CLASS NOTES

'50s

Robert Wilkins' (MD '59) last official act after 20 years as chief of neurosurgery at Duke University Medical Center in Durham, N.C., was to place his pager in front of a rear wheel of a limousine, which then ran over it. The pager was not mourned. Even without it, Wilkins remains in contact with residents at Duke, where he teaches on Saturday mornings. Wilkins now lives in Fearrington Village, in North Carolina, a community modeled after an old English village that's home to a herd of Belted Galloway cattle (they're nicknamed "Oreo cookie cows" for their black fore- and hind- quarters and white middles). One project keeping Wilkins busy is transferring 45 years of family slides onto compact discs. After scanning more than 4,900 pictures, he recently reached 1995. He "hopes to reach the 21st century" very soon.

'60s

Joel Haas (MD '67, Pathology Intern '67–'68, Pathology Resident '68–'69, Pediatric Pathology Resident '69–'71) chairs the Department of Pathology at the Children's Hospital of Denver. Haas was drawn to pediatrics because of the resiliency of children. While at Pitt, Haas worked in the lab at Children's Hospital of Pittsburgh at night, in exchange for free meals in the cafeteria.

'70s

After Sept. 11, 2001, when **Harry Poling** (MD '71) and his family visited the damaged Pentagon building—not far from their home in northern Virginia—Poling felt the need to serve his country. After 10 years as medical director of the Surgi-Center at Winchester Medical Center, the anesthesiologist also wanted a change of pace. ("I have a short attention span," he says, laughing. "That's one reason I'm an anesthesiologist.") The 56-year-old Poling enlisted in the air force; within months, he was in Montgomery, Ala., for officer training, learning regulations and traditions, including the lyrics to the air force song (the class was scolded when they couldn't sing it correctly). After being sworn in, the newly minted Major Poling retired from his civilian job and moved to Eglin Air Force Base in Fort Walton Beach, Fla.

Russell Munson (MD '79) launched his own family practice in Chester, Conn., shortly after finishing his residency. Later, he became an adjunct professor at Yale University School of Nursing, where he designed a training program for his office, similar to a medical internship, for nurse practitioners. In 2002, Munson gave up his clinical practice to become medical director of Anthem Blue Cross and Blue Shield in North Haven, Conn. Among other duties, Munson conducts medical technology reviews, investigating procedures which the insurance company doesn't currently cover to see if the therapies are safe.

RESIDENTS AND FELLOWS

Karen Green (Obstetrics and Gynecology Resident '72–'75) is chair of the division of maternal fetal medicine at the University of Massachusetts Medical Center in Worcester, where she specializes in high-risk pregnancies. For the past 12 years, she has worked on a multicenter study evaluating treatments for HIV-positive women. Improved treatments for HIV have lessened the chance that women will transmit the disease to their newborns, yet some women resist HIV screening, Green says. Many are frightened they are HIV-positive, so they don't get tested, unwittingly passing the disease onto their children.

'80s

Before being admitted to the School of Medicine, **Arthur Smerling** (MD '80) was interviewed by Joel Merenstein, who proved to be both a kind interviewer and a kind instructor. Merenstein taught Smerling the importance of a good bedside manner and of evaluating a patient as a whole person. Now director of pediatric cardiac critical care at Children's Hospital of New York–Presbyterian, Smerling, an anesthesiologist, puts Merenstein's lessons into action.

Larry Burk (MD '81) has helped bring alternative medicine to the Duke University Medical Center. He does acupuncture for and imagery with patients suffering from chronic pain. This approach helps patients whose shoulders have been frozen in place for many weeks release tension and recover more rapidly. Burk became interested in acupuncture when he witnessed the positive results that alternative treatments had on his father when he had cancer. As a diagnostic radiologist

IVAN SHULMAN | MAESTRO

During his internship and residency, Ivan Shulman built his own harpsichord—though his colleagues teased him that it looked like a coffin.

Shulman (MD '72) had spent his childhood surrounded by music, both in Pittsburgh and in his native New York, where his father, Harry Shulman, played oboe for the famed NBC Symphony Orchestra of Arturo Toscanini. Like his dad, Shulman took up the oboe. He studied music in college, but fearing the life of a musician was too unstable, Shulman decided to go into medicine instead. "If you have medicine, you can always have music, but it's not the other way around," he says.

A series of happy accidents led Shulman to become music director of the Los Angeles Doctors Symphony Orchestra (LADSO). Shulman began to

at Duke and director of education at the Duke Center for Integrative Medicine, Burk employs alternative treatments whenever practical. When his patients need an MRI scan, Burk uses hypnosis to guide them through a mental walk in the park, rather than administering a tranquilizer. When the scan is over, they don't require time in a recovery room, and Burk says many are proud to have overcome their fear of the procedure without medication.

As an undergrad at the University of Pittsburgh, **Frank Anania** (MD '88) was one of nearly 200 students in his Introduction to Molecular Biology class. As he walked into class one day, Albert Chung, his prof, pulled Anania aside to talk to the young student about research opportunities. Anania was shocked that Chung had noticed him. He couldn't imagine how a teacher could keep track of hundreds of faces and names. Anania ended up spending the summer working in Chung's lab, trying to isolate tumor cells. The endeavor helped him realize that he should pursue a research career. An assistant professor of medicine and the director of the hepatology section at the University of Maryland Medical Center in Baltimore, Anania recently received a National Institutes of Health grant to study the role leptin plays in liver disease. Leptin controls a person's appetite; Anania suspects it also affects stellate cells in the liver, causing scarring which occurs when a person suffers from chronic liver disease or cirrhosis. He will be heading to Emory University in the fall to continue his work there.

RESIDENTS AND FELLOWS

Deborah Armstrong (Internal Medicine Resident '85–'87, Chief Internal Medicine Resident '87–'88) is an assistant professor of oncology at the Kimmel Comprehensive Cancer Center at Johns Hopkins University School of Medicine. As part of the Gynecologic Oncology Group, Armstrong conducts several nationwide studies on the effectiveness of targeted cancer therapies. Unlike chemotherapy, which patients cannot undergo for extended periods of time, the study's noncytotoxic agents don't kill cells and have low levels of toxicity, allowing treatment to continue indefinitely. The experimental therapies, now in Phase II trials, prevented cancers from spreading even when they couldn't be cured or reduced. "You keep the cancer in check and basically let the patient live [with it] as opposed to going in with the big guns to cure it," she says.

Guy Petruzzelli (Otolaryngology Intern and Resident '87–'92, Advanced Head and Neck Oncology and Cranial Base Surgery Fellow '92–'93) recently became chair of the Department of Otolaryngology at Loyola University Medical Center in Maywood, Ill. His "great role models" at Pitt—Eugene Myers, Jonas Johnson, and Carl Snyderman—nurtured his interest in head and neck research and surgery. Today, he is implementing ideas these mentors were developing a decade ago, including certain targeted therapies. Petruzzelli uses specifically engineered antibodies to single out cytokines produced by cancerous cells. Cytokines trick the body into depressing the immune system and growing blood vessels for life support. The antibodies latch onto the cytokines and destroy them without harming the rest of the body. Petruzzelli hopes the otolaryngology program at Loyola someday rivals Pitt's.

'90s

RESIDENTS AND FELLOWS

Cecelia Boardman (Obstetrics, Gynecology, and Reproductive Sciences Intern and Resident '92 –'96, Fellow '96–'97) first met N. Douglas Boardman III (Orthopedic Surgery Intern and Resident '92–'98) at an orientation tour during their first week at the University of Pennsylvania. By the end of their third year of medical school, they were married. Now, both work at Virginia Commonwealth University School of Medicine, where Cecelia Boardman is the acting director of gynecologic oncology. Often she treats women who are dying from ovarian cancer because the disease was detected too late. Boardman is trying to develop a way to detect ovarian cancer early in its development from a few drops of blood.

1989 Hippocratean

Marc Safran (Orthopaedic Surgery Fellow '93–'94) was recently appointed director of sports medicine at the University of California, San Francisco. His goals are research, teaching, and superior athlete care (and, he says, to be "the Freddie Fu of the West Coast"). After researching knee cartilage replacement treatments (now in Phase I trials) and surveying common injuries in wheelchair tennis players, Safran instituted a program in which physicians volunteer at more than 20 public high schools. Before Safran's program, a different paramedic usually oversaw each game. Now, doctors who are sports medicine experts provide more specialized and consistent care, rather than paramedics, who are better suited to treating traumatic injuries. The physicians monitor football games, training sessions, and a free drop-in clinic for sports-related injuries. *—MH, SZ, and JM*

It surprised alum Ivan Shulman when he was asked to direct the Los Angeles Doctors Symphony Orchestra.

play with the LADSO shortly after moving to L.A. 24 years ago. At the invitation of David Weiss, principal oboist of the Los Angeles Philharmonic, and a former member of the Pittsburgh Symphony, Shulman began to play oboe in the Philharmonic both at the Hollywood Bowl and the Music Center. He later joined the orchestra as both an oboist and physician on tour in Mexico, Japan, and Europe.

Then in 1990, the LADSO's conductor left unexpectedly. Though many members of the orchestra are MDs, Shulman assumed a nonphysician would become the next conductor—that's what usually happened. Instead, the orchestra insisted that Shulman conduct the first concert that year. That concert went so well that the LADSO convinced him to stay on as music director.

Each year, the LADSO performs benefit concerts, including some for breast cancer research. (Six members of the orchestra are breast cancer survivors; Shulman performed their surgeries.) A recent concert featured the American premiere of music written by Czech Jewish composer Erwin Schulhoff, who'd written the music while imprisoned in a Nazi concentration camp; he later died in the camps. "It was a very powerful experience," says Shulman. "The power of the music, even in those desperate times, that energy, rather inspires me. I want to take our orchestra where a community orchestra wouldn't normally go." *—MH*

THE WAY WE ARE: CLASS OF '88

BY JENNIFER MATSON

Keith Mankin (MD '88) says that his dad, **Henry Mankin** (MD '53), gave him two main pieces of advice when he decided to become a doctor. First, get out of medicine. Second, if you're going to stick around, then make every patient the most important person to you in the world while you're treating him or her. Mankin rejected the first piece of advice and embraced the second. A pediatric orthopaedic surgeon, Mankin tries to make spinal surgeries as comfortable as possible for his young patients. Often, donor blood is not suitable for transfusions in children, so two or three units of the child's own blood must be drawn. The process is depleting and painful. When Mankin was at Massachusetts General Hospital in Boston, he began researching epoetin, a drug commonly used to raise the red blood cell count of people with anemia during cancer treatments. Since

moving to the Raleigh Orthopaedic Clinic in North Carolina in December of 2000, Mankin has used epoetin to treat 40 of his patients, without needing to transfuse a single unit of blood.

Mankin isn't the only Class of '88 grad to change jobs recently. **Charles Perrotta** (MD '88) recently returned to Pittsburgh after five years in Kansas. Before that, as a child psychiatrist in the U.S. Army, he was stationed in Germany for five years. As part of a rapid response team for disasters and terrorist incidents, he was twice sent to Saudi Arabia, following bombings in Riyadh and Dhahran. Perrotta also worked with some of the Airborne Rangers whose experience in Somalia was depicted in the movie *Black Hawk Down.* Now, he's back in Western Pennsylvania, serving as medical director of the Merck Unit at Western Psychiatric Institute and Clinic and an assistant professor of psychiatry in the School of Medicine.

Maryanne Hugo (MD '88), an obstetrician and gynecologist at Magee-Womens Hospital, remembers spending her senior year of med school in England. Often, after completing her rounds at the hospital, she and classmate **Stephen Day** (MD '88) would go to the theater in London. In Pittsburgh, during reunion weekend, another theatrical experience awaited her and her classmates, this year's Scope and Scalpel production, the *Sopranolols.* Hugo helped organize the Class of '88's 15-year get-together at PNC Park with classmates **Carl Bruning**, **Sam Buffer**, **Vincent Mosesso**, and **Lynn Sydor**.

At the Class of '88 reunion—front row (left to right) Sam Buffer, John Yoder, Vincent Mosesso, and Joel Horowitz; back row (left to right) Keith Mankin, Karen Bash, Steven Novak, Lynn Sydor, Alan Klein, and Andrew Kaye.

GRACE S. GREGG NOVEMBER 25, 1919–APRIL 23, 2003

OWL 1943

Gregg with fellow Alpha Omega Alpha members in 1943

Grace S. Gregg (MD '43) examined her 9-year-old son's enlarged spleen, took his temperature, and demanded that he be tested for leukemia. The diagnosis was that he had mononucleosis, not cancer, but Gregg wasn't so sure. "She almost couldn't be convinced until I didn't die." John S. Gregg (MD '73), now a cardiologist at Mercy Hospital of Pittsburgh, says with a laugh: "I won that argument."

Although she may have been overanxious when it came to diagnosing the health of her own children, Grace Gregg was remembered by her colleagues as a precise and dedicated clinician. Gregg graduated from the University of Pittsburgh School of Medicine with honors in 1943; then as an intern and resident, Gregg helped to fill the void left by physicians serving in World War II.

In the 1950s, Gregg treated children with rheumatic fever and polio. She also researched cerebral palsy and neonatal diseases. Later she became director of the development clinic in Children's Hospital of Pittsburgh and medical director of the Merck Unit in the Western Psychiatric Institute and Clinic. Her son says that Grace Gregg often felt uncomfortable at parties chatting with women who wanted to talk only about their duties as housewives; she preferred to join the men and talk medicine.

Medicine was a common family bond. Gregg learned to love the field as a little girl when her father, a physician, let her tag along as he made his rounds. She married Frank J. Gregg (MD '33), who was a cardiologist, and two of her five children became physicians. —*JM*

IN MEMORIAM

'20s

WILLIAM B. MCLAUGHLIN (MD '27)
FEB. 5, 2003

'30s

JULIUS HERMAN (MD '39)
APRIL 29, 2003

'40s

RICHARD H. MCCORMICK (MD '40)
FEB. 21, 2003

WILSON B. PIZZI, SR. (MD '42)
FEB. 1, 2003

ROBERT F. KLEINSCHMIDT (MD '45)
MARCH 16, 2003

MARY FRANCES RICKETTS (MD '45)
APRIL 13, 2003

'50s

PETER J. MATURO (MD '50)
MARCH 14, 2003

MARY GARRITY ROUND (MD '50)
MAY 24, 2003

FACULTY

R. WALTER SCHLESINGER
JAN. 11, 2003

ANNA-MARY CARPENTER
FEB. 4, 2003

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JACQUELINE TULSKY: INSIDE AND OUT

BY ERICA LLOYD

CAREN ALPERT

Tulsky with San Quentin State Prison in the background

In a room just off the yard, where a basketball game is under way and a man does squats with the intensity of an Olympian in training, class convenes. The "peer educators" session here at California's San Quentin State Prison was designed for inmates who want to be part of a program to coach new prisoners about health matters. Billy Ford (not his real name), like some of the other men in the class, just wants to learn. He hopes to be released soon and is eager to know about the germs "out there." Ford has been incarcerated for 27 years but is up for release this summer, that is, if Governor Gray Davis doesn't snatch his chance away from him again, as he says.

The instructor, Jacqueline (Peterson) Tulsky (MD '88), briefs the class on the different varieties of hepatitis. After a couple of hours, it's time for a role-playing exercise. Tulsky will act out the part of a woman with hepatitis; the class members will assume the roles of doctors whose job it is to diagnose which type of hepatitis she has.

Tulsky "the patient" hints at an instance where she might have shared a needle.

"Doc, it's true, I like to party," she says, nodding her head and placing a few wayward wisps of blond hair behind her ear. Everyone laughs.

"Come on. It could be true," Tulsky protests, with a hint of her native South Dakota in her voice. The men are having trouble swallowing her dramatization, but Tulsky doesn't seem to mind. She coaches them through the rest of the exercise with ease.

Their instructor brings a polite hardiness to her work. Throughout her general medicine career, she has been drawn to treat hard-to-reach populations like the homeless, the addicted, and the incarcerated. Tulsky is an associate professor of medicine at the University of California, San Francisco; she works with HIV-positive patients at San Francisco General Hospital's methadone clinic. As part of a two-year Soros Advocacy Fellowship, awarded last fall, the Pitt alum is focusing on improving linkages among healthcare providers and programs that affect incarcerated or recently incarcerated adults. Her work is supported by the community-based organization Centerforce.

"Right now, there are 2 million people locked up in the United States," says Tulsky, adding that several million more are released each year. (According to Justice Department estimates, 11 million were admitted to prisons and jails this year.) Their healthcare problems become society's healthcare problems, she notes. Beyond the statistics, some red flags have been raised in her own work, like the woman who was released from prison to her family in a coma. She ended up at the hospital under Tulsky's care. Tulsky knew next to nothing about her medical history, and she had no idea whom to contact at the prison to find out more. All she had to go on was a consult from a neurologist in the town near the prison, and the consult was only a couple of pages long. Tulsky did learn that the woman had been an "unremarkable" inmate who'd started behaving erratically and then developed seizures. As it turned out, the woman had HIV, which hadn't been treated, and ended up with progressive multifocal leukoencephalopathy, an incurable neurological disorder associated with advanced AIDS. The woman died shortly after her arrival at the hospital.

"Maybe she didn't get [HIV] meds. Maybe she didn't want meds. There was nothing I could say when the family asked if [the prison] had taken care of her well. I had no information about whether they had or hadn't."

Cases like this one got Tulsky asking, *What's wrong with this system?* About 4 percent of the American population was at its mercy. How many cracks were there to fall through?

She knows some people put a lot of heart into making the system work. There's a physician at San Quentin, for example, who raced after a bus to make sure a released prisoner didn't leave without his antipsychotic medication.

A nurse at the L.A. County Jail told her about some of the challenges that are simply routine there. Normally, inmates at the jail get medications by waiting in a pill line. But if there's a lockdown, the inmates aren't allowed to leave their cells; and that can last for days, even weeks. During lockdowns, staff members trudge the meds cart up and down stairs to make sure diabetic prisoners and others in dire need get their medications.

Through her fellowship, Tulsky has learned that security precautions can mean prison doctors aren't allowed to use outside pagers and may not have Internet connections. At huge prisons like San Quentin, a physician might work a quarter of a mile away from a fax machine; when you're responsible for the care of thousands of prisoners, that can become a significant hassle.

Tulsky has high regard for the medical director at the San Francisco County Jail, who asserts that offering preventive measures, like mammograms and Pap smears, is part of the mission of the healthcare program at the jail.

"I'm very much a realist," says Tulsky. "I used to work with the homeless population. There's nothing I'm going to do or any group of doctors is going to do that's going to make these institutions go away.

"It's making the best of a bad opportunity." ■