Medical schools typically derive revenue from four sources: philanthropy, tuition, grants and clinical practice. All of these have become more or less threatened as a result of the current economy. If you think of these sources in terms of pieces of a pie, when the revenue from one slice decreases, another slice must increase in order to keep the overall size of the pie from shrinking. One way to increase the overall pie proportions is through innovation.

Across the world, more people are dying from contaminated water than from wars, trauma or violence. It is further estimated that 2.2 million people die annually from illnesses directly linked to contaminated water. Of these 2.2 million people, 1.8 million are children under the age of five who have been exposed to water-borne illnesses. This amounts to an average of one infant death every 20 seconds. These staggering statistics caused fourth-year medical student Olivia Chang to look for a solution to this problem. Olivia was the winner of the first inaugural Medical Science Innovation Business Proposal Competition hosted by the School of Medicine. This competition—the only one of its kind in the country—is part of a number of activities designed to foster innovation and creative thinking among our students, trainees and faculty. (You can read more about Olivia and the Business Plan Competition on pg. 8.)

“"The best way to predict the future is to invent it.""

—ALAN KAY

In addition to the Medical Science Innovation Business Proposal Competition, the School of Medicine has partnered with the schools of Science and Engineering, Business and Law, to develop a novel certificate program in technology commercialization. Through this program, graduate students can augment their PhD degrees with specific training designed to make them more prepared for careers as innovators. A seminar series was developed last year for medical and graduate students to discuss issues related to bringing an idea to market. These seminars are hosted in the new Tulane Innovation Center housed on the ground floor of the Murphy Building. This center is meant to serve as a space that encourages creative thought, collaboration and new ideas.

Because our students are bright and creative, and arrive with exceptional technologic expertise, over the next several years we hope to harvest their creativity to help solve problems facing people and populations throughout the world. Such is the benefit of innovation. We hope to lead this process.

Ben

Dr. Benjamin P. Sachs, MB, BS, DPH, FACOG
Senior Vice President of Tulane University
Dean of the School of Medicine
James R. Doty Distinguished Professor and Chair
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Thanks to generous donors, the student experience grows ever stronger while research and teaching flourish.

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ON THE COVER
Entrepreneurial spirits Jesse Guittard and Olivia Chang are bringing new ideas—and innovative products—to health care.
NEW BOOK HONORS MEDICAL PIONEER BURCH

In 1986, the worldwide medical community felt a distinct loss at the passing of Tulane alumnus and former chair of the Department of Medicine, Dr. George E. Burch. His remarkable story and his legacy as a medical pioneer are told by his daughter Vivian Burch Martin in the book *The Celestial Society: A Life in Medicine*.

Burch’s story begins along the bayous of South Louisiana, where from an early age he was immersed in the field of medicine as he shadowed his father, a country physician. At Tulane University School of Medicine, his zest for knowledge and innate curiosity made him a standout among students, and he began his influential career in medicine and cardiology.

As a pioneering researcher, inspiring educator, prolific writer and electrifying lecturer, Burch’s depth and range of activities are tremendous. To fully capture her father’s life work, Martin spent 18 years interviewing more than 200 subjects and poring over thousands of scientific and personal papers.

“I thought when I originally started that, because it was my father, I knew everything he had done,” Martin says. “But that was not the case at all. There were these big things that I never knew about.”

One of those projects was the Tulane National Primate Research Center. Martin was surprised to learn that her father was heavily involved in the creation of eight National Primate Research Centers and was instrumental in the process of securing National Institutes of Health funding for a research center at Tulane.

Not only does Martin hope that readers learn new and interesting facts about the medical pioneer, but she also hopes they understand her father’s passion and dedication to patient-centered care.

To purchase the book and learn more about the legacy of Dr. George E. Burch, visit www.xlibris.com.

WHITE COAT WELCOME

The 192 members of the Tulane University School of Medicine Class of 2016 received their first doctor’s white coats during the school’s annual white coat ceremony at McAlister Auditorium in August. Here’s a quick look at this year’s class:

**Where They Graduated**
- > 22 from Tulane
- > 3 from LSU
- > 167 from other universities

**Where They Hail From**
- > 33 states: including 30 from California and 24 from Louisiana
- > 3 other countries: Canada, Jordan and Uganda
Mingyang Liu will work with the Vietnamese American community to create a Hepatitis B awareness and screening program at a student-run clinic.

SIX STUDENTS WIN SCHWEITZER FELLOWSHIPS

Six Tulane University graduate students in medicine and public health have been selected as 2012-13 New Orleans Schweitzer Fellows. The fellows will spend the coming year carrying out innovative service projects that address underlying social factors affecting health in the greater New Orleans area and developing lifelong leadership skills. Upcoming projects include:

- Mingyang Liu, a second-year MD/MPH student, will work with members of the Vietnamese American community to create a sustainable Hepatitis B awareness and screening program at the NOELA Community Health Center.
- Purva Amar, Tulane University School of Medicine, and Nanci Zhang, Tulane University School of Public Health and Tropical Medicine, will work to sustain and expand the primary care clinic at Grace House, a residential treatment program for women in recovery.
- Ashley Case, School of Medicine, will develop an education and support program for children with chronic asthma and their caretakers at the Ruth U. Fertel/Tulane Community Health Center.
- David Fralinger, School of Medicine, will create an online resource for LGBT patients, working to address concerns and barriers to care and to create a network of LGBT-friendly healthcare providers.
- Michael Halperin, School of Medicine, will work to promote healthy lifestyle choices by implementing the CrossFit exercise program at several charter schools, including KIPP Believe Primary School.

Since 2007, nearly 50 Schweitzer Fellows have delivered over 8,000 hours of service within the city’s most vulnerable neighborhoods. The program is funded entirely through charitable donations and grants including sponsorship from Tulane University School of Medicine.

Rudy, My wife and I were having a debate about whether the Tulane University School of Medicine or Charity Hospital opened first. I think it’s Tulane. Who’s right? — Dave K.

Dear Dave,

Haven’t you learned yet that your wife is always right? The first Charity Hospital opened its doors on the corner of Chartres and Bienville on May 10, 1736, making it the second oldest public hospital in the United States. Nearly 100 years later, the Medical College of the University of Louisiana (now known as Tulane University School of Medicine) opened on January 5, 1835.

Just a few years prior to the school’s opening, a new 540-bed Charity Hospital had been erected, making it the fifth home to the medical center. In the early years, the medical school held classes at professors’ homes, churches and often in Charity Hospital, but in 1843 the school moved to property at the corner of Common and Philippa. Through the bequest of Paul Tulane, the University of Louisiana was changed to the Tulane University of Louisiana in 1894.

Rudy is our resident Tulane University School of Medicine “know-it-all.” He is named in honor of Dr. Rudolph Matas, the distinguished Tulane alumnus and legendary faculty member, who was said to have an “encyclopedic mind” more useful than any library. Ask your questions about Tulane medical school history and Rudy will respond with an answer. To submit a question email mednotes@tulane.edu.
A new method of preparing stem cells may provide relief from a painful diabetes complication, according to a new study. Aline Betancourt of the Tulane University Center for Stem Cell Research and Regenerative Medicine, with colleagues at Tulane and the Ochsner Clinic Foundation, developed a new treatment using modified stem cells to control inflammation.

The study’s results in the journal Stem Cells Translational Medicine suggest that stem cells specially prepared to turn off the body’s inflammatory response represent a promising new therapeutic strategy for diabetic peripheral neuropathy that should be further investigated.

About 70 percent of diabetics have neuropathy (nerve damage) resulting from the disease, according to the National Institutes of Health. Severe peripheral neuropathy causes excruciating pain in the toes, feet, legs, hands or arms. Even a tiny amount of external pressure can be excruciating. Inflammation is considered a major culprit.

Previous studies have proven that mesenchymal stem cells (MSCs) are safe and effective in treating inflammatory diseases. MSCs, which are taken from adult donors, can give rise to a large number of tissue types such as bone, fat and cartilage.

“The problem is that the current methods for preparing these cells yield a mixed pool of undefined cells that aren’t consistently effective in the clinic,” Betancourt explains. “Our laboratory developed a new method that results in a consistent, uniform MSC population and optimizes their anti-inflammatory effects. We call these cells MSC2s.”

When the researchers tested the MSC2 cells on mice with peripheral neuropathy, they saw a significant improvement in inflammation and other symptoms—as much as 40 percent for the MSC2 group over the mice that received no treatment. At best, there was only 14 percent improvement in those administered conventional MSCs.
Tulane University School of Medicine will use a $2 million grant from the National Cancer Institute to increase the number of minority patients enrolled in clinical trials for new cancer therapies.

The Minority-Based Community Clinical Oncology Program (MB-CCOP) grant is part of a national effort to support community-based cancer trials that bring in racial and ethnic groups typically underrepresented in clinical research. Tulane's MB-CCOP is one of 17 across the country.

“The grant helps to supplement the cost to open new clinical research studies and greatly expands the number of treatment and prevention trials to which our local cancer patients will now have access,” says Dr. William “Rusty” Robinson, head of Gynecologic Oncology at Tulane.

Tulane's MB-CCOP grant will support clinical research coordinators working directly with physicians treating patients at Tulane Cancer Center, Tulane-Lakeside Clinic, the Veterans Affairs Administration Clinic, Tulane's Clinic at the Medical Center of Louisiana at New Orleans and Tulane's oncology affiliates, a group of private physicians throughout the region that offer access to Tulane's cancer research trials. The coordinators, who will have special expertise in cultural sensitivity, will assist the physicians in identifying patients who qualify for enrollment into cancer treatment trials, as well as work one-on-one with patients and family members to answer questions about clinical research.

“This approach has been proven successful in helping to overcome historic barriers that have prevented minority accruals to clinical research trials in the past,” Robinson says.

The grant will also support a patient/community educator who will work with patients and reach out to local church groups and other organizations to raise awareness of the importance and availability of cancer prevention trials through the program.

For his pioneering contributions to understanding hypertension, Tulane researcher Luis Gabriel Navar has received the Walter B. Cannon Award as an outstanding scientist in physiology, a national honor named for a physician whose work set the stage for current blood pressure research. This is the highest honor that the field of physiology bestows on a single scientist each year.

Navar, who joined the Tulane faculty in 1988, received the award from the American Physiological Society at its annual meeting in April. He is professor and chair of the Tulane Department of Physiology and co-director of the Tulane Renal and Hypertension Center of Excellence at the Tulane School of Medicine.

In a lecture delivered at the meeting, Navar revisited Cannon’s groundbreaking book *The Wisdom of the Body*, first published in 1932. The book “has to do with survival mechanisms that protect from deficits, whether of food, water or salt,” Navar says. “So we have this dilemma in modern society: The body is more geared to conserving than it is to taking care when there is excess.”

Navar’s presentation highlighted basic physiological studies that are being applied to actual patient-oriented work. “And that’s where our work has been significant over the past few years, because we study the role of the kidney and of a very important endocrine system, the renin-angiotensin system, in the development of high blood pressure,” he says.

Since 2002, researchers from various departments within Tulane have collaborated under Navar’s guidance on studies of the causes and treatment of hypertension, a major health issue in Louisiana and the Southeastern United States.

Eva Kor, a Holocaust survivor and a twin experimented on at age 10 by Josef Mengele, spoke on “Ethics in Medicine and Research: Lessons from Dr. Mengele’s Lab” as part of the exhibition *Deadly Medicine: Creating the Master Race*, hosted by Tulane University School of Medicine at the National World War II Museum.

The survivor of Nazi medical experiments spoke of her remarkable story and the experiments that shaped her adult life. What makes Kor’s story all the more compelling has been her decision to forgive the Nazis for their atrocities.
MED STUDENTS ORGANIZE COUNCIL TO IMPROVE CARE

Delivering quality care to every patient has long been a motto of the Tulane University School of Medicine, but medical students have taken that motto a step further by organizing an Interclinic Council to foster open dialogue on best practices for student-led clinics.

Prior to founding the Interclinic Council in 2011, student leaders of four community health clinics—Ozanam Inn Weekend Clinic, Bridge House Clinic, Fleur de Vie-NOLA East and Covenant House—lacked a network for sharing resources and answers to common problems.

“It turned out we were all trying to reinvent the wheel,” says Meghan Athoff, a second-year medical student. “We thought it would be better to join forces and work toward the common goal of providing educational experiences for students while administering excellent healthcare services to underserved populations in New Orleans.”

As a result, the Interclinic Council has been able to develop innovative programming and troubleshoot issues such as exam efficiency and physician coordination. The council is also collecting data about the varying patient populations and the care they are receiving.

Meghan Garstka, a third-year medical student, says that working collaboratively has improved the quality of patient care at all of the clinics. Students are able to develop new plans and implement them across the board. The council has embarked on fundraising efforts to develop educational programs for first- and second-year students and to fund needs within the various clinics. See pg. 24 for more on the first Interclinic Council fundraiser.

DRUG SHOWS PROMISE FOR TRIPLE-NEGATIVE BREAST CANCER

A promising new therapy for hard-to-treat triple-negative breast cancer has been reported in the journal *Breast Cancer Research* by a team at the Tulane University School of Medicine.

Of the more than one million cases of breast cancer diagnosed worldwide every year, approximately 15 percent are triple-negative cancers, according to the team.

Some kinds of breast cancer can be treated by hormonal therapies—drugs that bind to the receptors in place of hormones, thus cutting off hormonal signaling and eventually killing the cells.

But triple-negative breast cancers lack these hormone receptors, so the cancer cells continue to flourish. Triple-negative cancers also lack the growth factor receptor HER2 and cannot be treated with monoclonal therapy such as Herceptin.

The Tulane team explored the effect of using a histone deacetylase (HDAC) inhibitor called panobinostat on triple-negative breast cancer tumors in mice. This drug inhibits the actions of rogue enzymes that are responsible for allowing the uncontrolled growth of cancer cells.

“Panobinostat selectively targeted triple-negative breast cancer cells and decreased tumor growth in mice,” says Dr. Bridgette Collins-Burow, an assistant professor of medicine who led the study. “It was also able to partially reverse the morphological changes in cells to a more epithelial type. These results show a potential therapeutic role for HDAC inhibitors, especially panobinostat, in targeting the aggressive triple-negative breast cancer.”
NEW STUDY: LEAD DUST IS LINKED TO VIOLENCE

Childhood exposure to lead dust has been linked to lasting physical and behavioral effects, and now lead dust from vehicles using leaded gasoline has been linked to instances of aggravated assault two decades after exposure, says Tulane toxicologist Howard W. Mielke.

The new findings were published in the journal Environment International by Mielke, a research professor in the Department of Pharmacology at the Tulane University School of Medicine, and demographer Sammy Zahran at the Center for Disaster and Risk Analysis at Colorado State University.

The researchers compared the amount of lead released in six cities—Atlanta, Chicago, Indianapolis, Minneapolis, New Orleans, and San Diego—from 1950 to 1985. This period saw an increase in airborne lead dust exposure due to the use of leaded gasoline. There were correlating spikes in the rates of aggravated assault approximately two decades later, after the exposed children grew up.

After controlling for other possible causes such as community and household income, education, policing effort and incarceration rates, Mielke and Zahran found that for every 1 percent increase in tonnages of environmental lead released 22 years earlier, the present rate of aggravated assault was raised by 0.46 percent.

“Children are extremely sensitive to lead dust, and lead exposure has latent neuroanatomical effects that severely impact future societal behavior and welfare,” says Mielke. “Up to 90 percent of the variation in aggravated assault across the cities is explained by the amount of lead dust released 22 years earlier.”

Tons of lead dust were released between 1950 and 1985 in urban areas by vehicles using leaded gasoline, and improper handling of lead-based paint also has contributed to contamination.

“Robust programs to reduce lead exposure of children in the present will have health and social benefits decades into the future, including reduced crime,” the researchers say.

TULANE JOINS BIOMEDICAL RESEARCH INITIATIVE

Tulane University is a primary collaborator in a nearly $20 million, five-year National Institutes of Health grant to support biomedical research at the newly created Louisiana Clinical and Translational Science (LA CaTS) Center at the Pennington Biomedical Research Center in Baton Rouge, La.

The LA CaTS Center is designed to transform clinical research into a unified enterprise, replacing the traditional model of Louisiana’s academic institutions operating in isolation. Research will focus on nutrition, chronic diseases, health disparities and preventive approaches to improving public health among underserved populations. The collaborating institutions will share clinical research resources and facilities.

Louisiana ranks among the highest nationally in deaths from chronic diseases, with lifestyle choices being major contributing factors.

“This collaborative program will be transformative for the participating institutions and will have a major impact on healthcare outcomes in our state,” says Tulane University President Scott Cowen.

“This program capitalizes on strengths and capacities unique to each of the participating institutions, culminating from years of effort and planning, and represents a unified, comprehensive approach to improving public health,” says Dr. Patrice Delafontaine, director of the Tulane Heart and Vascular Institute.
OLIVIA CHANG translated her research work in Africa into a real product: a self-purifying water jug that can help reduce the number of deaths from diarrheal illnesses.

JESSE GUITTARD participated in Tulane’s Medical Science Innovation Business Proposal Competition, a program focused on entrepreneurship, patent development and the biotech business.

DR. EMMETT SARTOR is working with software developers to create a set of community-sourced video training modules for medical students.
WHEN FOURTH-YEAR MEDICAL STUDENT Olivia Chang worked on a global health research project in east Africa years ago, she was struck by how access to a basic necessity like water was a daily struggle.

Women and children walked more than two hours a day to carry water in large canisters from remote wells in rural Tanzania where she worked. Most of the time the water was dirty and a common source of sickness. More than 20,000 children die each year in Tanzania due to diarrheal diseases.

While safe drinking water was scarce, something else wasn’t: jerrycans. Those 20-liter plastic containers ubiquitously handed out by relief groups for storing water or fuel were everywhere. What if the containers worked double-duty to clean water too?

That’s how Chang came up with the idea for SODICAN, a jerrycan-like container with a proprietary coating that uses the sun’s energy to heat water enough to kill germs and bacteria. Depending on the time and season, it can take anywhere from a few minutes to hours in the sun to work. “At 122 degrees Fahrenheit, 50 percent of the organisms can be killed within a minute,” Chang said. “The longer the exposure, the higher the temperature, eliminating even more bacteria and viruses.”

Chang—and her idea—represent a new brand of innovation that administrators are working to build in the School of Medicine. The goal is to help students tap into resources across Tulane to springboard healthcare innovations.

BY KEITH BRANNON
PHOTOGRAPHY BY DAYMON GARDNER
from concept to reality—whether it’s a novel iPhone app for patients, a new medical device or a solar disinfection system.

“We are interested in fostering student creativity to solve problems with a goal of developing technologies for market,” says Dr. Marc Kahn, senior associate dean of Admissions and Student Affairs. “Medical students are quite sophisticated in their ability to identify a problem and use technology and innovation to solve it. Because they are bright and motivated, medical students are an ideal entrepreneurial group.”

To promote this innovative spirit, the school has launched a series of new initiatives: an annual business proposal contest and training series for medical students; a new 1,000-square-foot Innovation Center within the Murphy Building that will serve as meeting and seminar space for lectures on business development and entrepreneurship; a new certificate program in technology commercialization for PhD students; joint research projects that pair medical students with biomedical engineering students from the School of Science and Engineering; and training partnerships with staff from the A.B. Freeman School of Business and the New Orleans BioInnovation Center.

THINKING BEYOND RESEARCH
It’s a new way of thinking for a school with deep roots in technology commercialization. The medical school once ranked among the top 15 in the nation in terms of revenues from medical patents. (Most were for peptide therapies, the same area of research that garnered Tulane professor Dr. Andrew Schally a Nobel Prize.)

While the school is still deeply committed to traditional research, this new push is different by design, says John Christie, executive director of Technology Transfer and Intellectual Property Development.

“The historical story of tech transfer certainly at Tulane and at most places around the country is big research dollars, faculty-based operations and breakthroughs that are going to take a decade to develop and get to the market,” he says. “What we are looking at is almost entirely the opposite. It’s student-based. It’s out of the education side rather than the research side of the school.”

Kahn sees the innovation push as an investment in the future on several fronts. First, it’s a way to attract the best and brightest students with entrepreneurial ambitions. Secondly, it’s a potential licensing revenue stream for students and possibly the school.

“We would love to get our faculty more involved with technology commercialization, especially the research faculty, because NIH grants are getting very hard to get,” Kahn says. “Faculty members are going to have to look at other ways to fund research endeavors. One way to do that is to get students interested in technology commercialization, and they are already interested in it.”

MAKING CREATIVE THINKING PART OF THE CONVERSATION
Kahn, Christie and Mary Brown, vice president of health sciences systems, launched the Medical Science Innovation Business Proposal Competition in the summer of 2011 as a pilot. The format was simple: bi-weekly workshops covering the basics of entrepreneurship, patent development and biotechnology business development. To enter, students submitted a four-page proposal for a pharmaceutical, medical device or software. The prize? A $5,000 check and development resources from Technology Transfer staff.

“It was relatively free-form in the sense that it didn’t require the participants to submit thorough, investor-ready business plans,” says Jesse Guittard, a second-year medical student with an MBA from Stanford University. “This was a great advantage because it allowed for creative idea-generation to dominate the conversation. As a result, students with relatively little background in formal business practices felt comfortable engaging in the competition and testing their ideas in a risk-free environment.”

Organizers got 16 entries—more than they expected for the first year—for a range of ideas from a laparoscopic instrument to an artificial colon.

Dr. Emmett Sartor, now a preliminary intern in medicine, entered his idea for an online learning portal for medical students. Similar to the way Khan Academy creates online tutorials for high school math students, this would be a community-sourced site for training and lecture videos designed to help students with standard medical school tracks. He is now working with software developers to create a pilot for the yet-to-be-named site.

As an MBA grad who’s experienced both business and medical schools, Sartor thinks young doctors have valuable perspectives for entrepreneurs.

“The biggest thing that medical students bring is an idealism on how the medical system can improve. They understand the broad outline of how the system should work and at the same time they haven’t been forced to grind their way through it to finish their training,” he says. “Once they get far into residency, it gets harder for doctors to see how to make it better.”

Ultimately, Chang and her idea for SODI-CAN won the school’s innovation contest. She worked with Tulane staff and

“Because they are bright and motivated, medical students are an ideal entrepreneurial group.”
—DR. MARK KAHN
Jerry cans, like the one shown here, are used by relief agencies to haul water or fuel. Olivia Chang’s invention recasts them as purifiers that have potential to bring safe drinking water to Africa.

Fig. 2

A proprietary coating, developed in cooperation with engineering students, will be added to use the sun’s energy to kill germs.

Unsafe drinking water is a serious problem. More than 20,000 Tanzanian children die each year from diarrheal diseases.

Solar disinfect can begin in less than a minute, depending on the sun’s intensity. At 122 degrees Fahrenheit, half of organisms can be killed in 60 seconds.
the New Orleans BioInnovation Center to write a formal, investor-ready business plan. The boost helped her become the only Tulane finalist in the 2012 Tulane Business Plan Competition, a contest that draws international entries from top business schools.

While she didn’t win the national contest, the experience gave her the right tools to apply for a patent and seek out investors. “I am currently negotiating terms for a group to develop SODI-CAN based on my original idea,” she says.

**THINKING ACROSS DISCIPLINES (AND ACROSS TOWN)**

This year, Kahn, Christie and Brown hope to build on the success of last year’s competition by adding more training seminars to the program and further involving staff from the schools of Business and Science and Engineering.

One initiative includes a partnership where undergraduate seniors in bioengineering will attend joint sessions downtown in the Innovation Center with medical students. The sessions are like speed dating for inventors: Students from both programs share their ideas so that they can pair up to develop them.

Kahn and Christie want more cross-campus collaborations, and they say deans from all three schools firmly support it. “We’re trying to show students that getting on the shuttle bus to go from uptown to downtown isn’t like crossing the Sahara Desert,” Christie says. “They can do it. And they will be welcomed when they get there.”

This is the second formal collaboration with School of Science and Engineering undergrads. Students in Lars Gilbertson’s Biomedical Engineering Team Design class are using two projects from the medical school as design projects where groups of up to six students spend two semesters developing the product. Pairing the two sides brings very different skill sets to the table. Biomedical students can fabricate prototypes and create complex computational models to test a concept.

“We have a rapid prototype system that makes 3D models, so when there is some clinical problem and an idea for a device that would solve it, our bioengineers are very good at assessing the merits,” says Gilbertson, a professor of practice. “They can also come up with alternatives and arrive at a better solution through quantitative processes.”

**THINKING ABOUT “PRODUCT” IN NEW WAYS**

Chang teamed with a chemical and biomolecular engineering student to test different polymer coatings as she developed SODI-CAN. She admits to being a little naïve about how much time and work it takes to push something from concept to reality. “SODI-CAN was by no means easy,” she says.

Medical students are notoriously overscheduled, begging the question: Is it realistic for a student to find the time to develop a venture while tackling the intense rigors of medical school? Absolutely—if they get help, says Christie, who points to the school’s biggest recent success. Dr. William Kethman, a 2012 graduate, developed SafeSnip while he was a medical student, working from a project that he began while an undergraduate biomedical engineering student at Tulane. The disposable obstetric device, designed for the developing world where unsanitary birth conditions are common, simultaneously cuts, clamps and shields an umbilical cord from infection.

Kethman worked with Tulane staff to patent the device and hone his idea. He founded NOvate Medical Technologies to develop the venture. He won a national MTV innovation contest and the top prize in the 2011 New Orleans Entrepreneur Week IDEApitch contest. As a fourth-year student, he earned an audience with major West Coast venture capitalists like Jim Coulter. And he recently secured $250,000 from a Gates Foundation-supported agency to bring the product to market.

Ultimately, the school wants to produce more projects like SafeSnip, but success won’t be solely measured by how many products actually make it to the market. The process of developing an idea will ultimately lead to more innovative doctors, Gilbertson suggests.

“When we think, ‘What are the outcomes? What are the deliverables?’ one way of looking at it is certainly a patentable device that can be licensed for widespread clinical use that helps patients,” Gilbertson says. “But we also have to look at the medical student itself as the product. By their deep involvement in innovation, they emerge from Tulane as innovators.”

The model for academic medicine faculty has usually been three pillars: research, education and patient care. But increasingly there’s a fourth: innovation.

“You’ve heard of the terms ‘clinical scientists’ and ‘clinician educators’ but we also have ‘clinician innovators,’” he says.

By this early exposure and involvement in the design process, development process, testing and prototyping—the really preclinical studies and technical feasibility assessments—our doctors emerge with deep insight into what goes behind every medical device they may encounter.”

**FIG. 3** [UTSAV GOEL](https://tulane.edu/som)

This second-year medical student is developing an artificial colon and surgical alternatives to ileostomy procedures.

**FIG. 4** [JOHN CHRISTIE](https://tulane.edu/som)

A co-creator of the innovation contest, his current push is for cross-town collaborations at Tulane’s Innovation Center.

**FIG. 5** [LARS GILBERTSON](https://tulane.edu/som)

His biomedical engineering classes work with medical students to build prototypes and 3D models that test concepts.

**FIG. 6** [DR. MARC J. KAHN](https://tulane.edu/som)

He co-founded Tulane’s Medical Science Innovation Business Proposal Competition to generate student interest in tech commercialization at Tulane.
Throughout history, people have sought magical ways to stay young. From Alexander the Great to Ponce de Leon to Captain Jack Sparrow, many have searched for a “fountain of youth” to fight the ravages of aging. Today’s scientists are on a different quest. Instead of tracking the fabled fountain in hopes of a sip, they’re promoting healthy aging through collaborative research.

You might expect that as a geneticist who has studied the aging process for more than 25 years, S. Michal Jazwinski, director of the Tulane Center for Aging, would say aging well is just lucky genetics. But through his research and the work of the Center for Aging, he knows that healthy aging has many contributors. You can’t just thank—or blame—your parents.

“If you look at a large number of people and define their aging as healthy versus non-healthy, you can say that 39 percent of the variation from lowest to highest is determined by genes. So choose your parents wisely!” jokes Jazwinski, professor of medicine and holder of the John W. Deming, MD, Regents Chair in Aging.

Although genes are important, environment and lifestyle play an important part. Researchers in the Center for Aging look at exercise, diet, social activity and productive pursuits as all-important aspects to aging well. Recent research also shows that good habits such as diet and exercise can even counter the presence of “bad” genes.

So if you’re looking for a secret weapon to fight aging, Jazwinski recommends exercising regularly. He praises exercise’s effect on flexibility, balance and stamina. “Exercise is a prescription that I can write even without being a medical doctor,” Jazwinski says.

**BY KIRBY MESSINGER**
Living Long, Living Healthy
Seventy-seven million people in the United States alone are due to retire in the next 20 years. And the people in this emerging baby-boomer cohort don’t anticipate living like their grandparents. Instead of living sedate lives, they expect to be active, functional and independent. Knitting their lives away in rocking chairs is not part of the plan.

The Tulane Center for Aging, started by Jazwinski in 2007, addresses the needs of this growing population. The center’s goal is not to uncover a “fountain of youth” and extend lifespan indefinitely, but to enhance the quality of the later years of life. Jazwinski thinks it’s realistic to expect people to live to 80 or 90 and still be healthy.

The center has grown to include 47 faculty members from across Tulane University and the Tulane National Primate Research Center. Research spans multiple disciplines and ranges from basic to clinical perspectives.

“Tulane seemed like the perfect environment for an aging center,” says Jazwinski. “Not only do we have an outstanding medical school and school of public health, but we have access to so many additional disciplines on the uptown campus. To be a ‘full-service’ aging center, you have to look at aging problems from many different perspectives.”

In addition to research, the center is home to the Interdisciplinary PhD Program in Aging Studies and is dedicated to strengthening training and service in geriatric medicine and gerontology. The long-term goal of the center is to become a hub for policy planning on aging issues.

Big Results from Tiny Organisms
As a basic scientist, Jazwinski became interested in aging when he uncovered that genes play a role in determining life span and the aging process.

Through the use of garden-variety baker’s yeast—which can be found in any supermarket—he discovered the Longevity Assurance Gene (LAG1). Through further research, it was discovered that LAG1 plays an important role in human aging by affecting neurodegeneration and cancer progression.

“A basic finding in this tiny organism, yeast, has all these implications for human health,” Jazwinski says.

Jazwinski says that for his research as a basic scientist to have the greatest effect, it is important to work as an interdisciplinary team. Working as part of the Tulane University School of Medicine allows him to interact with clinician scientists. Issues such as cancer and pain management, for example, have many age-related dimensions.

One of the center’s major research projects is a collaborative study across several disciplines. The Louisiana Health Aging Study focuses on metabolism and stress and their effects on aging. The study looks at these factors from a variety of angles including genetics, physical and psychological function, as well as pulmonary and cardiovascular function. Currently in the data analysis phase, more than 60 articles have been published based on the findings.

Other research focuses on cardiovascular aging, endocrine function, neurocognitive aging, obesity, dementia, osteoarthritis and cancer.

Next-Generation Research
A new $10.4 million National Institutes of Health (NIH) grant promotes the work of young faculty members conducting biomedical aging research.

In addition to producing cutting-edge aging research, Jazwinski hopes that the grant acts as an incubator for young talent and advances the Center for Aging to prominence.

Expanding the body of knowledge concerning age-related health issues, much like the eternal hunt for a fountain of youth, may be a never-ending pursuit. But until explorers find a magical fountain, it’s up to scientists—at Tulane and elsewhere—to unlock the secrets to living longer and healthier.

S. MICHAL JAZWINSKI, director of the Tulane Center for Aging, discovered the Longevity Assurance Gene by studying baker’s yeast.

DEVELOPING YOUNG SCIENTISTS
The National Institutes of Health awarded a five-year, $10.4 million grant to the Center for Aging to develop the careers of promising young scientists. The Center for Biomedical Research Excellence (COBRE) award supports five junior faculty members, including two from the School of Medicine. A third medical school faculty member holds a pilot project.

Assistant Professors in the Department of Medicine, SANKYU KIM AND CECILIA SANCHEZ, pictured above, have both been chosen as COBRE junior investigators. Kim plans to study fraternal and identical twins to learn how the environment affects genes and aging. Sanchez hopes to explore treatment for idiopathic pulmonary fibrosis. There are currently no treatments for the disease, which causes scarring or thickening of the lungs.
IS IT LUCK

Try to be born from healthy parents.

> 39 percent of the variation between healthy and non-healthy people is determined by genes.

or

LIFESTYLE?

Follow these 4 tips to age well.

1. EXERCISE

You don’t need to run a marathon to get results. Moderate daily exercise makes a big difference.

> Add 30 minutes of aerobic exercise and strength training five days a week.

2. SOCIAL ACTIVITY

Social relationships help you remain mentally alert and engaged.

> Join a new club and reach out to those long-lost friends. Even connecting through Facebook has been proven to help!

3. DIET

Keeping a healthy weight and eating a balanced diet can reduce the toll time takes on your body.

> Wage war on your waistline! Fill your diet with fruits, vegetables and nutrient-rich foods because your need for many vitamins and minerals increases as you age.

4. PRODUCTIVE PURSUITS

Adding something of value—either for yourself or for the community—gives you a positive outlook on life.

> Take a class in something new, volunteer in the community or even build an herb garden.

or LIFESTYLE?
Professor’s Gift Propels Science Careers for Women

As a faculty member and an alum, I really wanted to find the right things to support.”
—DR. BARBARA BECKMAN

Pharmacology professor Dr. Barbara Beckman hopes the professorship she created will encourage more women to take leadership roles within the basic sciences.

DR. BARBARA BECKMAN, professor of pharmacology, has experienced life at Tulane from both sides—first as a Tulane undergrad and later as a professor in the Tulane University School of Medicine. Her background gives her a unique perspective on how to make an impact.

“As a faculty member and an alum, I really wanted to find the right things to support,” says Dr. Beckman. She decided to create a professorship in the Department of Pharmacology that would encourage diversity and propel the careers of women scientists.

Beckman, who also is associate dean of admissions in the Tulane School of Medicine, is a 1968 graduate of Newcomb College who began her professional career at the university with a postdoctoral fellowship in pharmacology. That beginning evolved into her tenure-track position and significant work in cancer-related research.

In looking back on her career with Tulane and the school’s evolution, Beckman considered how she wanted to give back.

“Over the years, I’ve been closely associated with many projects throughout the school,” she says. “But as an insider I’ve been able to study where I wanted to give.”

She gave $100,000 to create the Dr. Barbara S. Beckman Professorship in Pharmacology, a position that focuses on diversity and gives specific consideration to women scientists. Beckman hopes the professorship will encourage more women to aspire to leadership roles within the basic sciences.

“Diversity among the faculty is critical in thinking about the problems that we have left to solve in medicine. A key to solving these incredibly complex problems is the diversity of different views and disciplines,” she says.

Beckman says that there is a renaissance within the medical school inspired by the post-Katrina disposition toward service and the influx of new faculty talent.

“I feel very blessed and want to pay it forward,” Beckman says. “I believe in this city and this university and want to be part of building the future.”

Visit tulane.edu/som/giving/opportunities.cfm to learn how to create endowed professorships and other giving opportunities within the School of Medicine.

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.
Lifetime of Giving Helped Medical School Burnish Reputation

BERTIE DEMING SMITH and her late husband, DR. JOHN W. DEMING, believed their many gifts over the years to Tulane University School of Medicine would help the school receive the recognition it deserved.

Dr. Deming graduated from the school at the top of his class in 1944. After serving in the Army near the end of World War II, he returned to Tulane to complete a residency in internal medicine.

“When John was at Tulane, there were so many great doctors that were brain-drained to Houston,” says Mrs. Deming Smith. “Really, every one of those men came from Tulane, and they all ended up in Houston. So he was determined that Tulane was going to get back its reputation.”

Over a lifetime of generosity to the medical school, the Demings have established chairs in aging and internal medicine, funded research in oncology and internal medicine and created the Deming Library Fund as well as the Deming Health Excellence Fund, which provides unrestricted support to the university’s Health Sciences Center.

The Demings also supported capital projects, professorships and scholarships, and they donated countless volunteer hours in leadership roles. Dr. Deming served on the Board of Tulane, and Mrs. Deming Smith has continued to donate to the medical school in honor of her husband, who passed away in 1996.

“Dr. Deming really loved the medical school. I think he was proud of what the school has done.” —BERTIE DEMING SMITH

Mrs. Deming Smith has continued to provide leadership roles. Dr. Deming served on the Board of Tulane, and Mrs. Deming Smith has continued to donate to the medical school in honor of her husband, who passed away in 1996.

“Dr. Deming really loved the medical school,” she says. “I think he was proud of what the school has done.”

>> It is in recognition of their exceptional generosity and leadership that Tulane dedicated the Bertie M. and John W. Deming Pavilion on the Tulane University health sciences campus in their honor. To learn more about our generous donors and their gifts, visit tulane.edu/som/giving/donors.cfm.

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.

**DONOR HONOR ROLL**

**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**
$100,000 to $499,999
Dr. Stone joined Dr. Thomas Hunt in the founding of the Medical College of Louisiana.

**JOHN H. HARRISON CIRCLE**
$10,000 to $99,999
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**
$5,000 to $9,999
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 July 1, 2011 and June 30, 2012. 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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Mrs. Ieva G. Rasmussen, BA ’64 & MA ’66 and Dr. James E. Rasmussen, BA ’65, MD ’67 & Internship ’68
Dr. Michael J. Raybeck, MD ’71
Dr. Joseph R. Rhein, MD ’70
Dr. Leah Dooley Ridgway and Dr. Louis E. Ridgway, III, MD ’84
Dr. Mildred R. Ridgway, MD ’82 & Residency ’87
Dr. and Mrs. Robert B. Roth, MD ’82
Dr. Joseph F. Sackett, MD ’66
Dr. and Mrs. Yashir S. Sangwan
Dr. and Mrs. Frederick W. Schert, MD ’73
Dr. and Mrs. Everett A. Schneider, BS ’54 & MD ’57
Dr. and Mrs. Marc A. Selzman, BS ’80 & MD ’84
Dr. and Mrs. John G. Simmons, MD ’73 & Residency ’77
Dr. and Mrs. Philip L. Smith II, MD ’72
Dr. and Mrs. John M. Snodsmith, MD ’70
Dr. and Mrs. William P. Stallworth, MD ’59
Dr. and Mrs. Charles M. Stedman, MD ’76
Mrs. Louanne W. Stephens, MA ’68 and Dr. Michael K. Stephens, MD ’67
Dr. Janice Deas Stratton, MD ’61
Dr. and Mrs. Richard M. Sugar, MD ’76
Dr. and Mrs. Michael A. Teague, MD ’70 & Residency ’74
Dr. and Mrs. Palmer J. Texada, BS ’56, MD ’59 & Residency ’65
Dr. Sam A. Threefoot, BS ’43, MD ’45 & Fellowship ’50
Dr. Leila Thurston, MD ’83 and Mr. Brian Thurston
Dr. and Mrs. Mitsuo Tottori, MD ’55, Internship ’56, Residency 50 & Fellowship ’61
Dr. and Mrs. Mark R. Tucker, MD ’86
Mrs. Margaret R. Vizzi
Dr. Theresa Marks Voorhies, MD ’73 & Internship ’76 and Dr. Rand M. Voorhies, BS ’72 & MD ’76
Dr. David W. Wall, BS ’54, MD ’55, Residency ’57 & Fellowship ’64
Dr. and Mrs. Gerald L. Wasserwald, MD ’62
Dr. and Mrs. John C. Watts, III, MD ’84
Dr. and Mrs. Lee Weathington II, MD ’69
Dr. and Mrs. Hans Weill, BA ’55, MD ’58, Fellowship ’61 & Residency ’62
Dr. and Mrs. Cornelius G. Whitley, BS ’49 & MD ’53
Dr. and Mrs. Albert H. Wilkinson III, MD ’84
Dr. and Mrs. D. I. Wilkinson, MD ’62
Dr. Jean Ying-Chang, MD ’32 and Mr. Jimmy Chang
Dr. and Mrs. Stanley Ziomek, MD ’81
Dr. and Mrs. David S. Zorub, BA ’66, MS ’70 & MD ’70
*Denotes deceased donor
Dr. George Schneider (A&S ’41), clinical professor of obstetrics and gynecology at LSU Medical School, has been named grand commander of the Ecumenical Hospitaller Order of Saint Lazarus. He is also president of the Southern OB/GYN Seminar in Asheville, N.C.

Dr. Gerald Berenson (A&S ’43), clinical professor of medicine and director of the Tulane Center for Cardiovascular Health, announces the publication of his book You Can Fix the Fat from Childhood & Other Heart Disease Risks, Too, co-written by Nancy Kay Wessman. Dr. Berenson also recently celebrated his 90th birthday.

Dr. George Beddingfield (R ’61) announces the release of his new novel, a medical thriller titled Conditional. This novel continues the collaboration of a physician and an FBI agent, this time struggling to resolve medical mayhem triggered by a sociopathic hospital CEO.

Dr. David Barton (R ’66), a retired psychiatrist, is the author and editor of the book Dying and Death, A Clinical Guide for Caregivers and the novel and medical thriller POINTS. He is currently working on a book about retirement. Barton maintains an interest in teaching activities related to the subjects of life-threatening illness and grief, stress and adaptation in medical caregivers, couples and marital therapy, and the theory and techniques of psychotherapy.

Alum Helps Raise Funds for Student Group

Dr. George S. Kantor (A&S ’71, M ’77) hosted a fundraiser at his home in the French Quarter for the Tulane Interclinic Council. The council is led by current medical students and fosters open dialogue on best practices for the four student-led clinics, Ozanam Inn Weekend Clinic, Bridge House Clinic, Fleur de Vie-NOLA East and Covenant House. Proceeds from the fundraiser will help to improve the quality of services within the various clinics.

Dr. Donald Palmisano (A&S ’60, R ’67) announces the publication of his book The Little Red Book of Leadership Lessons, which provides crucial advice for those who aspire to become effective leaders in any position.

Dr. Sue Carlisle (G ’68) has been appointed vice dean of the University of California at San Francisco School of Medicine. Dr. Carlisle earned her Ph.D. from Tulane University and her medical degree from the University of Pennsylvania. She completed her residency and fellowship in critical care in anesthesia at UCSF and joined the UCSF faculty in 1990. She is currently a professor of clinical anesthesia and medicine. Carlisle previously held school leadership positions, including chief of anesthesia and associate dean.

Dr. David M. Lolley (A&S ’64, F ’72) recently received a kidney transplant and has retired due to illness. He is now enjoying time with his grandchildren.

Dr. David Wilensky is a pediatrician specializing in children who have attention deficit disorder or pervasive developmental disorder. He has a private practice in Israel.

Dr. Ted Kloth continues to practice emergency medicine at John Muir Medical Center in Walnut Creek, Calif. He is also chief business officer of CEP America, the third largest emergency department group in the country.
Dr. James Andrews is founder of Andrews Sports Medicine and Orthopaedic Center in Birmingham, Ala. He is a past president of the American Orthopaedic Society for Sports Medicine and has served on the board of directors for the Arthroscopy Association of North America. Andrews is the medical director for the Tampa Bay Rays. In addition, he serves as the senior orthopaedic consultant for the Washington Redskins and as co-medical director of the Ladies Professional Golf Association. Andrews serves on the medical and safety advisory committee of USA Baseball and on the board of Little League Baseball.

Dr. Stephen Slocum, a board-certified ophthalmologist from St. Louis, Mo., will serve as president of the Missouri State Medical Association in 2012-13. Slocum worked in private, solo practice in St. Louis for many years before joining West County Ophthalmology in 1999. He serves on the faculty of St. Louis University as assistant clinical professor of ophthalmology. Slocum is active in organized medicine as a member of the American Medical Association, the Missouri State Medical Association and the St. Louis Metropolitan Medical Society. He is a fellow of the American Academy of Ophthalmology and a fellow of the American College of Surgeons.

Dr. Gary M. Wiltz (A&S ’75, ‘80, R ’82) received the Virginia Tyler Guillotte Award from St. Mary Parish Chamber of Commerce for his leadership as CEO of Teche Action Clinic, a community health center based in Terrebonne Parish, La. Through his efforts the clinic has expanded to four other parishes with six other clinics and over 15,000 patients. Last year, he was also voted chairman-elect of the National Association of Community Health Centers. Wiltz is a member of the Tulane Medical Alumni Association Board of Directors.

Dr. Chester (Chet) Jablonski has joined the department of pathology and laboratory medicine at University of Wisconsin-Madison as a clinical instructor in the surgical pathology service. After residency, Jablonski entered private practice and was a staff pathologist and partner in Meyers, Lang & Jablonski, S.C. at St. Mary’s Hospital in Milwaukee. Jablonski served as an assistant professor in the Department of Pathology at the Medical College of Wisconsin in Milwaukee, Wis. He was a founding partner and medical director of North Shore Pathologists, S.C. in Milwaukee.

Dr. Madelaine Feldman (NC ’77, F ’88) has been in private practice in rheumatology in New Orleans and is current president of the state rheumatology society. She has had a call-in radio show in New Orleans, “Driving with Dr. Mattie.” She has also taken up sculpting and handbuilding with clay and will be the featured physician artist on the cover of the Louisiana State Medical Society Journal. She welcomed her first grandchild in September 2012.

After serving 15 years as medical director and CMO at CalOptima, one of the largest public health plans in the U.S., Dr. Greg S. Buchert (PHTM ’79, R ’85) became a principal at Health Management Associates, a national consulting firm specializing in Medicaid, Medicare and other publicly funded programs.

Dr. William Dore Binder (PHTM ’04) was appointed to the board of trustees of the Accreditation Association for Ambulatory Health Care Institute. Binder practices at Woman’s Hospital in Baton Rouge, La., where he serves on the board of trustees, and was previously chairman of the board. He is a member of the American College of Physician Executives.

Dr. Rick Tague (PHTM ’84) has been spotlighted as a leader in non-surgical medical weight loss and appeared in the May 14, 2012, issue of Newsweek magazine, which featured a special report on obesity in America. Tague is the founder and medical director of The Center for Nutrition and Preventive Medicine, P.A., in Kansas City and Topeka, Kan. Tague began his nutrition, weight loss and bariatric medicine practice in 1996 and has served over 20,000 patients pursuing weight loss and metabolic health through improved nutrition.

The Governor of Tennessee has appointed Dr. Michael Baron (PHTM ’86, R ’87) to the Board of Medical Examiners.

Last winter Dr. Sean Bailey (A&S ’81) and his son, Sean Bailey Jr., climbed to Mt. Everest’s base camp, and then to surrounding peaks in Nepal, where they reached elevations as high as 18,200 ft. Sean Bailey Jr. initiated the trip as a charity drive, sponsored by Hope Worldwide, for a Nepalese orphanage.

Dr. Etienne Mejia (A&S ’84) lives in Appleton, Wis. with his wife, Winnie, and sons, Tommy (15) and Mikey (11). He is an orthopaedic surgeon in private practice and is affiliated with the Milwaukee Brewers medical staff.
Dr. Leaton J. Pang (PHTM ’89) has been inducted as a fellow in the American College of Radiology (ACR). Pang is an associate at Pacific Radiation Oncology at the Cancer Center of Hawaii and an assistant professor in the department of surgery at The University of Hawaii School of Medicine. He is a member of the ACR, the Council of Regional Radiation Oncology Societies and the Association of Community Cancer Centers. Pang is a past-president of the Hawaii Society of Clinical Oncology.

Dr. Darin Portnoy (A&S ’85, PHTM ’89) is an attending physician at Montefiore Hospital and Montefiore Medical Group’s family health center. He is the vice president of the International Doctors Without Borders (Medecins Sans Frontieres/MSF). He joined MSF in 1997 as a field doctor. He has worked throughout Africa with MSF and also worked with the organization Human Rights Watch.

Dr. Kenneth C. Sands joined Viera Hospital, part of the Health First system, in Melbourne, Fla. Married and the father of two, Sands has built a reputation as a cutting-edge surgeon adept at all facets of joint replacement.

Dr. Jay Granzow recently moved his office location to Manhattan Beach, Calif. His second private office is located in Santa Monica, Calif. He specializes in breast cancer reconstruction and lymphedema surgery. Granzow serves as assistant chief, division of plastic and reconstructive surgery at Harbor-UCLA Medical Center and assistant clinical professor of surgery, division of plastic surgery, at UCLA David Geffen School of Medicine. He, and his wife, Amy, live in Marina del Rey, Calif.

Dr. Jack Zemora has served as cataract and oculoplastic surgeon at Cosmetic Surgery Consultants in Denver and Colorado Springs, Colo., since 2004. He also serves as the surgery director at Briargate Surgery Center and the co-medical director at Briargate Skin Care Center. He is married to Dr. Pamela Peterson and has two children, Madison Winter, 3, and Jack, 1.

Dr. Gautam Nayak and Dr. Ky Tran founded the United States Medical Soccer Team (USMST) in 2009. The World Medical Football Championships allow doctors from all over the world to come together to share medical knowledge with various lectures while also competing on the soccer field. In July 2012, Nyak and Tran, along with Dr. Chun Chen and Dr. Quentin Ray, participated in the 2012 World Medical Football Championship in Malmö, Sweden. The USMST plans to coordinate future charity events to promote physical fitness and will host the championships in 2015.

Dr. Kate Holcomb (NC ’98, PHTM ’99), a board-certified dermatologist, joined the Lupo Center for Aesthetic and General Dermatology. She previously served as a clinical professor and staff dermatologist for the National Capital Consortium Dermatology Residency at Walter Reed Army Medical Center in Washington, D.C., and the National Naval Medical Center in Bethesda, Md. She completed her service in the U.S. Navy in July 2012 caring for the Marine Corps at Camp Lejeune and received an honorable discharge as a lieutenant commander. Holcomb lives in New Orleans with her husband, Mark, and her toddler sons, Paul and Christopher.

Dr. Scott J. Gabler has recently joined Associated Cardiovascular Consultants (ACC), as an attending cardiologist. ACC is one of the largest cardiology practices in southern New Jersey and an affiliate of Lourdes Cardiology Services. Gabler comes to Lourdes from the cardiovascular disease fellowship program at Thomas Jefferson University Hospital in Philadelphia. Gabler specializes in noninvasive cardiology with an emphasis on advanced imaging techniques including 3D echocardiography. He has presented lectures including pulmonary arterial hypertension, emergency echocardiographic findings and diagnosis and treatment of infiltrative cardiomyopathies. He is also a member of the American College of Cardiology. He resides in Philadelphia.

Dr. Shannon Wagner Simmons (NC ’03, PHTM ’07) married James Simmons (TC ’00) in New Orleans on April 21, 2012. The wedding party included Adam Price (TC ’02), Daniel Singer (TC ’01) and Jen Berumen (NC ’03). The couple resides in Chicago, where she completed a fellowship in child and adolescent psychiatry at the University of Illinois-Chicago, and he is a commodity trader and member of the Chicago Mercantile Exchange.

Dr. Gerald Liu was recently appointed assistant professor of family medicine at the University of South Alabama College of Medicine. Liu earned his medical degree from Tulane University School of Medicine and was a resident in the surgery residency program at William Beaumont Hospital in Royal Oak, Mich. Liu conducted a residency in family medicine at USA, where he also served as chief resident of family medicine from 2011-12. He is a member of the American Academy of Family Physicians.

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Dr. Laura Walker has joined the emergency department at Mayo Clinic Health System in Austin, Texas. She received her medical degree from Tulane University School of Medicine and completed her residency in emergency medicine at Yale New Haven Hospital in New Haven, Conn. Originally from Minneapolis, Walker is excited to be involved with rural medicine.

Dr. Elizabeth C. Bellino (NC ’98, PHTM ’99) received the 2012 Distinguished Alumni Service Award from St. Stephen’s and St. Agnes School in Alexandria, Va. Bellino is clinical instructor of pediatric infectious diseases at the Tulane University School of Medicine. She developed a sustainable children’s division of the hospital in Kisoro, Uganda, and helped heal victims of the 2010 earthquake in Haiti.

In Memoriam

'36 Dr. Charles R. Walters Sr.  
'38 Dr. Rene A. Torrado  
'40 Dr. John H. Woodbridge  
'42 Dr. Joe C. Piranio  
   Dr. Lillian Harris Robinson  
'43 Dr. John H. Waters  
'44 Dr. Elkanah G. Burson Jr.  
   Dr. Meredith Mallory Jr.  
   Dr. Octavius McCrary Otts Jr.  
'45 Dr. Albert J. Ehlert  
   Dr. Melvin H. Levin  
'46 Dr. Benjamin L. Abberger Jr.  
   Dr. V. Frank Carey Jr.  
   Dr. Robert E. Davis  
   Dr. Albert T. Fechtel  
   Dr. Walter C. Payne Jr.  
   Dr. Charles F. Wasserman  
'47 Dr. Robert H. Buck  
   Dr. Philip J. Krupp Jr.  
   Dr. Kenneth G. Nix Sr.  
'48 Dr. Donald M. Bradburn  
   Dr. Robert J. Cales  
   Dr. Alex T. Gillespie  
   Dr. Melvin F. Johnson  
   Dr. E. Ronald Riggall  
'49 Dr. Milam B. Pharo  
   Dr. Jack F. Wisman  
'50 Dr. Emile M. Baumhauer Jr.  
   Dr. Gene C. Hassinger  
   Dr. John Moossy  
'51 Dr. Craig G. Cantrell  
   Dr. David M. Carlton  
   Dr. Gordon B. Kelly  
'52 Dr. Benjamin Bashinski Jr.  
   Dr. William A. Box  
   Dr. Neal S. Flowers  
'53 Dr. Stuart D. Farber  
   Dr. William S. Marshall Jr.  
   Dr. John H. Parker Jr.  
   Dr. Arthur S. Samuels  
   Dr. William W. Walker Jr.  
'54 Dr. Jerry R. Bailes  
'55 Dr. Carlton L. Carpenter Jr.  
   Dr. John C. McDonald  
   Dr. J. Paul Pratt  
   Dr. Frank P. Tagliarini  
'56 Dr. John B. Flood  
   Dr. Clyde O. Hagood Jr.  
   Dr. Arnold H. Kassanoff  
   Dr. John C. Lipsey  
   Dr. Malcolm J. Thomas Jr.  
   Dr. Joe K. Stephens  
   Dr. Robert Paul Yost  
'57 Dr. Jack Q. Causey  
   Dr. Hal C. Douglass Jr.  
   Dr. Edmund M. Molnar  
   Dr. Joseph A. Tedesco  
'58 Dr. Oscar L. Berry Jr.  
'59 Dr. Tyler E. Coomer  
   Dr. Marvin P. Meadors Jr.  
   Dr. Ben E. Watson  
'60 Dr. George N. Byram Jr.  
   Dr. A. Wallace Conerly  
'62 Dr. Peter H. Gott  
   Dr. Lynn E. Hickman Sr.  
   Dr. Evan P. Howell  
   Dr. George C. Stohlman  
'63 Dr. William J. Carr Jr.  
   Dr. John B. Ederington  
   Dr. Barrie C. Hiern Sr.  
'64 Dr. Clifford J. Houser Jr.  
'65 Dr. W. Tyson Bennett  
'66 Dr. Stacy A. Roback  
'67 Dr. Phillip C. Bartlett  
   Dr. John J. Fishman  
'68 Dr. Edward D. Campbell Jr.  
'69 Dr. Herbert L. Parsons  
   Dr. Gilbert J. Pittisci  
'74 Dr. M. Craig Ferrell  
   Dr. Kalman J. Shwart  
'76 Dr. Donald A. Schexnayder  
'78 Dr. Janice Butler Donahue  
'83 Dr. David A. Kline  
'84 Dr. Lane B. Griggs  
'91 Dr. Harris B. Evans  
'00 Dr. Adrian J. Coleman  
'01 Dr. Phillip E. Williams III
Dr. Burnett is an anesthesiologist from Texarkana, Texas, who serves on the Board of Governors for the medical school and on the board of Tulane Medical Alumni Association. And now his son, Jim, is a first-year medical student with an undergraduate degree from the University of Arkansas.

**Why did you decide to attend Tulane University School of Medicine?**

*Dr. Burnett:* My father (James W. Burnett, M ’35) attended Tulane University School of Medicine and although I got accepted to six other medical schools, Tulane by far offered the best opportunity for education. I just thought it was the best medical school for me.

*Jim:* Tulane has a focus on serving the community and clinical practice. The early patient interaction and volunteering opportunities in New Orleans are a big plus.

**What was your daily medical school routine?**

*Dr. Burnett:* The first two years were basic sciences, and we went to school eight hours a day. I lived uptown and drove downtown every day. We even went to school on Saturday mornings until noon. During the last two years, we focused on clinical rotations at various locations, primarily Charity Hospital.

*Jim:* I usually go to class, study and occasionally make it to the gym. On weekends, I hang out with my friends and catch up on anything I missed.

**What’s the biggest difference between medical education then and now?**

*Dr. Burnett:* There was very little to no computer work while I was in school. It seems like now everything is done on the computer. Our time in the classroom was totally focused on lectures and, unlike the system now, we didn’t know what we were going to be presented until we stepped into the classroom. It’s great that all of the lectures now are listed at the beginning of the year so that students can prepare in advance. We would just sit down and start taking notes.

*Jim:* We’re introduced to dealing with patients much sooner than my father was.

**What was your first patient experience?**

*Dr. Burnett:* I can’t really remember the very first time I met with a patient, but I do remember when I went to the emergency room at Charity and talked to the residents into letting me put central lines in. I ended up putting nine lines in before the end of the night! That was just an incredible experience because I was just starting out in medical school. I was probably only a freshman or a sophomore.

*Jim:* My first patient experience was through my preceptor, a plastic surgeon. I was able to shadow her as she consulted patients on reconstructive breast surgery as well as injected Botox.

**Favorite place to blow off steam after a big exam?**

*Dr. Burnett:* We would usually meet in one of four places. Either at Joe’s Bar (which is now a parking lot), Nick’s Bar on Tulane Avenue, Pat O’Brien’s or Bruno’s Uptown. It was just sort of a spontaneous thing.

*Jim:* The Tulane University block parties are a great way to relax after a big test.

*interviews by Kirby Messinger*
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