



## CLASS NOTES

### '50s

As a resident at the Mayo Clinic, **P. Kahler Hench** (MD '58) was treating a woman with a history of rheumatoid arthritis, a chronic inflammation of the lining of the joints. Hench saw her several times during his time in Rochester, Minn., and each time it seemed that her condition worsened. Soon, she was diagnosed with the autoimmune disease lupus, then

she was diagnosed with systemic sclerosis, another autoimmune disorder. Hench was intrigued. Normally, he would see a patient with only one of these conditions, not all three. Hench decided to pursue a career in rheumatology, spending much of his career collecting histories of patients who suffered from multiple rheumatoid conditions, like the woman he treated as a resident. He spent most of his career at the Scripps Research Institute in La Jolla, Calif. Hench's father, **Philip S. Hench** (MD '20), also a rheumatologist, won the Nobel Prize in Physiology or Medicine in 1950 for his discovery of cortisone. The younger Hench had a distinguished career himself and was named a master of the American College of Rheumatology last year.

He and his wife are enjoying retirement and their grandchildren in La Jolla.

### '70s

**Barry Riemer** (MD '75, Orthopaedics Resident/Teaching Fellow '77-'80) is the chair of orthopaedic surgery at Louisiana State University Health Sciences Center in New Orleans and has been chief of surgery at Charity Hospital since 2003. With his residents, Riemer strives to impart wisdom that they won't learn from textbooks—the sort of things Riemer learned from Pitt legend Albert “Fergie” Ferguson. Riemer trains residents to run an efficient practice, for example, believing a surgeon must maintain order in the office as well as in the operating room.

### '80s

We last covered Pitt sleep researchers in January '03, and they keep churning out findings that will elicit few yawns. **Daniel Buysse** (Intern '83-'84, General Psychiatry Resident '84-'87, Clinical Research Fellow and Clinical Polysomnography Fellow '87-'89), professor of psychiatry, along with **Eric Nofzinger** (Intern '87-'88, General Psychiatry Resident '88-'91, Clinical Research Fellow '91-'93), associate professor of psychiatry, published a paper in the November issue of the *American Journal of Psychiatry*. In this study, they report that if you have insomnia, your brain is probably more active while you're asleep and also while you're awake compared to those who find it easy to get a good night's sleep.

In 1989, **Lisa Cibik** (MD '83) became friends with a couple whose 26-year-old daughter had just died from complications of cystic fibrosis. Cibik saw their grief and the emptiness in their lives where their daughter had been. In 2003, Cibik was one of the Cystic Fibrosis Foundation's 50 Finest, becoming the top fundraiser in the history of this event. In September 2004, the Audia



C.E. MITCHELL

Rosenberg helps her patients age well.

## CYNTHIA ROSENBERG

### SPREADING HEALTH LITERACY

**T**he patients who come to Cynthia Rosenberg's new practice in Fox Chapel, Pa., aren't usually looking for the typical exam or bloodwork, so the rooms don't look like those in a typical doctor's office. There are no counters with glass jars of cotton balls or tongue depressors. One room, with four chairs at a round table, looks like a kitchen. Another has rows of chairs for small groups to attend presentations. Rosenberg (MD '82) has practiced geriatrics for 20 years at West Penn Hospital, UPMC St. Margaret, and the Benedum Geriatrics Center (following a Pitt internship in pediatrics and child psychiatry and a residency in family medicine). But in these rooms, she's providing a different sort of geriatric assessment, which won't be covered by Medicare—probably not by a private insurer, either.

Her elderly patients and their concerned family members will come in for anywhere from three to six visits of about 90 minutes each. If a patient is unable to leave home, Rosenberg will make a house call. Her goal is not just to diagnose, but to help people do everything they can to age well. She coaches patients to prepare specific questions for their physicians that will give them the information they need to make informed health decisions. She'll help families figure out whether a particular elderly adult can continue to live alone, discussing the risks and strategies for living as independently as possible. “People get older and their families need to understand how to cope with some of the changes that happen as they get older,” says Rosenberg.

She isn't modeling her practice on others that she's seen or heard about. She's simply providing what she has found lacking in the healthcare system: personalized and thorough health education.

“Is it a risk? Everything's a risk,” says Rosenberg, who describes herself as “mission driven.” She sums up her mission best in the phrase, “combating health illiteracy.” Rosenberg has given presentations to physicians on how to do this through the media. And many know her through her column, “Dear Dr. Cynthia,” where she answers readers' health questions in the *Pittsburgh Post-Gazette*. —Corey Ballantyne

Caring Heritage Society, which provides medical equipment and services in needy communities around the world, recognized Cibik as Woman of the Year for her service to the foundation, for which she is a trustee. Cibik helped woo Frank Sinatra Jr. and Tony Bennett to Pittsburgh for two benefit concerts for the Washington County organization. She practices ophthalmology in five offices in Western Pennsylvania, specializing in cataract surgery.



**Lisa Cibik (MD '83, shown right), with Amber Brkich, who won CBS's *Survivor* competition. They're mugging for the camera at a fundraiser for the Cystic Fibrosis Foundation.**

**'90s** When **Maria Simbra** (MD '93) was an intern, she spent a lot of time fetching papers and answering phones. She realized her boss was observing how she would react to routine administrative tasks. But it wasn't an attending keeping close eye on the neurologist. Rather, it was a news producer from KDKA-TV. In 2001, Simbra entered Point Park University to earn a master's degree in journalism and mass communications. Her gophering paid off when the news director sent her to complete her first assignment as an on-air medical reporter. Simbra has worked at KDKA since her debut there in 2002, reporting on everything from hormone replacement therapy to the trend of young men taking Viagra recreationally. She enjoys reporting and feels that her background as a physician prevents her from overplaying the fads. Dr. Maria, as regular viewers know her, also plans to work part-time in private practice as a neurologist.

As a first-year med student, **Glenn Updike** (MD '98) became friends with classmate **Daniel Bensimhon** (MD '98). One day, Bensimhon invited

Updike to go running—a seemingly innocuous invitation to get a little exercise, which he accepted. But Bensimhon had a little advantage his friend didn't know about—he had completed several marathons and an Ironman Triathlon. Although Updike says that he has never been able to keep up with Bensimhon, his friend must have inspired him, because he now has successfully completed six marathons. As a Pitt assistant professor of obstetrics, gynecology, and reproductive sciences on staff at Magee-Womens Hospital, Updike is broadening his horizon in different ways. Every Thursday he works at the Clinic for Women with Disabilities. When he returned to Oakland from his residency in Columbus, Ohio, Updike discovered that a nurse practitioner staffed this clinic without a physician. The nurse would often call Updike when she needed help; he would come to see patients if he could. Eventually, he started devoting part of his practice to seeing these women, many of whom have never had a gynecological exam.

**'00s** **Robert Denshaw** (MD '00) missed many Monday night football games and dates with his girlfriend as he spent hours sequestered in Scaife Hall with friends writing about nephrology. The sophomore wasn't writing a paper for a class. With almost 40 other med students in his class, he was writing a nephrology textbook. For three years, these students wrote, revised, wrote, and revised, while running between classes and rotations.

They churned out 17 chapters by graduation. Yet, the book wasn't complete. The pages sat in a file cabinet in Professor **Jamie Johnston's** (MD '79, Internal Medicine Resident '79-'81, Chief Resident '81-'82, Clinical Fellow '82-'84) office for a few years. When Denshaw returned to Pitt for a nephrology fellowship, former classmate **Negin Noorchasm** (MD '00, General Surgery Resident '00-'03, Plastic Surgery Resident '04-present) gave him the manuscript in a paper shopping bag. Now, Denshaw is hoping to recruit current classes to finish the revisions, but first he needs permission from the original authors. Classmates are encouraged to contact him at [denshawsoulliere@com-cast.net](mailto:denshawsoulliere@com-cast.net) so that he can dust off those manuscript pages and finish the book. —CB & MH

## ONE STONE, TWO BIRDS

This year, it's not the same old reunion. In addition to the popular Dean's Breakfast, Senior Class Luncheon, and Saturday night dinner, you'll have the chance to earn CME credits.

To find out if your class is celebrating this year, check the calendar at the back of this magazine.

**Medical Alumni Weekend  
May 20-23  
Sheraton Station Square, Pittsburgh**

For more information:  
**1-877-MED-ALUM  
[medalum@medschool.pitt.edu](mailto:medalum@medschool.pitt.edu)**

## SCOTT SERBIN | CONCIERGE SERVICE

**S**cott Serbin's father was diagnosed with lung cancer in 2003. The son found himself sitting beside his dad in hospitals and doctors' offices for a year's worth of treatments.

As a pediatrician on Pittsburgh's North Side, Scott Serbin (MD '82) had been in health care for some time. Suddenly, he was seeing his profession from the other end, and he was shocked. Everybody was too busy.

The nurses and doctors were responsible for too many patients. There was no time for long talks explaining procedures. There were few moments for compassion. It's not that the health professionals didn't care—they just didn't have time. Serbin understood that. At his practice, he was seeing 25 children a day.

At some point during that year, Serbin read an article in *The New England Journal of Medicine* about concierge medicine that got him thinking. Concierge practices charge a periodic fee and give patients more access to their physicians. The first such practice started in Seattle in 1996 in response to insurance companies' restrictions on health care.

Serbin's father passed away in June. In December, Serbin opened the first concierge practice in Pittsburgh. He would not be surprised to learn it was the first pediatric concierge office in the country.

About five or six children a day visit his office now. They come at almost any time a parent wants an appointment. When a parent calls with medical questions, he—instead of a nurse—will answer them. He plans on being available for house calls after hours. (This will be convenient for parents and also reduce the overall cost of care. Most patients who go to the emergency room don't have true emergencies, Serbin says. They go there because needs arise after normal office hours, or because their doctors are simply unavailable.)

Serbin's new approach to practice will incorporate more of his interests, like sports medicine. He's creating exercise and nutrition plans for his patients. "We're going to attack pediatric obesity," he says with conviction. "I'd like to have the healthiest kids in the country." —Meghan Holohan



**Serbin won't be too busy for patients.**

COURTESY SERBIN



## THE WAY WE ARE

## CLASS OF '69



At the Class of 1969 reunion last year, from left: Edmund Petrilli, Michael Kiken, Anthony Gentile, Eugene Orringer, and Gerald Levine.

Lawrence Friedman (MD '69) says he's been doing his level best to keep a low profile. Apparently, it hasn't worked, because we found him anyway, and not a moment too soon. The acting deputy director of the National Heart, Lung, and Blood Institute expects to retire—if not by the time you read this, then soon after. He began at the National Institutes of Health (NIH) in 1972, after a residency in medicine. Through the years, he has been active in epidemiological research and clinical trials, including several large multicenter trials in cardiovascular disease. In 1998, the third edition of *Fundamentals of Clinical Trials*, which he coauthored, was published. He has been pleased to read in this magazine about Dean Arthur S. Levine's thoughts on clinical trials. "There is a disconnect between our interest in trials and the ease with which we enable them," Friedman says. The requirements and barriers that researchers encounter have laudable goals, he believes, but it must be possible to make patients safer while meeting the needs of research.

His classmate Diane Sacks (MD '69) arrived at Toronto's Hospital for Sick Children during the height of the '70s drug culture. Much to her surprise, the staff began to call on her whenever a patient came in with drug problems. She explains: "They thought everybody from the States knew about drugs and overdoses, so they'd call me down to emergency to say, 'Do something—he's high!' And I'd say, 'What am I supposed to do? I've been studying. I haven't been smoking!'"

Those early patients fueled her interest in adolescent medicine and taught her a lot, she says. She finds adolescents open and honest when they feel they're with a doctor who listens and doesn't mind purple hair, tattoos, or earrings. "They want to have someone to answer their health questions honestly and without value judgments," she says.

Sacks displays her acquired Canadian accent regularly on a CTV health program called *Balance*. She also writes a magazine column for parents. Last year, she served as president of the Canadian Paediatric Society.

The curious thing about Eugene Orringer (MD '69) is that he has arrived at his own recipe for success by conceding that his personal successes aren't the end all. What he really enjoys, he says, is helping young people. To that end, he heads up the MD/PhD program at the University of North Carolina, Chapel Hill. When he took over in 1995, there were 12 students in the program. Two years later, the training program was funded by NIH. It has since grown to include 62 students. In the dean's office at UNC, Orringer invests about half his time in junior faculty development, helping young investigators get their first grants and papers written. He's the principal investigator on two NIH K12 grants that allow him to support five or six junior faculty. If he has anything to say about it, they all will have secured future grant support before they are finished. Orringer, himself, has been funded by the NIH for more than 22 years and is currently working on novel pharmacological agents for treating sickle cell disease.

—Chuck Staresinic



CANADIAN PAEDIATRIC SOCIETY

Sacks

## CHARLES M. HEFFLIN SR.

JULY 13, 1934 – NOVEMBER 9, 2004

Charles Hefflin (MD '74) was featured in a recent television ad promoting the wisdom and experience of UPMC physicians. The reserved Hefflin, a family practitioner on staff at UPMC Shadyside, was known and beloved for his devotion to his patients and to his community. He was really honored to have been chosen for the ad, says David Blandino, chair of the clinical department of family and community medicine at Shadyside. "But you'd never know it from talking to Charlie," says Blandino (MD '78). "I found out by talking with his wife. He spoke with his actions."

Hefflin, who was the vice president of the Medical Alumni Association when he died, ran a private practice in Regent Square and served as medical director of Lemington Center, "the first and only Black nursing home in the area," says Levi Walker (MD '84), also of Lemington. Walker credits Hefflin with doing much more than was expected of a medical director, especially helping to ensure the home's survival through periods of financial distress. Through the years, Hefflin mentored many young African American physicians, several of whom gave testimony at his funeral about how much his example meant to them. —CS



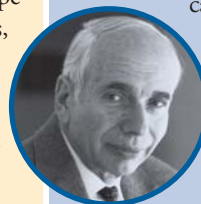
Hefflin

## HERBERT S. ROSENKRANZ

SEPTEMBER 27, 1933 – NOVEMBER 27, 2004

Herbert Rosenkranz helped make it possible to use computer models of mysterious chemical compounds to predict whether they were likely to cause or even cure cancer. In the 1980s, he and a colleague investigated how environmental pollutants cause cancer, then designed one of the first computer programs to identify carcinogens based on chemical structure. Rosenkranz came to the University of Pittsburgh in 1990 to chair the Department of Environmental and Occupational Health in the Graduate School of Public Health (he was interim dean there from 1998 to 2001), and he brought computational chemistry to the School of Medicine through a secondary appointment in pharmacology.

"His work was prescient," says Pitt professor and former chair of pharmacology John Lazo. "Those early programs harnessed the power of computers to search chemical libraries." Today, this technology can quickly characterize billions of potential drugs to identify the attributes that might make them useful or toxic. Rosenkranz retired with emeritus status in 2002. He was professor of biomedical science at Florida Atlantic University at the time of his death. —CS



Rosenkranz

## IN MEMORIAM

## '30s

HARRY A. BLACK JR.  
(MD '38)  
OCTOBER 2, 2004

## '40s

REUBEN STUTCH  
(MD '40)  
OCTOBER 21, 2004

ROBERT J. SIDOW  
(MD '41)  
APRIL 19, 2004

HARRY J. HECK JR.  
(MD '42)  
NOVEMBER 27, 2004

EDWARD L. KEIM  
(MD '43)  
NOVEMBER 3, 2004

'60s  
LOUIE LINARELLI  
(MD '64)  
NOVEMBER 8, 2004

## '70s

JAMES H. HARGER  
(RES '74)  
FEBRUARY 5, 2004

## '80s

SAMUEL W. GOLDEN IV  
(MD '80)  
NOVEMBER 2, 2004



## JOSEPH BARBERA: ALL SYSTEMS READY

BY HATTIE FLETCHER

**W**hen disaster strikes in the movies—and sometimes in real life, too—health professionals swoop in to try to save lives, heedless of their personal safety. *Let me help*, they say with authority, *I'm a doctor*. Then they get to work.

"Disaster tourists," says Joseph Barbera (MD '80), and though he appreciates their willingness to help, he really wishes they would be a little less pushy. Whatever the crisis—hurricane, earthquake, biological attack, explosion, epidemic—Barbera and his colleagues have spent a lot more time thinking about and planning for the response than the average healthcare professional, no matter how well-intentioned. It's Barbera's job to put emergency management procedures in place that not only help save the lives of victims, but also protect responders.

Barbera has a history of traveling great distances on short notice to be at the scene of large-scale disasters, often departing within the hour. He's more than familiar with the aftermaths of hurricanes, earthquakes, mine collapses, and wildfires. In 1995, he was almost finished building a house for his family when he learned that a bomb had been detonated outside a federal office building in Oklahoma City. When FEMA called, he left the house unfinished and his wife and four sons in a rental property they were required to vacate in 10 days. (Barbera's wife said that if he was needed, he should go.) Following the September 11 attacks, he was at both the Pentagon and World Trade Center sites.

When he was a young emergency medicine physician working in a crowded ER in the Bronx, Barbera noticed that many adverse outcomes were caused not by poor practitioners, but by poor systems. An unfortunate patient might end up waiting 12 hours or longer for care. Thus began an interest in systems that would eventually lead Barbera far beyond the emergency room.

In Latrobe, he joined the Special Medical Response Team (SMRT), a group of physicians and paramedics who respond to emergencies in unusual environments. They go to places where EMTs usually don't—to the sites of machine entrapments in factories, deep mining accidents, and the like.

"I feel like I had a doctoral-level education from folks who wear fire hats and turnout gear on a regular basis," Barbera says.

Through SMRT, Barbera became involved with an alphabet soup of federal and international agencies. The team represented the United States in an international search-and-rescue coalition, and Barbera became the point person for the development of its medical component. He later helped FEMA develop the National Urban Search and Rescue Team.



CORBIS

**The Alfred P. Murrah Federal Building in Oklahoma City after the bombing—one of many disasters where Barbera was called upon to assist.**

There's no question systems are Barbera's primary interest—so much so that his present position at George Washington University is in the School of Engineering and Applied Science, not in the School of Medicine. He is codirector of GWU's multidisciplinary Institute for Crisis, Disaster, and Risk Management and the author of *Jane's Mass Casualty Handbook*.

When Barbera responds to disaster now, he supports those managing the response and makes sure that the response proceeds according to plans he helped develop.

"It's personally satisfying if you save lives," he says. He quickly adds with a pleased laugh, "It's also intellectually satisfying that you've had a chance to test the systems that you developed in very tedious committee meetings."

For Barbera, this preparation spills over into his personal life; by virtue of his profession, he says, he is "situationally aware."

He'll tell you not to sit in the first or the last car of a train, because they are more frequently destroyed in crashes. He pushes elevator buttons with the back of his nondominant hand, to avoid infection. He avoids his academic office at GWU when he doesn't need to be there. Its location, one block from the White House, is within "blast perimeter." He knows what that area would look like after an explosion. He fully expects—hopes, even—to be on site at future disasters. But he prefers to be at ground zero after time zero. ■

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M-200K Scaife Hall  
University of Pittsburgh  
Pittsburgh, PA 15261  
tel 412-648-9090; fax 412-648-9500  
medalum@medschool.pitt.edu