

THE MAGAZINE OF TULANE UNIVERSITY SCHOOL OF MEDICINE | SPRING 2012

TULANE | MEDICINE

THE NUTRITION
PRESCRIPTION



 CARING FOR
KIDS WITH
CANCER



With its unique mix of culture and business, New Orleans is quickly becoming a hub for innovators and entrepreneurs. From the newly opened BioInnovation Center to the recently held New Orleans Entrepreneur Week, New Orleans is engaging the best and brightest local and national minds in a movement to create an ecosystem of entrepreneurship. Tulane University School of Medicine has become an integral part of that movement.

The School of Medicine has always been at the forefront of medical innovation, and fostering a culture of entrepreneurship has become an important initiative among both faculty and students. Last spring and fall, the medical school sponsored a series of seminars focused on technology commercialization, which ended with a formal business plan competition. The winner, chosen from 16 student submissions, was Olivia Chang (M '13) from Vancouver, British Columbia. She received a cash prize and the opportunity to develop a formal business plan through the New Orleans BioInnovation Center. Olivia's idea focuses on an inexpensive water purification process for developing countries, and she has already submitted a patent application.

The School of Medicine is also working toward establishing a certificate program in technology commercialization. The program would be open to MD, PhD and MD/PhD students and would feature coursework through the schools of medicine, business, law, and science and engineering. This certificate program, to be available in the fall, will offer students the unique opportunity to learn technology commercialization skills in a real work environment that will combine both theory and practice.

Tulane is currently the only medical school in the country to offer a business plan competition, and we hope to become a model of entrepreneurship on a medical school campus. The culture of New Orleans and Tulane School of Medicine makes for a melting pot of ideas and innovation that could lead to breakthroughs in medical technology.

I hope to be able to share many exciting projects from our students and faculty as we continue to foster a community of entrepreneurship.

Ben

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ON THE COVER

Dr. Timothy Harlan, medical director for outpatient clinics at Tulane University School of Medicine and passionate advocate for healthy eating, with a favorite vegetable.



After receiving their white jackets, the symbol of entering the physician’s profession, the members of the first-year medical class turn around to applaud their families.

CLASS SETS RECORD

The first-year medical students who began at Tulane in the fall were a select group, chosen from a record 10,210 applications. The careers most in demand among this class are pediatrics, family medicine, surgery, orthopaedics, emergency medicine, primary care and neurology. Here’s a statistical snapshot:

190 first-year medical students

95 different universities and colleges are represented. Sixteen students hail from Tulane, two each are from the University of New Orleans and Louisiana State University, and one is from Xavier University of Louisiana.

47% is the rate of increase in applications over the last four years.

1 in 4 students applying to medical school in the United States applied to Tulane.

36 states and three countries (Uruguay, Bahamas and Nigeria) are represented. Louisiana and California are the homes of the most students, with 28 each.

REMEMBERING DR. WALLACE K. TOMLINSON

One of the first things first-year medical students do is get their white coats in a ceremony before faculty and family. And one of the most important parts of that event is the annual Dr. Wallace K. Tomlinson Lecture, in 2011 delivered by Dr. James Doty.



Dr. Tomlinson died on July 5. He served as the associate dean for student affairs at Tulane University School of Medicine from 1977 through 2002.

A native of Houston, Dr. Tomlinson graduated from the University of Texas with a Phi Beta Kappa key and degrees in zoology and history.

After receiving a medical degree from Baylor College of Medicine, Dr. Tomlinson came to Tulane for his residency and then joined the faculty in psychiatry and neurology. A consummate student advocate and a dedicated medical historian, he continued to assist with the Admissions Committee after his retirement.

In addition to being a mentor to young doctors in training, Dr. Tomlinson was the faculty adviser for the school’s History of Medicine Society for 35 years.

His enthusiasm for history, especially medical history, was boundless. “Students need to know where they come from, and that they stand on the shoulders of giants,” he said in a 2011 interview.

Memorial donations should be directed to the Wallace Tomlinson Lecture, Tulane University School of Medicine, Office of Development #8745, Attention: D. Kinahan, 1430 Tulane Ave., New Orleans, LA 70112.



Dr. Gregory Stewart, medical director of the Tulane Centers for Physical Medicine and Rehabilitation, evaluates a former football player.

TULANE TO TREAT FORMER NFL PLAYERS

The National Football League has selected Tulane University as one of only seven institutions in the country—and the only medical institution in the Gulf South—to be part of its Neurological Care Program for retired players.

TULANE WILL UTILIZE STAFF IN NEUROLOGY, SPORTS MEDICINE, PSYCHOLOGY AND SPEECH THERAPY TO OFFER A UNIQUE, HOLISTIC APPROACH IN HELPING PATIENTS RECOVER AND EFFECTIVELY MANAGE THEIR CONDITIONS.

The program gives former players special access to the nation’s leading neurological hospitals for comprehensive evaluation of brain and spinal function, along with an individually tailored treatment plan.

Dr. Roger Kelley, chair of neurology at Tulane University School of Medicine, and Dr. Gregory Stewart, medical director of the Tulane Centers for Physical Medicine and Rehabilitation, will lead the program.

“Tulane will utilize staff in neurology, sports medicine, psychology and speech therapy to offer a unique, holistic approach in helping patients recover and effectively manage their conditions,” Stewart says.

Adds Kelley, “Brain injuries, whether sport-related or caused by other events, can have a lasting impact on a person’s quality of life, affecting everything from short-term memory and concentration to interpersonal relationships with friends and family.”

The NFL agreement is the first public step in a larger effort to establish Tulane as a national center for sports expertise and professional services in medicine, law and business.

RESIDENCIES RISING

Tulane University School of Medicine expanded its residency program and affiliated programs by approximately 28 positions this spring, thanks to funding changes included in federal healthcare reform legislation.

The Centers for Medicare and Medicaid Services, which funds most U.S. residency positions, redistributed 1,354 Medicare residency slots last summer, reducing those from hospitals that were not training up to their residency caps.

The newly allocated positions were given to qualifying hospitals in rural or underserved areas with the highest medical need. Almost 90 percent of Louisiana falls under the federal designation of Health Professional Shortage Area for primary care physicians, according to the Louisiana Department of Health and Hospitals.

Baton Rouge General Medical Center will get 18 of these new residency positions, while 10 will be assigned to Tulane Medical Center.

“The majority will be in internal medicine with some in general surgery,” says Dr. Jeffrey Wiese, associate dean of graduate medical education.

“Increasing the number of residency positions in Louisiana is an important step in growing the base of primary care physicians in the state,” Wiese says. “About 80 percent of residents from Louisiana stay in the state to practice medicine after they complete their residencies. Two-thirds of those who are not from Louisiana but who were recruited to Tulane for their residencies will ultimately practice in Louisiana.”

Tulane University School of Medicine has approximately 448 residency positions and plans to grow to 480 positions during the next three years.



A happy Dr. Prescott Deininger, right, celebrates his investiture as the first holder of the Brown Foundation Chair in Oncology, along with Dr. Ben Sachs, left, dean of the School of Medicine.

DEININGER NAMED TO ONCOLOGY CHAIR

The Tulane University School of Medicine invested Dr. Prescott Deininger as the first holder of the Joe W. and Dorothy Dorsett Brown Foundation Chair in Oncology. The chair was established through a \$1.2 million gift from the Joe W. and Dorothy Dorsett Brown Foundation, with matching funds from the Louisiana Board of Regents.

In his research, Deininger developed and patented the first design of dominant negative mutants, which are useful in understanding genetically inherited diseases that can lead to deafness, vision loss and muscle degeneration.

He directs the Tulane Cancer Center and serves as co-director of the Louisiana Cancer Research Consortium.

KEEP UP!
 For the latest news about developments at the Tulane University School of Medicine, visit tulane.edu/som/news.cfm. And read and sign up for the Dean's Newsletter at tulane.edu/som/dean/index.cfm.



Traumatic experiences in childhood are linked to changes in cells' "biological clocks," says child psychiatrist Dr. Stacy Drury.

CHILDHOOD NEGLECT HARMS DNA

Extreme stress and neglect in childhood can damage DNA, potentially increasing the risk to health in adulthood, according to a Tulane study of young children in a Romanian orphanage.

The research is the first to link traumatic childhood experiences with shortened telomere lengths, a biological marker of aging, says Dr. Stacy Drury, an assistant professor of psychiatry at the Tulane University School of Medicine and lead author of the article which appeared in the journal *Molecular Psychiatry*.

Telomeres are a region at the end of chromosomes that naturally shorten with age as cells divide and replicate. "They are the biological clock of the cell," Drury explains.

The length of the telomere dictates when a cell fully develops. When the length gets too short, it tells a cell when to die. Shorter telomere lengths in adults are associated with higher risks for cardiovascular disease, cognitive decline, diabetes and mental illness.

Drury and colleagues looked at 136 children in the Bucharest Early Intervention Project, a longitudinal clinical trial of foster care children aged 6 to 30 months. They found that the more time a child younger than five years spent in group institutional care where the child experienced emotional and physical neglect, the shorter the child's telomere length during middle childhood.

Telomere length may be the first sign of how early negative experiences change a child's biology, Drury says.

"Seeing these changes in young children highlights the critical importance of early intervention and improved caregiving in our youngest and most vulnerable," she says.

Drury and her colleagues are conducting a follow-up study, funded by the National Institutes of Health, to see whether the cellular changes are lasting. Researchers will examine whether improved care in later childhood slows or reverses the rate of telomere decline in study participants.

GENES SHED LIGHT ON HEALTHY AGING

Dr. Michal Jazwinski, a geneticist who has studied the aging process for more than 25 years, wants “everyone to die young—at an old age.”

Director of the Tulane Center for Aging, a professor of medicine and biochemistry and the John W. Deming, MD, Regents Chair in Aging, Jazwinski says that the ultimate goal of his genetic research is healthy aging in humans. “The whole idea is to compress morbidity, to make the period of decline [before death] as short as possible.”

In recognition of his contributions to the field of aging research, Jazwinski received the Robert W. Kleemeier Award from the Gerontological Society of America in November.

Jazwinski says living long and well is a matter of interaction among genes, diet, exercise, productive pursuits and social activity. But his focus is on genes. Garden-variety baker’s yeast—the kind

that causes dough to rise in bread-making and wine and beer to ferment—is a great genetic model,” he says.

Jazwinski was the first scientist to clone or isolate a longevity-associated gene in any organism. And because he was the first to identify this gene, he got to name it—LAG1 (Longevity Assurance Gene).

Recently, he and his colleagues have generated a hypothetical model involving three human genes, ApoE, H-Ras and LASS (human LAG1), predicting—and then showing—that they interact in longevity and healthy aging.

The human biological system is quite complex, says Jazwinski. With networks of different reactions all going on at the same time, each affecting the other, there is “a narrow window where everything seems to work nicely,” he says. “But you can only go so far in tweaking a certain gene and its expression to increase life span.”



Fourth-year students Bryan Hambley, left, and Sean Kim use a lifelike robotic mannequin in a demonstration for high school students.

DOC FOR A DAY

More than 30 high school students from central Louisiana learned what it’s like to train to be a physician as part of a hands-on career day. Hosted by Tulane University School of Medicine students, the event took place at the Tulane Center for Advanced Medical Simulation and Team Training.



Tulane gynecologist Dr. Rusty Robinson, front right, plays with a band called N.E.D., the medical abbreviation for “No Evidence of Disease.”

ROCKING OUT FOR CANCER AWARENESS

N.E.D., the medical abbreviation for “No Evidence of Disease,” is music to the ears of every cancer patient.

It’s quite literally music, too, in the hands of Dr. William “Rusty” Robinson, chief of the section of gynecologic oncology at the Tulane University School of Medicine. He is a guitarist for a rock band called N.E.D., made up of six gynecologic surgeons from across the United States.

“It’s therapeutic—not only for us, but also for our patients,” Robinson says. “It is amazing how excited our patients get over the band. They are by far our most devoted and energetic fans.”

The band’s mission is to raise awareness of gynecologic cancers. “Breast cancer awareness is everywhere, but women also suffer and die from gynecologic cancers, to which vastly less media attention has been directed and for which vastly lower amounts of research dollars have been spent.

“While breast cancer has a pink ribbon, gynecologic cancers have a rock band, and we can make a lot more noise!”

Motema Records approached the band and, with an award-winning producer, N.E.D. cut a CD of original music, with proceeds to benefit the Foundation for Women’s Cancer. In 2011, the band produced a second CD entitled “Six Degrees.” A January concert raised money for the Tulane Cancer Center Gynecologic Cancer Research Fund HPV Vaccine Program and the foundation.

SURGEON LEADING TRAUMA TRAINING IN ASIA

In parts of the world where accident victims likely are transported to a hospital by “tuk tuk”—a small, three-wheeled vehicle—Tulane emeritus professor of surgery Dr. Bernard Jaffe is leading an effort to train emergency medical technicians, nurses and doctors.

“The critical need is for trained EMTs and paramedics capable of providing care to children and adults during transport,” says Jaffe, director of the Trauma Education Program for the international foundation Operation Smile. “The specialty of emergency medicine does not exist in the underdeveloped world. There is a critical need for training physicians and nurses in injury-care and life-support skills.”

Eighty-five percent of the world’s population lives in resource-poor nations, and 90 percent of deaths from injuries occur in developing countries, says Jaffe. For every child who dies after sustaining



In Cambodia, accident victims are likely transported to a hospital by “tuk tuk” — a wagon powered by a motorbike motor — without the benefit of an EMT trained in trauma.

a trauma, there are three children who are permanently disabled.

Over the past six years, Jaffe and Operation Smile have conducted three to four educational missions annually. On each mission, Jaffe takes along at least one Tulane surgical resident as well as medical students who assist in training while they are learning skills themselves.

So far, programs have been implemented in Cambodia, Laos, Vietnam, Myanmar and Nepal. This academic year, plans include expansion of the programs to Bangladesh and Malaysia, and then to Africa in Kenya, Rwanda, Zimbabwe and Zambia.



Under the leadership of Dr. Benjamin Sachs, the Tulane School of Medicine has played a major role in regional health care by improving both the access to and the quality of care in New Orleans.

SACHS RECEIVES WEISS AWARD

The New Orleans Council for Community and Justice has presented Dr. Benjamin Sachs, senior vice president and dean of Tulane University School of Medicine, with a Weiss Award for “exceptional civic and humanitarian contributions” to the New Orleans area.

Sachs was one of six leaders to receive the honor at the council’s 54th annual awards presentation.

Health care is a vital component to the revival of New Orleans, says Stephanie Bridges, president of the council, and Sachs “has been highly influential in Tulane’s efforts to strengthen the quality and accessibility of health care in our city.”

Under Sachs’ leadership, the school has improved both access to and quality of care in the city. In 2009, approximately 200,000 people received care through largely new community-based clinics. Tulane has helped raise funds to build three major neighborhood health centers designed to provide care for 60,000 people per year.

In recognition of its initiatives, the School of Medicine received the prestigious national Spencer Foreman Award for Outstanding Community Service in 2010 from the Association of American Medical Colleges.



Dr. MarkAlain Déry says placing HIV care within an “ordinary health clinic” is part of an overall trend to destigmatize HIV.

HIV/AIDS CLINIC OPENS AT COVENANT HOUSE

With funding from a Ryan White grant through the City of New Orleans, the Tulane University School of Medicine is providing HIV/AIDS care within the Tulane Community Health Center at Covenant House. The new clinic offers ongoing care to patients regardless of insurance status, says Dr. MarkAlain Déry, an instructor of clinical medicine.

Because of the tremendous advances in HIV treatment, Déry says that the disease has become a manageable condition for many but still carries a social stigma that makes it harder for some to seek care.

“This is part of an overall trend to destigmatize HIV by placing it in an ordinary health clinic,” Déry says.

Adds Dr. David Mushatt, chief of adult infectious diseases at Tulane, “We

are very excited about this as it will allow us to become more involved in the community management of HIV, offer HIV clinical trials to the community and provide more learning opportunities for students.”

New Orleans ranks third in the nation (behind Baton Rouge) for AIDS case rates among metropolitan areas, according to 2008 figures from the Centers for Disease Control and Prevention.

The clinic is one of several HIV projects for Déry, a passionate advocate in the fight against AIDS. Last year, he founded the New Orleans Society for Infectious Disease Awareness. He also organizes the HIV Awareness Music Project, an annual music festival that promotes HIV education, awareness and empowerment.



Photo: Archiv zur Geschichte der Max-Planck-Gesellschaft, Berlin-Dahlem

Dr. Otmav von Verschuer examines twins at the Kaiser Wilhelm Institute. As the head of the Kaiser Wilhelm Institute’s Department for Human Heredity, Verschuer, a physician and geneticist, examined hundreds of pairs of twins to study whether criminality, feeble-mindedness, tuberculosis, and cancer were inheritable. In 1927, he recommended the forced sterilization of the “mentally and morally subnormal.” Verschuer typified those academics whose interest in Germany’s “national regeneration” provided motivation for their research.

DEADLY MEDICINE EXHIBIT PLANNED JULY 25–OCTOBER 15

Tulane University School of Medicine will sponsor an exhibit on *Deadly Medicine: Creating the Master Race* at the World War II Museum in New Orleans.

The traveling exhibit, organized by the United States Holocaust Memorial Museum, focuses on the campaign by Nazi Germany from 1933 to 1945 to “cleanse” German society of people viewed as biological threats to the nation’s “health.” Enlisting the help of physicians and medically trained geneticists, psychiatrists and anthropologists, the Nazis developed racial health policies that started with the mass sterilization of “hereditarily diseased” persons and ended with the near-annihilation of European Jewry.

Deadly Medicine: Creating the Master Race uses objects, photographs, documents and historic film footage from European and American collections to trace this history from the early 20th-century international eugenics movement to the Nazi regime’s “science of race.”

>> For more information, visit the websites of the National World War II Museum (ddaymuseum.org) and the Holocaust Museum (ushmm.org/museum/exhibit/online/deadlymedicine).

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THE NUTRITION PRESCRIPTION

Dr. Timothy Harlan, medical director for outpatient clinics at Tulane University School of Medicine, is integrating more hands-on nutrition experience into the curriculum. And, as Dr. Gourmet, he urges a vast online audience to enjoy healthy eating.

BY **KEITH BRANNON**
PHOTOGRAPHY BY
DAYMON GARDNER



Dr. Timothy Harlan has a simple message. To be well, you've got to eat well.

That's what the assistant professor of medicine tells his patients if they want to lose weight, manage their diabetes or keep their blood pressure in check.

It's also advice he shares online every month with about a quarter million people he'll likely never meet.

In the virtual world, Harlan, who by day is also medical director for Tulane's outpatient clinics, becomes Dr. Gourmet—a friendly doctor, chef and lifestyle guru who dispenses practical advice about how to eat and prepare nutritious foods and lead healthier lives.

His site, DrGourmet.com, attracts 250,000 unique visitors a month and sends out more than 125,000 email newsletters a week.

It's packed with easily digestible health news, tips and very specific information about how to adapt eating habits for diabetes, acid reflux, lactose intolerance or a blood-thinner regimen. He also regularly answers readers' questions. And, like Dr. Oz, nothing's off limits.

Do low-carb diets really work? Will a glass of wine at night wreck a diet? Do peach pits contain cyanide? Is it OK to put starchy peas on salad? (His answers: Usually, quite the opposite, harmless trace amounts and *of course!*)

"The mission of Dr. Gourmet is to deliver evidence-based diet and nutrition information for the lay public—in a way that tastes really great," says Harlan, who was a chef before becoming a doctor.

His advice, while rooted in sound medical science, isn't high-brow or preachy. In fact, Dr. Gourmet loves food just as much as his readers. But he also knows that most people get so much conflicting diet information that they're not sure what they should be eating any more. And with statistics showing that 65 percent of Americans are overweight and a growing 33 percent are obese, something has to change.

Harlan thinks the best strategy is to help people kick pre-packaged convenience meals and fast food habits by teaching them to reclaim their kitchens.

"People don't know how to cook for themselves any more," Harlan says. "The No. 1 food enemy is that people have lost the understanding and ability to read recipes, plan meals ahead and create shopping lists so they can go home and cook for themselves."

He's also learned that many don't put health information into context. For example, calorie postings don't mean anything if someone doesn't know how

"People don't know how to cook for themselves any more. The No. 1 food enemy is that people have lost the understanding and ability."

—DR. TIM HARLAN



many calories they should be eating. How much salt is too much? Most of us have no idea.

“I am stunned every day by how much people don’t know,” Harlan says. “That’s why we first talk about food and ingredients—things people understand and relate to—and not calories, carbs, protein and fat. I do talk about those things because I want them to know what they eat, but first and foremost, I want to talk about recipes and ingredients.”

The formula seems to work. Harlan has written four cookbooks and diet guides, including last year’s *Just Tell Me What to Eat!* Dr. Gourmet has been featured on CNN, *The New York Times*, *The Wall Street Journal*, The Food Network and the DIY channel. There’s even a Dr. Gourmet iPhone and iPad app for dieters on the go.

Harlan wasn’t always Dr. Gourmet. In fact, he never planned to be a doctor. He grew up in the restaurant business and opened his own French bistro in Athens, Ga. at age 22. He eventually closed shop to pursue a degree in hotel and restaurant management. When a family member was diagnosed with diabetes, Harlan learned first-hand how diet could have a huge impact on health.

The experience inspired him to become a doctor. He even published his first cookbook, *It’s Heartly Fare*, as a student at Emory University School of Medicine in Atlanta. The book, a patient

manual about salt, fat and cholesterol, is in its eighth printing. It’s still used by hospitals today.

After finishing his residency and joining a family medicine practice outside of Washington, D.C., he and his brother put together a healthy cooking show with Harlan as the on-camera chef. “The Dr. Gourmet Show” ran on public television and won an Emmy for excellence in medical broadcasting in 2002. It eventually landed him a stint as a health expert on The Food Network and DIY cable channels.

Soon he began writing about the clear link between food and health in books and on DrGourmet.com, blending his extensive knowledge of food and nutrition with his medical expertise. The site is run by Harlan’s wife Morgan, a former webmaster for the Association of American Medical Colleges. They moved to New Orleans in 2006, when Harlan joined the Tulane faculty. In six years, they have grown the site to more than 6,000 pages of unique content including 2,000-plus recipes.

Harlan’s challenge is convincing readers that healthy food can also be delicious. “If people think it’s healthy, then they think it can’t taste good,” he says.

Dr. Gourmet’s advice boils down to three tenets:

- Eat the highest-quality calories you can.
- Follow the nine principles of the Mediterranean diet which focuses on

fruits, vegetables, whole grains, plant-based proteins, seafood and lean meats.

- Whenever possible, prepare your own meals.

He tempts readers with recipes for foods they already know. Take fettuccine alfredo. The traditional version may be delicious, but it’s usually a high-fat, salt-laden carb festival. The dish at Olive Garden weighs in at 1,220 calories with 75 grams of fat and 1,350 milligrams of salt. Dr. Gourmet’s version adds shrimp and broccoli and uses whole-wheat pasta. Instead of butter and cream, the sauce uses 2 percent milk thickened with a little flour and flavored with an ounce each of goat and Parmesan cheeses. The difference? It’s only 539 calories per serving with 547 mg of salt and only 14 grams of fat.

The dish is a big hit with Thessia Everhart-Roberts of North Carolina, who started making it for her family after joining a weight-loss challenge at work. She’s never met Dr. Harlan and found DrGourmet.com through a Google search. She’s been following the “Just Tell Me What To Eat” meal plan for almost a month.

“The meal plans and shopping lists are absolutely wonderful. Each Sunday, I now plan my meals for the week,” she says, adding that she’s trying ingredients she’s rarely ever used, like goat cheese and fresh herbs, and ditching old standbys like jarred cheese sauce. “I had never made cheese sauce myself before.”

HEALTHY FOOD, GOOD TASTE

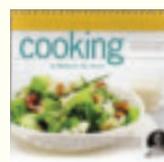
Cooking with Dr. Gourmet



Harlan’s newest cookbook offers a tasty six-week weight-loss plan for the real world.



This collection features some of Harlan’s most beloved recipes, including a healthy creme brulee.



Harlan designed the recipes in *Cooking to Reduce the Burn* so GERD sufferers can eat well while reducing symptoms.

NEW TEACHING KITCHEN

Tulane Medical Students Learn Healthy Cooking, Pass It On

Tulane University School of Medicine has partnered with the College of Culinary Arts at Johnson & Wales University to launch a new center for culinary medicine to teach students, residents and physicians the tenets of healthy cooking and nutrition.

The cornerstone of the program will be a teaching kitchen—the first of its kind for a medical school. It will be a custom-designed classroom and research space off campus outfitted with professional cooking stations, stoves and ovens.

In this environment, medical students will learn about healthy cooking so that they can bring these skills into the community.

“There is clear evidence that when physicians, including medical students, follow a healthy lifestyle, they are better able to empower their patients to follow their lead and make healthier choices,” says Dr. Timothy Harlan, executive director of the new program.

The goal is to help students understand the impact of cooking on medicine, nutrition health and disease. Since so many of the leading causes of disease in America can be traced back to diet and lifestyle, physicians need more practical training in food and health, says Dr. Benjamin



Working with chefs Michael Makuch, left, and Leah Sarris, Tulane medical students learn how to prepare meals using healthy fats.

Sachs, dean of the School of Medicine, senior vice president of the university and James R. Doty Distinguished Professor and Chair.

“Obesity is the most important public health problem facing this country,” Sachs says. “To understand nutrition has become critical and to teach it in conjunction with culinary science is a new way to reinforce the education of physicians.”

Program director is chef Leah Sarris, a former professor at Johnson & Wales, a university based in Providence, RI, that is renowned for its education in culinary and hospitality areas.

Sarris, Harlan, Dr. David Franklin, associate professor of biochemistry, and Dr. Chayan Chakraborti, assistant professor of medicine, are teaming to integrate cooking and nutrition into the first- and second-year medical school curricula.

In a January demonstration at the School of Medicine, chefs

used healthy fats to fry up a sizzling pan of fresh Gulf shrimp. The pilot project also included a morning metabolic biochemistry lecture on lipid metabolism and concluded with a team-based learning class on lipid nutrition and patient case studies.

“We used the cooking demonstration as a touchstone to reinforce what they learned in biochemistry, and the team-based learning class was about clinical applications, tying it all together for patients,” Harlan says.

“We don’t want to just create a nutrition course. Instead we want to integrate nutrition into all of the curriculum—biochemistry, physiology, cell biology, etc.”

Plans call for the teaching kitchen to open in the summer at a yet-to-be-announced site in the New Orleans community.

Those who stick to his plan will lose weight gradually, Harlan says. Elaine Hicks, a health science librarian at Tulane's Rudolph Matas Library, came to Harlan last year after trying in vain to shed extra pounds. She took Lipitor and hydrochlorothiazides to control high cholesterol and high blood pressure. After starting Dr. Gourmet's meal plans, she blogged about her journey on Harlan's website.

In five months, she lost 15 pounds by exercising more and changing the way she and her husband approached food. "I feel so much better. I feel like myself again," she says. "I had a biophysical change. My blood pressure and high cholesterol both went down, so I don't take those drugs any more."

She has also noticed that her taste buds have become so used to low-salt meals that processed foods and other indulgences are now way too salty. "They don't taste good to me any more."

Hicks, who blogged about the experience for almost a year, is a rare overlap between the worlds of Dr. Harlan and Dr. Gourmet.

"A lot of my patients have no idea what Dr. Gourmet is," Harlan admits. "I don't spend a lot of time saying, 'Hey, buy my book,' or 'Go to my website.'"

But that doesn't mean he checks his online persona at the door when he's with patients. When he starts an intake history for a physical, one of his first questions is "What did you have for breakfast?"

"I do a dietary history. It's not comprehensive, but a 24-hour recall. I'll ask what they snack on. I ask people a lot of lifestyle questions. I ask people things

like, 'What time do you get up in the morning?' Because I want to know, what are your barriers (to health)?" he says.

"We all have barriers. Is it, 'Well, I have to get the kids off to school,' or 'I've got to get to work on time.' So I am thinking lifestyle on all my patients. Why do you go to Chili's every day for lunch? Because you haven't planned.

"So I will ask: 'Well, what are you doing next Tuesday at 2 o'clock?' And I have these little shticks about how we'll schedule everything in our lives but time for our health. I try to get people to understand that that particular piece of their lifestyle—their diet and exercise—has got to be part of their plan. They plan everything else. I try to find any opening that I can shove my foot in the door to get them to see that."

For example, one of his patients didn't have any extra time in the day to work out, but he did attend his son's little league games each week. Harlan's suggestion? Try walking the track near the field while watching the game. He counseled another patient to try to catch the bus on his way to work a few blocks from his normal stop and to get off a few blocks early. He now does and gets in at least a 30-minute walk each day.

Because Harlan believes so strongly that people can adjust their lifestyles to improve health and avoid some of the most common weight and diet-related illnesses, he takes it hard if he can't inspire his patients to make a change.

"If I have to write a prescription for glipizide or nifedipine, I have failed," Harlan says. "I know, sometimes you just have to [prescribe medication] and

sometimes I take it a little too personally. You have to be very careful because you don't want to beat people up. I have learned that. At times, I have been too hard on patients and they pushed back."

Habits are hard to change for both patients and their doctors. Harlan says that many physicians aren't comfortable going into great detail with their patients about diet because they haven't had the training and many just don't have the time. It's simpler to send them to a dietitian or write a prescription.

"It is really challenging for us right now in a world where physicians' time is so precious and being squeezed in so many different directions. I don't think that we have created great programs to help [doctors] with the skill set of how to talk to their patients about those things in a very short period of time," he says.

His advice for doctors who want to engage their patients about diet is to first learn everything they can about the Mediterranean diet and its benefits. Then they should focus on helping patients make small, incremental changes that align with it. Studies show that adopting just a couple of Mediterranean diet principles, like eating more whole grains and legumes, can reduce risk for heart attacks from vascular disease.

"Lastly, don't give up. You've got to stay motivated to keep your patients motivated," Harlan says. This is tough for everyone at times, even Dr. Gourmet.

"I will admit that there are times when ...," Harlan pauses, hesitant to voice doubt. "Dr. Gourmet has never been terribly remunerative, especially for the amount of effort that we put in.

"About the time our energy begins to wane, we get an email or someone posts on Facebook, saying 'I've been on the program for two or three months and me and my husband have lost 12 pounds!'

"And we always look at each other and go, 'Damn! Why did you have to say that,' because it means that we have to keep going! Responses like that just crank us back up." 🍷

"We'll schedule everything in our lives but time for our health. I try to get people to understand that their diet and exercise has got to be part of their plan."

—DR. TIM HARLAN





CARING FOR KIDS WITH CANCER

Tulane University School of Medicine is a leader in treating pediatric cancers successfully, while its researchers explore the health effects young patients may encounter as they grow to adulthood.

BY **KIRBY MESSINGER** | PHOTOGRAPHY BY **CALEB CHANCEY**

SOME OF THE SCARIEST WORDS A PARENT CAN HEAR ARE “YOUR CHILD HAS CANCER.” Some of the most reassuring are “I’m Dr. Singleton and I’ll be taking care of you.”

Dr. Tammuela C. Singleton, section chief of pediatric oncology and hematology at Tulane University School of Medicine, fights for her young patients with a passion and dedication that inspires confidence in the most fearful.

While patients’ daily needs are a top priority, Singleton’s battle extends to research that will help to understand the long-term effects of cancer treatment on survivors.

Because the combined five-year survival for all childhood cancers has improved from less than 50 percent before the 1970s to 80 percent today, according to National Cancer Institute statistics, insight into what those children and their families can expect into early adulthood and beyond is becoming more and more important.

“We’ve been so successful in our survival rates that we now need to focus on what happens to these kids as they continue to live and grow,” says Singleton. “What challenges do they face in the future?”

Holder of the Marcelle Schaefer Vergara Chair in Pediatric Hematology-Oncology, Singleton is a principal investigator for the Children’s Oncology Group, a national association of institutes dedicated to research in pediatric oncology.

She recently received a \$100,000 grant from Hyundai’s Hope on Wheels program; her Tulane oncology partner Dr. Julie Kanter has a \$29,500 grant from St. Baldrick’s Foundation. That funding will allow the two to start a clinic dedicated exclusively to long-term cancer survivors. Data gathered will be developed into a collaborative study with other institutions.

“For example, we may notice that all kids who have bone tumors are more susceptible to early heart problems,” says

Although the challenges can seem daunting, Singleton says it’s just part of the job of being a cancer doctor. “Pediatric oncologists devote their lives and their time to fighting this fight. They leave no stone unturned. Pediatric doctors don’t stop. There are many doctors out there taking care of sick children everywhere.”

Singleton says that she and Kanter, both assistant professors of pediatric oncology, work tirelessly to make sure that their patients are receiving state-of-the-art care. “We are doing it at an amazing institution, a phenomenal hospital and with a spectacular staff. It’s an honor and a privilege to be here.”

POLKA DOTS POINT TO DESTINY

Pediatric oncology wasn’t in Singleton’s plan when she attended LSU Medical School. She says it found her.

At LSU, she signed up for a rotation in pediatrics and ended up on a floor with cancer patients. Before she committed to the service, a nurse warned her that it was the least desirable rotation for medical students. “I thought, ‘I’m not afraid to take care of kids with cancer. I can do this,’” says Singleton.

That lack of fear helped Singleton find her calling.

“One morning I went into work and was having a bad day. I couldn’t find my favorite sweater and was really annoyed. I walked in to find my patient and her mother laughing and smiling. They were painting my patient’s head with green and yellow polka dots. This little girl was facing a devastating, life-threatening illness—leukemia. They were loving life for what they had at that moment. It made me realize what’s really important.”

At the end of her rotation, Singleton made the decision to become a pediatric oncologist—and never looked back. She completed a residency at the University of Miami Medical

Center and a pediatric oncology/hematology fellowship from The Johns Hopkins University School of Medicine—National Cancer Institute. Before joining the Tulane pediatric team, Dr. Singleton worked at Children’s Hospital and was a part of the faculty at LSU School of Medicine.

Residency placement and entry into her top choice of fellowship program all fell into place as if destiny intervened. “I’m doing what I’m supposed to be doing,” says Singleton.

DR. MOM

Despite a track record of success in the medical field, Singleton calls motherhood the turning point in her career. “I was completely transformed. I became a better doctor. I understood more; I cared more; I heard more,” says the mom to Rachel, 9, Joshua, 8, and Hope, 4.

“We’ve been so successful in our survival rates that we now need to focus on what happens to these kids as they continue to live and grow. What challenges do they face in the future?”

—DR. TAMMUELLA C. SINGLETON

Singleton. “We wouldn’t have that information if we didn’t deliberately gather and share.”

Leukemia, brain tumors, cancer of the nervous system and sickle cell disease are just a few of the diagnoses that Singleton deals with on a regular basis. Treating these diseases takes an extreme attention to detail and often means making difficult decisions in a split second.

“Cancer is a really big deal,” says Singleton. Despite numerous medical advances, it remains the leading cause of death in children between the ages of one and fourteen.

DR. TAMI SINGLETON TALKS TO A YOUNG PATIENT:

“Pediatric oncologists devote their lives and their time to this fight, leaving no stone unturned.”



Dealing with patients facing life-threatening illness requires a delicate balance between medical care and emotional support. “When I sit across the table and I’m telling a mother or father that their child has leukemia or a brain tumor, I can really imagine what they feel,” says Singleton.

Understanding the unique feelings involved with parental love makes her job harder, she notes, because it is impossible to feel emotionally unattached. But the power of those emotions impels her to fight even harder for her patients.

And Singleton knows first-hand the pain of losing a child. While a new physician and eight months pregnant, Singleton single-handedly managed the care of evacuated pediatric cancer patients in Baton Rouge following Hurricane Katrina. In the context of extreme stress, a devastating pace and a grueling workload, Singleton could not carry the baby girl to term.

“Not only do I love my patients for the appreciation of life that they share with me, I now understand completely what they feel when their loved one dies. The loss you feel—the emptiness that you feel. You are never the same and are forever scarred,” says Singleton.

THE EVERYDAY JUGGLER

To see Singleton manage her roles of physician, teacher, administrator, mother and wife is similar to watching a juggler amidst the chaos of a three-ring circus. A typical day begins

at 5:30 a.m., when she is on “full mom-duty,” dressing and feeding Rachel, Joshua and Hope before school drop-off.

After time for administrative duties, grant writing and research, she walks across the street to Tulane Medical Center and hits the ground running. She spends most mornings making rounds with residents and students, informally lecturing and monitoring their progress as well as her patients.

Three days a week, she runs an outpatient clinic through the medical center, dealing with complex hematology/oncology issues.

After her day at the hospital ends, Singleton picks up her kids from after-school care and cooks dinner for the family. Once all the children are in bed, she tries to spend quality time with her husband, Damon Singleton, who is on the weather staff of WDSU-TV in New Orleans. Then there is usually time for a few hours of work before bed.

How does she manage all of her roles with such ease? “I don’t think of it as impossible,” she says. “I don’t think of it as being tough. I probably have a skewed view of the world, but I don’t understand why everyone can’t do it!”

If she could squeeze a little more time into the day, Singleton says she would conduct research on hemophilia and bleeding disorders, a special interest. She hopes to write a proposal soon to seek grant support. “I have a few ideas up my sleeve,” she says. 🐾

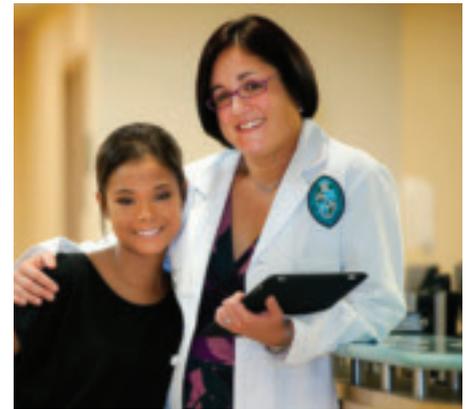
Life-Saving Cure Makes History

MADISON TULLY, 16, had sickle cell disease that was manageable—until she developed multiple complications requiring intensive hospitalization. The diagnosis: lupus had combined with the sickle cell disease in a rare and deadly way, causing her immune system to turn on her own body.

“One sets the other off,” says pediatric oncologist **DR. JULIE KANTER**, director of the Tulane Pediatric Bone Marrow Transplant Program.

Madison?’ Even if she said yes, we knew there was only a 25 percent chance she would be a match. Thank God, she said yes, and she was a 100 percent match.”

With the skill of her medical team combined with the luck of the match, Madison’s transformation has been remarkable. Now more than a year after the procedure, she is in full remission. Her hair, which she lost during treatment, has grown back and she’s lost all the weight gained from the intense drug regimen used



A successful bone marrow transplant has given a new lease on life to 16-year-old Madison Tully, shown with her Tulane physician, Dr. Julie Kanter, a pediatric oncologist.

“We learned some lessons from Madison’s case, some things that will make this easier and better for other patients. We’re hoping to build a whole protocol that will be a study of her case.”

—**DR. JULIE KANTER**

Madison was at Tulane Medical Center last summer in debilitating pain as doctors proposed a possible cure. A bone marrow transplant might work but it had never been attempted to treat both diseases at once, according to medical literature. It was even uncommon as a lupus treatment, Kanter says.

There was another complicating factor: Madison is adopted and of mixed heritage, making it almost impossible to find a matched donor from anyone other than a sibling.

“We knew that she had a biological sibling,” says Madison’s mother Roxanne Tully. “Since we had kept in touch with her biological family over the years, we felt comfortable enough to call and say ‘Would you mind considering being a donor for

for lupus. Now, like any high school senior, her weeks are filled with school, friends and football games.

“I feel great,” she says, during a recent trip from her home in Destrehan to Tulane for a checkup with Kanter. “Nothing bothers me any more. I feel amazing. Every day.”

Kanter terms the prognosis for Madison “fantastic. She has about a 95 percent chance that this is never coming back.

“We try to build on it,” Kanter continues. “We learned some lessons from Madison’s case, some things that will make this easier and better for other patients. We’re hoping to build a whole protocol that will be a study of her case.”

Madison’s father Jeff Tully adds, “I am so very grateful for the wonderful, caring, compassionate and professional person that Dr. Kanter is to my family.

“God has abundantly blessed us with Madison’s cure and for allowing us to travel this journey with Tulane physicians.”

>> See a video of Madison, her mom and Kanter at tulane.edu/empowers/bone_marrow.cfm. And read more about Tulane’s pediatric oncology program beginning on page 14.

THROUGH THE TULANE EMPOWERS CAMPAIGN, academics and action are being united in ways that have never before been seen. Opportunities abound for Tulane medical faculty and students to carry out pioneering treatments, conduct important research and help heal communities. For more about Tulane Empowers, visit tulane.edu/empowers.

“Adopt-a-Student” Program Underwrites Passion to Give Back

When **MIKE BOSWORTH** decided he wanted to go to medical school, it wasn't just about the education—it was about what he could give back. A second-year student at Tulane University School of Medicine, Bosworth is not only passionate about medicine but about creating a better world. He benefits from the “Adopt-a-Student” program.

The scholarship fund was founded by **DR. HYMAN TOLMAS, '45**. It provides current-use scholarship dollars, making it possible to provide immediate financial support to students. A gift of any amount can make a difference in a student's life.

Originally from Massachusetts, Bosworth was part of the Tulane undergraduate “Katrina” class. When

Scholarships help students worry less about loan debt and focus on becoming better physicians.

deciding on a medical school, New Orleans' post-Katrina vibrancy and the Tulane message of community activism were what sold him.

Bosworth says that not many medical schools are focused on public service. “Tulane wants you to embrace the community and become immersed in it



President of his class and “Adopt-a-Student” program participant at Tulane University School of Medicine, Mike Bosworth (M '14) is focused on community-based health care—at home and abroad.

because that is where your patients are from,” he says.

Recently Bosworth, along with other medical students, helped build a community garden in New Orleans. His passion for community-based health care took him to Guatemala, where he spent a summer learning first-hand how the medical system works in a different country.

Bosworth is a top student and class president. He participates on the first-year curriculum committee and is an active member of the Owl Club and the Tulane Wilderness Interest Group. He also won the Morris and Goldie Mintz Memorial Award in Structural and Cellular Biology.

“Adopt-a-Student” scholarship dollars are of the utmost importance. At Tulane, most medical students graduate with an average of \$205,000 in debt. With 85 percent of all students receiving

some level of financial aid, scholarships help defray the costs and give Tulane the opportunity to attract the best and brightest students, regardless of financial capacity.

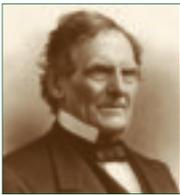
Bosworth says that scholarships help students like him worry less about loan debt and focus on becoming better physicians.

“This scholarship has allowed me the freedom to broaden my thoughts about what field I want to pursue. My focus is more on how I can help patients versus what I can make,” says Bosworth. 

>> To learn more about how to give to student scholarships and other programs at the School of Medicine, visit <http://tulane.edu/som/giving/opportunities.cfm>

1834 Society

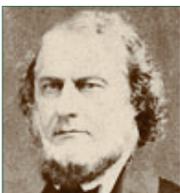
The Tulane University School of Medicine expresses its deepest gratitude to the members of the 1834 Society. Named for the year the Medical College of Louisiana first opened its doors, the 1834 Society is made up of those individuals who have shown a deep love and appreciation of Tulane through their giving. Offering us the opportunity to continue our mission and tradition of excellence, these gifts provide medical students with an exceptional academic experience through the granting of scholarships as well as giving the school the ability to provide the latest in technology and facilities. The support of our donors also enables our faculty and scientists to continue and build their teaching and research.



PAUL TULANE CIRCLE

\$1,000,000 and up

The university is named in honor of benefactor Paul Tulane.



THOMAS HUNT CIRCLE

\$500,000 to \$999,999

One of the three founders, Dr. Hunt was the first dean of the Medical College of Louisiana, now Tulane University School of Medicine.



WARREN STONE CIRCLE

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Dr. Stone joined Dr. Thomas Hunt in the founding of the Medical College of Louisiana.



JOHN H. HARRISON CIRCLE

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Dr. Harrison was the third physician/founder of the Medical College of Louisiana. He succeeded Dr. Thomas Hunt as dean when Hunt became president of the university.



TOBIAS G. RICHARDSON CIRCLE

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Richardson is credited with assisting university president Dr. Thomas Hunt in reopening the Medical College of Louisiana after the end of the Civil War.



LINDA H. COLEMAN CIRCLE

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In 1917, Dr. Linda Coleman achieved dual "firsts:" the first female graduate from Tulane School of Medicine and the first woman to graduate medical school in Louisiana.



RUDOLPH MATAS CIRCLE

\$1,500 to \$2,499

Universally recognized as the father of vascular surgery, Dr. Matas graduated from the Medical College of Louisiana in 1880.

The list below recognizes alumni and friends who gave at the 1834 Society level between January 1, 2011 and December 31, 2011. Each giving circle is named for an individual who made a significant impact on the School of Medicine, just as the donors who are listed in each circle have done.

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- Ms. Laura K. Johnson, *Current Student*
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- Dr. Jim W. Price, *Residency '90*
- Dr. and Mrs. Donald R. Pulitzer, *Internship '78, Residency '82 & Fellowship '83*
- Dr. and Mrs. Ronald R. Quinton, *MD '76*
- Mrs. Ieva G. Rasmussen, *Newcomb '64 & MA '66* and Dr. James E. Rasmussen, *BA '65, MD '67 & Internship '68*
- Dr. Michael J. Raybeck, *MD '71*
- Dr. Mildred R. Ridgway, *Newcomb '92 & MD '98*
- Mrs. Ellen S. Robinson, *Newcomb '76* and Dr. Neil H. Robinson, *BS '74 & MD '78*
- Ms. Arlene M. Rockefeller and Mr. Rudy F. Riedl, Jr.
- Mrs. Sonia A. Russo, *Newcomb '70* and Dr. Ray L. Russo, *MS '71 & PhD '76*
- *Dr. Donald A. Schexnayder, *MD '76, Internship '76, Residency '80 & Fellowship '88*
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- Dr. and Mrs. Marc A. Seltman, *BS '80 & MD '84*
- Dr. and Mrs. John G. Simmons, *MD '73 & Residency '77*
- Dr. Leila Thurston, *MD '83* and Mr. Brian Thurston
- Dr. and Mrs. Philip Smith, II, *MD '72*
- Dr. Anna T. Smyke and Mr. Paul J. Marquis
- Dr. and Mrs. John M. Snodsmith, *MD '70*
- Dr. and Mrs. Charles M. Stedman, *MD '76*
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- Dr. and Mrs. Henry K. Threefoot, *BS '49, MD '52 & Residency '56*
- Dr. Sam A. Threefoot, *BS '43, MD '45 & Fellowship '50*
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- Mrs. Margaret R. Vizzi
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Julie LeFebvre
Director of the Tulane Fund, School of Medicine
Office: 504-247-1834
Email: jlefebvr@tulane.edu

Highest Awards The Tulane Medical Alumni Association presented its top honors in 2011 to a leading radiologist who is professor emeritus at the University of Wisconsin and a renowned cardiothoracic surgeon who is former chair of the department of surgery at Tulane.

DISTINGUISHED SERVICE AWARD

Dr. Joseph Sackett ('66)

Dr. Sackett is recognized for his demonstrated loyalty and service to Tulane University School of Medicine.

A past president of the Tulane Medical Alumni Association board, Sackett attributes many of his professional and personal achievements to the education he received at Tulane.

Following graduation, Sackett did an internship at the Mary Hitchcock Memorial Hospital in Hanover, N. H. He served two years as company commander in the U.S. Army Medical Corps before returning to Hitchcock for a residency in radiology.

He completed a fellowship in neuroradiology at the Ullevål Hospital in Oslo, Norway, and a second fellowship at Cornell Medical Center in New York.

He has spent his academic career at the University of Wisconsin Clinical Science Center, where he was professor and chairman of radiology until becoming an emeritus professor upon his retirement. He now lives in Ponte Vedre Beach, Fla.

Sackett has 74 publications, one textbook and 15 chapters to his credit, and he has given 131 visiting lectures. He is certified by the American Board of Radiology, with the added qualification of neuroradiology.

A longtime Rotarian in both Madison, Wis., and Ponte Vedra Beach, he has also been a member of the Jacksonville Sail and Power Squadron.

OUTSTANDING ALUMNUS AWARD

Dr. Robert Hewitt ('59)

Dr. Hewitt is recognized for exemplary work and prowess in medicine with TMAA's highest award to an alumnus.

He was a member of the surgery faculty at Tulane from 1968-75 and from 1994 until his retirement in 2006. In 2000, he was named chair of the department, reorganizing it to support its rapid expansion and progress.

After completing Tulane residencies in general surgery and thoracic and cardiovascular surgery, Hewitt entered the U.S. Army Medical Corps in 1966, where he served as commanding officer of the 240th Medical Detachment (Thoracic Surgery) at the 18th Surgical Hospital (MA) and 71st Evacuation Hospital, Pleiku, Republic of Vietnam.

From 1967-68, he was acting chief of experimental surgery at the Walter Reed Army Institute of Research in Washington, D.C. Hewitt's work with the Army artificial heart pump and assisted circulation and his contributions to management of military vascular injuries received commendation and led to significant scientific presentations and publications.

He returned to Tulane as assistant professor of surgery in 1968, becoming associate professor and chief of the cardiac surgery section in 1970 and professor of surgery in 1975. In addition to maintaining a busy clinical practice and teaching service,



Dr. Joseph Sackett, left, and Dr. Robert Hewitt

he developed an active research program in cardiovascular surgery focused on myocardial protection and preservation.

In 1975, Dr. Hewitt entered the private practice of cardiovascular, thoracic and vascular surgery in New Orleans and continued his teaching activities as a Tulane clinical professor. He returned to the medical school in 1994, becoming interim surgery chair in 1998 and Regents Professor and chairman in 2000, charged with rebuilding and reorganizing the department.

During his chairmanship, a section of surgical oncology with a special focus on breast disease was established. Cardiac surgery, for both acquired and congenital conditions, and cardiac transplantation were emphasized. Abdominal organ transplantation was expanded, and a minimally invasive surgical center with clinical, teaching and research programs was created.

He was named Professor Emeritus of Surgery upon his retirement.

Hewitt was president of the Tulane Medical Alumni Association in 1994. He was elected to the Board of Governors of Tulane University Medical Center in 1991 and to the Board of Directors of Tulane University Hospital in 1993.

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 or just scan the code with your smartphone.



'45 Dr. Gerald S. Berenson (A&S '43, R '51) is editor of a new book, *The Evolution of Cardio-Metabolic Risk from Birth to Middle Age* (Springer, 2011), based on the pioneering 39-year Bogalusa Heart Study. Berenson, its principal investigator, is director of the Tulane Center for Cardiovascular Health and holder of the Chair in Preventative Cardiology at the School of Medicine.

'47 Dr. Rafael Canton continues his psychiatry practice in Ventura, Calif., which he began in 1965. He is the author-publisher of *Mental Hygiene ... and the Pursuit of Happiness*.

'51 Dr. John T. Kitchings has retired from an assistant professorship in obstetrics and gynecology at the University of Mississippi Medical Center in Jackson.

'52 Dr. George W. Beddingfield (R '61) published his debut novel in November, a medical thriller titled *Unannounced*. He practiced general surgery, then cardiothoracic surgery in Los Angeles and in the U.S. Air Force. He conducted hospital accreditation surveys for the Joint Commission for several years, then retired from medical practice to devote himself full-time to fiction writing. He lives in San Antonio.

'59 Dr. Milton H. Donaldson (R '62) received the Praxis Award in Professional Ethics from Villanova University. In his long career in pediatric oncology in the Greater Philadelphia area, Donaldson founded New Jersey's first Ronald McDonald House and established Cooper Medical Center's division of Pediatric Hematology/Oncology.

'60 Dr. Henry K. Watanabe is professor emeritus of child psychiatry at the University of Nevada School of Medicine.

'61 Dr. Marshall A. Burns (R '63, F '65) continues to teach in the cardiology curriculum at the largest medical school in Phoenix. He enjoys promoting *The Celestial Society*, about the life and works of renowned Tulane physician/educator Dr. George Burch (M '33), written by his daughter Vivian Martin, and he continues to use the Burch and Phillips textbook *Electrocardiography* in his classes.

Dr. Dale Jeanette Pullen (R '64) received the 2011 Tulane Medical Alumni Association Lifetime Achievement Award. Her primary research interest is the classification and treatment of childhood acute lymphocytic leukemia. She practices in Jackson, Miss.

'62 Dr. Haley K. Beasley is professor of cardiovascular engineering at the University of Texas-Austin.

'67 Dr. Russell W. Steele, division head of pediatric infectious diseases at Ochsner Children's Health Center in New Orleans and clinical professor of pediatrics at Tulane, received the Tulane Medical School Owl Club Award as "Best Teacher Attending" in pediatrics.

'68 Dr. Karen J. Cove received a Lifetime Achievement Award from the Los Angeles Society of Pathologists in February.

'71 Dr. Charles R. Anderson retired in May 2011 from a practice in radiology and family medicine in Marietta, Ga.

Dr. James A. Morock (A&S '67, I '72, R '75), an internist and nephrologist in Alexandria, La., is president of the Louisiana Chapter of the Sons of the American Revolution.

Dr. Ronald W. Busuttill (G '71, '76), the William P. Longmire, Jr. Chair in Surgery at the UCLA David Geffen School

of Medicine in Los Angeles, received the 2011 Thomas E. Starzl Prize in Surgery and Immunology from the University of Pittsburgh. Busuttill is internationally recognized as a preeminent surgeon-scientist in the field of transplantation. In 1984, he established the liver transplantation program at UCLA, one of the nation's first and now one of the world's largest transplantation programs. Additionally, he developed and continues to oversee the pancreas and small bowel transplantation programs at UCLA.

'75 Dr. William S. Ball Jr. (R '77) has been appointed interim vice president for research for the University of Cincinnati. He is professor of radiology, biomedical engineering and pediatrics and former chair of biomedical engineering at the university.

'77 Dr. Ralph M. Prows, an internist in Portland, Ore., is new chief medical officer for Regence and its subsidiaries in Oregon, Utah, Washington and Idaho.

Dr. Cary N. Robertson (G '77) has been named practice director of Duke Urology of Raleigh and associate professor at Duke University Medical Center.

'78 Dr. Gary P. Jones (A&S '74) is managing member and senior partner of the Louisiana Cardiovascular and Thoracic Institute, LLC, at Christus St. Francis Cabrini Hospital in Alexandria, La. In 2011, Healthgrades named it best cardiac surgery group in the state for coronary artery bypass surgery.

Dr. Emmett B. Chapital Jr. (I '79, R '83, F '83, B '96), a cardiologist in New Orleans, presented Grand Rounds at LSU-Shreveport in June 2011, "Closing the Medical School Diversity Gap." He was also chosen one of New Orleans' "Super Doctors" for 2011. The recipient of an "Unsung Hero" award from the Clout Ministerial Alliance in July 2011, Chapital was also elected president of the New Orleans Legatus Chapter.

'79 Dr. Kevin T. Kalikow, who practices child psychiatry in Mt. Kisco, N.Y., has published his second book, *Kids on Meds: Up-to-Date Information About the Most Commonly Prescribed Psychiatric Medications*.

'80 Dr. Robert DeFraites (A&S '76), retiring after 31 years of active duty in the Army, has joined the faculty of the Uniformed Services University of Health Sciences in Bethesda, Md.

Dr. Robert J. Kenney is medical director for quality and patient safety at Baton Rouge General and a member of the core faculty for the Tulane general/internal medicine residency program in Baton Rouge. He is also on the Tulane University School of Medicine admissions committee for 2011-2012 and is an American Hospital Association-sponsored National Patient Safety Fellow. In March 2010, he retired from 25 years of nephrology practice in Baton Rouge.

'82 Dr. Paul T. Finger (A&S '78, F '87), a specialist in eye cancer who practices in New York City, was elected to the Commission on Cancer and continues as chair of the Ophthalmic Oncology Task Force of the American Joint Committee on Cancer.

'85 Dr. John C. Smulian (PHTM '85) is chief of maternal-fetal medicine and vice chair of obstetrics and gynecology at Lehigh Valley Health Network (Penn.); his wife, Dr. Elaine Donoghue, is vice chair for medical education in pediatrics at LVHN. They have two daughters in college.

'86 Dr. A. Jay Binder III (PHTM '86, R '87, R '91), an orthopaedist in Metairie, is a member of the medical

commission of the International Gymnastics Federation. On the boards of USA Gymnastics, Practice Protection Fund, and the Louisiana Orthopaedic Association, he has completed a volunteer rotation at the US Olympic Training Center in Colorado Springs.

Dr. Michael S. Godin has published a surgical textbook, *Rhinoplasty: Cases and Techniques*, through Thieme Medical Publishers, Inc. He is director of facial plastic and reconstructive surgery in the department of otolaryngology/head and neck surgery at the Medical College of Virginia in Richmond.

Dr. Rochelle Head-Dunham (R '87) has been named director of the Office for Behavioral Health in the Louisiana Department of Health and Hospitals. She is medical director for the Office for Addictive Disorders, clinical assistant professor of psychiatry at Tulane University Hospital and Clinic and a consultant to Xavier University's Institutional Review Board, Human Subjects Committee. She will assume a major role in the planning and implementation of strategies for the newly created Office of Behavioral Health.

'87 Dr. Mark H. Lowitt, formerly the residency program director and vice chairman of the department of dermatology at the University of Maryland School of Medicine, is in solo private practice in Baltimore. He and his wife Nancy, an associate dean at the medical school, have one child in college and two in high school.

'88 Dr. Debra E. Houry (PHTM '88) was selected one of the *Atlanta Business Chronicle's* "Top 40 Under 40" professionals. She is also president of the 6,000-member Society for Academic Emergency Medicine.

'90 Dr. Richard J. Capiola (A&S '86) is chief medical officer for Oglethorpe, Inc., which owns eight psychiatric hospitals in four states. He is president of Psychiatric Consultation Services in Naples, Fla., and is a Joint Commission surveyor.

'91 Dr. Michael R. Mills (PHTM '91) has been a gastroenterologist in central Phoenix since 1999, building a practice that has grown to 54 doctors. He is founder and medical director of Phoenix Endoscopy, an ambulatory surgery center, president of the board for the Arizona Foundation for Medical Care, president of the Maricopa County Medical Society and a volunteer at St. Vincent de Paul. He is a clinical assistant professor of medicine at the University of Arizona School of Medicine.

'96 Dr. Jason G. Jones (R '97) is an attending psychiatrist at McLean Hospital in Belmont, Mass., and instructor in psychiatry at Harvard Medical School.

'98 Dr. David M. Safley, associate professor of medicine at the University of Missouri-Kansas City, practices interventional cardiology at the Middle America Heart Institute in Kansas City, Mo. He and his wife Laura have three sons.

'03 Dr. Jennifer Feighner relocated from Portland Ore., to the Bitterroot Valley in southwestern Montana with her husband and two children. She is currently recruiting for a new hospitalist program in her town of Hamilton.

Dr. Sarah Mowry Pommipanit is finishing a fellowship in neurology at the University of Iowa.

Dr. Kelly Hoskins Tyler and her husband, Jaret Tyler, announce the birth of a boy, Dean Alexander Tyler, on December 14, 2011. She practices obstetrics and gynecology in Columbus, Ohio.

'04 Dr. Nicholas G. Pejic (SSE 2000) has launched "Mindset," an internet podcast (www.itsneworleans.com) about success and happiness in New Orleanians.

'05 Dr. Prashant Gupta (SSE '99, PHTM '01) married Hilary Atkins in September 2011. He is in a general surgery practice in Kaplan, La.

'07 Dr. Stephanie R. Knight, a full-time faculty member at the University of Maryland School of Medicine, works as an attending physician on the acute inpatient psychiatry unit.

'08 Dr. Kimberly Lynn Fischer celebrated the birth of her daughter, Emelyn Reese, on March 8, 2011. She continues her Flight Surgeon Tour at Andrews Air Force Base, and was matched for urology residency at Naval Medical Center, San Diego.

'09 Dr. Emily Brown Rostlund switched from anesthesia to pathology and is now a PGY-1 at Northwestern. She also welcomed a little girl, Hanna Kristina Rostlund, on June 14, 2011.

In Memoriam

'43 Dr. Richard Glenn Hamill
Dr. John W. Overstreet

'44 Dr. George E. Muehleck Jr.

'45 Dr. Eugene Hesdorffer
Dr. Harry N. Graubarth
Dr. Robert O. Harris III

'46 Dr. Elgin C. Cowart Jr.
Dr. Judson C. Gwin

'47 Dr. E. Arthur Deans-Barrett
Dr. Hyman H. Ruchelman
Dr. William D. Thames Jr.
Dr. Tom D. Norman

'48 Dr. Wendell W. Buckhaults
Dr. Melvin Sabshin
Dr. E. Lee Garlett

'49 Dr. Jonnie Horn McLeod
Dr. Jack Moore

'50 Dr. Doyle R. Hamilton Jr.
Dr. William M. Sammons

'51 Dr. Dan A. Russell Jr.
Dr. Thurman E. Brandon Jr.
Dr. William P. Cagle III

'52 Dr. Joseph P. McKell
Dr. Raul A. Guevara

Dr. Albert F. Stratton Jr.
Dr. Thomas J. Brothers

'53 Dr. Walter E. Harrison Jr.

'54 Dr. Malcolm R. Hodges

'55 Dr. Charles D. Lee
Dr. John C. McDonald

'56 Dr. Cleveland Turner Jr.

'57 Dr. Matthew Cohen
Dr. Leroy E. Weeks

'58 Dr. Ronald E. Lemmons

'62 Dr. Thomas L. Smith Jr.

'63 Dr. James V. Werba
Dr. John B. Ederington

'65 Dr. George D. Beach
Dr. Edmund C. Dyas IV

'66 Dr. Dan C. Hinkle
Dr. George H. Christian

'69 Dr. Ross J. Brechner

'70 Dr. Martin D. Delaney III

'76 Dr. Brian C. Rydwin

'84 Dr. Donna Green Holder

'87 Dr. Tammy J. Spurgeon

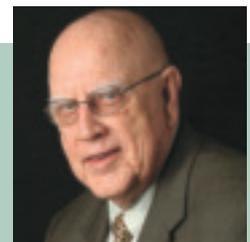
DR. JOHN CLIFTON MCDONALD ('55)

Dr. John Clifton McDonald, Chancellor Emeritus of the Louisiana State University Health Sciences Center at Shreveport and Dean Emeritus of the School of Medicine there, died December 31, 2011, at his home. He was 81.

Dr. McDonald, who earned an international reputation as a transplant surgeon, was a member of the surgery faculty at Tulane University School of Medicine from 1968 to 1977, when he moved to Shreveport to become professor and chairman of surgery at LSU-Shreveport. In addition to bringing organ transplantation to northwest Louisiana, he also established a regional burn center and a level-one trauma center.

Appointed in November 2000 as chancellor of the Health Sciences Center, Dr. McDonald simultaneously served as the dean of the School of Medicine. Under his leadership, the center embarked on a decade of unprecedented growth, expanding to include three professional schools and hospitals in Monroe and Pineville, as well as Shreveport.

Memorial donations may be directed to LSUHS Foundation, designated for the John C. McDonald, M.D. Chair in Surgery, 920 Piedmont Road, Suite 407, Shreveport, La., 71106.



Then & Now

DR. RONALD B. MITCHELL, A&S '48, M '51 & RON MITCHELL, M '12

Dr. Mitchell is a retired ob-gyn who splits his time between Ohio and Florida with his wife Patricia. His grandson Ron is a fourth-year medical student at Tulane who hopes to enter orthopaedic surgery. He is from Findley, Ohio, and holds an undergraduate degree from the University of Miami-Ohio.

What made you decide to enter medical school?

Dr. Mitchell: It was sort of accidental. My dad was a physician and I really wasn't too interested. After high school, I went into the Navy. I ended up at Tulane undergrad after the Navy, and there I ran into other people who were interested in medical school. Being around those people got me interested, too.

Ron: I decided to go into medicine because I wanted a job where I could help people. I had great exposure to the field from my family members and through my grandfather.

Hardest exam?

Dr. Mitchell: Gross anatomy

Ron: Step 1 of the USMLE Boards

Favorite faculty member:

Dr. Mitchell: George Burch. I thought he was a great professor and his younger brother Bob Burch was my best friend.

Ron: Tulane has a great faculty so it's actually tough to pick one person. Dr. Elma LeDoux, [director of the Standardized Patient Program], is phenomenal. She is a great combination of extensive knowledge but also has a great personality and shows a great caring for patients.

Biggest difference between medical education then and now:

Dr. Mitchell: Ours was much more structured. We all did the same things at the same time. We didn't have these blocks like they have now. Our orientation was 100 percent medicine. Now they have



community service. If we did community service, we did it on our own.

Ron: We are trained to function as residents when we graduate, whereas my grandfather was trained to go out and practice medicine. There is more of a focus on specialty now.

Favorite thing to do when not studying:

Dr. Mitchell: I had a car and we spent a lot of time just driving around New Orleans and then sometimes as far away as Baton Rouge and Hammond. We also spent a lot of time down in the French Quarter drinking. One professor—he might have been a chemistry professor—would have class in the Roosevelt Hotel

because he said he couldn't give a good lecture without at least one drink!

Ron: I love experiencing the city's food and music. It's great walking through the French Quarter during the day when it's nice out.

Favorite place to eat?

Dr. Mitchell: We didn't have any money so our favorite restaurant was the Camellia Grill and then across the street in those days was the Toddle House.

Ron: Cochon down in the Warehouse District.

Cost of a streetcar ride?

Dr. Mitchell: Seven cents

Ron: \$1.25

interviews by Kirby Messinger



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