CLASS NOTES

'40s In 1983, William Donaldson Jr. (MD ’43, Orthopaedic Surgery Resident ’46–’49, Pediatric Orthopaedic Surgery Resident ’49–’50) trekked through Tibet to reach Mt. Everest with the first American expedition to reach the peak via the east face. Donaldson, an orthopaedic surgeon, former medical director of Children’s Hospital of Pittsburgh, and a Distinguished Clinical Professor in the School of Medicine, monitored the oxygen tanks for the climbers at base camp. But Donaldson’s fondest doctoring memories are closer to sea level. He established the multidisciplinary clinic at Children’s to treat spina bifida. Donaldson started the clinic after becoming frustrated that children with spina bifida were institutionalized instead of being provided with the care they needed to live a more normal life. In the clinic, a social worker, urologist, neurosurgeon, pediatrician, and orthopaedic surgeon worked together to deal with the problems associated with the disease. Donaldson is a member of the School of Medicine’s admissions committee. His son, William Donaldson III, is a Pitt professor specializing in spinal disorders.

We already knew Bernard Fisher was in elite company. Fisher (MD ’43), a Distinguished Service Professor at Pitt and founding member and former chair of the National Surgical Adjuvant Breast and Bowel Project, is referred to as the person who has done the most to improve the lives of women with breast cancer. Now he can count himself in a class that includes Benjamin Franklin, John F. Kennedy, Willie Mays, and Tom Wolfe, to name only a few. At the 303rd Yale University commencement, the institution awarded Fisher an honorary degree (Doctor of Medical Sciences). A few weeks earlier, Memorial Sloan-Kettering Cancer Center gave him the C. Chester Stock Award for “distinguished achievement in biomedical research.” Fisher continues his research on breast cancer; he recently published an article in Lancet and has one forthcoming in the Journal of the National Cancer Institute.

'60s Psychiatrist Philip Sandler (MD ’67) says that he loves working “with and for the patient,” but recent experience tells him he can’t take that for granted. By the time he relocated to the Boston area in 1990, Sandler had worked for a U.S. Naval Medical Center, directed a hospital psychiatry department, and been in private practice. He thought it would be a good experience to work for one of the HMOs that were coming into favor. He saw it as a ready-made practice that would provide him with patients. Plus, he figured that working for the HMO would be easier than asking it for pre-authorizations as a private practitioner. When the HMO started losing money in the late ’90s, he says, care suffered. Sandler found that 15 minutes of personal contact per patient was unfulfilling—it only left him enough time to prescribe medication. He left the job in 2001 and worked briefly in his son’s real estate business. Although he liked working with his son, he left in 2002 to take what he calls his “dream job” at Boston University Student Health Service. He enjoys the personal interaction with diverse students and their families so much that he plans to postpone his retirement. “It’s great to work for the patient again,” he says.

In 1981, Munci Kalayoglu (Pediatric Surgery Resident ’68–’69, Chief Resident for Pediatric Surgery and Urology ’69–’70, Research Resident of Pediatric Surgery ’70–’71) watched Thomas Starzl perform a liver transplant on a 14-year-old boy with Wilson’s Disease—a disorder that causes excess copper to be stored in the liver and brain. Although the body needs copper and absorbs it from food, the improper retention of the nutrient can cause tissue damage and death. After witnessing the young patient’s full recovery, Kalayoglu went home and announced to his wife that he was going to be a liver surgeon. In 1987, as associate professor of surgery and pediatrics at the University of Wisconsin School of Medicine in Madison, he performed one of the first extended preservation liver transplants, using a solution he helped develop. The solution can extend the life of a liver outside the body for nearly 24 hours. Most extended preservation liver transplants performed today use this “Wisconsin solution.” Lately, he has been dividing adult livers in half to transplant them into two different people, where the organ will regenerate to full size. Split-liver procedures are a promising way to mitigate the liver shortage, he says.

'70s When a pregnant woman suffers an eclamptic seizure in some parts of Afghanistan, a mullah will beat her to expel the demon, says Sally Osborne (MD ’76). And in hospitals, patients wait for transfusions while families buy blood from the bazaar. Osborne recalls that in medical school, the late Ken Rogers taught her that a site visit was absolutely necessary to understand community hospitals and clinics. Indeed, before learning such things firsthand, Osborne would never have anticipated the problems at Rabia Balkhi Women’s Hospital in Kabul, where she trained doctors for three months in 2003. The U.S. Department of Health and Human Services, the Afghanistan Ministry of Health, and the nonprofit group International Medical Corps organized that mission. A colleague advised Osborne not to eat anything before arriving at the hospital, and with good reason: Putrefying medical waste was piled outside the front door because the incinerator was broken. The stench was nauseating. With shortages of basic supplies like bleach, the underpaid, undertrained, overstretched staff was profoundly discouraged. Some doctors often skipped out early, supplementing their income through private practice. On one occasion, the hospital staff failed to inform a patient’s family that the patient had died. When the family found out, they threatened the hospital with guns in tote.

Osborne persuaded the staff to take record keeping seriously, to work on communication, and, she believes, to care again. She says she feels a spiritual calling to humanitarian work ever since she retired from her ob/gyn practice in 1999. As a board member of the Foundation for International Missions, she is now involved with the University of Maryland School of Medicine, she spends

'80s When Karen Kotloff (Pediatrics Resident ’80–’83) arrived in Pittsburgh, she was interested in child psychiatry, but she found that she loved pediatrics so much that she decided to skip psychiatry. Now, as a professor of pediatrics and medicine at the University of Maryland School of Medicine, she spends
several weeks a year running vaccine trials in Mali to help stop the spread of preventable disease. Kotloff primarily trains the residents of this landlocked West African nation to conduct the trials and teaches them the clinical and ethical guidelines involved in the process. Through this collaborative relationship between the university and the Malian Ministry of Health, she also works with Malian researchers to design studies of the epidemiology of infantile measles and diarrheal diseases. At Maryland’s Center for Vaccine Development, Kotloff focuses on bacteria that cause diarrheal diseases such as *Shigella*, *Helicobacter*, and *Streptococcus* (Group A)—conditions that most often affect children.

While **John M. Roberts** (Research Fellow ’81–’82, Orthopaedic Resident ’82–’85) was working in Pittsburgh, he became enamored of vintage grand prix racing. Now living in Cincinnati, he says he gladly gave up this pastime when his wife asked if he could put the hobby aside to spend more time with his four daughters. As they grew up and wanted to spend more time on their own than with their father, Roberts was without a hobby to occupy his free time. So he started writing. First came all the bedtime stories he had made up for his daughters, published in *Wallloon Tales* (inspired by their vacations at Walloon Lake, Mich.). His second book, *Carrington House*, was released last year. The mystery novel describes an act of revenge at a private boarding school that draws the attention of the nation’s top pathologists. As Roberts writes his next book, a sci-fi thriller, he’ll continue in his private practice, which focuses on spinal deformities. He and his partner will soon be performing disc replacement surgeries with a new product made by DePuy Orthopedics.

The last time **Robert Brenner** (MD ’87) was in Pittsburgh, he got a splinter. The splinter was so deeply embedded in his finger he had to go to the ED at UPMC Presbyterian. He was surprised to see all the changes that have been made at the hospital since he was a student. As the director of business development and chair of family medicine for Mountainside Hospital in Montclair, N.J., he paid careful attention to the newest details in the ED to share with his colleagues. Since starting this position in March, Brenner has helped to develop a sports medicine center and melanoma center and rebuild a primary care network. Brenner, who spent most of his med school years soaking up wisdom from surgeons Thomas Starzl, Charles Watson, and Bartley Griffith before suddenly switching to family medicine, still holds clinic a few times a week. He says he’s unable to give up medicine completely for his administrative duties.

### ’90s

**When he was a young child in Harrisburg, Daniel Edmundowicz** (Cardiovascular Fellow ’93–’96) would often accompany his father, a cardiologist, on hospital rounds. Sometimes, they even went on house calls. The boy would sit and talk with his father’s patients, or silently keep them company if they preferred. Years later, in med school, he was determined to explore his interests in neurology and oncology, to venture outside of the world of cardiology that was his dad’s. But the exposure to cardiology during internal medicine training in his senior year brought him back to that subspecialty. Cardiovascular disease is, for the most part, very preventable, he says, so cardiology provides him the opportunity to educate his patients (“I love to teach,” says the Pitt associate professor of medicine), work with them to improve their health, and witness positive changes like lowered blood pressure and cholesterol levels. During his fellowship at Pitt, Edmundowicz met Lewis Kuller, professor of epidemiology, who further piqued his interest in understanding and preventing cardiovascular disease. Now Edmundowicz is the director of preventive cardiology for the UPMC Cardiovascular Institute, where he directs the lipid clinic and the electron beam tomography (EBT) program. Pitt researchers were among the first to find that HIV patients have a high prevalence of coronary artery calcification, probably because their anti-viral medications increase cholesterol levels. Armed with this knowledge, many HIV patients now visit the lipid clinic for preventive treatment. On rounds, Edmundowicz has been known to cheer up his patients by popping in with a few of his four children in tow. “That’s what I learned from my dad,” he says, “to care for the whole individual and to remember that good mental spirits can help lead to better health.”

**Amy Juraszek** (MD ’96, Pediatrics Resident ’96–’99) always thought the faculty and staff at Pitt made teaching a priority. She tries to do the same as a pathology instructor in the Harvard Medical School and medical director of the Cardiac Registry at Children’s Hospital Boston. The registry’s use of imaging techniques has been helpful to Juraszek in her efforts to improve the curriculum for teaching cardiac anatomy and pathology. Yet, as an instructor to cardiology fellows and a lecturer at Harvard Medical School, she prefers going back to basics—using real pediatric heart specimens as teaching aids, rather than high-tech three-dimensional imaging. Juraszek also collaborates on research into GATA-4, a transcription factor involved in heart development.

**Aaron Bornstein** (MD ’99) only applied to Pitt’s School of Medicine to round out his application fees to an even $200. But after an interview, Bornstein fell in love with Pitt and moved it up to his first-choice school. Now working as a consultant pediatrician at Masterton Hospital in New Zealand, Bornstein has found that helping families that are struggling to obtain medical resources and care can be the most fulfilling aspect of his job.

### ’00s

**Lily Im** (MD ’00, Ophthalmology Resident ’01–04) experiments with view and perspective when she does macrophotography, which is essentially taking big pictures of small things. “I like viewing objects, especially flowers, up close, because there’s often a very complex microenvironment.” As a brand-new clinical associate and glaucoma fellow at Duke University, Im is not just looking at flowers up close. She is examining glaucoma—a disease that has long been studied but is still shrouded in mystery. She, like other ophthalmologists, wonders if there is a connection between glaucoma and Alzheimer’s, and how large a role intraocular pressure plays in the resulting damage to the optic nerve. “It was once assumed that this pressure was the cause, but new research shows it is only a contributor.” — MH, MD, CB

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**Calling All Kudos**

“Everyone has talent at 25. The difficult thing is to have it at 50,” said Edward Degas. Who among your peers has stood the test of time? The Medical Alumni Association is seeking nominations of outstanding alumni for the Hench and McEllroy Awards.

The Hench Distinguished Alumnus Award is presented annually to a graduate of the School of Medicine. The McEllroy Award recognizes outstanding doctors who undertook residency training at Pitt but received their MDs elsewhere.

Please send CVs and/or letters of nomination to:
University of Pittsburgh
Medical Alumni Association
M-200K Scaife Hall
Pittsburgh, PA 15261
Tel: 412-648-9090
Fax: 412-648-9500
E-mail: medalum@medschool.pitt.edu

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The Hippocratean, 1999
Aft er 10 years, most attending the Class of ’94 reunion in May looked about the same, though John Wilkinson says he got more than a few odd looks because of his shaved head, goatee, and earrings. Wilkinson is a tactical physician for the police Emergency Response/ SWAT team in Gastonia, N.C. His team sometimes trains with the Army Special Forces Advanced Urban Combat School, acting out and responding to realistic military scenarios on a large scale. Sometimes one group gets to play the bad guys.

He and his wife, Michelle Wilkinson (also MD ’94), did an emergency medicine rotation at the Royal Victoria Hospital in Belfast, in Northern Ireland during their final year in medical school. They were a bit apprehensive at first, because the police carried machine guns and many victims of political violence came into the ER. When her husband returned to Ireland in 1996 for a rotation, Michelle Wilkinson stayed behind with their 1-year-old. She has been in private family practice for seven years, and she loves delivering full-scope care—that is, everything she was trained to do, including pediatrics and obstetrics. Her patients include families that span four generations and one that spans five.

Dave Vangura strongly considered pediatrics because he so admired Kenneth Schuit, Pitt pediatrician and infectious disease specialist. However, Vangura now happily works as an army anesthesiologist. Vangura has been in the military since his internship at Tripler Army Medical Center (TAMC) in Honolulu, and he hasn’t stopped traveling since. He was sent to a small town in Germany as a flight surgeon and was deployed to Bosnia for one winter, where he lived and worked in heated tents and ran a regimental aid station with one other doctor and six medics. After an anesthesiology residency at Walter Reed Army Medical Center in Washington, D.C., Vangura was sent to Wuerzburg, Germany; there he served as a staff anesthesiologist from 2000 to 2003. From Wuerzburg, he has been deployed to the Republic of Georgia and briefly to Kosovo. He met his wife, Karin, also an anesthesiologist, at a salsa dance lesson in Wuerzburg. If he could go back in time to when he began medical school, Vangura says he would take the army scholarships again without second thoughts. When his military commitment ends soon, however, after a total of 12 years, he plans to leave the army.

David Kim is enjoying his role as a hands-on teacher of med students and residents. He’s currently an assistant professor of anesthesia at Temple University. He finds it especially gratifying to watch his students as they become more comfortable with patients. He recalls recently teaching a student how to give an epidural to a pregnant woman. Upon seeing the patient begin to feel better, the student turned to Kim and said, “So this is why you like anesthesia.” Exactly. And it’s a pleasure to teach, says Kim. —Corey Ballantyne
ears run down Kristen Cotter’s face as she stands in a Scaife Hall bathroom. As a first-year medical student, she has been upset a lot. Starting school, she’d already felt behind because she majored in sociology and writing and took three years off after college. She’s not doing well in her classes. A few months ago, she gave herself an ultimatum: If I don’t get a good preceptor, I’m going to quit.

Now she’s in the bathroom crying. She and her preceptor didn’t hit it off. She’d spent the previous three years working in public health in Indonesia and then decided to become a doctor to alleviate suffering. She wanted a preceptor who could inspire her and help her play a part in the human side of medicine—help her see past the biochem and anatomy that, to her, seemed so far away from helping others.

She thinks that maybe she can arrange for a new preceptor herself. So she calls Randall Kolb (MD ’82), who doesn’t know her from Eve, though they both attend the Pittsburgh Mennonite Church. She nervously tells him how she is so discouraged in med school that she wants to quit.

Five years later, Cotter (who took a year off to earn a Master of Public Health degree from Tulane University) is an ob/gyn resident at Women & Infants Hospital of Rhode Island in Providence.

Having the opportunity to observe Kolb made all the difference. She recalls the young woman who’d never had a pelvic exam: “He just made sure that what he was doing was okay. She felt extremely embarrassed and uncomfortable, and he met her where she was.”

And Cotter remembers how Kolb interacted with a schizophrenic patient: He asked what outlets she had for her artistic side.

In Kolb, Cotter (MD ’04) found a preceptor who was the kind of doctor she wanted to be. He’s an inspiration to others, too. This past January, the American Institute for Public Service recognized Kolb, director of the Family Health Center at UPMC Shadyside and a clinical assistant professor of family medicine, with a Jefferson Award for Public Service.

The reserved Kolb will pause before making a remark, as though he’s taking time to consider a problem. He prefers to hand the reins of their lives back to patients. “What would you like to do?” he’ll ask an addict, rather than lecturing her about how she needs to quit using drugs.

He often wonders how he can best serve. He works at Bethlehem Haven, a shelter for homeless women, and with Pittsburgh’s Health Care for the Homeless program. Kolb helped obtain a grant for an x-ray machine that the Allegheny County Health Department uses to determine whether people who are homeless have tuberculosis (so far not one has had the active form of the disease in the county). And twice a year, he does work in Honduras.

Kolb first visited that country in 1999, in the wake of Hurricane Mitch. After that, Kolb joined William Markle, assistant professor of family medicine at Pitt, and Mark Meyer, a family practice physician, as they were establishing a global health elective. To fulfill the elective, students help staff a clinic in rural Honduras. Cotter has worked there as well.

“You get to see a lot of patients because you don’t have to do a lot of paperwork, and when you are there, there is nothing else to do,” says Kolb. “You get up and eat breakfast, and you see patients, and at night, you talk about patients, and you play cards and go to sleep. It’s a very focused experience. It also gives a chance to explore, ‘What does it mean to be a doctor?’”

On the pragmatic side, that means, for Kolb, using his own resources as a diagnostician rather than relying on tests. Yet more profoundly for him, being a doctor is about more than just treating a medical condition—it’s about treating the human condition.