon join Dr. D. Ryan on those shelves.

Sartor is an international leader in prostate cancer research and treatment. He is co-author of the prostate cancer chapter in the definitive oncology textbook, *Cancer Principles and Practice of Oncology*. He will soon chair the Department of Defense Integration Panel for prostate cancer research, a U.S. government effort with an \$80 million annual budget. He is co-editor-in-chief of the journal *Clinical Genitourinary Cancer*, and he is the medical oncology chair of the Radiation Therapy Oncology Group's (RTOG) Genitourinary Cancer Committee.

RTOG, a coalition of over 300 academic and community-based medical facilities around the world, "is responsible for a series of clinical trials that span radiation from A-Z," Sartor says. "It puts more patients in prostate clinical trials than any other group. As medical oncology chair, I'll influence the trials chosen and get to run some of them myself at a national level."

The ebullient Sartor has the experience to take on the toughest prostate cancer cases. He's one of maybe 30 people in the country, he estimates, who do what he does and the only medical oncologist/ prostate cancer specialist at his level between Houston and Nashville.

"While one in six men will get prostate cancer in their lifetimes, a very small number of people will get bad cases," he says. "Patients come from all over the country in hopes of finding solutions. This week I've seen people from Texas, Alabama, North Carolina and North Louisiana. Patients come to me when they have difficult cases. If the cancer is easy to treat, they don't typically need to see me."

But sometimes the patients or their primary-care physicians

Patients come to Tulane from all over the country in hopes of finding solutions.

do need to consult on the more routine cases. "Because I don't have a dog in the hunt in early-stage cancer—I am not a radiation oncologist or a surgeon—I'm increasingly consulting in an effort to help early-stage patients understand and balance the risks and benefits of different kinds of therapies—observation, radiation, surgery, hormonal," Sartor says.

"If a patient has an elevated PSA, he'll typically be referred to a urologist for an opinion. Often the patient comes back to his longtime trusted physician, usually an internist, and says 'What do I do?' At that point, all parties are hungry for information on how best to make a decision. I advise those patients, and often their physicians as well, on the best options available."

Sartor is working to establish clinical trials for prostate cancer treatment, including a new agent for those with advanced-stage disease who may have already failed chemotherapy and a new vaccine in combination with radiation. He hopes to have at least five clinical trials open this fall. Each could enroll five to 10 people at Tulane, and between 100 and 600 nationwide.

"Trials create new options for patients," Sartor says. "People travel and want to come to someone who might have more options available. Many people seek experimental therapies when their traditional options are limited."

The five-member basic science prostate research team has a critical role in opening those options, he adds. "If we want to understand this disease better, we can't be limited to what we can learn in a clinical setting. Prostate cancer is a very heterogeneous group of diseases with a number of molecular genotypes. Our basic science group is in the process of unraveling them in a way that will translate to a clinical environment.

"The fun part of my job is playing a small role in what I hope is progress in treating this disease," he says. "At the end of the day, patients will be the beneficiaries, treatments will have fewer side effects and therapies will be more effective. That's a good reason to get up and go to work every morning."

Husband-and-wife duo Dr. Haitao Zhang and Dr. Yan Dong work together to investigate the mechanisms of selenium, a natural trace element that has been shown to reduce the incidence of prostate cancer by half.

A STRING OF TULANE FIRSTS

Tulane has posted a long record of prostate cancer leadership, especially with urology department chair Dr. Raju Thomas' pioneering work in the use of advanced technologies to manage localized prostate cancer. Among the innovations:

100

- ✓ first prostate cancer screening clinics in this region (early 1980s)
- ✓ first prostate support group in Louisiana (1991)
- ✓ first in Louisiana to offer cryosurgery for prostate cancer (1993)
- ✓ first in the Gulf South to do laparoscopic radical prostatectomy (1998)
- ✓ first in the Gulf South to use the DaVinci robot for radical prostatectomy (2003).

Robotic surgery gives a surgeon "unbelievable 3-D vision," says Thomas, who has led urology since 1996. "You can see the prostate cancer coming right at you. The blood loss is much less, the postoperative pain is less, it's only an overnight hospital stay now, and patients can go back to work much more quickly."

Thomas and his colleagues do about 250 prostate surgeries a year using robotic-assisted techniques. Joining the team this year is Dr. Benjamin R. Lee, an associate professor of urology who comes from the faculty of New York's Albert Einstein School of Medicine. Lee has extensive experience with minimally invasive approaches to treat renal masses, prostate cancer, kidney disease, stricture disease, kidney stones and BPH. He is the author or co-author of more than 84 scientific manuscripts and nine videos. He has received national awards for his research, which centers on development of novel laparoscopic techniques, the physiology of laparoscopy and other minimally invasive techniques.

Tulane is the only approved fellowship training site for robotic urologic surgery in Louisiana, and faculty are in the forefront of

educational activities related to robotic urologic surgery, including serving as faculty at international symposia, publishing in peerreviewed journals and writing textbook chapters.

"We're the center of prostate cancer research and treatment for most patients along the I-10 corridor from Lake Charles to Panama City," Thomas says. "By recruiting additional talent, we will increase our reach as a full-service center for prostate cancer—from screening to state-of-the-art treatment to post-operative care and support groups."

FROM LAB TO CLINIC—AND BACK AGAIN

n essential part of the full-service center is basic research. Four scientists have been added to the team in the last year, bringing the total to five. Husband-and-wife duo Dr. Haitao Zhang, an assistant professor of pathology, and Dr. Yan Dong, an assistant professor of structural and cellular biology, work together to investigate selenium's intervention in prostate cancer. Supplementation with selenium, an essential trace mineral, has been shown to reduce the incidence of prostate cancer by approximately 50 percent.

Selenium slows prostate cancer growth by decreasing the abundance and activity of the receptor for the male sex hormone androgen, explains Zhang. The two scientists, who came to Tulane from Roswell Park Cancer Institute in Buffalo, want to find out how it works. They believe selenium not only reduces prostate cancer incidence, but also has the potential to be used for preventing or delaying prostate cancer relapse after androgen deprivation therapy, a common form of treatment for prostate cancer.

Selenium is inexpensive, easily available and appears to be without significant side effects. Zhang says that the team's studies "could lay the groundwork for future clinical trials using selenium to prevent relapse after androgen deprivation therapy and combining selenium Dong is also studying the prostate cancer intervention potential of ginsenosides, a class of steroid-like compounds found in Asian ginseng.

Dr. Zongbing You, assistant professor of structural and cellular biology, spent a decade as a gynecological surgeon in China before moving from the University of California-Davis to Tulane to study signaling proteins called cytokines and their role in helping prostate cancer to thrive. "If we find out how it works, then we can find something to block it and thus kill the cancer cells," You says. He also is investigating how genes and inflammation may work synergistically in prostate cancer.

A fourth new researcher, Dr. Nick Makridakis, an assistant professor of epidemiology, came from the University of Southern California to work with biomarkers for cancer, both from the genetic and genomic aspects. His special interest is the 99 percent of the genome that is not made up of genes and the random mutations that occur there. "Is there a way to use those accumulated mutations—or even just the number of those mutations—as a monitoring system throughout a tumor's life?" he asks.

Dr. Asim Abdel-Mageed, an associate professor of urology and director of the department's molecular oncology research program, has been at Tulane since 1994. His research team recently discovered that the biology of prostate cancer may differ by race, with genetic factors appearing to be partly responsible for the higher incidence of and mortality from prostate cancer in African-American men. The research indicates that prostate cancer cells in African Americans overproduce two proteins involved in the relationship between hormones and the progression of the disease, a finding that could eventually lead to new clinical screening methods offering earlier detection of prostate cancer in that population.

AN ENVIRONMENT FOR SUCCESS

rostate cancer is just one focus of the Tulane Cancer Center, an enterprise within the medical center that includes 119 "members," of whom 38 are clinicians. With between \$10 million and \$11 million annually in research funds, the Cancer Center is bigger now than it was before Katrina. "In the past year, we've recruited like crazy," says Dr. Prescott Deininger, the Cancer Center's interim director. "We were in a position to recover quickly and help other people to do so."

A portion of the budget for the Tulane Cancer Center comes from the Louisiana Cancer Research Consortium, a partnership of Tulane, LSU and Xavier, which is funded by three cents of the state sales tax on a pack of cigarettes.

This summer, the first test pilings were driven for a new \$102 million building that will house Cancer Consortium researchers. The building, to rise on the corner of Tulane and Claiborne avenues in the new medical corridor, will have around 100,000 square feet of research space, three floors of parking and another 50,000 square feet that can be developed in a second phase.

The building should open in two to three years, Deininger says. "It will give us an opportunity to embed our scientists in an environment where they can live and breathe cancer research with colleagues."

Deininger's goal—and that of the Louisiana Cancer Research Consortium—is designation as a cancer center by the National Cancer Institute. NCI designation is described as the gold standard in cancer research and care, providing economic growth through research expansion and marketable discoveries, decreasing cancer incidence and mortality in the state, and offering access to the best cancer care.

"We just went through Katrina, and we're rebuilding," Deininger says, "We're in good shape now—all the pieces are there. There's a whole pile of new young physicians at the research end. We'll be in great shape in five years."

INCREASING CLINICAL CAPACITY

ince Hurricane Katrina, demand for clinical care has risen and Tulane staff members have met the challenge, according to Dr. Alan M. Miller, medical director of the Tulane Cancer Center Comprehensive Clinic. The clinic, on South Saratoga Street behind Tulane Medical Center, is seeing between 600 and 700 patients a month—110 percent of the pre-Katrina patient numbers—and the number receiving radiation therapy (about 35 a day) has grown by 150 percent.

"We've been able to recruit excellent physicians, many of whom were at other New Orleans hospitals that closed as a result of Hurricane Katrina," Miller says.

"We're dealing with capacity limitations, but we're embarking on expansion to help us to be able to accept growth that we expect," he adds as he leads a tour of the space that will soon feature five new examining rooms, a second linear accelerator for radiation therapy and eight new infusion chairs to join the 14 onsite.

A new 28-bed inpatient oncology unit at Tulane Medical Center, with a filtered air flow especially designed to support the recovery of patients who have had stem cell and bone marrow transplants, will open in 2009.

"Many of our neighbors have felt they needed to travel to Houston after getting a cancer diagnosis," says Deininger. "Now, if you have prostate cancer, Tulane is where you want to be.

"We offer the latest surgical equipment and techniques, innovative basic and clinical research that gives patients the latest options and the world's foremost experts in the prevention and treatment of this disease.

"We are a prostate cancer powerhouse, providing the highest possible level of care, right here at home."



The legacy of the legendary Dr. Michael DeBakey reaches into every corner of his chosen profession.

The Man Who Changed Medicine

BY DIANA PINCKLEY

o leading medical historian Dr. Sherwin Nuland, Dr. Michael Debakey was "without question, the greatest surgeon of all time."

To renowned cardiac surgeon Dr. John Ochsner, he was first a babysitter and then a mentor in the medical profession.

To presidents Johnson and Nixon, Russian President Boris Yeltsin (who called him "a magician of the heart"), Jordan's King Hussein, the Shah of Iran, Marlene Dietrich, Wayne Newton and Jerry Lewis, he was their doctor. Dr. DeBakey performed more than 60,000 surgeries and trained over 1,000 physicians during his career.

To Baylor College of Medicine, where he had been a driving force for 60 years, he was chancellor emeritus.

And to Tulane, he was perhaps the university's most famous alumnus, having graduated from the College of Arts and Sciences in 1930 and the School of Medicine in 1932. Then he went on to change health care in America.

Dr. DeBakey died July 11 in Houston. He was 99.

His death came less than three months after he received the Congressional Gold Medal, the highest civilian honor Congress can bestow.

"He received an almost biblical power to cure," said Speaker of the House Nancy Pelosi of Dr. DeBakey. "By literally fixing broken hearts, he has given hope and health to millions."

e always knew he wanted to be a doctor. Michael DeBakey was born in 1908 to Lebanese parents in Lake Charles, La., which at the time had a population of 13,000. His father owned a pharmacy, and young Michael was inspired by the doctors he saw there. He was an enthusiastic learner who had read the entire *Encyclopedia Brittanica*—volumes A through Z—by the time he started high school. His passion for hard work and attention to detail was demonstrated early when he and his brother Ernest became known throughout Lake Charles for the high quality of their vegetable garden.

The future surgeon entered Tulane's undergraduate program in 1926. By the end of his sophomore year, he had earned enough academic credits to go on to medical school. He received his bachelor's degree after his second year there.

At Tulane, Dr. DeBakey met his mentor, the late surgeon Dr. Alton Ochsner. In between babysitting engagements for Ochsner's children, he and Ochsner made one of the first links between smoking and lung cancer in 1939, 25 years before it became accepted scientific knowledge.

Before Dr. DeBakey had even finished medical school, he began his legendary series of medical firsts by inventing the modified roller pump for blood transfusions. This innovation became a critical part of the heart-lung machine used in the first openheart operation two decades later.

Dr. DeBakey completed two years of surgical residency training at Charity Hospital, then went to Europe for two years to study with leading French and German surgeons. He returned as a faculty member in the Tulane Department of Surgery in 1937, where he was to remain until the outbreak of World War II.

During four years in the Office of the U.S. Surgeon General during the war, Dr. DeBakey developed the concept of MASH units and initiated the program that was to lead to the establishment of the Veterans Administration hospital system. He rose to the rank of Colonel in the U.S. Army.

He expected to return to the Tulane faculty permanently, but Houston came calling on behalf of its brand-new medical program at Baylor. He turned them down twice. "They didn't have any clinical service," he told Tulanian in a 1987 interview. "They had no hospital. They had no residents, no training

programs in surgery. They couldn't provide me with anything to work with to develop an academic department." When Baylor finally came up with a 20-bed surgical service, Ochsner advised Dr. DeBakey to accept the offer.

"For the first year or two, I had serious questions as to whether I did the right thing," Dr. DeBakey said in the Tulanian interview. All doubts vanished early. He was appointed president of Baylor College of Medicine when it separated from Baylor University in 1969 and was named chancellor of the school 10 years later, a post he held until he became chancellor emeritus in 1996.

His innovations in the operating room continued, eventually resulting in more than 50 instruments invented. One of his first major inventions-the one some medical historians call his greatest-was the development in 1953 of the Dacron[®] graft, which lasts in the body for many years. The nylon grafts they replaced broke down after about a year. Dr. DeBakey made the first Dacron® grafts on his wife's sewing machine, employing skills he learned from his mother.

That same year, Dr. DeBakey performed the first successful carotid endarterectomy, establishing the field of surgery for strokes. In 1963, he received the first federal grant to establish a program for the development of artificial heart pumps. In 1964, Dr. DeBakey and his associates performed the first successful bypass using the large vein in the leg to bypass the blocked or damaged area between the aorta and coronary arteries, a common operation today.

In 1966, he worked with NASA engineers, refining existing technology to create the DeBakey Ventricular Assist Device, which helped failing hearts pump blood. In 1968, he led a team of surgeons in an historic multiple-transplantation procedure in which the heart, kidneys and one lung of a donor were transplanted to four recipients. He also pioneered the field of telemedicine with the first demonstration of open-heart surgery transmitted overseas by satellite.



e was an educator par excellence, known for being as tough with his students as he was gentle with his patients.

In the aftermath of Hurricane Katrina, Dr. DeBakey arranged for Tulane School of Medicine to set up operations for an entire year at Baylor College of Medicine until his alma mater had recovered from the storm. He welcomed hundreds of Tulane medical students and residents to their temporary home.

His educational outreach wasn't limited to medical students. During his career, Dr. DeBakey wrote two New York Times best-sellers: The Living Heart and The New Living Heart Diet.

One of his proudest educational achievements was the establishment of the Michael E. DeBakey High School for Health Professions, a joint project of Baylor College of Medicine and the Houston Independent School District. The school allows students, many of whom are members of underrepresented minorities, to obtain the basic educational foundation to succeed as undergraduates and eventually enter medical school.

Dr. DeBakey also was instrumental in founding the National

"Medicine is an extremely complex system, and he contributed Library of Medicine, the world's largest medical library and a part of to every part of it," Dr. Norman McSwain, a surgery professor at the National Institutes of Health. His legacy extends across the world. Dr. DeBakey helped Tulane, told USA Today. "If you look at it from the big perspective, he is the best surgeon who ever lived." establish cardiovascular surgery programs and healthcare systems in

Dr. DeBakey creates a Dacron[®] graft on his wife's sewing machine. In 2006, Dr. DeBakey had surgery to repair a torn aorta, using the Dacron[®] graft in the surgical procedure he had developed a half-century earlier.

> Germany, China, Italy, Australia, Japan, Saudi Arabia, Egypt and Spain, as well as nations in Central and South America.

He received some 50 honorary degrees and more than 200 awards from educational institutions, civic organizations and governments worldwide. Among them: the Medal of Freedom, the highest honor the President of the United States bestows upon a civilian,

and the Lasker Award (the American equivalent of the Nobel Prize) as well as the Congressional Gold Medal.

However, he was not one to rest on his laurels. When he was in his 90s, Dr. DeBakey typically arose at 5 a.m., wrote for a couple of hours and then sped off (usually in his sports car) to put in a full day at his office.

At his memorial service in Houston, many of the 1,800 attendees wore white coats or scrubs in honor of his medical legacy. His friends talked of his fondness for gumbo and how he learned to play the clarinet in three months while at Tulane, so he could be in the symphony.

His connections were wide-ranging: One eulogist recalled how Dr. DeBakey had been introduced to his second wife, Katrin, then a German film actress, by Frank Sinatra.

The Young Tuxedo Brass Band from New Orleans closed the service in traditional jazz funeral style.

Dr. DeBakey was buried in Arlington National Cemetery on July 18, in a small ceremony attended by Defense Secretary Robert Gates and Veteran Affairs Secretary James Peake.

In addition to Katrin, Dr. DeBakey is survived by his sons, Michael and Denis; his daughter Olga; and his sisters Lois DeBakey and Selma DeBakey. His first wife, Diana Cooper, a nurse whom he had met while he lived in New Orleans, died of a heart attack in 1972.



Dr. Louise Ireland-Frey has published a trilogy entitled *The Blossom and the Budda*, a three-volume novel on the life of Gautama, based on research of the Buddhist writings. "This man, kept from knowledge of disease, old age and death until he encountered them in adulthood, vowed to dedicate his life to discovering what caused these and how to eliminate them," Ireland-Frey writes. "Foolish, everyone said. But through encountering sickness, experiencing an epidemic and experimenting with every known means

that others suggested he try, he did break through to a mystical Enlightenment that satisfied him and enabled him to teach what he had learned, walking for 45 years with his followers from town to town in northern India 26 centuries ago. I feel that this writing is my Opus Magnum."

Dr. George R. Cary has been elected to the board of the Shepherd Center, a brain and spine treatment, research and rehab hospital in Atlanta.

SEND NEWS

Tulane Medicine seeks news and notes about alumni of the medical school, as well as faculty members and "alumni" of the Tulane residency programs. Please send your news to **mednotes@tulane.edu**.

In Memoriam

- '40 Dr. John C. Dubret
- '41 Dr. Jack Hyman Dr. Hugh M. Yearwood
- '43 Dr. David L. Greenlees Dr. Maurice M. Lerman
- '44 Dr. Gerald S. Williams
- '45 Dr. Samuel Baum Dr. Mary R. Prieto Dr. James Gilbert Rohn Dr. Howard B. Strauss Dr. Henry K. Tippins, Jr.
- '46 Dr. Wallace R. Aderhold Dr. James W. David, Sr. Dr. Lloyd C. Eyrich Dr. Robert G. Hendon, Jr.
- 47 Dr. Louis A. Polizzi
- 49 Dr. Robert E. Higgs Dr. Isadore Yager
- '50 Dr. Richard C. Allen, Jr. Dr. Louise Markham Giamalva Dr. Clu Flu Lusk

- 51 Dr. William S. Ullom Dr. Theodore P. Votteler
- ^{'52} Dr. William D. de Gravelles, Jr. Dr. Edwin T. McNamee, Jr.
- ^{'54} Dr. Earl R. Campbell, Jr.
- ^{'55} Dr. James R. Guyton, Jr. Dr. Clarence H. Webb, Jr.
- ³⁶ Dr. Edwin H. Cole
- '57 Dr. W. Mel Flowers, Jr.
- ^{'58} Dr. William W. Tisdale, Jr.
- ^{'59} Dr. Albert W. Auld
- 60 Dr. Harold R. Belknap, Jr.
- '62 Dr. Solon R. Cole
- 63 Dr. George W. Thurmond
- '65 Dr. John D. Nehring
- ⁷¹ Dr. Sandra Shroder Graber
- ^{'80} Dr. Gordon L. Blundell, Jr. Dr. Willie B. Newman
- ⁸¹ Dr. Clifford H. Van Meter, Jr.

Dr. Ralph B. Armstrong was presented with the Distinguished Eagle Scout Award by the Boy Scouts of America. The award recognizes significant career accomplishment and continued community volunteer involvement for at least 25 years after attaining the level of Eagle Scout. Only one out of 1,000 Eagle Scouts is awarded this recognition.

Dr. Martin Rothberg (A&S '64) retired April 1, 2008. He and his wife, Sharon Taylor Rothberg (NC '64), continue to reside in Miami.

Dr. John R. Schreiber (PH '79) became chairman of the department of pediatrics at Tufts University and chief administrative officer of the Tufts children's hospital in July 2007.

Dr. Mark R. Brinker (A&S '82), an orthopaedic surgeon in Houston, scored his first Hollywood credit: as a coscreenwriter of "Untraceable," a moody cyber-thriller starring Diane Lane that opened in January 2008.

Dr. Rob Corley and his wife Amie (PH '00) live in St. Louis, where he practices emergency medicine. They announce the birth of their first child, Henry, on Jan. 28, 2008.

White Coat Day (opposite)

On Aug. 4, 178 first-year medical students celebrated an initial step on the road to becoming a physician. The largest class in the history of Tulane School of Medicine was chosen from a record 8,307 applicants. It includes students from 37 states; 26 first-year students are Louisiana residents. Pictured from left are Ross Chod, St. Louis; Meghan Klavans, St. Petersburg, Fla.; Davis Ogitani, Pearl City, Hawaii; and Leah Katz, Briarcliff Manor, N.Y.





SCHOOL OF MEDICINE 1430 Tulane Avenue, SL-77 New Orleans, LA 70112



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