CLASS NOTES

50s After watching his brother-in-law, the 9-year-old Charles Bluestone (MD ’58), decide that he wanted to be an otolaryngologist, he became a household name in pediatric otolaryngology. Bluestone has been affiliated with Pitt for more than 50 years, first as an undergraduate, then as a medical student, and today, as Eberly Professor of Pediatric Otolaryngology and director of pediatric otolaryngology at Children’s Hospital of Pittsburgh. He is a recipient of the Hench award, the founding chair of the section of pediatric otolaryngology of the American Academy of Pediatrics, and is a past president of the American Society of Pediatric Otolaryngology. Bluestone conducts National Institutes of Health–funded research in the areas of otitis media (middle ear infections), sinusitis, tonsillectomy, and adenoidectomy. In 1980, Bluestone founded the Pittsburgh Otitis Media Research Center, where researchers investigate medical and surgical treatments for otitis media and conduct clinical studies related to the disease.

Richard E. Deitrick (MD ’59) got a kick out of reading in the May issue of this magazine about the Pitt med grads on the 1963 Panther football team. He was the team physician that year, and he is a former Panther standout himself. (He captained the 1953 team.) As team physician for the 1963 team, Deitrick ran the first double-blind study of the use of proteolytic enzymes in injured athletes. When a player was injured, he was given pills from a masked jar. Half got the enzymes, and half got a placebo. At the end of the season, Deitrick broke the seals on the labels and found that the players on enzymes were sometimes back on the field in half the time of those who got the blanks. Deitrick is now retired from practice as an ob/gyn and lives in Altoona.

When Alvin Markovitz (MD ’58) started his private practice in the 1960s, he quickly became overwhelmed with patients. He was working long hours and making a comfortable living, but the internist, who lives in Los Angeles, felt a bit unsatisfied. As he paged through a medical journal, he saw an ad posted by two doctors who were trying to start a free clinic for the needy in Venice Beach, Calif. They were looking for other doctors to staff the clinic. Markovitz joined the duo in the practice’s original location in a dentist’s office, where they treated patients in dentist chairs. He and his colleagues now provide care to many illegal immigrants and uninsured people who have few places to go for care. Today, the Venice Family Clinic is one of the largest free clinics in the country; the volunteer physicians see 90,000 people a year. Dennis Hopper, Martin Short, and other celebrities have lent their support to the clinic. This past spring, the clinic honored Markovitz for his 30 years of service.

70s Pathologists from other countries often visit Jesse Jenkins (Surgery Intern ’69–70, Surgery Teaching Fellow ’69–’70, Pathology Resident ’70–’72, Pediatric Pathology Resident ’72–’73, Chief Pediatric Pathology Resident ’73–’74, Pathologic Medicine Teaching Fellow ’70–’74) at St. Jude Children’s Research Hospital in Memphis, Tenn. The pathologists train with him in Memphis to learn the latest diagnostic techniques for cancer, but many have difficulty with English. By the time they finish working with Jenkins as part of St. Jude’s international outreach program, they’re all speaking “Southern,” says Jenkins. He also travels to developing countries to inspect laboratories, evaluate the expertise of pathologists, and conduct educational programs on cancer diagnosis techniques.

As assistant dean for medical education technology, David Wilks (MD ’76) oversees all aspects of the University of New Mexico in Albuquerque Health Science Center’s simulation education center, from mannequins to interactive computer programs. He has even been known to oversee the purchase of pig ribs and feet (for suturing practice), though these items don’t fall into the traditional definition of “technology.” He values how simulation enhances performance-based education. When the students start performing these procedures on actual patients, they are more confident and capable, he says. Wilks was an associate professor at Pitt before moving to Albuquerque in 1997.

80s When Fred Brancati (Internal Medicine Resident ’85–’88) first started at Johns Hopkins University School of Medicine, he was unsure what he would research. A senior staff member pulled him aside and made a one-word suggestion: diabetes. He is now the principal investigator at Hopkins for the Look AHEAD study. Look AHEAD is a multicenter clinical trial of 5,000 obese people, all of whom are suffering from type 2 dia-

WE KNEW YOU WHEN:
RONALD STEWART

Late one evening, Ronald Stewart entered Lothrop Hall. After finding an abandoned floor, he painted names on the doors and moved unused furniture into the offices. The next day when Paul Paris (MD ’76) arrived, the floor was the new Center for Emergency Medicine. “Sometimes it was almost like we were in a mental institution and he was a pied piper, just convincing people to follow,” says Paris, who is now chair of Pitt’s Department of Emergency Medicine.

Stewart came to the University of Pittsburgh in 1978 after serving as the medical director of Los Angeles Emergency Medical Services. He’d trained at what was then the only emergency medicine residency in the country—at the University of Southern California. Pittsburgh had been looking for a medical director of its EMS; Stewart was to take on that job and be chief of emergency medicine at Presbyterian Hospital and at the School of Medicine.
When Paris was considering whether to return to Pitt to direct its new emergency medicine residency, Stewart handed him a bound, color copy of his vision. It included details about the center, the residency program, emergency medicine research, paramedic training, and a helicopter system. “His vision seemed to face significant barriers. Emergency medicine was an infant 25 years ago,” Paris says. “His political savvy led to its acceptance. The entire thing has seemed to be a dream come to fruition.”

Stewart’s most productive and inspired hours often are after midnight; he’s able and came to feel like part of the family. Keller was there to pronounce the young man dead at age 19, in the family’s home. Although the memory of the young man’s death stays with Keller to this day, he continues to enjoy the life of a pediatrician. Keller runs a small practice that was among the first in Worcester County, Mass., to computerize its immunization tracking system, have a coordinator for children with special healthcare needs, and screen adolescents for substance abuse. The best part of it all is seeing the results of his efforts: “When you see the kids come out the other side, and they’re doing okay, it gives you hope that you’re actually making a difference.”

Ron Shapiro (Transplantation Fellow ‘86–’88) remembers this clearly. Although Shapiro had entered medical school with the hopes of becoming a psychiatrist, when the first artificial heart came into use, he knew two things: He would do a fellowship in transplantation, and the only person he could imagine studying with was Thomas Starzl. Shapiro has been at the Starzl Institute since 1986 and has performed hundreds of kidney transplants and more than 200 living kidney donor operations. Today he researches aspects of immunosuppression of kidney and pancreas transplantation and has some patients taking immunosuppressant drugs only weekly, which, according to Shapiro, is pretty close to being drug-free. Shapiro was honored by the Pittsburgh chapter of the Transplant Recipients International Organization in April.

Born and raised in Greece, Filitsa Bender (Nephrology Fellow ‘89–’91) came to the United States after marrying a Greek-American man from Pittsburgh. During her fellowship in 1989, she met Beth Piraino, co-director of the peritoneal dialysis program. Peritoneal dialysis is a process in which the abdomen is filled with fluid and blood is filtered and cleansed through diffusion while still inside the body. The two physicians have collaborated for the past five years. With Piraino, Bender keeps track of physical data for peritoneal dialysis patients in her center at West Virginia University in Morgantown. By comparing current and past data, Bender hopes to evaluate factors that affect the prognosis of dialysis patients.

David Keller (Ambulatory Pediatrics/Community Medicine Fellow ‘89–’91) remembers a teenage boy with muscular dystrophy very clearly. Keller worked with the family for two years to make the boy comfortable and came to feel like part of the family. Keller was there to pronounce the young man dead at age 19, in the family’s home. Although the memory of the young man’s death stays with Keller to this day, he continues to enjoy the life of a pediatrician. Keller runs a small practice that was among the first in Worcester County, Mass., to computerize its immunization tracking system, have a coordinator for children with special healthcare needs, and screen adolescents for substance abuse. The best part of it all is seeing the results of his efforts: “When you see the kids come out the other side, and they’re doing okay, it gives you hope that you’re actually making a difference.”

90s

Ever tried distracting a toddler long enough to perform an eye exam? To help overcome that challenge, Sean Donahue (Ophthalmology Resident ‘90–’93) has developed a statewide vision-screening program for children ages 1 to 6 in Tennessee. Doctors use a Polaroid camera to take pictures of the eye and look at the photos to determine whether children might have vision problems. If a picture shows there is a problem, they schedule a follow-up appointment for the youngster. The program has screened the eyes of 125,000 children since its inception in 1997, and it has been adapted for use in other countries as well as a dozen states here. Donahue is very interested in neuromuscular development of the eye, and childhood is the time when the eye changes and develops the most.

After spending a year as chief medical resident, Gerald Markovitz (MD ‘94) realized that he liked teaching. Markovitz, who is board-certified in critical care medicine, pulmonary medicine, and internal medicine, just finished teaching his first med school class at UCLA, where he is an assistant clinical professor of medicine. (He also practices part-time with his father, Alvin Markovitz—see p. 36.) He had been training residents and fellows throughout his career, but finds that teaching medical students is especially challenging and rewarding. Watch for his article in the British Journal of Sports Medicine this month; it offers a better understanding of how the body uses oxygen.

When Amy Brenski (Pediatric Otolaryngology Fellow ‘98–’00) talked on the phone to a child she had treated while she was a fellow at the University of Pittsburgh, she almost cried with joy—it was the first time she had heard his voice. The young boy had fractured his larynx in a sledding accident and had been unable to speak while under Brenski’s care. Unfortunately, she had to leave before he finished treatment and had been unsure of the outcome. Now an assistant professor of otolaryngology—heard and neck surgery at the University of Texas Southwestern Medical Center in Dallas, Brenski researches autoimmune inner ear disease in children, a syndrome of progressive hearing loss and dizziness.

It was the middle of the night when Brett McFadden (MD ’99) and others in the Air Force’s Joint Special Operations Task Force–North landed in Iribi, Iraq. They slept on wet plywood that night in the cold desert, because it was early during the invasion and setting up camp would have revealed their position. When they built the camp, McFadden, just six months out of residency, was head of the ICU. His diagnostic skills were tested repeatedly. One time, he treated a young soldier with a severe sinus infection. After admission, the patient suddenly developed paralysis on one side of his body. McFadden thought the infection had eaten through the man’s skull, causing a blood clot in the dural veins draining the brain, but he had no CT, MRI, or x-ray technology to confirm his diagnosis and no internists or neurologists to consult. He administered steroids and heparin—which could have hastened the patient’s death if his diagnosis of dural vein thrombosis was wrong. McFadden then convinced a brigadier general to have a crew fly the patient at low altitudes (protecting the patient from sinus expansion but making the plane vulnerable to rifle fire) to neurosurgeons in Kuwait. The patient recovered with no neurologic defect. McFadden was later deployed to Kyrgyzstan, where he was director of education for a nine-nation cooperative hospital. He returned to Sheppard Air Force Base in Wichita Falls, Texas, with an Air Force Commendation Medal. —CB, CS, MD, & MH
THE WAY WE ARE

CLASS OF ‘54

Of the 24 members of the Class of 1954 who attended their 50th reunion, a half dozen or so were at the luncheon honoring the graduating Class of 2004. Their table was front and center, and when they stood to be recognized, the newly minted MDs of 2004 gave them such a rousing ovation you would have thought they were cheering the seven original Apollo astronauts.

A lot of stories were revisited around this table and throughout the weekend. Gilbert Ashor reminded his classmates that they were “Jonas Salk’s guinea pigs.” Each was given one of two injections: Salk’s experimental polio vaccine or a placebo. Salk’s staff then periodically drew blood samples from each student.

“I was placebo,” recalled Russ Anderson, “then I had to get the vaccine right after I found out it worked.”

“I remember one thing you may not remember,” Ashor said to Anderson. “You didn’t like needles, and a technician came and broke off a needle in only one of our classmates: Russ Anderson.”

“You’ve got a good memory. I had forgotten that myself,” Anderson said with a laugh.

Ashor, who practiced thoracic and cardiac surgery in California, and William Menzies, a retired urologist in Texas, both recalled paying for medical school by working summers in the steel mills. Those days are gone, but Ashor, with his wife, Carol Ashor, has set up a planned gift, which will eventually endow a full scholarship for future Pitt med students.

Anderson may not have liked the needle, but he did fine with the scalpel, practicing orthopaedic surgery at Howard University, Harlem Hospital, and Albert Einstein Yeshiva University in the Bronx. Since retiring four years ago, he has provided pro bono orthopaedic services to the uninsured and indigent at a clinic in West Palm Beach, Fla.—all part of his plan to keep his synapses and neurons in working order, he says.

Fred McAlpine left Pitt and started his residency at Massachusetts General in 1955, just in time for the polio epidemic to hit Boston. McAlpine was put to work managing the airway and respiratory needs of patients in iron lungs. He was chair of the Department of Anesthesiology at Lahey Clinic in Boston for a dozen years and president of the Massachusetts Society of Anesthesiologists for one. Along the way, he wrote textbook chapters on the prevention of nerve injuries by proper patient positioning for surgical and anesthesia procedures.

No one looked forward to the reunion for longer than Emma Jane Griffith Woolley, who spent five years compiling a spectacular golden anniversary book for her class. The former chief of anesthesiology and chief of staff at Verdugo Hills Hospital in Glendale, Calif., had her hands full tracking down classmates, but she was diligent. She tracked one unresponsive doctor to his front door in Oregon when she was in town for the Ashland Shakespeare Festival. Most contributed color photographs of themselves and their families. Some sent CVs devoid of personal details. (“Boring,” Woolley says.) Others wrote hilarious ones (Hobbies: golf, avoiding erectile dysfunction).

Some brought her to tears with heartfelt letters describing health problems, deceased spouses, and even deceased children. All seemed to value their lives in medicine and would do it all over again. —Chuck Staresinic
A

s her family’s convertible drove past house after house in Westport, Conn., the 13-year-old girl realized she didn’t really like this place where she was living with her sisters and parents for part of a year. Each house was bigger than the next. And each sat on so much land. It all had begun to seem excessive.

Her father started driving out of town; he drove for a couple of hours. Her dad had said it was only going to take a half hour, like he always did. He loved driving, so it felt like a half hour to him. Finally, run-down high-rises surrounded the car. They were in Harlem.

On Sundays, while his four daughters were still adolescents, Henry Simmons (MD ’57) would pack the family in the car for a field trip of sorts. He was intrigued by poverty and wealth. He wanted to show his daughters what life looked like.

“He appreciates trying to see both sides. He’s not immediately condemning the rich or putting the poor on a pedestal,” says Betsy Simmons, now 47, who remembers those rides as a 13-year-old. “He’s got a pretty good sense of balance.”

Years later, Henry Simmons is still thinking about the haves and have-nots. As founder and president of the National Coalition on Health Care, a Washington, D.C.–based organization, he lectures, writes, testifies before Congress, and talks with private sector groups about why comprehensive reform and universal health insurance coverage are the only means of fixing the system. He speaks of cost containment and the need for equitable financing. He gives impassioned pleas about why medical schools and physicians need to adopt evidence-based medicine to the extent possible.

“It troubles me that so many people have difficulty getting access and when they do, it’s often far less than optimal care,” he says.

Simmons started the organization in 1990 after years of working in private practice, government, and as a medical consultant. During the Nixon and Ford administrations, he’d served as deputy assistant secretary for health in the Department of Health, Education, and Welfare; director of the Office of Professional Standards Review; and director of the Bureau of Drugs in the Food and Drug Administration.

“He feels strongly about wasting—you don’t waste resources,” Betsy Simmons says.

It was during his government service in the 1970s when Simmons started to think there was a lot of waste and poor quality in health care. For instance, the claims drug manufacturers made about their products being safe and effective too often weren’t substantiated by adequate evidence. And it was his job to implement the first national quality assurance system for patient care. “Once you are forced to look closely [at health care], you come away really disturbed,” he says.

His coalition has attracted prominent allies. Former Presidents Gerald Ford, Jimmy Carter, and George H.W. Bush are honorary cochairs. Acting cochairs, Bob Ray, former Republican governor of Iowa, and Paul Rogers, a former Democratic U.S. representative from Florida, agree that Simmons is well placed in the national debate.

“He thinks it’s most important to stimulate people,” says Rogers. “On a matter like this, you need the White House and Congress together. It’s no easy task.”

Simmons’ “rigorously” nonpartisan coalition now consists of more than 90 member organizations, representing about 150 million Americans. Members include the AARP, the American Academy of Family Physicians, Pfizer, and the AFL-CIO.

“I think what’s fundamentally different now is that we have never had a problem of this magnitude,” Simmons says. “This is unprecedented. There are too many informed people saying we can’t continue on this unsustainable course.”