

THE HIDDEN TRUTH ABOUT ALCOHOL

CHRONIC DRINKING
TAKES ITS TOLL ON
THE LUNGS

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EMORY | medicine
FALL 2008



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Dean's Message

During summer, the Atlanta Veterans Affairs Medical Center (VAMC) is barely visible from Emory's Lullwater Preserve. The center is obscured by the thick tangle of trees along Peachtree Creek, the natural dividing line between our campuses. But the ties between the School of Medicine and the VAMC run deep.

Our partnership began more than 50 years ago when the U.S. government first encouraged VA hospitals to affiliate with medical schools as a way to raise the level of medical

care for veterans. Today, the VAMC annually treats more than 60,000 veterans who are seen primarily by Emory physicians.

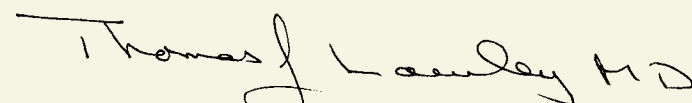
The center also provides a rich training ground for medical students, residents, and fellows. During the past two years, the VAMC increased its support for graduate medical education by 14% and will provide an additional 2% next year.

In all, more than 400 Emory investigators are engaged in approximately 150 research projects at the VAMC, which ranks consistently near the top 10 of VA centers in research dollars received. Among the researchers who thrive there

is David Guidot, director of the Emory Alcohol and Lung Biology Center (see the story about his research on page 8). The VAMC is also home to top research centers in geriatrics, HIV/AIDS, and rehabilitation medicine. Their work is complex but their goal is simple: to serve the nation's heroes today and improve health care for past, present, and future veterans.

Several years ago, the bridge that once joined our campuses was removed. This summer, VAMC director James Clark and I were among those who dedicated a new bridge over Peachtree Creek that once again links us. Designed to blend with its natural environs, the suspension bridge makes our campuses more pedestrian friendly. But for those of us in the School of Medicine, the bridge takes on deeper significance as physicians, scientists, residents, students, and others cross back and forth between our co-joined worlds and with every crossing make a difference in patient care and research, now and in the future.

Sincerely,



Thomas J. Lawley
Dean



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In Brief

Ramping up health care

Emory has ramped up an earlier plan to expand its patient care and research facilities.

This summer, the Board of Trustees approved a \$73 million proposal that includes replacing Emory University Hospital with a new hospital. Two years ago, Emory announced plans to construct a new Emory Clinic complex, along with a replacement for Emory Hospital, to be located and built in phases across Clifton Road from the hospital's current site. The new proposal calls for

Expansion of the Midtown campus includes the addition of 125 new hospital beds, a 137,000-square-foot Emory Clinic building, and 75,000 square feet of new research space.

expanding facilities at Emory Crawford Long Hospital in Midtown, which was not part of the 2006 plan.

New Clifton Road facilities now include a 250-bed hospital, replacing 100 beds currently in Emory Hospital for a net gain of 150 beds; a new 395,000-square-foot

Emory Clinic to be built next to the current clinic; a larger emergency department in the new hospital; and a new 100,000-square-foot research building across from the Emory-Children's Center.

Expansion of the Midtown campus includes the addition of 125 new hospital beds, a 137,000-square-foot Emory Clinic building, and 75,000 square feet of new research space.

The new proposal is founded on several years of planning guided by community input to create a more integrated approach to health care that can respond nimbly to patient demand.



From mouse to monkey

Scientists at Yerkes National Primate Research Center and the Department of Human Genetics have developed the first transgenic nonhuman primate model of Huntington's disease (HD).

Until now, researchers used transgenic mice to study HD, but the models did not completely parallel the brain changes and behavioral features that

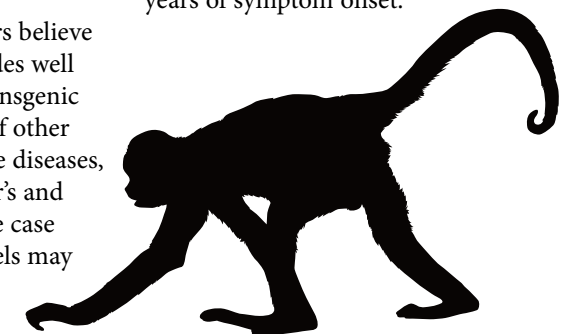
characterize people with the inherited disorder. Patients experience uncontrolled movements, loss of mental processing capabilities, and emotional disturbances.

"The transgenic monkeys provide us with unparalleled opportunities for assessments that mirror the ones used with humans," says lead researcher Anthony Chan. "With such information, much of which

we are obtaining by using Yerkes' imaging capabilities, we are developing a more comprehensive view of the disease."

The researchers believe their progress bodes well for developing transgenic monkey models of other neurodegenerative diseases, such as Alzheimer's and Parkinson's. In the case of HD, such models may bring hope to the

five to 10 people in every 100,000 who are affected. Patients succumb to the disease within 10 to 15 years of symptom onset.



Pediatric powerhouse

Children's Healthcare of Atlanta has designated \$430 million from its endowment to create a pediatric research powerhouse involving Emory, Georgia Tech, and other research and academic institutions in Georgia.

Over time, the investment will change the pediatric research landscape, especially in areas such as heart disease, oncology, and neuroscience. Additionally, the partnership will attract top medical talent and grants as well as prime the pump for start-up companies to help develop new treatments and vaccines.

The initiative opens the door to further collaboration between Emory and Children's. Since 2004, pediatric researchers, clinicians, and teachers have lived under one roof in the building that houses the Emory-Children's Center (ECC) on the Egleston campus. In 2006, Emory and Children's agreed to operate ECC jointly as the largest pediatric multispecialty group practice in Georgia.



In Brief

Real-life lessons

The patient winced with pain. A steel construction beam fell on his leg, and now he was in the hospital, asking the attentive medical team for a strong painkiller. He wanted morphine, and the team decided that prescribing the drug was the right course of action.

If the patient had landed in a typical emergency room with stretched resources, he might not have had so many people attending to him. This patient was a mannequin in the experiential learning center, with third-year medical students and senior nursing students in attendance.

It also was the first time in Emory history that both medical and nursing students trained together. Students were briefed on basic teamwork and skills and then ran through one of two scenarios: a 52-year-old construction worker with a leg injury or the same patient who later develops chest pain. Afterward, students talked about what worked and what didn't with medical and nursing faculty who served as facilitators.

One point the students learned: Don't talk over the patient. Designate a team member to be the "explainer," an



Medical and nursing students practice teamwork in the experiential learning center.

increasingly important role as health care gravitates toward allowing family members to stay in the patient's room.

One nursing student liked how her team established a first-name basis with each other to put everyone on equal footing. "I liked it too," added a medical student. "I didn't walk into the room and think, 'I'm the doctor and that's the nurse.'"

While all of the students learned valuable lessons that day, few medical and nursing schools incorporate team training into their curricula. And they're missing a golden opportunity to improve patient care, says Douglas Ander, director of the Emory Center for Experiential Learning and an emergency medicine physician.

"When health care teams are properly trained on how to work together, the result is better teamwork, reduced medical mistakes, and improved patient care," says Ander. "The more time students train together at an earlier stage, the more it will be ingrained in their normal mode of operation. Typically, students and residents have little to no understanding of how teams function in a real health care environment."—*Kay Torrance*

TLC for damaged hips and shoulders

Used to be that total hip replacement was the best option for patients with arthritis of the hip. A new surgical procedure introduced recently to the United States offers a less drastic alternative for young, active patients with significant hip degeneration.

Known as hip resurfacing, the surgery preserves more of the hip's natural bone structure and provides a larger head ball, contributing to a more stable hip joint and potentially increased range of motion.

Recovery is similar to total hip replacement, with most patients up and walking within 24 hours of surgery with physical therapy, followed by a progressive

increase in activity. "Most patients find that resuming a more normal, pain-free lifestyle occurs rapidly," says Emory orthopaedic surgeon Greg Erens.

He cautions that the procedure isn't for everyone. People with brittle bones, severe deformity of the hip, or dead bone or who are significantly overweight are not good candidates. In those cases, total hip replacement may be the best option.

Another new technique is helping patients with rotator cuff injuries. The "double-row" arthroscopic repair allows the tendons around the shoulder joint to heal more dependably and lowers the risk of reinjury by securing the tendon to the bone at two sites rather than one.

"It is much stronger than a typical 'single-row' repair and does a better job of restoring normal rotator cuff anatomy," says Speros Karas of the Emory Sports Medicine Center. "Recent studies also show that the 'double-row' repair heals in a more stable fashion, which results in better long-term outcomes."



Slowing down Alzheimer's

By 2040, some 81 million people worldwide are expected to have Alzheimer's disease. School of Medicine scientists want to make sure that doesn't happen.

Neurologist Allan Levey is leading the first clinical trial of a new vaccine designed to slow Alzheimer's progression. The vaccine targets the beta-amyloid protein that forms plaque and eventually damages brain cells.

Previous research on genetically engineered mice found that vaccination with beta-amyloid at birth protects them from plaque formation and mental decline; older mice also showed some benefit from the vaccine.

The Merck vaccine that Levey is testing uses a smaller piece of beta-amyloid protein to stimulate antibody production but avoid stimulating T cells, the shock troops in an inflammatory response. Levey's four-year study will evaluate vaccine safety, possible side effects, and how well the vaccine stimulates the immune system in men and women age 55 and older.



David Wright (above) and Michelle LaPlaca developed DETECT to screen patients for early-stage Alzheimer's.

Another Emory physician helped devise a tool to diagnose early-stage Alzheimer's. Called DETECT, the helmet device includes an LCD display in a visor, along with a computer and noise-reduction headphones. DETECT gives the patient a battery of words and pictures to assess cognitive abilities—reaction time and memory capabilities. The low-cost test takes approximately 10 minutes.

"With this device, we might be able to pick up impairment well before serious symptoms occur and start patients on medications that could delay those symptoms," says emergency medicine physician David Wright, who co-developed DETECT with Michelle LaPlaca, a scientist in the Wallace H. Coulter Department of Biomedical Engineering at Georgia Tech and Emory.

DETECT's creators formed the company Zenda Technologies to commercialize the device, expected to be available later this year. They hope the device will become part of a regular medical exam, much like a PSA test or ECG given by general practitioners.



PHOTO BY BILLY HOWARD

Bringing vaccines to light in India

Scientists from Emory and New Delhi will soon begin pre-clinical trials of an HIV vaccine in India, marking the first scientific collaboration of the International Center for Genetic Engineering and Biotechnology (ICGEB) and the Emory Vaccine Center, based in the School of Medicine.

The vaccine is a promising candidate, says Rafi Ahmed, director of the Emory Vaccine Center. It is an off-shoot of the HIV vaccine developed by Yerkes National Primate Research Center microbiologists Harriet Robinson (who now serves with GeoVax, the Emory startup company that developed the vaccine) and Rama Amara that will soon enter phase 2 trials in the United States. The vaccine, Amara believes, can be tailored to fit the dominant strain of HIV in India, where the largest number of HIV-infected people in the world live. He and ICGEB immunologist Shahib Jameel will shepherd the Indian vaccine.

While the vaccine trial is the center's first, more partnerships are in store after Emory hires three faculty members by the end of 2008 to be stationed in New Delhi. At least one of the new hires will specialize in tuberculosis to fulfill a center mandate to develop a research program in tuberculosis.

The ICGEB-Emory Vaccine Center was launched this year to develop vaccines for some of the world's most prevalent and deadly infectious diseases, particularly in underserved nations. HIV/AIDS and tuberculosis are two top interests, along with hepatitis C, dengue fever, and malaria.

Founded by the United Nations, the ICGEB has facilities in India, Italy, and South Africa and focuses on research and training in molecular biology and biotechnology. In addition to allowing Emory and ICGEB researchers to work side-by-side, conducting research in India brings access to patient populations, biological materials, and Indian epidemiological data not readily available in the United States.—*Kay Torrance*

In Brief

Sorting through a pricey dilemma

Ophthalmologists treating patients with age-related macular degeneration (AMD) often face a dilemma. Is it better to treat their patients with Lucentis or Avastin? Manufactured by Genentech, both drugs are chemically similar and inhibit the vascular endothelial growth factor that stimulates abnormal blood vessel growth under the macula, causing “wet” AMD.

Yet there are major differences. The FDA approved Lucentis (ranibizumab) for ophthalmic use in 2006. Before then, physicians prescribed Avastin (bevacizumab) off label and continue to do so. Lucentis costs \$2,000 per dose, while Avastin is about \$50 per dose.

A two-year nationwide study led by the Emory Eye Center is comparing the drugs’ benefits head to head. Funded by the National Eye Institute, the Comparison of Age-Related Macular Degeneration Treatment Trials (CATT) will involve 1,200 patients newly diagnosed with “wet” AMD.



The FDA approved Lucentis based on clinical trial results showing that the drug slows the rate of progressive vision loss from advanced AMD. Approximately one-third of patients treated in these trials showed improved vision at 12 months. Although not approved by the FDA for ophthalmic use, Avastin is approved for treating colorectal cancer and also is used for lung cancer.

“Since these are the two primary drugs for treatment of this disease, it is important for the visual health of the public to understand if there is any difference between them,” says retina specialist and study leader Daniel Martin.

“This study has huge socioeconomic implications, not only for ophthalmic care but health care in general,” adds Timothy Olsen, chair of the Department of Ophthalmology. “Newer biologics may also be studied in a similar manner, and the CATT study will set the stage for future comparisons.”

New options for heart patients

Physicians at Emory University Hospital are the first in the Southeast to use percutaneous aortic valve replacement, a nonsurgical experimental option for patients with aortic stenosis.

In this new procedure, doctors create a small incision in the groin or chest wall and then feed a wire mesh valve through a catheter and place it where the new valve is needed. French cardiologist Alain Cribier performed the first percutaneous heart valve replacement in 2002. Interventional cardiologist Vasilis Babaliaros learned alongside Cribier and brought the procedure to the United States and Emory. Babaliaros and cardiologist Peter Block are leading a clinical trial at Emory, one of five sites nationwide.

“This procedure is much easier on the patient, and it offers a quicker recovery time,” says Babaliaros. “Most important, it may also extend the lives of many people who are too ill or too frail to endure open-heart surgery.”

Patients with heart arrhythmias also have a new treatment option at Emory Crawford Long Hospital (ECLH). The hospital is the first in the Southeast to offer a robotic catheter ablation system known as Sensei.

Using live x-ray, the physician guides the robotic catheter with an electrode at its tip into the heart and places the tip at the exact site where cells are giving off electrical signals that stimulate the abnormal heart rhythm. Mild and painless radio-frequency energy is transmitted to the targeted area, destroying the heart muscle cells in a small area (about 1/5 inch). The treatment stops the area from conducting the extra impulses that cause the rapid heartbeats.

Sensei provides advantages for both patient and doctor, says David DeLurgio, who directs the electrophysiology labs at ECLH. It improves accuracy and control over the tip of the robotic catheter. And because Sensei is operated remotely, physicians are exposed less to radiation and experience less fatigue, since they sit rather than stand during the procedure.



David DeLurgio uses Sensei to destroy cells that cause heart arrhythmias.



Josh Ziperstein, 11M (right photo), mentors Atlanta High School students through the Pipeline Program, founded by two Emory medical students.

Tapping into supplies of future scientists

Working through a case study about sickened churchgoers following a picnic, the high-schoolers diligently figured out the responsible party: *Staphylococcus aureus* endotoxin. Exclaimed one sophomore: “I didn’t know I was so smart.”

It was just the kind of sentiment that his mentors hoped to hear, given that many students at South Atlanta High School perform poorly academically. In fact, 90% of them live in poverty. Attendance is far from daily for many, who often do not go on to college. The students were a good fit for the Pipeline Program, created by two Emory medical students.

Samuel Funt and Zwade Marshall started the program to improve academics and foster interest in the sciences among at-risk high school students. They modeled the program after one that Funt participated in as a University of Pennsylvania undergraduate.

“After three months of first-year classes at Emory, it became clear that I had many years to go before I would be able to really help people in a clinical setting,” says Funt, now a third-year medical student. “Zwade and I created the Pipeline Program because we didn’t want to wait to become master diagnosticians to begin improving the health of our community.”

With the help of Robert Lee, associate dean for multicultural medical student affairs, Funt and Marshall contacted the Atlanta public school system and got the go-ahead

to launch the program at South Atlanta School of Health and Medical Sciences, a division of South Atlanta High School. Then they recruited other medical students and undergraduates from Emory to guide the students.

In the first two sessions, the high school students came to the School of Medicine to get a taste of advanced medical concepts and terminology. Then Funt, Marshall, and other mentors visited the high school to work on case studies related to food poisoning and HIV. Students looked up epidemiologic terms, sorted data on Excel, and calculated incubation times. The mentors also talked about colleges and careers.

By early spring, attendance by the 26 students was up 26%, and 86.6% of students had passed their courses, says principal Termerion McCrary. (Last fall, 39% failed at least one course.) Several Pipeline students also expressed interest in a health career.

Funt wants the students to have the same supportive relationships that he had. “Because the population at South Atlanta High is affected by generational poverty, many of the students are not able to develop these ties and therefore come to school with limited expectations for success,” he says. “The Pipeline Program is designed to foster meaningful relationships that will give these young people the confidence and motivation to continue on to college and develop healthy attitudes and practices.”—Kay Torrance

POP QUIZ

Do you know the name of the first woman to chair a department in the School of Medicine?

That’s **Luella Klein**, who led the Department of Gynecology and Obstetrics from 1986 to 1992. Today, four women chair departments: **Sarah Berga** (gynecology and obstetrics since 2003), **Katherine Heilpern** (emergency medicine since 2007), **Carolyn Meltzer** (radiology since 2007), and **Barbara Stoll** (pediatrics since 2004).

This issue of *Emory Medicine* happens to feature another prominent woman in School of Medicine history. For more about her, see the story on page 18. Hint: She joined the Department of Medicine 50 years ago.



THE HIDDEN TRUTH ABOUT ALCOHOL

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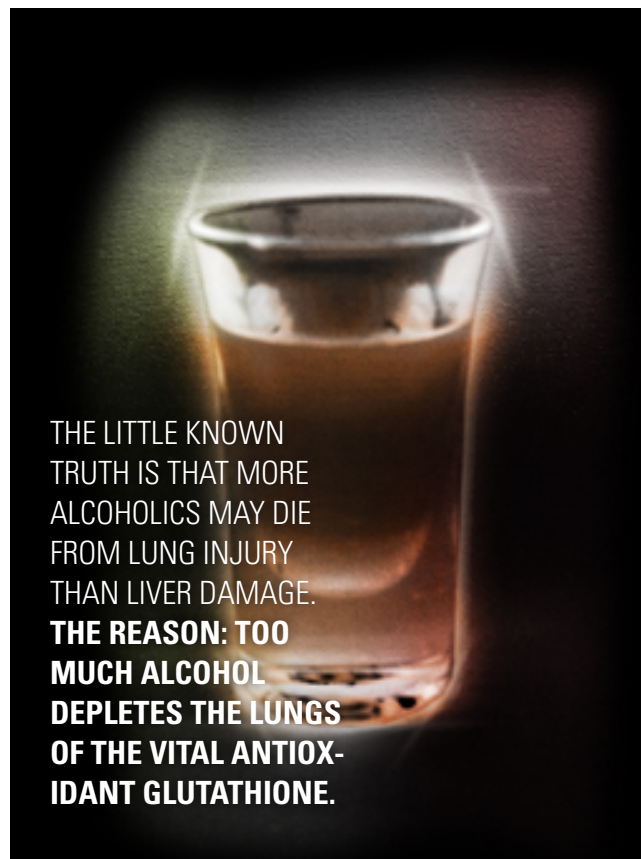
By VALERIE GREGG

Illustrations by CHRISTOPHER HICKEY

The genteel professor was admitted to the ER wearing the academic uniform of a bygone era—bow tie, suspenders, and suit coat. He had suffered a heart attack, and by the second day of his hospitalization, it became apparent that something else was seriously wrong. The gentleman's trembling hands and agitated affect worried the physicians caring for him. But until his wife acknowledged her prominent husband's drinking problem, they didn't know for sure that the patient was suffering from alcohol withdrawal.

That omission could have cost the patient his life. "It's important for us to know if someone has a chronic drinking problem when they come to the hospital for any reason," says David Guidot, director of the Emory Alcohol and Lung Biology Center at the Atlanta Veterans Affairs Medical Center (VAMC). "When alcoholics are in septic shock or have suffered severe trauma, they are far more likely to develop acute respiratory distress syndrome (ARDS)."





THE LITTLE KNOWN TRUTH IS THAT MORE ALCOHOLICS MAY DIE FROM LUNG INJURY THAN LIVER DAMAGE. **THE REASON: TOO MUCH ALCOHOL DEPLETES THE LUNGS OF THE VITAL ANTIOXIDANT GLUTATHIONE.**

“And these alcoholics die young,” says Guidot. “The average age of death from ARDS related to underlying alcohol abuse is about 30, even among otherwise healthy people. By contrast, the average age of death from alcohol-related cirrhosis is 60 to 65.”

Alcoholism is well known for its role in cirrhosis of the liver, pancreatitis, gout, brain damage, and other ailments that usually develop after many years of alcohol abuse. The little known truth is that more alcoholics may die from lung injury than liver damage, Guidot notes. The reason: too much alcohol depletes the lungs of the vital antioxidant glutathione.

Exactly how much does moderate daily drinking deplete glutathione? Does sporadic binge drinking affect glutathione levels? How exactly should alcoholism be defined?

All of these questions require further study. In the meantime, Guidot knows that much more should be done to treat the medical complications of alcoholism, especially in emergency situations. That is certain to change, as researchers at Emory and elsewhere work to understand the immediate and long-term effects of alcoholism.

NAME YOUR POISON

Wine, beer, hard cider, whiskey, vodka, gin, tequila, rum—it doesn’t matter how the ethanol molecule enters the body. The process of getting drunk is the same. About 20% of the drink swallowed enters the bloodstream from the small intestine. The amount entering the small intestine is controlled by the pyloric valve, which closes when the stomach is full of food. That’s why “drinking your dinner” is a faster way to feel alcohol’s effects.

The immediate process of getting drunk is well documented. Ethanol impacts the brain severely, impeding coordination and judgment. With heavy drinking, the brain stem is affected, producing an effect similar to general anesthesia. A bout of heavy drinking can leave the brain dehydrated, like an old dishrag—hence the dread hangover headache.

Guidot studies what happens when getting drunk becomes a habit. Being a pulmonologist, he concentrates on the long-term health of drinkers’ lungs.

“The lungs are especially vulnerable because chronic drinking depletes them of glutathione, and the alveoli and small airways are very dependent on it,” he says. “Normally, they have 1,000 times more glutathione than other parts of the body. Chronic alcoholics have extremely low levels of glutathione in the lungs.” The alcohol itself doesn’t cause these changes. “It causes oxidative stress, which depletes glutathione in the lung.”

In 1996, results of a landmark study published in *JAMA* from University of Colorado scientists established a relationship between chronic alcohol abuse and ARDS. Marc Moss, the lead author on the study, joined the Emory medical faculty just before the study was published. Together, Moss, Guidot, and Lou Ann Brown in pediatrics began a collaboration that resulted in the formation of the Emory Alcohol and Lung Biology Center. To study the mechanisms underlying this newly recognized association between alcohol abuse and ARDS, they fed alcohol to rats and discovered that the glutathione levels in their lungs plummeted within just four to six weeks. “Nobody knew drinking had any effect on the lungs,” says Guidot, who has led numerous related studies at Emory for more than a decade.

Since 2003, the Emory Alcohol and Lung Biology Center has received \$1.8 million annually from the NIH to investigate alcoholism’s relationship to lung disease. In all, 25 Emory faculty in fields such as neonatology, physiology, and pulmonary and critical care medicine

HUMANITY’S DEPENDENCE ON ALCOHOL DIDN’T DEVELOP OVERNIGHT. ANTHROPOLOGISTS BELIEVE PEOPLE ENJOYED ALCOHOL DURING THE STONE AGE. **IT’S GOING TO TAKE A LOT OF WORK TO LEARN MORE FULLY HOW A LEGAL SUBSTANCE AS WIDELY ABUSED AS ALCOHOL INFLECTS ITS DAMAGE.**

are engaged in related research at Grady Hospital, on the Emory campus, and at the VAMC. Center researchers are competing for an additional five years of NIH funding for the center.

“Emory is the hot spot for the alcohol and lung disease connection,” Guidot says. “It’s an important public health issue, and we put it on the map.”

Guidot and his colleagues hope to lessen the risk of ARDS for alcoholics suffering from trauma. Goals include finding better ways to identify alcoholics when they arrive in emergency departments and developing drugs to increase glutathione levels in patients before they develop ARDS. Researchers also are studying how alcohol abuse intersects with asthma, pneumonia, HIV, and lung transplantation.

ONE DAY AT A TIME

The dangers of alcohol abuse can be as big as a 20-car interstate pileup or as small as a molecular doorway. When drinking heavily becomes a habit, it takes a lot longer than a day to recover physically.

In a clinical study involving the VAMC alcohol inpatient detoxification program, Guidot’s team evaluated otherwise healthy drinkers to examine the effects of alcohol on their lungs before trauma or illness occurred. Glutathione levels in the lungs of these adults were decreased by 80% to 90% compared with healthy non-alcoholics, closely mimicking results from Guidot’s rat studies. Researchers chose young people with normal nutrition (relatively functional alcoholics), waited two to three days after their last drink, made sure they were medically stable, and then measured the glutathione levels in their lungs. After the subjects had gone a week without alcohol, researchers again measured their glutathione levels, which remained very low. Exactly how long it takes the lungs of a chronic drinker to normalize after quitting remains unknown.

In another study, Guidot and colleagues performed a weeklong prospective multicenter study involving hospitals in Atlanta, Denver, and Seattle. The patients studied had been admitted with septic shock, critical blood pressure problems, or other life-threatening conditions. Researchers interviewed patients and their families using standardized questionnaires to identify which patients were alcoholics.

“We followed the alcoholic patients to see how many developed ARDS, and it turned out that the relative risk of ARDS for those with alcohol abuse was closer to 4 to



1 than the 2 to 1 risk that was identified in the original 1996 study,” says Guidot. “The results were dramatic.”

Based on his own recent studies and confirmatory results from other investigators, Guidot estimates that tens of thousands of people in the United States die prematurely every year because of lung injury related to alcohol abuse. The public health ramifications are enormous and have gone largely unrecognized because drinking, like smoking, is a legal choice for people. Studies like Guidot’s make a good case for devoting more federal research dollars to alcohol-related illness. “The people in our studies wouldn’t have developed ARDS in the first place if they were not problem drinkers,” he says.

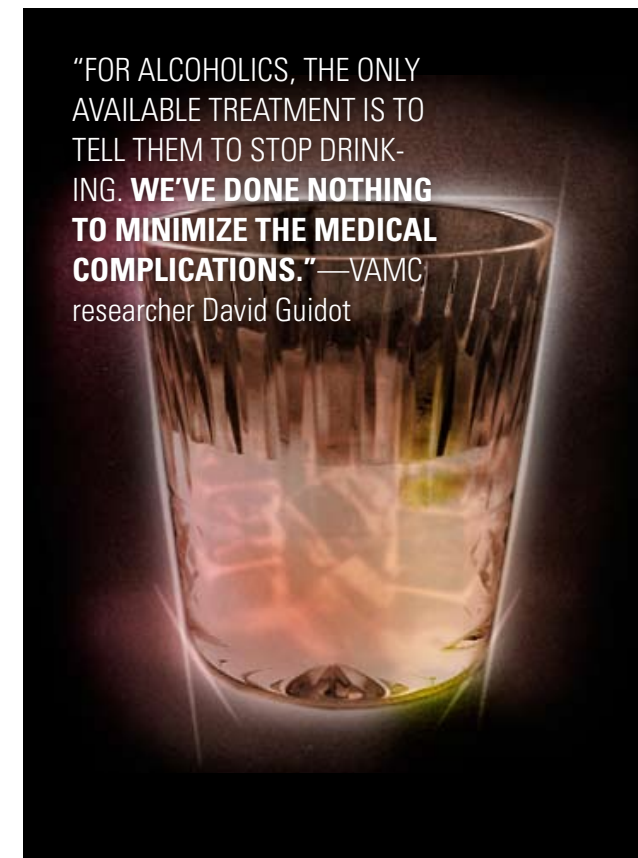
RESCUE 911

Interestingly, Guidot’s animal studies show that alcoholic rats fed with dietary glutathione supplements no longer are susceptible to changes in their lungs, even with continued ingestion of alcohol. The implications of these findings could be enormous if they translate to humans. In particular, glutathione and other nutritional supplements may prove effective in preventing ARDS or

other serious alcohol-related problems. However, once acute illnesses from trauma or septic shock come into play, glutathione supplements may not work.

Guidot’s rat studies also have shown that alcoholism affects the body’s absorption of zinc and thiamin as well as glutathione.

“We’re making a good case for providing people in



detox with vitamins,” he says. “There’s a very specific protein in the lining of the intestines that helps cells absorb zinc. It’s like a doorway that zinc goes through. Chronic alcohol ingestion suppresses expression of that protein. If that proves to be the case in humans, even if you try to have a good diet, some of the consequences on immune function could be dire.”

A LONG AND MYSTERIOUS HISTORY

Humanity’s dependence on alcohol didn’t develop overnight. Anthropologists believe people enjoyed alcohol during the Stone Age. Even so, knowledge about how

to drink alcohol safely is still relatively nonspecific. The National Institute of Alcohol Abuse and Alcoholism states that two drinks a day for men and one for women are safe minus any complicating factors. But assessing an individual’s response to chronic drinking is fuzzy at best.

“It’s very difficult to know based on grams of alcohol how much is too much,” says Guidot. “We know from experience that if someone is getting into car accidents while drunk, having DUIs, going into detox—they’re at a higher risk of developing medical problems.”

To complicate the scenario, people metabolize alcohol at different rates, and many people cannot metabolize alcohol at all. For example, some Asians have enzyme insufficiencies, making them less able to digest alcohol. Smaller women generally are more vulnerable to the effects of alcohol than men.

“That’s an important distinction that our research addresses,” says Guidot. “A person doesn’t have to be drunk at the time of an auto accident to develop ARDS. The effects on the lung from chronic drinking are not from the alcohol molecule itself but rather from the metabolic consequences.”

Much work remains to learn more fully how a legal substance as widely abused as alcohol inflicts its damage. For example: Results of a study using a rat model of lung transplants, published recently in the *American Journal of Respiratory and Critical Care Medicine*, show that chronic alcohol consumption by the donor promotes scarring and airway injury after transplantation. Guidot’s findings prompted doctors at Emory to begin a clinical study of the post-transplant effects of heavy alcohol use among human lung donors.

“We need to figure out what doctors can do to restore recovering alcoholics to health,” says Guidot. “We don’t wait for people to lose weight and exercise to treat their high blood pressure or their diabetes. For alcoholics, the only available treatment is to tell them to stop drinking. We’ve done nothing to minimize the medical complications. We hope work like ours will help change the situation.”

ONLINE: To learn more about research on ARDS and other types of lung disease, visit www.whsc.emory.edu/centers_resp.cfm. For more about Emory research at the VAMC, visit http://whsc.emory.edu/r_va.html.

A VOICE FOR GRADY

I have seen national and professional associations with multi-million-dollar budgets that are not nearly as well organized, focused, and disciplined as HealthSTAT. —ARTHUR KELLERMANN, ASSOCIATE DEAN FOR HEALTH POLICY

Students campaign to save a hospital

Visitors to the Fulton County Commissioners' vote this year on the fate of Grady Memorial Hospital might have thought they had walked into a medical convention by mistake. Indeed, 100 of the 150 people attending wore white lab coats and sported stethoscopes. They were members of HealthSTAT—Health Students Taking Action Together—and had turned out to save Grady.

The commissioners voted to approve the nonprofit agreement that was critical in ensuring the beleaguered public hospital's survival. This past spring, the Fulton-DeKalb Hospital Authority approved restructuring Grady's management as a nonprofit board, clearing the way for a promised influx of \$200 million and preventing the hospital's closure. A small but dedicated group of students can claim some of the credit for that victory.

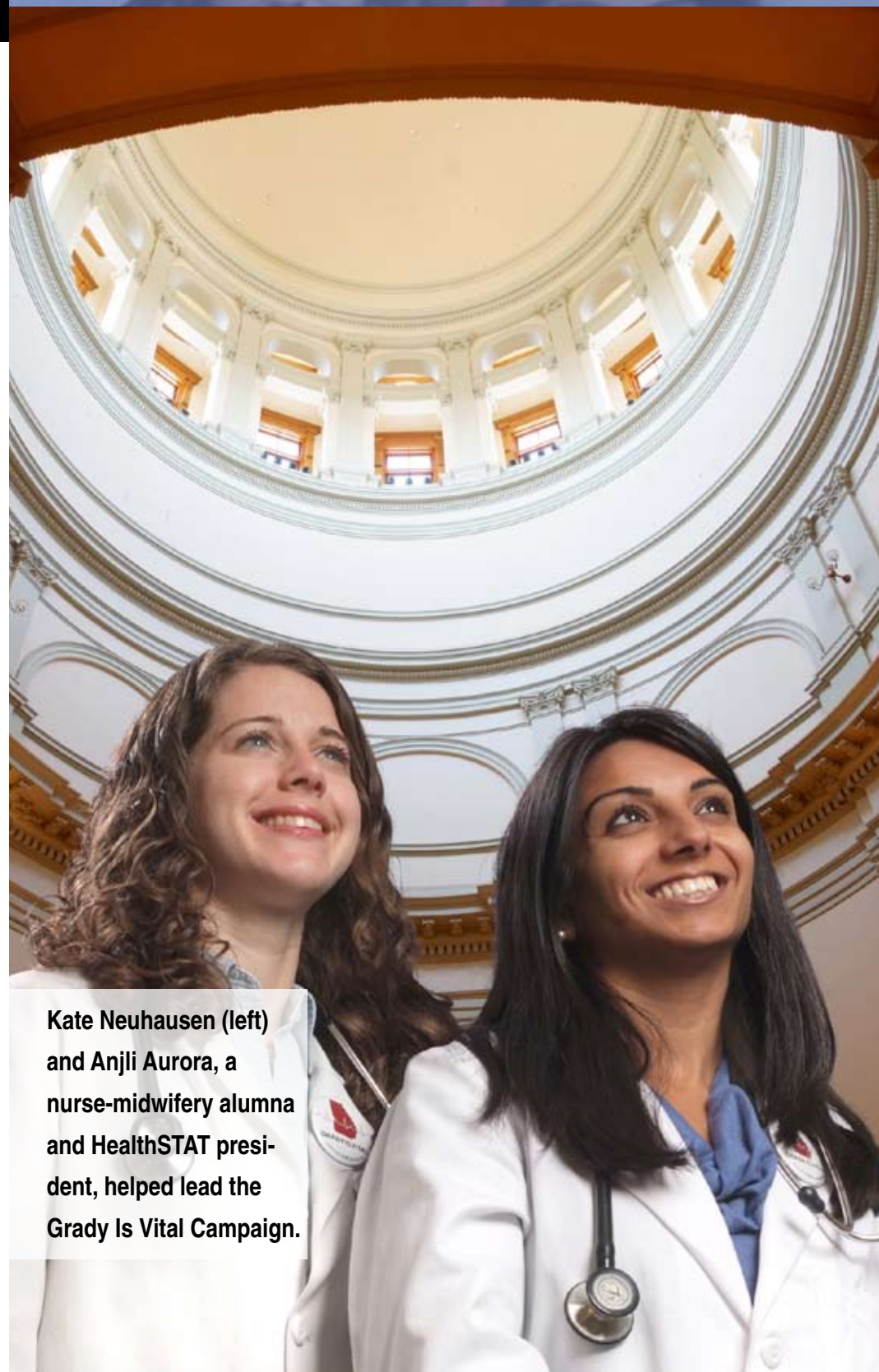
"HealthSTAT has been a pivotal force in the Grady discussion," says Arthur Kellermann, associate dean for health policy in Emory's medical school. "I have seen national professional associations with multi-million-dollar budgets that are not nearly as well organized, focused, and disciplined as HealthSTAT. I'm still trying to figure out where they learned this."

The organization got its start in 2001, when a handful of medical students from Emory and Morehouse got into a discussion about the problems of people who lack insurance. They decided they could make a difference through advocacy, and their first effort was a candlelight vigil to raise awareness of the plight of the uninsured.

From those humble roots, HealthSTAT has grown into a sophisticated lobbying/advocacy nonprofit with student members from across health professions, including nursing, pharmacy, physical therapy, and public health, from five Georgia schools. The group honed its focus on three issues: health disparities and access to care, childhood obesity, and HIV/AIDS.

When the survival of debt-plagued Grady fell into jeopardy last year, HealthSTAT took on the cause in trademark fashion. Before they launched their first effort, they organized an information-gathering panel composed of Grady stakeholders and decision-makers, including the Fulton County commissioners, state legislators, and Grady's chief of medicine.

"We wanted to bring a variety of perspectives together to educate students on what was at stake, who the stakeholders were, what challenges faced Grady, and what solutions were possible," says Kate Neuhausen, 08M, who co-coordinated HealthSTAT's Grady campaign as a fourth-year medical student. "We were overwhelmed by the student turnout. More than 200 students were involved."



Kate Neuhausen (left) and Anjli Aurora, a nurse-midwifery alumna and HealthSTAT president, helped lead the Grady Is Vital Campaign.

By MARTHA NOLAN MCKENZIE

One of the group's first moves set the tone for the entire campaign. Up to that point, public discussion had centered on "saving" Grady. "We didn't want to portray the hospital as something that needed saving. We wanted a message that conveyed the strength of Grady and how vital it is not just to Atlanta but to the state," says Neuhausen.

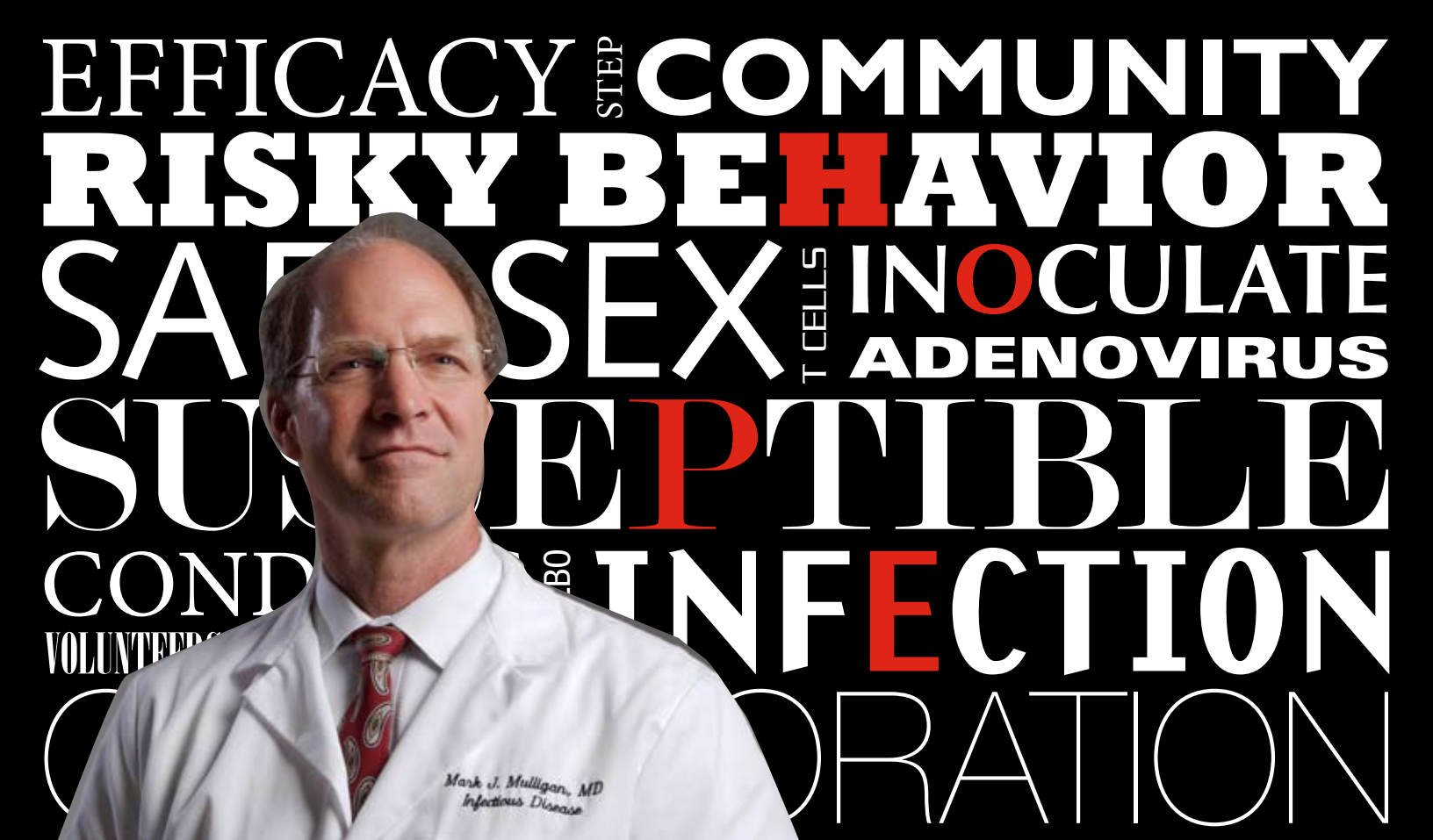
The students came up with a slogan, and the campaign was off and running. HealthSTAT printed 4,000 "Grady Is Vital" buttons and passed them out to students, faculty, employees, Atlanta Chamber of Commerce members, and county and state officials. They printed and mailed 5,000 postcards with the names and numbers of Fulton and DeKalb commissioners, urging people to call in their support of Grady. They organized a letter-writing campaign and delivered—in front of the media—more than 500 handwritten letters to Georgia's governor, lieutenant governor, and house speaker. And they organized a rally attended by 350 students, residents, and faculty.

HealthSTAT ran training sessions for its members to teach them how to effectively meet with county officials and legislators. It armed its members with concise, sophisticated fact sheets detailing different facets of Grady's role—as the only Level 1 trauma center for Atlanta and North Georgia, as a safety net for indigent patients, as the training ground for one out of every four doctors in the state. And it organized student- and resident-run tours of Grady for legislators. After attending one of the tours, Rep. Edward Lindsey told fellow legislators that it was the most eye-opening experience of his four years in the state legislature, according to Andrew Kobylivker, 03M, an internal medicine resident and Grady tour organizer.

And, of course, HealthSTAT members turned out in force at the Fulton and DeKalb commission votes on the fate of Grady. "Much of their strength comes from the fact that they don't play to the stereotype of lobbyists," says Kellermann. "They are young, idealistic, committed, and broke. They are naturally sympathetic. You can't saddle them with any special-interest motives. You can just be amazed that they took time out from their demanding schedules to come out to speak. That is what made them so powerful."

Even though Grady is governed by the new nonprofit board and has received funds for capital equipment from the Robert W. Woodruff Foundation, HealthSTAT's efforts are not through. "We see Grady as the canary in the coal mine," says Neuhausen. "Grady is in crisis because of the crisis of the uninsured in Georgia. We'll continue advocating for Grady but also for larger issues that have contributed to the crisis at public hospitals."

ONLINE: To learn more about HealthSTAT, visit www.healthstatgeorgia.org. Also see the Grady Is Vital Campaign at www.gradyisvital.org.



The Trouble with Vaccine Trials

Emory researchers take stock after a promising HIV vaccine falters

By SYLVIA WROBEL

Hope that scientists had finally developed a vaccine to protect against HIV infection took a giant step backward last fall when a large, international phase 2B efficacy trial was halted abruptly, throwing the worldwide HIV vaccine community into shock and dismay.

Most vaccine candidates against the ever-mutating AIDS virus never make it past phase 1 into phase 2 trials, which assess safety (1) and protection against disease (2). The HIV vaccine being tested at 30 STEP trial sites worldwide had passed earlier tests with flying colors. Study participants tolerated the vaccine well, and it induced strong T-cell response to HIV proteins.

Excitement had grown at Merck, developer of the drug; the National Institute of Allergy and Infectious Diseases (NIAID), co-sponsor of the clinical trial; the NIH-funded HIV Vaccine Trials Network (HVTN), coordinator of the trial; and HIV/AIDS scientific and lay communities worldwide. Never had an HIV vaccine candidate seemed more promising.

But two years into the study, the independent Data and

Safety Monitoring Board recommended halting further vaccinations following analysis of interim data. By then, more than 3,000 volunteers—men and women ages 18 to 45 from diverse racial groups—had been inoculated, half of them with the vaccine. All had been chosen because they were at high risk of exposure to infection through sexual and other behaviors. It was not surprising that some receiving placebo became infected, despite safe sex counseling and free condoms from investigators. It was disappointing that some volunteers became infected, despite having been vaccinated. It was shocking—and completely unexpected—that a subgroup of those receiving vaccine appeared more, not less, susceptible to HIV infection.

Worldwide, investigators halted vaccinations overnight, unblinded study volunteers as to whether they received vaccine or placebo, and began the discouraging task of telling volunteers what the results might mean to their own disease risk if their activities had exposed them to HIV. The trial involved 130 Atlanta volunteers at the Hope Clinic, the clinical trial arm of the Emory Vaccine Center, an HVTN member and a world leader in vaccine research. Carlos del Rio, co-director of the Emory Center for AIDS Research, led the testing at the Atlanta site.

What happened?

Why did the Merck vaccine prove to be so disappointing? It contained only three genes from the virus, assuring that the vaccine itself could not infect volunteers. The vaccine vector (designed to carry these genes into the body and present HIV proteins to the immune system) consisted of three adenoviruses, weakened and altered to render them unable to replicate and cause the common colds or upper respiratory infections for which they are known.

Those who acquired HIV infection after vaccination were more often people with pre-existing immunity to the adenovirus used as a vector. Participants with the highest risk of infection had this pre-existing immunity and were uncircumcised.

Mark Mulligan, executive director of the Hope Clinic, believes that when the immune system recognized the adenovirus in the carrier, it may have attracted more T cells to mucosal surfaces, providing an environment more susceptible to HIV acquisition. However, "It's still an unfolding study," he says. "The results will likely provide more insight into how HIV infection works and how it can be combated."

In the meantime, the Hope Clinic continues to follow its STEP study volunteers, tracking the longevity of immune response to the vaccine, counseling about safe sex, and testing for infection. Support from volunteers has not wavered. This past spring, the Atlanta Gay and Lesbian Chamber of Commerce presented its Guardian Angel award to the clinic for its commitment to community involvement in HIV research.

Despite the STEP trial setback, the study offers lessons for researchers and study participants alike. "We learned how extraordinary our volunteer community is," says Mulligan, who counseled volunteers with del Rio after Merck halted the study. "They understand the research process and remain committed to participating in research to help fight HIV." The STEP trial also "reminds us that no matter how much we dislike the results, clinical trials efficiently yield the truth, giving new meaning to the word 're-search.'"

As Mulligan points out, polio vaccine researchers went

through a similar process of hope, failure, and renewal before the Salk/Sabin vaccines proved successful. Further analysis of the adenovirus-vectored AIDS vaccine trial will help determine whether some people actually were protected (i.e., those without pre-existing response to the vector) and the exact nature of any protective immune response, a question that researchers still seek to answer in terms of protection against either HIV infection or disease. STEP data also reaffirmed several earlier studies showing the protective impact of circumcision.

Two upcoming HIV vaccine trials at the Hope Clinic have been postponed, possibly halted, until researchers fully understand what happened in the STEP trial. Still other trials using different approaches will move forward this year. Participating centers will be named for an upcoming phase 2 clinical trial of a promising HIV vaccine developed by Harriet Robinson and NIH and CDC collaborators. Robinson directed the microbiology and immunology division at Yerkes National Primate Research Center and is a co-founder of GeoVax, an Atlanta biotech company that licensed the vaccine. She recently left Emory to lead GeoVax research and development.

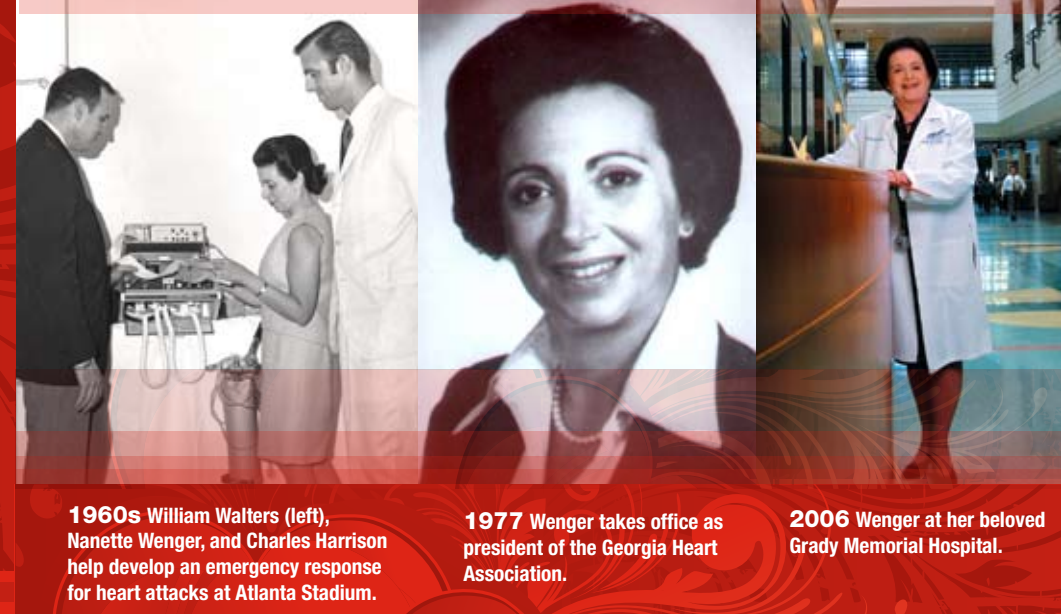
Currently, the Hope Clinic is recruiting for a phase 1 study to test the safety and tolerability of a microbicide gel, using what Mulligan calls "woman-controlled technology" to potentially prevent vaginal HIV transmission. The clinic—one of NIAID's Vaccine and Treatment Evaluation Units, also is beginning trials for prevention of avian flu, malaria, and other infectious diseases.

Mulligan and other AIDS experts at Emory recently gave voice to the need for continued HIV/AIDS vaccine research in an *Atlanta Journal-Constitution* editorial. They responded to a previous editorial advocating that all vaccine research be halted in order to allocate more resources for prevention, routine testing, and universal access to treatment. The editorial cited the halted Merck trial as one reason. Mulligan and his colleagues countered with the polio vaccine. Nearly 25 years passed between discovery of the polio virus in the 1930s until an effective vaccine became widely available in 1955.

"Persistence, sustained scientific effort, and increased collaboration will drive the quest for an HIV vaccine forward," wrote Mulligan and his co-authors, "just as they did for the polio vaccine."

ONLINE: To learn more about vaccine and therapy testing for HIV/AIDS and other infectious diseases, visit www.medicine.emory.edu/id/hopeclinic/ or call 877-424-HOPE (4673).

Love Affair with the Heart



1960s William Walters (left), Nanette Wenger, and Charles Harrison help develop an emergency response for heart attacks at Atlanta Stadium.

1977 Wenger takes office as president of the Georgia Heart Association.

2006 Wenger at her beloved Grady Memorial Hospital.

As a new faculty member in the Department of Medicine in the 1950s, Wenger was one of the country's rarities—a "lady doctor" and one of only a handful of female physicians at Emory.

For a half-century, Nanette Wenger has tested long-held assumptions about cardiovascular disease among women and the elderly By SHERRY BAKER

Nanette Kass was one of only 10 women out of a class of 120 when she received her medical degree from Harvard in 1954. Harvard's 10-year probationary period for co-eds ended when her class graduated, and women at last were incorporated into the university charter.

But it never occurred to the high-spirited young New Yorker, a ballet-dancing, museum-loving daughter of Russian immigrants, that medical school, or being a woman in medicine, might be a problem.

"And it wasn't. Trailblazing was exciting, and I was fortunate to have spectacular male mentors," says Nanette Kass Wenger, chief of cardiology at Grady Memorial Hospital.

It also was the beginning of what she calls her "love affair" with her chosen specialty—studying, researching, and treating the heart.

In 1958, after completing a residency in medicine and a cardiology fellowship at Mount Sinai Hospital in New York City, Wenger moved to Atlanta. Her husband, gastroenterologist Julius Wenger, accepted a position at the Atlanta Veterans Affairs Medical Center, and Nanette soon joined Emory.

As a new faculty member in the Department of Medicine, Wenger was one of the country's rarities—a "lady doctor" and one of only a handful of female physicians at Emory.

Grady's mission of serving the medically indigent community appealed to Wenger. For about six months, she treated patients in the "old Grady"—two small buildings across the street from each other, one a hospital for whites only and the other a "colored" hospital, with limited facilities and resources. With the advent of a new building, Grady quickly became a springboard for applying the latest advances in cardiovascular diagnostics, surgery, and pharmacology.

It was a time not only of discovering new ways to test for and treat heart ailments, but also of learning about her patients as individuals. "I found out how fabulous they were—how much they valued family and friends, and their medical caregivers and how willing they were to participate in training young doctors and in research studies," Wenger says. "I also learned that 'honey' was a label to be cherished."

An integral part of the medical school and Grady ever since, Wenger became professor of medicine at Emory in 1971 and reared three daughters (two are physicians and one is a history professor) in the process. She also wrote more than 1,300 articles and book chapters, chaired conferences for the National Heart, Lung, and Blood Institute (NHLBI), and led numerous professional medical organizations and meetings. She is a longtime member of the Georgia Heart Association and served as its first female president. Two awards are named in her honor: the Wenger Award for Service, created by the Department of Medicine, and the annual Wenger Awards for Excellence, presented by WomenHeart, a national patient-led organization that educates and advocates for women with heart disease.

Although Wenger herself has earned dozens of awards, perhaps her greatest professional achievement, and the one that has brought her international recognition, was changing a major paradigm in cardiology: the assumption that heart disease affects only men. She also was one of the first physician-scientists to speak out about the underrepresentation of women in research studies and clinical trials. "Nanette clearly has been one of the most influential forces in helping shape our current knowledge of heart disease in women," says Laurence Sperling, director of preven-

tive cardiology at Emory.

Wenger continues to study women and heart disease, and the 2005 book *Women and Heart Disease*, which she co-edited with British cardiologist Peter Collins, is the standard medical text on the subject.

"All the studies derived from registries have shown that women with heart disease still remain under-treated," Wenger says. Consequently, she works diligently on behalf of the Go Red for Women campaign, sponsored by the AHA and the NHLBI, to promote heart disease awareness among women.

During her journey through medical school, residency and fellowship training, and her early days on the faculty, female role models and female mentors in cardiology were notably lacking. That fueled her own drive to mentor women and men at the undergraduate and postgraduate levels.

Michele Doughty Voeltz is among those who credit Wenger with helping create opportunities for women cardiologists and women patients with heart disease at Emory. "I see a clinic made up mostly of female patients, ranging in age from their teens to their 90s," says Voeltz. "I'm in the process of starting the Emory Crawford Long Women's Cardiovascular Research Center, which will incorporate comprehensive clinical care and research opportunities for our female patients." Wenger will help raise funds and serves as primary adviser for the clinic's evolution. "We will lead the city, and potentially the Southeast, in our ability to care for women with heart disease," Voeltz says.

In the same way that Wenger challenged unproven assumptions about women's heart disease risk, she continues to replace long-held assumptions about cardiovascular disease and care of the elderly.

"We need accurate, fact-based data about this population," says Wenger, a founder of the Society for Geriatric Cardiology and now editor-in-chief of the *American Journal of Geriatric Cardiology*. "Because of our Medicare orientation, 'elderly' has been defined as 65 and older. Where we really lack information is for octogenarians, the fastest-growing sub-population. They are poorly represented in clinical trials."

During the past year, Wenger joined forces with Emory medical faculty, residents, and students to help rescue Grady from the financial black hole that threatened its existence. "Emory medical students and residents deserve the credit for the success of this effort," she says. "They launched a campaign to save Grady and remained committed to their patients, the need for access to care for the underprivileged, and the importance of training physicians who will practice within our state," she says. "They became leading citizens of Atlanta, and I'm so proud of them."

With a new governing board in place and a growing infusion of new funds, Grady is poised to remain a top-notch teaching hospital where patients receive state-of-the-art care. "Now that Grady's transition is beginning to take place, we can successfully recruit a new chief of cardiology for Grady," says Wenger. But that doesn't mean her love affair with cardiology is ending.

"My plans, at least for the short term, are to complete a number of research studies and manuscripts and continue teaching, which I cherish."

ONLINE: To hear Nanette Wenger discuss her 50-year career in medicine, visit www.pcsw.emory.edu/audio.htm#wenger.



Gifts & Support

A sound investment

Andrew McKelvey was 12 the first time he became a household name by selling fresh eggs door-to-door in New Jersey. Today, he is known worldwide as founder of the online job search engine Monster.com.

Coupled with his knack for business is a belief in sharing his good fortune with others. In 2001, McKelvey made a \$20 million commitment to establish the Andrew McKelvey Lung Transplantation Center. He recently gave an additional \$5.4 million to grow transplant research and Emory's ability to help patients with lung disease.

"His support has been remarkable for its impact," says Clinton Lawrence, McKelvey's friend and medical adviser for more than 25 years. Today Lawrence holds the Augustus J. McKelvey Chair in Lung Transplantation Medicine, named for Andrew's late father, a general practitioner.

The two friends met in the early 1980s at Baylor College of Medicine, where McKelvey sought treatment for sarcoidosis. "I had received a grant from NIH to look at inflammatory lung diseases, and based on my research, I felt we could treat him with steroids

and perhaps make him better," says Lawrence. "We did, and he improved. He was very grateful and very interested in my research."

At Emory, McKelvey's \$20 million gift is helping physicians develop new medical therapies for lung disorders—in hopes of eliminating the need for transplants—and new strategies to improve outcomes after surgery. The average number of patients receiving lung transplants annually has risen from 10 to nearly 30. Additionally, McKelvey's initial gift has brought 12 new faculty to Emory and enabled young investigators like Allan Ramirez to launch their careers at a time when federal research funding is tight. A McKelvey Scholar, Ramirez is studying the underlying causes of lung transplant rejection and pulmonary fibrosis. He is among several McKelvey Scholars to receive federal grant support for research initially sponsored by the McKelvey Center.

More recently, McKelvey's \$5.4 million gift has broadened the scope of both clinical care and laboratory research. To reflect this growth, the lung transplant center has been renamed the McKelvey Center for Lung Transplantation and Pulmonary Vascular Diseases. Current research



Andrew McKelvey's gifts to Emory have broadened the scope of caring for patients with lung disease.

PHOTO BY ANNEMARIE POYO

includes basic studies of the immune response to transplantation, multi-center clinical trials of new medications for lung transplantation, and treatment of pulmonary hypertension. The center continues to assist Georgians in need of lung transplants and who often cannot afford the cost.

McKelvey cites two reasons for his philanthropy to Emory. "If you make

money in this country, you need to give it back," he says. "And Clint did a good job and improved my health."

The return on McKelvey's investment in lung transplantation research and patient care is immeasurable, says Lawrence. "The benefits to individual lives and scientific discovery may go on forever."

Fulfilling a dream



Garet Pilling (left) has created a scholarship honoring his late son. "Keith took our breath away," says Pilling.

By all accounts, Keith Pilling, 92M, treasured being a doctor. An interventional radiologist, he was regarded as an excellent clinician, diagnostician, teacher, and mentor by his patients and colleagues in and around Medford, New Jersey.

Less than 10 years after graduating from medical school at Emory, Keith died

of a rare pancreatic tumor in 2001 at age 35. At the time of his death, he had two young sons with his wife, Jennifer Kraus, 92M.

"There is a famous quote that states, 'Life is not measured by the breaths we take, but by the moments that take our breath away.' Well, Keith always took our breath away," says his father, Gareth Pilling. "He was a

wonderfully gifted man with a passion for life like I have never seen. He was an amazing son, husband, brother, and father. His life was so full of promise. Keith had every gift but length of years."

Now retired, Pilling is the former CEO of Park Steel & Iron Company of Neptune, New Jersey. Founded by his father in the early 1900s, the company is now led by Pilling's son Scott. Pilling, along with Scott and his daughter Laurie, were present the day Keith graduated from medical school. "We were all so very proud of him and knew that he had the fortitude to make it through the grueling years of residency, internships, and fellowships," says Pilling.

"I can give Keith no greater compliment than to say he was an extremely good man," says Laurie Pilling, who practices law

in New Jersey. "He was loving and compassionate, and his brotherly advice and guidance will always be missed."

To honor Keith's memory, Gareth Pilling has made a \$1 million commitment to establish the Dr. G. Keith Pilling Scholars Endowment. Once established, the full scholarship will be awarded to an Emory medical student who demonstrates merit and need. Members of the Class of 1992 will be invited to contribute to the scholarship as well.

"I am giving this gift to Emory School of Medicine because my son, my friend, died," says Pilling. "I hope I will be able to help those who have the same passion about medicine as Keith did. Sadly, he was taken from us too early, and he could not fulfill all of his dreams. I hope that those who receive this gift will be able to fulfill theirs."



Teacher, mentor, friend

Frank and Ann Critz recently provided a \$2 million gift to create the Alfred W. Brann Jr. Chair in Pediatrics for Reproductive Health and Perinatal Care. Brann mentored Ann during her residency in the early 1980s. She is now associate professor of pediatrics. Pictured with Brann is neonatology pioneer Mildred Stahlman, his mentor at Vanderbilt.

Gifts & Support

The right stuff



Ira A. Ferguson Sr. (second from left) performs the first surgery at the new Grady Hospital in 1958. Ten years earlier, he helped pioneer surgical training for black physicians in Alabama.

Ira A. Ferguson Sr., 23M, never shied away from doing the hard stuff. He helped his parents run a farm and dry goods store in his native Alabama. He drove an ambulance during World War I and preserved cadavers to help pay for medical school before transferring to Emory. The first of three generations to attend Emory, Ferguson established a private practice and became a professor and chief of surgery at Grady Hospital. In the process, he tended the wounded during both world wars in Europe and championed the education of African American physicians in the segregated South.

As a tribute to his late father, retired Emory surgeon Ira Ferguson Jr., 52M, provided a \$250,000 gift to create the annual Ira A. Ferguson Lecture. In the first talk this year, Charles Ferguson, 76M—Ira Jr.’s son and a former Emory surgeon who now teaches at Harvard—traced his grandfather’s role in what he calls “the other Tuskegee experiment,” an event overshadowed by the infamous syphilis study of black sharecroppers from 1933 to 1972.

Ten years later, Ferguson convinced Yancey to return to Atlanta as director of the Hughes Spalding Pavilion, which served black patients at Grady. Yancey subsequently became medical director at Grady and professor and associate dean of the medical school at Emory.

“Why did a young man from a small town in Alabama spend such time and effort in helping develop surgical training programs for African Americans?” asked Charles during the Ferguson lecture. “He had to overcome obstacles himself and was compelled to make things easier for others. Few 46-year-old surgeons with a successful practice would volunteer for overseas military duty, much less accompany a beach invasion force at age 49 [during World War II], with two teenage boys to support. Perhaps through such self sacrifice, one learns to truly serve others.”

ONLINE: Charles Ferguson also wrote about his grandfather in the *Journal of the American College of Surgeons*. To download his article, visit www.sciencedirect.com.

To supplement his income after World War II, Ira Sr. consulted for the Veterans Administration (VA), inspecting hospitals throughout the Southeast and conducting disaster-training courses for national defense. During visits to the Tuskegee VA Hospital, Ferguson befriended Asa Yancey, an African American physician from Atlanta and the hospital’s new chief of surgery. Yancey was eager to establish a surgical residency program but lacked the required teaching resources. Ira Sr. stepped up and organized a team from Emory to teach at Tuskegee once a week. Thus, Ferguson helped establish Alabama’s first surgical residency program for African American physicians in 1948.

Putting where it counts



If it weren’t for a group of Atlanta golfers, pharmacologist Haian Fu might not have pinpointed how the 14-3-3zeta protein promotes lung tumor formation. His discovery, published in last year’s *Proceedings of the National Academy of Sciences (PNAS)*, may lead to new anti-cancer drugs targeting the protein.

Using seed funding provided by Atlanta Golfers Against Cancer (GAC), Fu conducted a pilot study, the results of which helped secure major funding from the NIH and other sources for his study.

Fu is one of 10 Emory Winship Cancer Institute researchers to benefit from GAC support. To date, the group has donated more than \$500,000 in seed funding for bench research, supplemented by matching funds from Winship and other sources.

Support from GAC is vital, enabling Winship scientists to pursue what Fadlo Khuri calls “high-risk research”—novel studies that are less mainstream and more dif-

ficult to fund. “The support that GAC provides leads to substantial peer-reviewed funding from the NIH, the American Cancer Society, the Department of Defense, and other sources,” says Khuri, chair of the Department of Hematology/Oncology and a collaborator on Fu’s study.

Khuri first worked with GAC while on staff at M.D. Anderson Cancer Center in Houston. The organization was formed there in 1997 when members of a local golf club banded together to support club and staff members diagnosed with cancer. Nationally, GAC has raised more than \$10 million through city chapters.

The Atlanta GAC supports research at Winship and the Ovarian Cancer Institute laboratory at Georgia Tech.

“We continue to fund projects at both institutions because they are top quality,” says John Ray, an Atlanta-area entrepreneur whose first wife died of pancreatic cancer. “Winship has been very active in attracting top-notch research professionals around the country. I’m very optimistic about the future of Winship and the results of the work being done there today. We want to accelerate those results as much as we possibly can.”

Pursuing perfection

When Ellis L. Jones, 63M, was in medical school, he received a scholarship that allowed him to pursue research without financial concern. Jones went on to become a renowned cardiothoracic surgeon at Emory, but he never forgot the financial freedom the scholarship brought so he could follow his true calling.

“It just meant the world to him,” says Beth Jones of the scholarship to her late husband, who died of cancer in 2007.

To honor him, the family has joined more than 100 friends to create a scholarship in his name. They hope

it will do for a medical student what Jones’ scholarship did for him—provide the ability to pursue research without financial concern. Next spring, a fourth-year medical student who is pursuing promising cancer research will be selected as the first recipient.

Among his talents, Jones was known for his perfectionism in the OR and his joy in teaching residents his beloved craft of heart surgery. He trained dozens of them in the more than 30 years he served on the faculty.

The surgeons whom

Jones trained had a tough act to follow. In 1977, he received a Tiffany clock with the inscription, “To Ellis Jones on the occasion of performing 350 consecutive and successful open heart procedures without a single death with the admiration of the whole group.”

Through the Ellis L. Jones MD Scholarship for Oncology Research, Mrs. Jones hopes a medical student someday will make contributions to the field of cancer research that will gain the admiration of colleagues and peers alike. —Kay Torrance



To make a gift to the Ellis L. Jones MD Scholarship Fund, contact Vicki Riedel at 404-778-5939 or vriedel@emory.edu.

1950s

James D. Forbes, 59M, received the Florida Hospital Association's 2007 Lifetime Heroic Achievement Award. He has practiced family medicine at Hendry Regional Medical Center in Clewiston, FL, for the past 40 years.



Charles B. Gillespie, 61M

1960s

James A. Butts, 60M, of Gainesville, GA, a long-time internist and oncologist with the Northeast Georgia Diagnostic Clinic, was named chief physician at the Good News Clinic, a free clinic for underserved patients.

Charles B. Gillespie, 61M, was honored by Albany Technical College, which named one of its buildings as the Charles B. Gillespie Center for

Emergency Response. The renovated building is expected to open in fall 2008. Gillespie taught the first EMT course at the school in 1972 and established the Georgia Office of Emergency Medical Services. He also received the Chairman's Award from the Georgia Association of Emergency Medical Technicians in October 2007.

Pat M. Woodward, 62M, of Quincy, FL, was honored at the First Annual



Burton V. Reifler, 69M

Gadsden Community Healthy Start Coalition Gala. He practiced pediatrics for 34 years.

Leo Borrell, 67M, of Houston, TX, is medical director of Senior Psych-Care, a multidisciplinary mental health group providing services to 100 long-term care facilities.

Sandy Carter, 69M, is one of five graduates who practice personalized medicine with MDVIP at Sandy Springs Internal Medicine in Atlanta. His colleagues include **Kelly Ahn, 93M**; **William Gower, 78M**; **David Rodriguez, 87M**; and **Thomas Tucker, 70M**. The practice has seven physicians on staff.

Burton V. Reifler, 69M, is board of directors president of the American Board of Psychiatry and Neurology. Reifler, the Kate Mills Snider Professor of General Psychiatry, is senior adviser to the dean at Wake Forest University School of Medicine.



H. Vernon Anderson, 80M

1970s

William D. Knopf, 79M, is chief operating officer of the Piedmont Heart Institute in Atlanta. After completing his cardiology fellowship at Emory, he stayed on to co-found the cardiac transplant program. He then joined the Atlanta Cardiology Group in 1987 and has served as its managing partner since 1996.

1980s

H. Vernon Anderson, 80M, is associate editor of *Cardiovascular Interventions*, published by the American College of Cardiology. He is also serves on the editorial board of the parent publication, *Journal of the American College of Cardiology*. He is professor of medicine at the University of Texas Health Science Center in Houston.

Michael W. Early Sr., 84M, received the National Medical Association's 2007 Practitioner of the Year Award at the group's annual convention in Honolulu. He also received the 2008 Distinguished Alumni Award in Health from Florida A&M University. Early practices family medicine in Fort Valley, GA.



Michael W. Early Sr., 84M (left)

Laura Brooks Kezar, 85M, is a professor in the Department of Physical Medicine and Rehabilitation at the University of Alabama at Birmingham. She has served as residency program director for 11 years and recently became associate dean for students. Kezar's daughter Carolyn graduated from Emory in May, and her husband **Ed, 84M**, is an anesthesiologist in private practice.

Laurie J. Sutor, 85M, received an MBA from the University of Texas at Dallas in December 2007. She is chief medical officer at Carter Blood-Care in Bedford, TX.



Laurie J. Sutor, 85M

Richard N. Baney, 88M, of Indialantic, FL, placed first in his age group in his first triathlon in November 2006. He practices internal medicine.

1990s

BORN: To Craig Richman, 94M, and his wife, Kelly, 93C, 98MBA, a daughter, Abigail Lauren, on April 18, 2007. Craig is an otolaryngologist with Northside Ear, Nose, and Throat in Atlanta. The family lives in Dunwoody, GA.

BORN: To Eric Schuck, 94M, and his wife, Stacy Rowles, a boy, Rocco Anthony, on Nov. 30, 2007. The couple, who married in July 2007, lives in State College, PA.

Jason Budde, 97M, is now a cardiothoracic surgeon with the Centra Stroobants Heart Center in Lynchburg, VA. Budd previously practiced surgery in Orlando, FL.



Abigail, daughter of Craig Richman, 94M

Saira Hashmi-Alikhan, 98M, has written the children's book *Snuggly Baby* (Outskirts Press, 2007). She and her husband have a 2-year-old daughter, Sofia. Saira practices internal medicine at Cape Canaveral Hospital in Cocoa Beach, FL.

BORN: To Tina Rizack, 98M, and her husband, Christopher Langlois, a son, Holden Martin, on

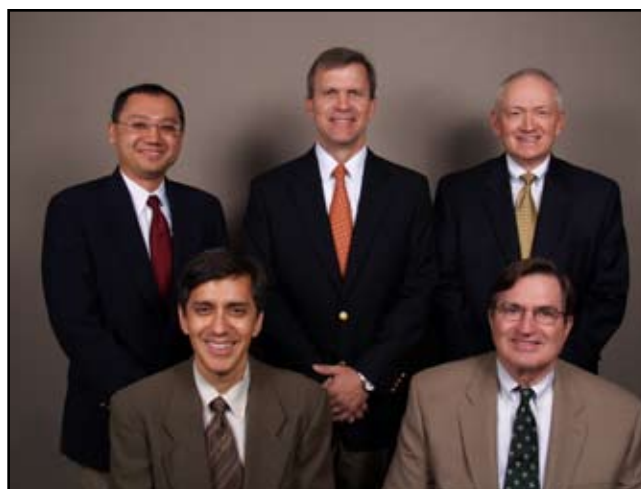


Holden, son of Tina Rizack, 98M

Feb. 3, 2007. The family lives in Providence, RI.

2000s

MARRIED: Mary Lester, 00M, to **Joel Samson Corvera** on Sept. 29, 2007. Lester is a plastic surgeon at the Medical University of South Carolina. Lester and Corvera met at Emory during their general surgery residencies. Her parents, Charles T. Lester Jr., 64C,



Standing, L-R: Kelly Ahn, 93M, William Gower, 78M, and Sandy Carter, 69M. Seated, L-R: David Rodriguez, 87M, and Thomas Tucker, 70M. All practice at Sandy Springs Internal Medicine.



L-R: Charles T. and Nancy Lester with daughter Mary Lester, 05M, and Joel Corvera. Both couples met at Emory.



Catherine Liu, 07M



Stephen D. Clements



Athena P. Kourtis



Robert Silverstein



Brian Sippy



Gregory D. Trachiotis



Sterling Jernigan, 38M

67L, and Nancy, 66C, met at Emory, as did both sets of Mary's grandparents. Mary's grandfather, the late Charles T. Lester Sr., served Emory in a number of positions from 1942 until his retirement in 1982.

Catherine Liu, 07M, continues to recover after being hit by a car in July 2007 during an early morning run. She began her internal medicine residency at the University of California at Davis two weeks before the accident. She underwent three brain surgeries and spent three months in the hospital. In addition to physical therapy, she is undergoing speech therapy to counter aphasia.

Residency Notes

Alan D. Burnstein (gastroenterology) retired in June 2007 from Gastroenterology Consultants in Roanoke, VA. He joined the practice in 1991.

Stephen D. Clements (medicine) received the Lifetime Achievement Award from the American College of Cardiology for service to the Georgia chapter. Clements directs the Outpatient Catheter Lab at the Emory Clinic.

William F. Hahne (surgery) was named vice president of medical affairs at Vion Pharmaceuticals in New Haven, CT. Prior to joining Vion, Hahne was vice president of clinical development at Celsion Corporation.

BORN: To **Deborah S. Kelly** (ophthalmology) and her husband, Paul, a daughter, Carolyn Addison, on June 14, 2007. Carolyn joins big sister Michelle Jane, who was born April 10, 2005. The family lives in Wynnewood, PA.

Athena P. Kourtis (pediatrics) received the 2007 Outstanding Scientific Achievement Award from the Atlanta Federal Executive Board for her

work on perinatal and pediatric HIV. She is a senior fellow at the CDC and a clinical associate professor of pediatrics at Emory and OB/GYN at Eastern Virginia Medical School.

MARRIED: **Rebecca Sands** (pediatric ophthalmology) and Jon Braverman on Dec. 31, 2006. The couple lives in Denver.

Bhagwan Satiani (surgery) published a three-volume work titled *The Smarter Physician* on the business of medicine, including reimbursement, compensation, and personal finance for physicians and medical managers. Satiani, who also holds an MBA, is professor of clinical surgery at Ohio State University College of Medicine.

Robert Silverstein (cardiology) has written a book, *Maximum Healing: Improve Your Immune System and Optimize Your Natural Ability to Heal*. He is medical

director of the Preventive Medicine Center in Hartford, CT.

Brian Sippy (ophthalmology) completed the American Academy of Ophthalmology Leadership Development Program. He serves as president of the Montana Association of Ophthalmology.

Debra A. Smith (public health and general preventive medicine) is the chief medical officer for the International Medical Group, a global health and travel insurer in Indianapolis.

Gregory D. Trachiotis (cardiothoracic surgery) was named professor of surgery and chief of cardiac surgery at the Washington, DC, Veterans Affairs Medical Center and chief of thoracic surgery at the George Washington Medical Center. He has been on staff at both centers since 1998.

Deaths

1930s

Frank M. Wattles, 33M, of Ft. Lauderdale, FL, on Feb. 28, 2007, at age 98. He served in the U.S. Navy during WWII and survived after his ship was torpedoed and sunk on Armistice Day in 1942. After the war, he returned home to Orlando to specialize in ENT medicine. He retired after 40 years in private practice.

Edgar Stephens Jr., 36M, of West Palm Beach, FL, on Aug. 12, 2007. As an undergraduate, he traveled throughout Georgia selling class rings to pay for tuition. He was also part of the Georgia Caravan, a group of students who visited every national park in the western United States. He practiced pediatrics for 60 years, beginning in West Palm Beach and later in Jupiter, FL. In 1941, he started the first Free Well Baby Clinic in West Palm Beach. With

his daughters, he competed in eight national water skiing tournaments. He served as president of the southern region of the American Water Ski Association and as a board member at the national level. He also served as a senior judge for national tournaments.

Willis J. Taylor, 37M, of Baton Rouge, LA, on Sept. 14, 2007, at age 94. He practiced orthopaedics in Shreveport before becoming chief of orthopaedics at the VA Hospital in Montgomery, AL, and later at the VA in Fayetteville, AR.

Sterling Jernigan, 38M, of Rising Fawn, GA, on Sept. 13, 2006. He was 91.

1940s

Peyton Jacob Jr., 43M, of Orinda, CA, on Dec. 26, 2007, of congestive heart failure at age 88. He practiced psychiatry and psychoanalysis in Oakland and Berkeley from 1949 to 1995.

John W. McLeod, 43M, of Moultrie, GA, on Dec. 9, 2006. He was 87.

Arthur Wellesley, 43M, of Punta Gorda, FL, on Sept. 5, 2007.

William A. Hodges Jr., 44M, of Asheville, NC, on May 20, 2007, at age 88. He practiced cardiology and internal medicine in Lakeland, FL. In 1975, he moved to western North Carolina, where he served as chief of intermediate services at the VA Medical Center in Asheville until 1986.

David W. Kinnaird, 45M, of Louisville, KY, on Nov. 13, 2007. He practiced surgery in Louisville from 1953 until he retired in 1988. He was clinical professor emeritus at the University of Louisville School of Medicine.

William R. Fisher, 46M, of Atlanta, GA, on March 16, 2006.

Richard M. Kafka, 46M, of Alexandria, VA, on Jan. 30, 2008, at age 85.

William H. Mathews, 46M, of Palm Coast, FL, on Nov. 11, 2007. He practiced in Jacksonville, FL, until 1965, when he became a medical examiner with Prudential Insurance Company, serving until 1987.

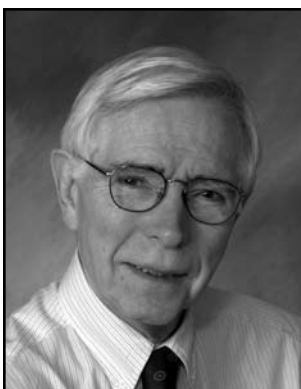
George W. Barrow Jr., 47M, of Crestview, FL, on May 17, 2007.

1950s

William E. Darby, 50M, of Bartow, FL, on May 24, 2007. He retired as a staff psychiatrist from Peace River Center for Personal Development in 1994.

Daniel Stalker, 50M, of Jensen Beach, FL, on May 9, 2005.

Norman F. Stambaugh, 50M, of Appleton, WI, on Feb. 4, 2008, at age 82. He practiced ophthalmology in Dayton, OH, from 1954 to 1989 and



David W. Kinnaird, 45M

was an associate professor at Wright State Medical School.

Harrison L. Rogers Jr., 52M, of Atlanta on June 21, 2008, at age 84. A longtime leader in the medical profession, Rogers practiced general surgery for more than 40 years. He was active in the Medical Association of Georgia, serving in many capacities, and also served as president of the American Medical Association from 1985 to 1986. He was a clinical professor of surgery at Emory and was on the active and teaching staffs at Emory Crawford Long and Piedmont hospitals. After retiring from medical practice, he served on the board of directors of Sun Health and Locum Tenens, for which he helped establish a surgical division to provide temporary staffing of surgeons for local area needs. He also was instrumental in developing surgical inventory software for Surgical Information Systems. For



William H. Mathews, 46M

his accomplishments, the Medical Alumni Association presented Rogers with its Award of Honor in 1983.

William H. Harrison Jr., 54M, of Daytona Beach, FL, on June 27, 2007. He was a general and thoracic surgeon in Volusia County. He performed the first surgery at the University of Florida Shands Teaching Hospital.

Herbert A. Moskovitz, 54M, of Albuquerque, NM, on Aug. 4, 2007, at age 79. He practiced internal medicine and gastroenterology in the Washington, DC, area for more than 45 years. During his career, he was president of the medical staff at Washington Hospital Center and served on the faculty at George Washington University. After retiring from private practice in 1997, he pursued medical research with a private company that led to the development of an instrument to detect early polyps. An ardent sailor, he sailed



Daniel Stalker, 50M

throughout the Chesapeake Bay, the Caribbean, and Europe, and was a longtime member of the Selby Bay Yacht Club.

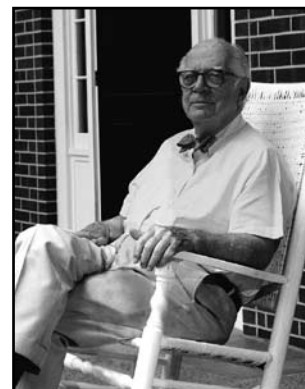
Lee M. Stapp, 55M, of Miami, FL, on Feb. 4, 2006. He was 76.

Archibald Hampton, 57M, of Charleston, SC, on July 19, 2007, at age 80.

Robert M. Dobbs, 58M, of LaGrange, TX, on May 25, 2007.

Kermit Lowry, 59M, of Bristol, TN, on March 25, 2006.

Thomas I. Scott, 59M, of Orlando, FL, on Jan. 9, 2008, at age 73. After completing his residency at Emory, he served as a captain in the U.S. Army Hospital medical corps at the U.S. Military Academy in West Point, NY. In 1965, he moved to Orlando to join an OB/GYN practice. His son joined him in the practice 32 years later.



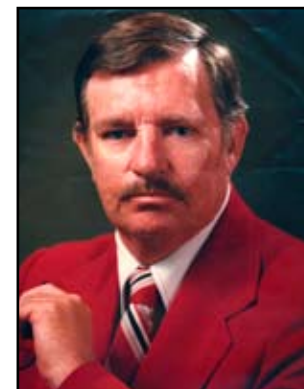
Harrison L. Rogers Jr., 52M

1960s

Milton S. Goldman, 60M, of Alpharetta, GA, on Nov. 16, 2007, at age 72. After graduating from medical school, he earned an engineering degree from the University of Wyoming. He practiced urology while using his engineering skills to design operating rooms and hospitals. He was a contributing author to an HVAC design manual for hospitals and clinics.

Stephen King Sr., 61M, of Hendersonville, NC, on Aug. 24, 2007, at age 71. He was commissioned as a U.S. Navy officer and retired from the U.S. Public Health Service at the rank of captain after 30 years of service.

Charles H. Hamilton, 64M, of Atlanta, on Nov. 26, 2007, of complications from cancer. He was 73. After one year in private practice and four years with the Neighborhood Health Service of the Office of Economic Opportunity,



William H. Harrison, 54M

he began his internal medicine practice at Grady's Asa G. Yancey Health Center in December 1973. He also served on the Emory faculty. Hamilton came from a musical family and was selected by the late conductor Robert Shaw to sing with the Atlanta Symphony Orchestra Chorus. He came to know Shaw well and traveled as Shaw's family physician. Hamilton was also a founding member of the Atlanta Singers.

Chester O. Miller, 66M, of Decatur, GA, on May 13, 2007.

1970s

Fred W. Darr, 73M, of Arlington, VA, on Aug. 7, 2007, of prostate cancer. He was 60. Darr, a pathologist, worked for the American Red Cross for 26 years and was medical director of plasma services.



Archibald Hampton, 57M

1980s

James Ruttenber, 81M, of Boulder, CO, on June 16, 2007. Ruttenber was a University of Colorado professor leading a medical student exchange program in Colima, Mexico, when he was caught in a riptide and drowned. He was an epidemiologist with UC's Health Sciences Center and taught in the environmental studies program. Ruttenber co-authored a 2003 study which found that workers who built nuclear bombs at a former weapons plant were particularly vulnerable to lung cancer and more susceptible to brain cancer than the general public.

Deborah Gilmore Tracy, 81M, of Alamogordo, NM, on Sept. 2, 2007. She served with the U.S. Army and Air Force, retiring in 2005. She was stationed at Landstuhl Army Hospital during the first Gulf War. After transferring to the Air Force, she served as chief of hematology/oncol-



Kermit Lowry Jr., 59M

ogy at Travis Air Force Base in California and Andrews Air Force Base in Maryland. She also served as chief of internal medicine at Holloman Air Force Base in New Mexico.

1990s

Alec Kessler, 99M, of Gulf Breeze, FL, on Oct. 13, 2007, at age 40. He was playing in a father-son basketball game in Pensacola, FL, when he collapsed just minutes after walking onto the court.

Kessler was an academic All-American and captain of the University of Georgia Bulldogs' 1990 SEC championship basketball team. He was a three-time all-SEC selection, earned all-America honors, and was named SEC Player of the Year in 1990, when he led the Bulldogs to their only league championship. He finished that season as Georgia's then all-time leading scorer. He graduated from UGA with a degree in microbiology.



Thomas I. Scott, 59M

He went on to be chosen 12th overall in the 1990 NBA draft. He played four seasons with the Miami Heat before starting medical school at Emory and becoming an orthopaedic surgeon. In 2000, Kessler was inducted into UGA's Circle of Honor, the highest award a former athlete can receive from the athletics association.

Residency Deaths

Steven R. Barker (OB-GYN) of Redding, CA, on July 5, 2006.

James T. Boggs (radiology) of Edmond, OK, on Nov. 15, 2006.

William L. Bridges (pediatrics) of Tifton, GA, on May 25, 2007.

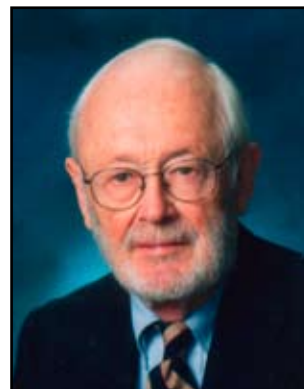
Joseph Canipelli (surgery) of Jacksonville, FL, on July 3, 2007, at age 90. He served as a flight surgeon with the 353rd Fighter Group of



Deborah Gilmore Tracy, 81M (left), and family



William L. Bridges



Joseph T. Doyle



Edward N. Duncan



Harold Fishbain



John F. Freihaut



Francisco A. Herero

the Eighth Air Force in Raydon, Great Britain, during WWII. After the war, he completed his residency at Grady Hospital and began practicing in Jacksonville in 1949. He served as chief of the department of surgery at St. Vincent's Hospital from 1962 to 1972 and as chief of the medical staff there from 1967 to 1969. After retiring in 1980, he spent several summers studying marble sculpting in Carrara, Italy.

Alice Chelton (psychiatry) of Lawrenceville, GA, on Aug. 29, 2007.

Joseph T. Doyle (physiology) of Albany, NY, on June 18, 2007, at age 89. Doyle served on the faculty of Albany Medical College from 1952 to 1984. He led the Cardiovascular Health Center for 38 years until 1990. His articles in medical journals in the early 1960s made the first link between smoking and coronary heart disease.

Edward N. Duncan (ophthalmology) of Cleveland, TN, on Feb. 8, 2008, at age 64. Duncan founded the Cleveland Eye Clinic and Athens Eye Associates. He was a member of the Bradley Memorial Hospital board of trustees and past president of the Bradley County Medical Society.

Robert Gardner Ellis (surgery) of Rockwall, TX, on Nov. 18, 2007, at age 81. He graduated from Emory in 1947 and the Medical College of Georgia in 1953. He was board certified in family practice and geriatrics.

Harold Fishbain (psychiatry) of Yellow Springs, OH, on Sept. 13, 2007. He graduated from the University of Wisconsin Medical School in 1949 and spent 16 years practicing family medicine. In his 40s, he completed a psychiatry residency at Emory and returned to Ohio to become medical director of the Clark County Mental Health Program. In 1979, he

served as the psychiatric director at Greene Memorial Hospital and later taught medical students and residents at Good Samaritan Hospital at Wright State University.

Conrad Freeman (anesthesiology) of Atlanta on Dec. 3, 2006.

John F. Freihaut (oral and maxillofacial surgery) of Marietta, GA, on July 26, 2007, of colon cancer. He was 55. He served on the American Dental Association's House of Delegates, representing Georgia, and worked with many of Georgia's elected officials on public health matters. He also served as president of the Georgia Dental Association and the Georgia Society for Oral and Maxillofacial Surgeons.

William Hugh Hamilton Jr. (internal medicine) of Spartanburg, SC, on July 12, 2006. He directed pulmonary services for Spartanburg General Hospital and Mary Black Hospital. He also found-

ed the Piedmont Internal Medicine Association of Spartanburg. He was a member of the First Presbyterian Church of Spartanburg since 1953.

Francisco A. Herrero (plastic surgery) of Daytona Beach, FL, on Aug. 19, 2007. Francisco and his twin brother, Bruni, were born in the Dominican Republic. Their family immigrated to the United States shortly after they were born. Francisco attended the University of Miami on a music scholarship, and both he and Bruni were members of the first class of the University of Florida Medical School. He established his practice in Daytona Beach, and from 1984 to 2006, Francisco was director of medical affairs at Halifax Medical Center in Daytona Beach.

Wood Lovell (orthopaedics), of St. Simon's Island, GA, on July 13, 2007. He was 90.

Arvell S. Luttrell (psychiatry) of Knoxville, TN, on Nov. 24, 2007.

Stephen J. Mathes (plastic surgery) of San Francisco on Nov. 20, 2007 of amyotrophic lateral sclerosis. Mathes made his mark in plastic surgery by developing transplant procedures using a patient's healthy tissue to cover wounds. He became a professor at UCSF in 1984 and went on to publish more than 200 articles and an eight-volume textbook on plastic surgery, published in 2006. His first textbook was published more than 30 years ago. He

was a visiting professor in numerous countries.

Allen Mays (cardiology) of Athens, GA, on July 8, 2007, at age 44. He and his 12-year-old son, Madison, were killed when their vehicle collided with another on the way home from a family vacation at Gulf Shores, AL. His wife and their 10-year-old daughter survived the accident.

Henry "Speedy" Meaders (OB/GYN) of Marietta, GA, on Jan. 5, 2008, of pneumonia. He was 95. In 1953, he joined Kennestone Hospital as its first board-certified

obstetrician-gynecologist. By the time he retired in 1984, he had delivered more than 8,000 babies.

Fred Mitchell (pediatrics) of Bristol, VA, on Sept. 10, 2003.

George C. Motchan (anesthesiology) of Staten Island, NY, on June 3, 2007. He was 53.

Vicente A. Negrin (psychiatry) of Miami, FL, on July 20, 2006.

William Olmsted (medicine) of Atlanta on May 29, 2005. He was 51.

Russell B. Smiley Jr. (cardiology) of LaGrange, GA, on Aug. 20, 2007, at age 72. He established the first coronary care unit at the Joan Glancy Memorial Hospital in Duluth, GA, and ran a successful private practice for more than 30 years. From 2000 to 2006, he practiced at the Clark Holder Clinic in West Georgia.

Reginald J. Stambaugh (ophthalmology) of Palm Beach, FL, on Dec. 15, 2007, at age 77. In 1987, Stambaugh was the first president and board chair of the newly founded Ophthalmic Mutual Insurance Com-



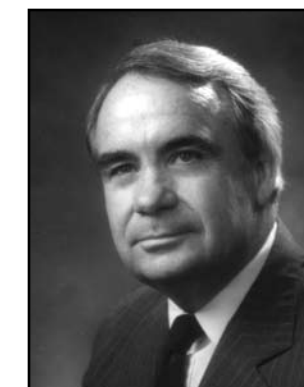
Allen Mays



Henry "Speedy" Meaders



Russell B. Smiley Jr.



Reginald J. Stambaugh

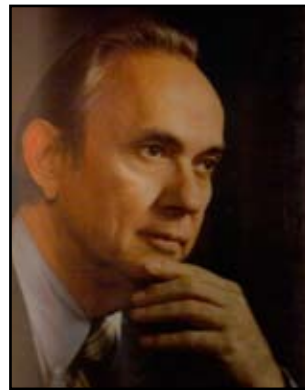
Deaths | alumni news



David H. Turner

pany, underwritten by Lloyds of London, which insured ophthalmologists throughout the country. He served on the board of the American Academy of Ophthalmology, as president of the Florida Society of Ophthalmology and the Palm Beach County Medical Society, and as editor of *Ophthalmology Times*.

Robert R. Stivers (medicine) of Atlanta on Feb. 1, 2007, of cancer. He was 72. Stivers began his career with the Fulton County Medical Examiner's Office in 1968 and served as chief medical officer from 1970 to 1988. He played a key role in establishing a free-standing building for the medical examiner, which is named in his honor. Stivers helped develop a modern death investigation system for Fulton County. He also established a forensic pathology training program with Emory in which residents rotate through the Fulton County Medical Examiner Center.



Lionel H. Yoe

Frederick Haller Thompson (pathology) of Americus, GA, on Sept. 26, 2007. In 1960, he became the first full-time pathologist for Sumter Regional Hospital in Americus. He also was a consulting pathologist for several hospitals in southwest Georgia and Alabama.

David H. Turner (ophthalmology) of Ooltewah, TN, on Nov. 25, 2007. He was given the diagnosis of leukemia five days prior to his death.

Lionel H. Yoe (ophthalmology) of Columbus, GA, on Oct. 2, 2007, at age 88. He practiced until 2006.

Faculty Deaths

Garth Austin (professor of pathology) on July 15, 2007, at age 65. He joined Emory in 1980 and served as an attending pathologist at the Atlanta Veterans Affairs Medical Center beginning in 1983. His research centered on the regula-



H. Kirk Ziegler

tion of gene expression in normal and leukemic myeloid cells.

J. Gordon Barrow (professor emeritus of medicine) of Winston, GA, on Jan. 10, 2008, at age 88. Barrow, 43M, was a cardiologist and served as chief of staff at Douglas General Hospital.

Shirley Rivers (clinical associate professor) on Dec. 22, 2006, in Phoenix, AZ, at age 81. Rivers taught at Emory, Grady Hospital, and Georgia State and was an attending physician at Grady from 1966 to 1977. She also served as a research associate in cancer chemotherapy and as a staff physician at the Atlanta Veterans Affairs Medical Center. She then moved to Tucson, where she directed the Red Cross Southern Arizona Regional Blood Program from 1977 to 1993.

H. Kirk Ziegler (professor of microbiology and immunology) of Decatur, GA, on Oct. 3, 2007, at

age 56. When Ziegler joined Emory in 1981, he already had observed "antigen processing and presentation," a concept now quoted in current immunology textbooks. Through his research, he described the details of this process and the development of immunity to pathogens, with a special focus on how the body handles exposure to endotoxin as a result of bacterial infection; the inter-relationship of adaptive or T cell mediated immune responses and innate responses; and the role of gamma/delta T cells as early responders to bacterial infection through generation of immune cytokines to control the development of immune responses. Students regarded him as an enthusiastic and engaging teacher. In the view of his colleagues, Ziegler embodied the "scholar/teacher" and upheld the highest standards of research conduct and ethics of biomedical sciences and philosophy.



A

THIS BUILDING'S A WINNER

Alumni, faculty, and friends walked in students' shoes one evening last fall, viewing classroom demonstrations when the School of Medicine opened its new building. Among the guests were Rita Thompson, Kyle Petersen, and Hamza Davis (Photo A: starting second from left); Anne Gaston, 55M (Photo B: left), shown with Claudia Adkison; J. Harper Gaston, 55M (Photo C: left), shown with Thomas and Chris Lawley; Joe Massey, 67M (Photo D, left); and Alan Otsuki, Chris Lawley, and Joe and Sally Keys (Photo E, left to right).



B



C



D



E



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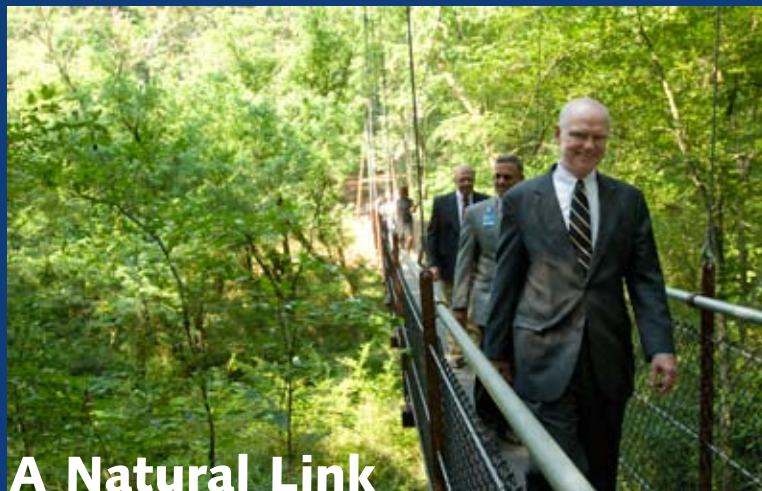


PHOTO BY BRYAN MELTZ

A Natural Link

A new suspension bridge over Peachtree Creek in Lullwater Preserve restores pedestrian access between Emory and the Atlanta Veterans Affairs Medical Center (VAMC). The environmentally sensitive structure replaces a bridge that was removed in the early 1990s. School of Medicine Dean Thomas Lawley (front), VAMC director James Clark, and Vice President of Campus Services Bob Hascall helped dedicate the bridge this summer.

