Edward Berman (MD ’56) has been in private practice in Los Angeles for 40 years and has no plans to retire. It’s not surprising the cardiologist has so much energy; he has been running since the ’40s. Berman has participated in 100 marathons, the last of which was the 2000 Boston Marathon. For years, he ran 12 miles a day to keep in shape for distance events; now he runs about seven miles a day. Many of his running buddies are from the Pittsburgh area.

Joseph Marasco Jr. (MD ’57) was the recipient of the Beclere Medal from the International Society of Radiology. The emeritus chair of radiology at St. Francis Medical Center, Forbes Health System, and Ohio Valley General Hospital, all in Allegheny County, Marasco spent much of his career promoting the education and training of radiologists worldwide. He chaired a meeting at the World Health Organization to improve the training of radiologists worldwide. He chaired a meeting at the World Health Organization to improve the training of radiologists worldwide. He also ran 12 miles a day to keep in shape for distance events; now he runs about seven miles a day. Many of his running buddies are from the Pittsburgh area.

Dan Kanel (MD ’65) was a quarterback for Florida State University at the same time; both young men later played in the National Football League.

Gary Quick (MD ’72) is an emergency physician at Midwest Regional Medical Center in Midwest City, Okla., and Oklahoma Heart Hospital in Oklahoma City. He also recently became emergency ultrasound coordinator at both institutions. Quick has served as secretary and newsletter editor for the American College of Emergency Physicians Section of Emergency Ultrasound for the past three years.

Richard Hauger (MD ’74) says evidence is mounting that anxiety and mood disorders are connected to stress. A professor and director of the neuroendocrine research program at the University of California, San Diego, he is investigating the connection by studying the molecular structure of two corticotropin-releasing factor receptors that play critical roles in brain and pituitary response to stress. The CRF receptor system is overactive in patients suffering from depression, bipolar illness, and anxiety disorders. Hauger hopes to identify how stress interacts with these mood disorders on the molecular level so that he can create a treatment specifically tailored to each disorder.

Mary Ann Wolak Michelson (MD ’75) is president of the medical board at the 683-bed Hackensack University Medical Center in New Jersey and the first woman to serve in that capacity in the center’s 115-year history. Michelson also serves as chief of the hospital’s clinical diagnostic immunology lab as well as the chief of allergy/immunology for the pediatrics and internal medicine departments. Pitt’s Bruce Rabin first piqued her interest in immunology. Then, working with Pitt’s Philip Fireman, she says, made her feel like her favorite childhood literary character, teen detective Nancy Drew.

Steven Shapiro (MD ’75, Pediatric Neurology Fellow ’78–’81, Auditory Neurophysiology Research Associate ’81–’82) has been interested in brain damage in newborns since his days working in Aage Møller’s lab at Pitt. Shapiro, an associate professor in the departments of neurology and pediatrics at Virginia Commonwealth University in Richmond, studies bilirubin toxicity, which can occur when an infant suffers from jaundice. Although jaundice is common in newborns, excessively high levels of bilirubin in the bloodstream can cause kernicterus. Children with kernicterus have difficulty controlling their motor functions and often have hearing problems. Shapiro hopes to study the benefits of deep brain stimulation—among other therapies—for children with the disorder.

A. Robert Morelli (MD ’76, Pediatric Resident ’77–’79) retired after 20 years in private practice with the intent that he and his wife would travel. After only three months, Morelli was bored and started making calls to see if his hometown of Clearwater, Fla., had a pediatric hospice. When he discovered that, nationwide,

It was December, and Mary Williams Clark, a resident at UPMC Presbyterian, was making rounds when her pager began to beep. She called the number, which was answered by a nervous secretary from a local orthopaedic office. “Um, Dr. Williams, we usually send the residents subscriptions to Playboy for the holidays ... would you prefer, um, Ladies’ Home Journal?” Laughing, Clark replied, “Oh, c’mon, I’m not gonna be any different from the guys—send me Playboy!” She liked the articles.

Even as a Yale med student, Clark knew orthopaedics would be a field in which she met few other women. Her mentors during her

Mary Williams Clark

ABOVE: Mary Williams Clark in a 1975 faculty photo.
RIGHT: Williams Clark more recently, boating with her daughter.
very few of the approximately 53,000 children who need palliative care actually receive it, he helped expand the children's program of the Hospice of the Florida Suncoast. He and his wife are starting to take medical missions to Honduras. His wife hopes to organize a medical library; Morelli plans to help establish a burn unit.

Susan Sprau (MD '78) is determined to improve Medicaid funding in California, which has one of the lowest levels of reimbursements in the nation. Unless the reimbursements increase, she says, fewer hospitals, clinics, and physicians will be able to treat Medicaid patients. Sprau became a legislative advocate with the American College of Physicians–American Society of Internal Medicine after being frustrated by the “bureaucratization” of medicine. As the chief liaison between the ACP–ASIM and the California Medical Association, she has been a consultant on California legislation capping the amount for which patients can sue, in hopes that malpractice insurance costs will decrease. Last year, the ACP–ASIM recognized her service to patients and physicians with the Jeremiah Tilles Award.

‘80s Janice Anderson (MD '84) is working part-time at Wilkinsburg's Metro Family Practice, a nonprofit service. (So that Wilkinsburg residents would continue to have access to their services, her colleagues were determined to keep a practice there when the local hospital moved out.) Anderson focuses on improving maternity care in underserved populations. She recently obtained a grant from the United Way of Allegheny County for prenatal care and education. After interviewing groups of women in low-income neighborhoods, Anderson and her colleagues at East Liberty Family Healthcare concluded that they needed to disseminate more information about issues like breastfeeding and the importance of folic acid. She became interested in obstetrics during a rural rotation in North Carolina, when she helped a physician deliver a baby at the mother's home. Anderson was “amazed” that a doctor could have that kind of impact on a family.

Keith Kanel (MD '83, General Medicine Intern '83–'84, Resident '84–'86) just returned to UPMC to open a practice in general medicine. Kanel used to be a team physician for Pitt athletics. With his partners, he hopes to develop a new model of primary care that focuses on preventive medicine. He says Michael Karpf, a former Pitt professor, inspired him to pursue internal medicine.

RESIDENTS AND FELLOWS

Donald Marion (General Surgery Intern '83, Neurosurgery Resident '83–'89) was a professor of neurological surgery at the University of Pittsburgh until last year. He left to chair the neurological surgery department at Boston University. Marion spent about 15 years studying brain ischemia. When the brain suffers trauma, the blood flow to its tissues is restricted, causing damage. He and others found that cooling the body can prevent such damage.

‘90s Shawn Fultz (MD '97, Internal Medicine Intern '97–'98, Internal Medicine Resident '99–'01, Internal Medicine Fellow '01–present) was appointed to the national board of directors of the Gay and Lesbian Medical Association. Fultz, who will serve a three-year term, hopes to improve healthcare for the gay, lesbian, bisexual, and transgender communities by educating patients and the doctors who treat them. At the VA Pittsburgh Healthcare System, Fultz coordinates a study—based at the Cincinnati VA Medical Center—that examines how spirituality affects the quality of life of veterans suffering from HIV and AIDS.

William Davenport (MD '98) was recently appointed director of the University MedEvac program at Hahnemann University Hospital. He's also the faculty adviser to a student-run clinic associated with Prevention Point Philadelphia, which offers a needle-exchange program. Davenport is a clinical assistant professor at Drexel University and an attending physician in the Hahnemann emergency department. He “loves every minute” he works in the ER. At the same time, he has found a great stress reliever: motorcycle road racing. Davenport is former president of the National Motorcycle Patrol (a group providing first aid to motorcycle racers). He celebrated his graduation from medical school by riding his bike all the way to Honduras. — MH, MES, & SZ

THE WAY WE ARE: CLASS OF '92

By Star Zagofsky

Drew Feranchak (MD '92, Pediatric Resident '92–'95) made his singing debut in the Scope and Sculped production Operation Thyroid Storm. He missed every note, confesses Feranchak, now a pediatric gastroenterologist at Children's Hospital of Denver and an assistant professor of pediatrics at the University of Colorado.

At least country-western singer Naomi Judd doesn't see Feranchak as a potential threat. On behalf of the American Liver Foundation, she presented him with a grant so that he could continue his research into the liver's release of adenosine triphosphate, or ATP, a small molecule that all cells use for energy. His work suggests that ATP can leave cells and attach to
receptors on neighboring cells, triggering various processes. Because most childhood liver disorders are associated with poor bile flow, Feranchak is studying ATP's role in stimulating bile secretion. (Judd suspended her singing career because of chronic liver disease.)

It wasn’t singing that temporarily stymied Evan Baker (MD ’92). Baker remembers when his class operated on pigs during surgical rotation. His group summoned Hank Bahanson when they noticed the pig having problems. The world-renowned cardiothoracic surgeon took one look at the team’s work and said, “There’s not much we can do here.” Baker decided that he wasn’t going to become a surgeon. These days, Baker, an assistant professor of pathology at Pitt, is helping to resuscitate Homestead, Pa., where residents elected him to borough council in 2000. When he entered office, the community was reeling from decades of neglect and unemployment. There hadn’t been any new homes built for more than 20 years. Baker promised he would focus on community redevelopment, and last year five new houses were constructed.

Had she attended last year’s class reunion, Kathryn Gaydos Clark (MD ’92) could have told Baker about her own government connections—well, a little. She really can’t have told Baker about her own government experience; it’s the federal government.

The Class of ’92 gathered for an October reunion in Pittsburgh. They attended the Syracuse-Pitt game—the Panthers won with a last-minute field goal. Then 30 alumni and guests went to dinner at Asiago. Classmates Evan Baker, Carolyn Ellis, Christopher O’Hara, and Timothy Klatt planned the get-together.

\section*{HENRY T. BAHNSON}
\textit{Nov. 15, 1920–Jan. 10, 2003}

Henry T. Bahanson set two goals when he moved to Pittsburgh to chair the Department of Surgery—take the program to national prominence and find a home with a ski hill. He was successful on both counts, though the ski hill came first. Bahanson rigged an automobile engine in the backyard to pull a rope, towing skiers to the top of the hill.

His five children enjoyed it immensely, as did their friend, Bartley Griffith. “He was larger than life,” recalls Griffith, now chief of the division of cardiac surgery at the University of Maryland. “He was a great skier and outdoorsman. People just wanted to be led by him.” Griffith, who went on to scrub with Bahanson, never forgot the last advice he gave him—be brave and trust in your training.

Achieving a stellar surgical program took a few years longer, but Bahanson pulled that one off, too. Thomas Starzl says it’s hard to conceive of the School of Medicine’s current status without the man who trained “generation after generation of outstanding surgeons” and set an example of “fundamental, implacable integrity.” “A lot of people are great surgeons,” Starzl says of his friend, Bahanson, who died Jan. 10 at age 82 after suffering a stroke, “but not very many are great men.” — Chuck Staresinic

\section*{THOMAS K. OLIVER JR.}
\textit{Dec. 21, 1925–Jan. 6, 2003}

Thomas K. “Tim” Oliver Jr. had his own version of the golden rule. While chairing the Department of Pediatrics at both Children’s Hospital of Pittsburgh and the School of Medicine from 1970 to 1987, he didn’t ask others to do anything he wouldn’t have done. He deliberately chose a small office—8 by 10 feet—so faculty wouldn’t complain about lacking space. And Oliver taught an extra clinic that no one else wanted, on Friday afternoons. “Nobody on the faculty could say they wouldn’t do it if the chairman was doing it,” says his wife, Lois Pounds Oliver (MD ’65).

Oliver loved teaching so much that, at his insistence, the School of Medicine’s executive committee rearranged its meeting schedule so he could spend his mornings (including Saturdays) teaching. In 17 years at Pitt, Tim Oliver trained more than 250 residents. Since her husband’s death on Jan. 6 at the couple’s home in Chapel Hill, N.C., Lois Oliver has received hundreds of letters from his former students and patients who remember his dedication. — SZ
The lesion slowly eating away at his vertebrae is immobilizing Louis Andanke (not his real name). From his hospital bed in Malawi, the 30-year-old man, suffering from tuberculosis of the spine, looks at orthopaedic surgeon Scott Harrison hopefully. “So you’re the American doctor who is going to cure me.”

Surgery could straighten and stabilize the spine, but Harrison (MD ’63) isn’t sure he should operate. At Hershey Medical Center in central Pennsylvania, Harrison operates on children, in rooms equipped with the latest technology. This southeast African hospital doesn’t even have chest tubes for intubation; Harrison brought his own. It can’t afford to replace surgical gloves, so old gloves are reused. Some of them are full of holes.

The chief of surgery at the hospital pulls Harrison aside. “I can’t forbid you from doing the surgery,” he says, “but we don’t have an ICU.” Harrison knows the chief is afraid the operation will be botched. But as he thinks about Andanke’s excitement at the possibility of a cure, Harrison knows he must operate. Without his help, Andanke will be paralyzed.

The operation goes smoothly. In the back of his mind, Harrison thinks he proved the chief of surgery wrong, and he’s happy that Andanke will walk again. But when the patient awakes, he can’t move his fingers or toes. Harrison is devastated. Between operating on other Malawians, he serves as Andanke’s nurse.

After a few weeks, Andanke starts moving. That was 17 years ago. At another doctor’s suggestion, Harrison had agreed to go to Africa on a medical mission—but with some reluctance, because he didn’t know the other physician very well. After Andanke—Harrison’s first patient—made a full recovery, any trepidation the physician had about traveling to Africa quickly faded. In the next several years, Harrison made more than 50 trips to African hospitals, often performing operations all day and into the night.

For relaxation, Harrison, an avid hunter since high school, went on several safaris. But this combination of sport and surgery “didn’t sit right,” he says. “You have to get mentally prepared in different ways, and it was too much to do both.” And all around the impoverished countryside, Harrison could see that trained physicians and modern hospitals were desperately needed.

In 1996, he and his wife, Sally Harrison, made a decision: They would stay in Africa and open a hospital in Kenya. Within a year, a rehabilitated building in Kijabe, north of Nairobi, became the first hospital in Harrison’s new nonprofit organization, CURE International. CURE now has three operational hospitals in Africa, with two more about to open in Afghanistan and the Dominican Republic. Each facility is tailored to the specific needs of an area: In a region with a high percentage of limb deformities, for instance, the hospital will focus on orthopaedic surgery. Besides much-needed healthcare, the hospitals offer among the few learning opportunities available to young doctors and nurses in developing nations.

“Scott’s a world-class physician, and he’s also a very good businessman, with a quick mind, confidence, and stability,” says Rex Lysinger, who grew up with Harrison in McKeesport, Pa., and later attended the University of Pittsburgh with him. Now a retired CEO of a diversified energy company, Lysinger sits on CURE’s board of directors. “I don’t have too many heroes—very few of them—but Scott is one.”

Lysinger tells a story of when CURE was trying to start a hospital in Uganda. Government red tape delayed the organization at every turn: No land, no visas for doctors, no health permits. Finally, CURE representatives met with the wife of President Yoweri Museveni. “If you need land, we’ll find it,” the first lady said. “If you need permits, we’ll get them.” The Americans were stunned. Why was she so eager to help them?

“We have been praying for years for someone to build a hospital and take care of our children,” she said.

Patients like Andanke inspire Harrison to persevere. Andanke still writes to Harrison; he told the doctor how scared he was back in 1986. He didn’t want to show it at the time, because he thought Harrison wouldn’t operate on someone who was so afraid.