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FALL 2015

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE ALUMNI MAGAZINE

Patient Provider

*Art Kaufman's 40-Year
Community Health Sojourn*

Comprehensive Care

*UNM Cancer Center
Achieves Elite Status*

SCHOOL OF MEDICINE
**FAMILY
MEDICINE
CENTER**



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*Alumni
Association*

THE NOOK



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COVER STORY

Socially Responsible Service
Art Kaufman has left his mark on UNM and New Mexico by promoting community medicine.

FALL 2015

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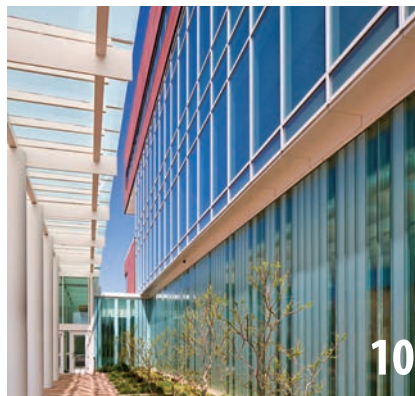
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We ask much of our students – long hours spent in the anatomy lab and the clinic and massive amounts of memorization – knowing that this is necessary for their training to become superb doctors. Medical school certainly is not for the faint-hearted.

But one burden that should not be nearly so onerous is the weight of the financial obligation they incur while funding their tuition, fees and living expenses during their education. Student debt has been growing for years, and it is reaching the point where many new physicians must prioritize financial reward above all else in choosing a career specialty.

We're doing our part to address this problem by reducing the annual tuition for medical school. Tuition for this year's first-year students is \$16,120 – slightly less than last year. We're the only medical school in the nation that has managed to roll back tuition.

Tuition and fees represent only a portion of what it costs to spend a year in medical school, but I hope that if we alleviate some of the expense students will be in a better position to freely choose a specialty when they enter into residency.

In particular, I hope more of our new doctors will choose career paths that take into account the social determinants of health – the environmental and lifestyle factors that play such a huge role in causing disease.

In coming years, all health care providers will understand the need to promote health on a population-wide basis. Practicing this kind of medicine might not be as remunerative as some other careers, but it is immensely satisfying.

Two of our faculty members are doing their part to introduce students to this path of service. Drs. Michelle Bardack and Robert Williams are seeking a Health Resources and Services Administration grant to support students who want to practice in medically underserved communities.

These efforts are a welcome reminder of why we're here in the first place: to serve the health needs of all New Mexicans.

With Warm Regards,

Paul B. Roth, MD, MS
Chancellor for Health Sciences
CEO, UNM Health System
Dean, UNM School of Medicine

New Alumni Association Leaders Take Office

The UNM School of Medicine Alumni Association can help support health care in New Mexico by pairing alumni preceptors and mentors with medical students, say the association's new officers.

"One of my passions is mentorship," says Robert F. Melendez, MD '00, who is starting his term as president. "I think it's critically important for us to engage with students. The odds of them coming back to our state will improve significantly."

Melendez, an Albuquerque ophthalmologist, hopes to start a "physician ambassador" program. "When a student calls and says, 'I want someone to shadow,' we can connect them," he says.

These networking opportunities could even extend out of state. "We can match up people and create a national database," he says. "If one of our students does a residency in another state we can hook them up with alumni there."

Mario F. Pacheco, MD '86, who is taking office as association vice president, concurs.

"I want to work to engage other alumni who have not been involved with the alumni association," he says. "I'd like to help figure out what it is we can do to help community preceptors to make it easier for them to give back to the School of Medicine."

Both leaders have been recognized by the Alumni Association with the Distinguished Alumnus Award – Pacheco in 2006 and Melendez in 2010. They succeed Sandra Whisler, MD '89, who has served as association president for two years.



Robert F. Melendez, MD '00

Melendez, who is also a major in the New Mexico Air National Guard and a clinical assistant professor in the Division of Ophthalmology, did his residency at the University of Texas Health Science Center in San Antonio. He later earned an MBA at UNM's Anderson School of Management.

His MBA project entailed forming the non-profit Juliette RP Vision Foundation, dedicated to supporting research and scholarships to address retinitis pigmentosa, an inherited disease that progressively leads to blindness.

The subject resonates personally for Melendez, whose mother became legally blind from the disease when he was a teenager. "That's pretty much what motivated me to specialize in ophthalmology," he says.

Pacheco, from rural Maxwell, N.M., was a member of the third class to graduate from the School of Medicine's Primary Care Curriculum. "I was hooked," he says. "Family medicine, community medicine – that was a natural fit for me."

Following a residency at UNM, Pacheco later did a fellowship with Arthur Kaufman, MD, now vice chancellor for community health at the UNM Health Sciences Center. "That focus on population-based health and public health took deeper root," Pacheco says.

He was the founding director and for many years headed UNM's Santa Fe-based rural residency training program. He now serves as UNM's executive director for Hispanic health and sees patients at Pojoaque Primary Care. ◇



Mario F. Pacheco, MD '86

Honoring the Gift of Life and Learning: The Helix Garden Opens on North Campus

By Laura J. Hall



Rebecca Gustaf

Detail of the Helix Memorial Anatomy Garden.

When the Helix Memorial Anatomy Garden opened at the UNM Health Sciences Center this summer, it was a first-of-its-kind memorial to honor the many New Mexicans who donate their bodies to educate the next generation of medical doctors, physician assistants and physical therapists.

Located between Novitski Hall and the Innovation Discovery and Training Complex, the garden is a permanent site for students and donors' families to reflect on the gift of life and learning.

Garden designer William Perkins drew upon the idea of a traditional New Mexican courtyard, but the Helix Garden is not enclosed; it is an open space for all to visit. Two pergolas anchor the initial installation (two more are planned to complete the circle). The names of donors are memorialized on three helix columns.

Each fall School of Medicine first-year students begin their training in the anatomy lab with a solemn rite of passage as they receive their "first patient" – a human donor.

Students are told the age and occupation of their donor and then begin the task of understanding the human body from the outside in. It is a very intimate and intense experience.

"It was humbling and an extreme honor to think these donors surrendered their bodies to give me a better education," says Jacqueline O'Neill, a second-year medical student.

"The only way to understand and visualize human

anatomy is to experience it," says Rebecca Hartley, PhD, an associate professor in the Department of Cell Biology and Physiology and chair for the Musculoskeletal, Skin and Connective Tissue course. Students gain a foundation in gross anatomy, microanatomy and human embryology. They also learn to deal with the difficult emotions associated with caring for patients and issues of mortality.

The Helix Garden will become a focal point for a memorial service the students organize for the donors and their families at the end of each academic year. Donor names for that year will be added to one of the helix columns.

For many students, the event completes the experience by allowing them to share their gratitude with the donors' families and say goodbye to their first patient.

"The helix symbolizes the continuation of life, much like the life passed on in our DNA," says Paul McGuire, PhD, associate dean for undergraduate medical education and chair of the garden planning committee. "In this case it is the gift of a donor's life continuing through the education of students and ultimately through the care of future patients." ◇



RESEARCH MEANS HOPE

UNM Clinical & Translational Science Center Wins Competitive Grant Renewal

By Luke Frank

The UNM Clinical & Translational Science Center (CTSC) was awarded a five-year, \$23 million federal grant renewal this year in a fierce competition that earned it one of the highest scores in the nation.

This coveted award recognizes the UNM Health Sciences Center's success in conducting innovative, cutting-edge health care research that rapidly converts fresh ideas into clinical practice. It was one of only four centers nationally to receive full Clinical and Translational Science Award funding from the National Institutes of Health (NIH).

"Through our CTSC, we're bringing state-of-the-art therapies and technologies to our citizens and our families that otherwise wouldn't be available," says Richard S. Larson, MD, PhD, executive vice chancellor and vice chancellor for research. "We're accelerating basic health discovery and ways of delivering care into clinical trials in practices in all 33 counties across the state. It's very exciting."

The CTSC pools important resources for researchers to more efficiently collaborate, design and conduct their studies, while adding a mentoring program to help young scientists learn to create novel medical innovations. It also helps support HSC teams who are developing new medications, diagnostic tools and best-practice protocols to treat New Mexico patients with

complex diseases like addiction, obesity and diabetes.

UNM CTSC biomedical research has delivered discoveries in several areas, including infectious disease, metabolic disorders and substance abuse. A team of more than 500 researchers and support staff has led the way in recent years in developing vaccines for deadly infections like drug-resistant tuberculosis, Larson says.

They currently are conducting 125 clinical trials along with extensive community-based research throughout the state.

The NIH introduced the consortium of Clinical and Translational Science Award recipients in 2006 to speed new drug therapies, vaccines and diagnostic tools through the developmental pipeline to rapidly move biomedical research from bench to bedside.

The UNM HSC joined the prestigious consortium in 2010, becoming one of just 62 universities in the country with a program to convert basic laboratory discoveries into medical therapies and devices that make a real difference in patients' lives.

"Research means hope," Larson says. "This accomplishment demonstrates the terrific progress we have made in just five years as a CTSA recipient. We are excited to contemplate the many new advances in coming years that will benefit New Mexicans." ◇

UNM CTSC High-Impact Advances

- Commercializing portable biosensor capable of detecting bacteria, viruses and other biological substances within minutes.
- Reducing prescription narcotic overdose using best-practices training for primary care practitioners in rural New Mexico.
- Evaluating new drugs to treat the genetic causes of cystic fibrosis.
- Developing a cell-signaling protein to treat colorectal cancer.
- Promoting cervical cancer screening among Asian American women at ethnic beauty salons.
- Identifying early diabetic neuropathy using new imaging technology — preempting infection and amputation.
- Monitoring surgically implanted shunts in hydrocephalus patients with infrared technology.
- Using erythropoietin to stimulate red blood cell production in neonatal intensive care patients, resulting in fewer transfusions and infections.
- Discovering a link between microbiota and urgency urinary incontinence in women.
- Tracing a novel trajectory for chronic obstructive pulmonary disease.
- Studying ethnic disparities in care received by U.S. Veterans Affairs emergency patients.
- Evaluating daily meditation for controlling pain in older adults with shingles.



Art Kaufman sees a patient in his Family and Community Medicine clinic.

Serving the Underserved

Art Kaufman Explores the Social Determinants of Health

By Luke Frank

Photos: Roberto E. Rosales

Arthur Kaufman, MD, a newly elected member of the National Academy of Medicine, has been a force on the UNM Health Sciences Center campus for more than 40 years. A physician of distinct vision and seemingly boundless energy, Kaufman has become a champion of community health in New Mexico and across the globe.

His commitment to the medically underserved and socially marginalized is rooted in his Beat Generation upbringing deep in New York's Greenwich Village. Kaufman's parents were artists with a robust social mission, which drove him to a career path that began in anthropology, moved to psychology, swerved into psychiatry and has finally come to reside in family and community medicine.

While Kaufman was helping the indigent in New York City and later the disenfranchised in South Dakota and New Mexico, he was forming a notion of community medicine as an instrument for creating the most impact on the greatest number of people.

By the time Kaufman arrived at the UNM School of Medicine and settled in with like-minded colleagues, his concept had crystallized but needed to become institutionalized. As he settled in with like-minded colleagues, the medical school's landmark Primary Care Curriculum was developed along a bumpy path riddled with resistance.

Steadfast in his vision, Kaufman then helped develop the Department of Family and Community Medicine, placing medical

students in clinical roles in any social setting they could identify as underserved – from local rock concerts to rural pueblos. It was revolutionary in its day.

Along the way, Kaufman has extended the School of Medicine's global reach through The Network: Towards Unity for Health, a non-governmental group that spreads innovations in health workforce development relevant to national needs in collaboration with the World Health Organization.

Now Kaufman, the vice chancellor for community health, is helping to spearhead Beyond Flexner, a national movement to change how medical education addresses social issues that affect health. So-called social determinants – poverty, limited education, poor access to healthy food, inadequate housing, lack of transportation and social marginalization – play a pivotal “upstream” role in health risks and outcomes.

Kaufman was instrumental in bringing Beyond Flexner to Albuquerque earlier this year, hosting a conference that drew representatives from 84 academic health centers, 70 health-related organizations, 12 international organizations and six federal agencies. This new band of “revolutionaries” strategizes best practices, curricular innovations, diversity programs and new learning models that address communities' social determinants of health.

Beyond Flexner fits right into Kaufman's innate social mission, examining the moral, financial and pedagogic aspects of social purpose and accountability in health professions education.

What a long, strange trip it's been . . .

Talk about your childhood and how it shaped who you are and what you do.

My parents were painters and artists in Greenwich Village, New York City, and they came out of the '30s very progressive with a lot of social idealism. The little school my brother and I attended had a lot of progressive teachers who were blacklisted in public schools (due to McCarthyism), and so it became a magnet for educators and families like mine. In my very small class were people with similarly artistic or progressive parents – Robert De Niro, Angela Davis. Mine was a very unusual upbringing.

When I was about 13 years old, I read “The Scalpel, The Sword: The Story of Doctor Norman Bethune,” about a Canadian surgeon who had gone to China to practice medicine. That was the first time I thought, “I might become a doctor.”

Upon acceptance to the University of Chicago, they asked, “What do you want to be?” I said, “I want to be a doctor.” They said, “You can't.” I said, “Why not?” They said, “You have no aptitude for science,” which is probably true. So I thought anthropology sounded like it might fit into some kind of a social mission. I took three courses and got straight C's. Then I explored psychology – a very human social calling – but quickly realized how much statistics and math were required, so that was out.

By the beginning of my third year of college I still didn't know what I was going to do. A small group of friends convinced me to join them in becoming psychiatrists – an easier road, they said, because med schools accepted hundreds of students, where grad schools might accept 10 or 20. So I took the most basic pre-med science courses and got A's and B's, which got me into the SUNY Downstate Medical Center program in Brooklyn. They didn't know I was an idiot.

When did medicine start to interest you?

At this point I was less interested in medicine than in psychiatry. I had been accepted into a psychiatry residency at Albert Einstein, but had to do a general internship first, so I chose internal medicine – family medicine didn't exist in New York City at that time.

At the same time, there was a growing national social movement centered on the Vietnam War. I was a protester, so my options were limited, including induction under protest, jail or even leaving the country.

Well, there was another option, which I pursued – the Indian Health Service. It was a uniformed service, but not military service. I joined many other young green docs who were being recruited out of internships and sent off to reservations. I was assigned to South Dakota – I had to look at a map to know where it was.

While in South Dakota, psychiatry was fitting into my social calling, but nobody asked to see a psychiatrist. At that time mental health (issues) carried a far greater stigma. So I tapped into people's needs practicing general medicine and felt I was making a difference. The experience changed my life.

I could have stayed there forever, but transferred to the Albuquerque Service Unit to be with my wife, who had just landed a pediatric internship here at the UNM School of Medicine. Working in Jemez and Zia pueblos opened my eyes to issues in medicine deeper than disease, diagnoses and treatment. Being a part of home care and tribal activities, and working alongside tribal health representatives with genuine cultural and linguistic abilities, was humbling. Indian health is where the whole idea of community medicine became paramount in my mind. Could we turn social marginalization into social inclusion?

My wife and I then moved back to New York to finish our residencies. I gave up my psychiatry residency and finished in internal medicine. I still loved psychiatry, but found I could serve patients' emotional and physical needs while focusing increasingly on community forces that underlie poor health. That's about when it occurred to me that we could be the greatest doctors in the world caring for individuals, without impacting health in the community. So, we started the first Healthcare for the Homeless clinic inside a big, rundown hotel and even introduced a methadone program.



With his son, William Kaufman, MD, at the garden near the South Valley Family Health Commons.

Was this your launchpad into community medicine?

We returned to New Mexico in '74 when family medicine was a relatively new field. At the time, faculty in the budding family medicine department – Scott Obenshain, Bob Waterman, Stewart Duban and Stew Mennin – all had been trained in other fields, like internal medicine, pediatrics, psychiatry. Interestingly, along the way we all had changed career paths because our life experience in Indian health, migrant health or international health had radically changed our perspectives.

So we put together this Department of Family Medicine, for which none of us was formally trained. But each of us had delivered babies, provided psychiatric care, performed minor surgery and shot our own X-rays. We split up the department duties, and I was tasked with medical student education and given a two-hour time slot once a week for lectures. I had come too late to do anything except preside over a course that two students had put together. It was a disaster – the most boring thing – and the feedback we got was so devastating. The course couldn't be salvaged.

In fact, we threw out the lecture paradigm completely – the bathwater and the baby. We decided to build a curriculum without lectures or labs. The next year we collapsed the entire semester into one week and invited the students to our homes. We fed them and taught them clinical skills, history-taking

and physical exams. It was a very popular course. That drove us to set up a bunch of clinical experiences for students, seeing patients that no one was taking care of – in prisons, nursing homes, homeless shelters, places like that. We were the only ones doing it, so our students felt special.

We already were sending medical, nursing and pharmacy students to rural sites during their summers to live in communities and care for patients who had few health care options. We supervised them remotely by telephone. Clearly this could never be done today, but we learned about the importance – and value – of early clinical experience in communities as part of medical education.

These early learning innovations formed the basis of the Primary Care Curriculum. We took a track of first-year students, and without lectures, labs or even courses, we used problem-based learning and early, sustained community clinical exposure to teach them about New Mexico health problems.

Between practicing medicine and academic medicine, does the school drive the needs – or do the needs drive the school?

Up until now, academic medicine has been the tail wagging the dog of U.S. health care, in terms of the physician

// I'm proud to say that UNM has been very innovative in trying to get the right balance by looking at our state needs – from PCC to the BA/MD program to new efforts to expand primary care residencies. //

health workforce we produce. Medical schools and teaching hospitals decide the mix of specialties produced – like surgeons, dermatologists, gastroenterologists. All are needed, but the mix of these residencies isn't the mix the nation now needs.

I'm proud to say that UNM has been very innovative in trying to get the right balance by looking at our state needs – from PCC to the BA/MD program to new efforts to expand primary care residencies. We recently put together a legislative package for a policy change in which Medicaid agrees to pay a higher rate for each Medicaid patient seen by federally qualified community health centers if they would start primary care residencies or add residency slots as an added scope of service. You know, services like psychiatry or geriatric medicine.

We then decided to expand the health team to better link community health needs with HSC resources and came up with the concept of "Health Extension Regional Officers" – or HEROs – modeled after the ag cooperative extension program. We even helped write our model into the Affordable Care Act. This model is now being tested in 18 states.

Now we've incorporated the role of community health workers into clinical care. This model also has been picked up by federally qualified health centers in New Mexico, paid for by Medicaid Managed Care. All of our residents, all of our students, are learning about health management and disease prevention through these community health partners. This model is being replicated in 12 states across the country.

Give me your oddest medical school moments.

I did a lot of artwork when I was a medical student – some painting and stuff like that. My medical school had an art exhibit every year, so I put up my artwork: an anti-war cartoon portrayal of Lyndon Johnson. There was a big political row about it because it generated strong, opposing views while challenging artistic freedom. The dean's office compromised by putting it behind a wall with a guard so it couldn't be seen as people walked into the gallery.

Here's another. When we started the Primary Care Curriculum, we didn't have money for standardized patients; we just used ourselves as patients. Once a year, when it came to the genital/rectal

exams, the PCC faculty would serve as models for our students. It was rather intimate. I remember one year, during this particular session, I found myself at the blackboard drawing the relevant anatomic male genitalia with my pants down while lecturing to the small group of students examining me.

How do you find your energy and keep your enthusiasm?

This profession, this business, this calling is constantly changing, especially because you're teaching young people. You're not just giving the same lecture over and over. I don't mind lecturing, because to me it's theatrical – it's all theater. But that's not where the goodies come. You're learning, too, by going into communities and discovering a problem – and it's exciting. And then, you watch residents and students become passionate about a problem they see. They get involved and do something about it, and they're already having an impact on health. That's where I get my energy.

My other inspiration and energy come from my daughter and son, who both came back to UNM for medical school, followed their own path to family medicine and chose to work in underserved communities in Albuquerque and San Antonio. Unlike their monolingual dad – but like their mom – they are fluent in Spanish and serve that population. They are a window into the skills of the next generation of physicians – culturally aware, evidence-based, community-oriented and technically nimble. My only regret is that they haven't taught me Spanish ... yet. ◇



Kaufman and his team during a teleconference meeting.

UNM CANCER CENTER

Achieves Comprehensive Cancer Center Designation

By Michele Sequeira

Photos: Roberto E. Rosales

This past August, the UNM Comprehensive Cancer Center made good on a 15-year-old commitment when it received elite designation as a comprehensive cancer center by the National Cancer Institute.

“We made a promise to be of service to the people of New Mexico and to overcome New Mexico’s cancer burden,” says Cheryl Willman, MD, the Cancer Center’s founding director and CEO.

To achieve NCI comprehensive designation, a cancer center must demonstrate significant competence in four areas. UNM earned an “outstanding” evaluation in each from the presidentially appointed National Cancer Advisory Board.

It starts with faculty. UNM has New Mexico’s largest team of cancer physicians — 116 doctors representing every cancer

specialty — who work with the 500-person staff to develop a personalized treatment plan for each patient. The center provides care to more than 10,000 patients each year from every county in New Mexico.

UNM also provides access to the newest cancer treatments in clinical trials. Working with community partners, it built the New Mexico Cancer Care Alliance, a statewide network that provides access to new cancer drugs and treatments in more than 175 clinical studies each year. The NCI considers the Alliance to be an “exemplary national model for cancer health care delivery.”

Meanwhile, the Cancer Center’s participation in the Oncology Research Information Exchange Network will allow all cancer patients the opportunity to have their cancer tissues

genetically sequenced, which could enable them to be matched with the most promising new treatments.

The Cancer Center also conducts world-class research. Its 132 scientists, supported by more than \$72 million in research funding annually, have developed new diagnostics and drugs for leukemia, melanoma and cancers of the breast, ovaries, prostate, liver, pancreas and brain.

The Cancer Center has a mission to educate the next generation of cancer physicians and health care professionals. Since 2010, it has trained more than 276 scientists and 158 health providers.

To retain its federal re-certification and designation, the Cancer Center must undergo an intensive review process every five years.

This year, that entailed the submission of a large federal application and an on-site review by directors and scientists from 32 leading NCI-designated cancer centers.

“We committed ourselves to building New Mexico’s finest, most comprehensive cancer treatment program,” Willman says. “To be of service, we sought to be one of the nation’s very best.”



UNM Comprehensive Cancer Center's portico leading to the main entrance.

Kirk Gittings



CUTTING-EDGE SURGERY

All Patients, Any Cancer

Ashwani Rajput at the UNM Comprehensive Cancer Center.

The Cancer Center's new Surgical Specialty Clinic brings together a team of specialists who have the skills to perform a broad range of complex procedures.

"We have the expertise to care for all patients in New Mexico with any type of cancer," says Ashwani Rajput, MD, chief of the Division of Surgical Oncology.

The Cancer Center and UNM Department of Surgery joined to develop a vibrant surgical oncology program as part of a strategic plan to gain a comprehensive designation from the National Cancer Institute.

When the Division of Surgical Oncology launched in July 2009, with Rajput as its chief, he immediately began recruiting other fellowship-trained cancer surgeons.

He brought Itzhak Nir, MD, and Katherine Morris, MD, to New Mexico in 2010. Morris performs advanced cancer surgeries, while Nir is one of fewer than 50 people worldwide trained to perform hyperthermic intraperitoneal chemoperfusion, a procedure that delivers a highly concentrated, heated chemotherapy directly to cancer cells in the abdomen.

Rajput also recruited the only two breast fellowship-trained surgeons in the state: Anna Voltura, MD, who joined the team in 2013, and Stephanie Fine, MD, who came aboard a year later. Both perform skin-sparing and nipple-sparing surgeries and have pioneered advanced techniques in breast cancer surgery in New Mexico.

Bridget Fahy, MD, joined the team in late 2013. Along with Rajput, she performs melanoma surgeries and complex colorectal surgeries using minimally-invasive techniques.

These include the trans-anal endoscopic microsurgery procedure, which saves the sphincter muscles. Not every patient is a candidate for this procedure, but those who undergo it are spared a permanent colostomy. Fahy is also board certified in palliative care medicine.

When not caring for patients, most of these physicians are also making cancer discoveries in their laboratories. Rajput, for example, studies colorectal cancer metastases. Morris' research focuses on colon cancer tumor responses to certain drug components.

In addition to Surgical Oncology, the new space in the UNM Cancer Center will also host specialties within the surgical divisions of Thoracic Surgery, Urology and Otolaryngology, as well as the Departments of Neurology, Orthopaedics and Gynecology.

"We're very excited to have the physical proximity," says Rajput. "The new space will give us ease of practice." Medical and radiation oncologists at the Cancer Center work in the same building, so coordinating care between all providers will be far easier.

"We can be a one-stop shop for our cancer patients," he says. "By combining care from different disciplines, we are able to optimize our patients' care with the goal of a cure and long-term survival."

The physical proximity of the surgeons will enable the different divisions and departments to further develop their cancer specialties and clinical care.

"Our team has developed depth in our programs," Rajput says. "New Mexicans do not need to leave the state to get their cancer care."

A PRIVATE HEALING SPACE

FOR HER



Melanie Royce and Carolyn Muller

Women battling cancer will get a place of their own as part of the build-out of undeveloped space in the UNM Cancer Treatment and Clinical Research Facility.

“We’re making it as stress-free as we can for the patient,” says Carolyn Muller, MD, professor and chief of UNM’s Division of Gynecologic Oncology and co-director, with Melanie Royce, MD, PhD, of the Women’s Cancers Program.

“We want to create a soothing environment to help the patient in the healing process by bringing the team and the navigators to them,” says Royce, who is also an associate professor of internal medicine.

The new dedicated space will occupy about half of the second floor of the clinic. It will house a reception area and waiting room, exam rooms, nurses’ stations, offices for consultations with social workers and patient support areas.

The space will integrate medical oncology, radiation oncology, surgical oncology, plastic and reconstructive surgery and genetic counseling.

Taking advantage of the multidisciplinary team’s new physical proximity, Royce and Muller plan to further develop programs specific to New Mexico women facing cancer. The programs address the breast, ovarian, endometrial and cervical cancers that women face.

The programs, tailored to meet individual and cultural needs, will focus not only on state-of-the-art care but also on survivorship and quality of life.

“The key component of the evolution of the programs is the continued teamwork between all the providers and

patients so that we get feedback on what they need and what is important to them,” Muller says.

Royce agrees. “If you were the patient, how would you want the flow of your care to be?” she says. “If you’re creating a program, look at it from the perspective of the patient.”

Royce and Muller also plan to continue their team’s strong research efforts. Muller co-leads a team of basic, translational and clinical scientists working to bring a new discovery about the effects of an FDA-approved drug called ketorolac to ovarian cancer patients.

Sarah Adams, MD, a gynecologic oncologist, conducts research on ovarian cancer metastases in the peritoneal cavity. And gynecologic oncologist Teresa Rutledge, MD, won the National Cancer Institute’s Clinical Investigator Award last October. Royce studies breast cancer care delivery.

“Certain minorities here in New Mexico do not, apparently, benefit from advances we are seeing in national trends,” she says. “Whether that is real because of the biology of their disease or because of them not accessing care, that’s part of what we’re trying to work out.”

Breast surgeons Anna Voltura, MD, and Stephanie Fine, MD, are pioneering new techniques to make breast surgery more convenient and comfortable for women. And medical oncologist Ursa Brown-Glaberman, MD, partners with basic scientists to study breast cancer progression.

Bringing the latest research to the clinic will ultimately help patients the most. “We want to make this the best women’s cancer center in the country,” says Muller. “That’s the goal.”



Bringing Primary Care to the World

By Cindy Foster

Photo: Roberto E. Rosales

UNM's School of Medicine is so young that some of its pioneering teachers can still be found walking the hallways. Stories abound of a number of medical teaching "firsts" that grew from busy doctors seeing a need and then working to establish a program.

Two Class of 2015 family medicine residents are following in that tradition as they work to train other physicians in the African country of Namibia.

"It is a unique working environment where you are interacting with people who are bright, motivated and interested in going into the public sector," said Andrew Larson, MD, who, along with classmate Heather Greene, MD, spent a month in Namibia last spring. They both plan to return in 2016.

Their coming trip will have them teaching as attending physicians at bedside while giving input to medical school faculty on the formation of a postgraduate family medicine curriculum in the Namibian capital Windhoek.

"We've talked to so many individuals who said the need is for primary care – not for specialists," Larson says.

Namibia is located in southwest Africa along the Atlantic Ocean. The University of Namibia School of Medicine opened its doors in 2010 with 55 medical students, with the first class graduating in 2015. Before then, would-be doctors had to study abroad before returning to the country to practice.

The country has high rates of both HIV and antibiotic-resistant TB, yet public sector physicians are so scarce that inpatients might only see a doctor once every three days.



Medical residents Heather Greene and Andrew Larson.

"There is still stigma associated with these diseases," Larson says. "Many people end up in hospitals with opportunistic infections because they aren't diagnosed early."

Both Larson and Greene say they grew up in families that stressed education.

Greene grew up in Las Vegas, N.M., went out of state for her undergraduate studies and then returned to New Mexico and UNM for medical school and residency.

"I always knew I wanted to be a physician," she says. "The practice of medicine is a commitment to life-long learning. Every day you are better than you were before."

Larson credits a public health internship in Detroit with firing his interest in medicine.

"I wanted to be able to help people on a day-to-day basis and to feel like I

was part of the community," he says.

"Becoming a family practice physician seemed like a logical next step." He graduated from the University of Arizona College of Medicine before attending UNM for his family medicine residency.

Both doctors have done rotations at other international sites. Greene spent time in India and Larson has worked in locations ranging from the Mississippi Delta to Guadalajara, Mexico.

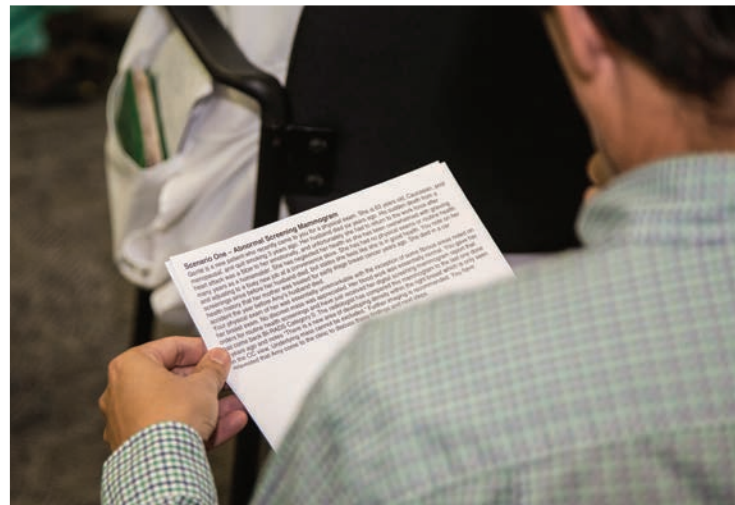
They also hope to work toward establishing a UNM global health fellowship and a regular rotation of medical school residents to the Namibia.

"I've done rotations abroad where I was very much an observer," Greene says. "Not in Namibia. It is an honor to think that this time we may help Namibians build primary care in their country." ◇

Multidisciplinary Medicine

Learning by Doing in Las Cruces





The Place of Residents

John Andazola, MD '97, and his wife Dolores Gomez, MD '98, lead the state's only stand-alone residency in Las Cruces, N.M. Their teachers include a behavioral scientist, a doctor of pharmacy and a medical anthropologist. This multidisciplinary model drives better patient outcomes, transforming the culture of medicine while making graduate medical education more collaborative.

Photos and Text: Rebecca Gustaf





Phil Eaton

Living Legend Recounts Professional Milestones

By Furhana Afrid

Photo this page: Roberto E. Rosales

Robert Philip Eaton, MD, beams with contagious enthusiasm as he strolls through the bustling hallways of UNM Hospital.

“My gosh! Look around,” he says. “It’s so exciting. There are exciting clinicians, scientists and teachers. The list is endless.”

Phil Eaton is emeritus vice president for the UNM Health Sciences Center. His leadership and vision helped elevate the institution to the forefront of cutting-edge medicine.

Now he is being recognized with a Living Legend award bestowed by the UNM School of Medicine. In his many decades as a physician, clinical scientist and administrator, Eaton touched the lives of many patients and left a lasting impact on the health sciences community.

“I focused on moving us to directions where we could use the creativity of research, teaching and patient care to make an impact on the people of New Mexico,” explains Eaton, whose career at UNM began in the late 1960s when he became an assistant professor in the School of Medicine.

Eaton owes his love for medicine to his father, Robert Eaton, who began his profession as a physician and surgeon in Grand Rapids, Mich. “He had a huge impact on me,” says Eaton, who remembers his father’s struggle to make a living during the Great Depression. “To support our family he delivered babies at night.”

Eaton accompanied his father on many patient visits and saw how he practiced his craft with compassion. “The patient is asking for comfort, words of wisdom and help,” Eaton says. “To do that you must touch the patient.”

Profoundly influenced by his father’s career, Eaton had no doubt in his mind that medicine was also his calling.

Eaton prepared himself for a dual role as a doctor and a scientist. “A physician took care of patients and discovered the path of physiology of disease,” says Eaton, who acquired his medical education and training at the University of Chicago School of Medicine, Barnes-Jewish Hospital at Washington University in St. Louis and the National Institutes of Health.

Eaton, an endocrinologist, came to UNM as an assistant professor in 1968, focusing on both the causes of diseases and enhanced diagnosis and treatment of patients.

Eaton had family ties in New Mexico and saw a unique opportunity at UNM to establish a clinical research center.

“I had the chance to have my own laboratory and start a program that did not exist in one of the most beautiful states I had ever seen,” he says. Dean Leonard Napolitano asked Eaton to seek a National Institutes of Health grant to create a General Clinical Research Center, which opened in 1975.

The research hub supported Eaton’s work in diabetes, as well as the research of other scientists. He knew that managing diabetic patients was a challenge because no reliable technique

“ I want people to be as excited about who they can be, what they can do and how they can help as I am helping others. ”

existed to accurately measure sugar directly in blood and administer the appropriate quantity of insulin.

But Eaton knew how to track the hormone in blood. “I could measure insulin,” he says. In the early 1980s he collaborated with William Spencer, the former director of systems development at Sandia National Laboratories, to develop the world’s first implantable insulin pump for diabetics.

“It was the size of a package of cigarettes,” Eaton explains. “It had a little tube and a surgeon could implant it under the muscles of the belly.” The pump was electronically controlled and programmed to deliver specific amounts of insulin.

The implantable pump freed diabetics from having to administer daily insulin injections. “We succeeded in delivering insulin quantitatively to an insulin-dependent diabetic person,” Eaton says.

David Schade, MD, chief of endocrinology in UNM’s Department of Internal Medicine, collaborated with Eaton to develop the pump. “Eaton is a marvel at getting everybody together on a project,” says Schade, who credits Eaton for teaching him how to pursue scientific investigations. “He taught me everything I know about research.”

Eaton’s career transitioned into various leadership roles, and in the late 1990s he became UNM’s vice president for health sciences. “I was in a position to help,” he says. “That’s why I liked the job.”

Eaton envisioned bringing the institution’s level of expertise to a higher level. “I wanted to take our purebred race horse scientists and cut them loose so they could be even more effective, and leverage their expertise through collaborations,” he says.

Retaining the scientists within the UNM health sciences family was crucial to Eaton’s vision. “I can’t let them go because someone else has a modern laboratory or better access to patient population,” Eaton says.

Eaton, with the help of UNM’s health sciences community, initiated and developed a strategic plan with a 20-year vision. He wanted New Mexicans to have access to the best in health, education and discovery that science can provide.

The plan helped to establish modern and flexible research, education and patient care facilities, including a state-of-the-art hospital and the UNM Cancer Center. “It is the people here who made all this happen,” he says.

Eaton described watching his vision for the health sciences turn into a “magical experience” with growing visibility, collaborations with start-up companies, technology transfer and economic development opportunities. “It is a massive train with a huge flywheel,” he says. “As it began to roll, it became clear to me it was very difficult for it not to keep rolling.”

In his emeritus role Eaton remains actively connected to the institution at various levels. He established the Phil and Olga Eaton Garden of Healing for the UNM HSC community and the public. It’s a place where people can enjoy art and pause to reflect on the difference everyone is making in the world.

Many people across campus continue to seek Eaton’s advice and guidance. As a mentor and coach he is motivated by helping people discover opportunities.

“I want people to be as excited about who they can be, what they can do and how they can help as I am helping others,” Eaton says. ◇



Eaton around 1950.



David Schade, Monty Patterson (with implanted insulin pump) and Eaton, circa 1978.



Immune Responder

Rob Orlando Wants to Tame Obesity-Driven Inflammation

By Michael Haederle

Inflammation wears two faces.

It plays an important role in the immune system's effort to protect the body from injury and infection, but it can also go rogue, triggering a cascade of reactions that cause illness or death.

Robert Orlando, PhD, an associate professor in the Department of Biochemistry and Molecular Biology, has been investigating the role of chronic inflammation in the epidemic of serious metabolic illness afflicting developed nations.

For the past 15 years he has focused on obesity-related diseases such as Type 2 diabetes, targeting imbalances in the way the body handles lipids. "You see a close correlation between obesity and the onset of diabetes and cardiovascular disease," he says.

Excess fat tissue in the body tends to become chronically inflamed. "Obesity-driven inflammation causes insulin resistance by modifying the insulin-signaling pathway," he says. "What we need to do is dampen the abnormal immune response while maintaining normal immune function in the body."

Orlando studies natural substances that have potent anti-inflammatory effects. One is the bay leaf (*Laurus nobilis*), commonly used as a spice in the kitchen.

"It has enormously powerful anti-inflammatory function," Orlando says. It even outperforms better-known anti-inflammatory foods, such as resveratrol, a component of red wine, and curcumin, a spice used in Indian curries. He holds a patent on using curcumin derivatives to treat obesity-dependent inflammation.

Orlando's research is in the early stages, but the use of natural products seems effective, and there are few harmful side effects. The research could one day identify new molecular targets for regulating inflammation, he adds.

Orlando grew up in upstate New York, earned his PhD in biochemistry at the University of California, Irvine, and did postdoctoral work at The Scripps Research Institute and University of California, San Diego. He held a faculty position at UC San Diego before coming to UNM in 2000.

"I've met a lot of good people here," he says. "That's been one of the joys. When I came in, the basic sciences faculty was expanding. A lot of us were around 40, so it presented a very dynamic environment, with many investigators getting established in their research specialties."

While Orlando loves research, he's gaining increasing satisfaction from time spent in the classroom teaching biochemistry to medical students and undergraduate students in the Biochemistry program.

"My career is shifting more and more each year toward education," Orlando says. "Working with the educators here has been the highlight of my career at UNM. They are so knowledgeable and kind and willing to roll up their sleeves." In 2014 and 2015 Orlando received the School of Medicine's Erwin W. Lewis, MD, award, which recognizes excellence in teaching.

"Education informs research, and research informs education," he says. "The two go hand in hand, and I think that's the power of academics. You can't be completely effective – or satisfied – in one without the other." ◇

Research Review

Vojo Deretic, PhD, professor and chair of the Department of Molecular Genetics and Microbiology, is one of the principal investigators for a \$578,000 grant from the National Institute of Allergy and Infectious Diseases to develop an autophagy-based host-directed therapy for treating multidrug-resistant strains of *Mycobacterium tuberculosis*. Data from animal model experiments suggest this approach both kills bacteria and inhibits inflammation.

Co-principal investigators **Melissa Gonzales, PhD**, and **Johnnye Lewis, PhD**, have received a \$700,000 grant from the National Institute of Environmental Health Sciences for the Center for Native American Environmental Health Equity Research. Gonzales is an associate professor in the Department of Internal Medicine. Lewis is a research professor in the College of Pharmacy.

Jennifer Hetema, PhD, an associate research professor in the Department of Family and Community Medicine, is the principal investigator for a five-year \$1 million grant from the Office of Adolescent Health in the U.S. Department of Health and Human Services to evaluate teen pregnancy prevention strategies. The project will test a motivational interviewing-based brief intervention that engages and educates at-risk teens. Participants aged 14-19 will be recruited from two primary care clinics in Albuquerque.

Arthur Kaufman, MD, vice chancellor for community health at the UNM Health Sciences Center, and

Robert Rhyne, MD, vice chair for research in the Department of Family and Community Medicine, are the principal investigators for a new Agency for Healthcare Research and Quality grant to promote cardiovascular health. The EvidenceNow collaboration with the University of Colorado will support 50 primary care practices in New Mexico to help physicians and community health workers tackle the lifestyle factors contributing to heart disease and stroke. Public health campaigns and coaching techniques will disseminate to patients and communities the “ABCs” of cardiovascular disease prevention: aspirin use by high-risk individuals, blood pressure control, cholesterol management and smoking cessation. UNM will receive \$3 million of the \$15 million grant.

UNM’s Clinical & Translational Science Center has been awarded a five-year, \$23 million grant renewal by the National Institutes of Health following a competition in which it received one of the highest scores in the nation. The principal investigator is **Richard S. Larson, MD, PhD**, executive vice chancellor and vice chancellor for research at the Health Sciences Center. The Clinical and Translational Science Award recognizes success in conducting medical and health care research and developing new biotechnology in a host of areas, including infectious disease, metabolic disorders and substance abuse. The grant supports more than 300 researchers and staff who conduct 125 clinical trials, as well as extensive community-based research. (See story on Page 5.)

The UNM Brain and Behavioral Health Institute (BBHI) has secured a five-year \$11.6 million grant from the National Institute of General Medical Sciences to find new ways of helping people recover from the catastrophic effects of stroke and traumatic brain injuries. BBHI director **Bill Shuttleworth, PhD**, a Regents’ Professor in the UNM Department of Neurosciences, is the principal investigator. The funding will help establish a new Center for Brain Recovery and Repair that brings together researchers from across the UNM campus to focus on developing new treatments. The competitive grant, which is renewable for up to 15 years, will support five junior faculty members to launch new research into brain stimulation techniques and ways of regenerating brain tissue.

Nina Wallerstein, DrPH, MPH, has received a \$560,000 grant from the National Institute of Nursing Research for “Advancing Community-Based Participatory Research Practice Through a Collective Reflection and Measurement Toolkit.” Wallerstein is the director of the Center for Participatory Research and a professor in the Department of Family & Community Medicine.

Cheryl Willman, MD, director and CEO of the UNM Cancer Center and professor of pathology and internal medicine in the UNM School of Medicine, is co-principal investigator for a \$575,000 grant from the National Cancer Institute for “Molecular Signatures for Outcome Prediction and Therapeutic Targeting in ALL.”

New Mexico's Voice:

Influencing Policy Through the AMA

By Kimberly Benavidez

At first glance, the foundation of medicine lies purely in science: what is known and can be proven through scientific method. Eager first-year medical students are consumed with learning the physiology of organ systems, mechanisms of disease and complex biochemical interactions.

But there is much more to medicine, which I realized when I became involved with the American Medical Association (AMA). We students seldom think about the business and political side of medicine at this stage in our careers, but it's impossible to ignore.

Not long after starting medical school, I was often asked about topics such as the Affordable Care Act. I had anticipated that I would need to be familiar with these aspects of medicine in my career, but it was not until I first attended an AMA conference that I saw I could have an impact on policy now, as a medical student.

I have been interested in politics for some time, and as I started attending AMA meetings my interest steadily grew. This was an organization I wanted to be a part of, so I decided to pursue the presidency of UNM's AMA student section.

This role has for many years been passed down to a first-year medical student as each class advances through training. My colleagues selected me to represent them as president, joining a vast network of professionals committed to the betterment of medicine.

The AMA is the nation's oldest and largest physician organization. At its annual conference each summer in Chicago, medical policies and social and economic issues are discussed and resolutions presented to the general caucus for approval.

The medical student section, which meets prior to the physician House of Delegates, has an opportunity to write and submit resolutions that are then presented to the House for endorsement. Each medical school is allotted a single vote. The UNM School of Medicine casts that vote on behalf of New Mexico.

The annual meeting was intimidating at first, but with the help of other medical students I began to understand the nature of this political arena. The conference was an excellent place to meet students from all over the country and network with physicians from every discipline conceivable.

Physicians, students and staff were welcoming and impressed by the attendance of five students from New Mexico. Seeing students support one another's resolutions and work together toward common goals was inspiring and gave me a sense of the profound impact we can have on a national level. Policy and politics may not be for everyone, but it's reassuring to know that the AMA gives students the option to be involved if they choose.

Regardless of whether you spend your days in the operating room, teaching future colleagues or pursuing politics or business, the AMA provides us with a voice and an opportunity to influence policy. ◇



Sara Mota

Kimberly Benavidez is a second-year medical student.

Studying to Make a Difference

By Cindy Foster



Prepping for an exam. (From left Natalie Mills, Kris Caplan, Marlen Piersall, Remy Wong and Emily Bryl.)

The chance to make a difference while working as a respected team member: Remy Wong will say those two ideas are what drew her to the UNM Health Sciences Center's Physician Assistant program.

"One of the best things about the PA program is the interdisciplinary approach," says Wong, a second-year student. "We integrate our studies with those of the medical students from the beginning."

At UNM, students from both disciplines attend classes together throughout the day. PA students spend at least six hours in small group tutorials as well as morning lectures and labs provided by School of Medicine faculty. Afternoons are devoted to PA classes, workshops and developing clinical skills.

Wong traces her commitment to working in health care back to the day in high school that she spent shadowing a nurse. From that point, her career choice seemed like a straight line: a nursing degree in California, then working in an intensive care unit.

After a few years, though, she found herself wanting more autonomy. By then, her significant other had been accepted for a position at the UNM School of Medicine. When the two arrived in Albuquerque, going back to school seemed like a logical next step.

"Nursing provided me with a good background for this," she said. "I enjoyed being a nurse, but I found I just wanted to do more, especially in my area of interest."

A critical mission of the Physician Assistant program is to train practitioners with the goal of creating more access for underserved populations across the state, whether they are in rural or urban primary care settings.

Wong plans to provide care to women when she graduates in 2016. "I'm passionate about women's health," she says. "I know it is an area where I can make a difference. I want to educate women about their health and provide primary care to avoid preventable cancers and diseases."

Physician assistants are highly trained and capable of providing a broad range of diagnostic and therapeutic services. Studies have shown they can handle up to 85 percent of the procedures usually performed by a physician.

The curriculum is demanding, and most of the second year of the program is devoted to clinical activities. A synergy arises when a PA and a physician team up in a health care setting that benefits both parties, Wong believes.

"It can only help us if, from the beginning, we understand how we can work together," she says. "There is a mutual respect we are developing now in school that will last throughout our careers." ◇



UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

President's Letter

UNM SCHOOL OF MEDICINE ALUMNI ASSOCIATION

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Dear School of Medicine Alumni and Friends,

The UNM School of Medicine's 50th Anniversary celebration may be over, but many of the initiatives that were started in the past year will continue into the future.

We are still bringing medical students, residents and BA/MD students to communities across New Mexico with our regional outreach.

We are also working with the Colleges of Nursing and Pharmacy to host an annual open house on the UNM Health Sciences Center campus.

The Alumni Association is grateful for the generosity of alumni and friends across the country.

The Alumni Association and La Tierra Sagrada Society have elected to become partners to streamline scholarships at the School of Medicine. All Alumni Association scholarships will be given through the La Tierra Sagrada Society, the scholarship arm of the School of Medicine.

These scholarships play a vital role in alleviating financial hardship for our students, many of whom accumulate substantial debt in the course of financing their medical education.

Starting next spring, we also plan to co-sponsor social events throughout the Albuquerque area that will be combined with educational forums and continuing medical education.

The Alumni Association has been meeting with the New Mexico Medical Society and the Greater Albuquerque Medical Association to forge new collaborations between physicians and medical students.

I have truly enjoyed serving as the Alumni Association president these past two years. I believe we have made strides in connecting with our alumni and students. The new leadership will continue to move the association forward by connecting with its members in new ways, such as social media.

While my term as president is ending, I believe it is an exciting time to be involved with the UNM School of Medicine and the Alumni Association.

Come and join us!

Sandra Whisler, MD '89
Alumni Association President

ALUMNI REUNION

October 2-4, 2015



2015 Alumni Association scholarship recipients with School of Medicine Dean Paul B. Roth.



Incoming Alumni Association President Robert Melendez (right) and his family enjoying the UNM Health Sciences Center hospitality tent at the Albuquerque International Balloon Fiesta.



The 2015 reunion concluded with a brunch hosted at the home of Scott Obenshain, MD. The event also coincided with his birthday.



Terry Lewis, MD '74, and his wife Cheryl at Friday evening's social event at the Anderson-Abruzzo International Balloon Museum.



John Mateczun, MD '78, received the 2015 Distinguished Alumnus Award. (With School of Medicine Alumni Association president Sandra Whisler and Dean Paul B. Roth).



Valerie Romero-Leggott, MD '92, received this year's Leonard M. Napolitano, PhD, Award.

ALUMNI AWARDS

2015 Student Scholarships

2015 Distinguished Alumni

The Alumni Association presented the 2015 Alumni Awards at the reunion in October.

Distinguished Alumnus Award



John Mateczun, MD
Class of 1978

Vice Admiral John Mateczun (Ret.) tallied many accomplishments as a Navy physician. Notably, he oversaw the merger of the National Naval Medical Center and the Walter Reed Army Medical Center into the new Walter Reed National Military Medical Center – now the nation's largest military medical center and rehabilitation facility.

The Distinguished Alumni Award recognizes alumni who have made significant contributions to society, and whose accomplishments, affiliations and careers have honored the legacy of excellence of the UNM School of Medicine.

Leonard M. Napolitano, PhD, Award



Valerie Romero-Leggott MD
Class of 1992

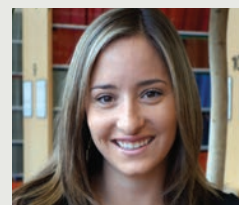
Valerie Romero-Leggott is vice chancellor for diversity at the Health Sciences Center, associate dean for diversity in the School of Medicine, executive director of the Combined BA/MD Program and a professor of family and community medicine. As a physician she cares for those burdened by socio-economic, racial and ethnic disparities.

The Napolitano Award is named for the School of Medicine's innovative third dean (1972-1994). The award recognizes alumni for their innovation and commitment to UNM medical education while building strong partnerships.

Student scholarships are among the Alumni Association's highest priorities. Medical students received 10 awards totaling \$100,000 in 2015.



Miranda Aragon, '16



Samantha Bapty, '16



Noopur Goyal, '16



Teresa Leslie, '16



Megan Maguire-Marshall, '16



Rebekah Maston, '16



Kaitlin Petranovich, '16



Dan Quan, '16



Marisa Rivera, '16



Elizabeth Rodriguez, '16

Fall 2015 Klepper Donors

A substantial matching fund created by Diane Klepper, MD, the School of Medicine's longtime dean of students, to provide scholarships has been matched this year by six donors, demonstrating that generosity begets generosity.

The Diane J. Klepper Scholarship Matching Fund provides a dollar-for-dollar match for endowed gifts of \$25,000 or greater that support student scholarships and educational activities.

Klepper, a professor emerita who retired in 1999, came to UNM as a pulmonary fellow in 1967 and served as the medical school's assistant (later associate) dean for admissions and student affairs for 31 years.

Leslie Morrison, MD, vice chancellor for academic affairs at the Health Sciences Center and professor in the Department of Neurology, pledged \$5,000 annually for five years to help fund scholarships, which are distributed by La Tierra Sagrada Society.

"Diane Klepper was the dean of students when I was a pre-med and guided me through meeting the prerequisites for medical school," Morrison says. "I have so much respect for her. It was meaningful to contribute to her matching fund."

Morrison, who worked for several years as a physical thera-

pist after college, was lucky not to have any leftover undergraduate debt before starting medical school at age 27. She worries that students graduating medical school now will have to pay off hundreds of thousands of dollars of accumulated debt.

"Students who start out with debt will never be at the same financial level as students with zero debt," Morrison says. "We have many students with significant financial need. I would love to see them start out on a level playing field with everyone else."

Morrison, a longtime La Tierra Sagrada board member, says that board members want to help as many students as possible. "Every year we struggle with not having enough funds to give to students who are very needy," Morrison says.

"My husband was extremely supportive," Morrison says. "I feel very happy to see that more students will hopefully start out with less debt."

Other recent donors include Diane Harrison Ogawa, a La Tierra Sagrada Society board member and executive director of the PNM Resources Foundation, Deborah Atkins, MD '01, Francine Gaillour, MD '81, George Bunch, MD '68 and Martha McGrew, MD, the School of Medicine's executive vice dean. ◇

LETTERS TO THE EDITOR

To the Editor:

May 29, 2015

It was with great sadness that I read in the Spring 2015 issue of UNM Medicine of the passing of the great Dr. Jack Saiki.

My first knowledge of Jack was in the 1980s, when my grandmother's husband had terminal cancer. They were always talking about this great doctor, Saiki.

As a Primary Care Curriculum medical student at UNM in 1989, I spent every Thursday afternoon with him at the Cancer Center. His extraordinary interactions with patients and families impressed me so much. In my subsequent career as a surgeon and intensivist, I carried those lessons into my practice, and always dealt with the critically ill and dying as he taught.

Our graduating class of 1992 was honored to have this great man perform our hooding ceremony.

He taught me how to listen to the heart, encouraging me to buy a great stethoscope. He said, "Your stethoscope is like the cab to a taxi driver." I still have it. He taught me how to palpate the spleen and do a great physical exam.

I remember that on his wall in his office in the basement of the Cancer Center, he had a painting of a window opening onto a beautiful garden. What a metaphor for the man. I wonder what happened to that painting?

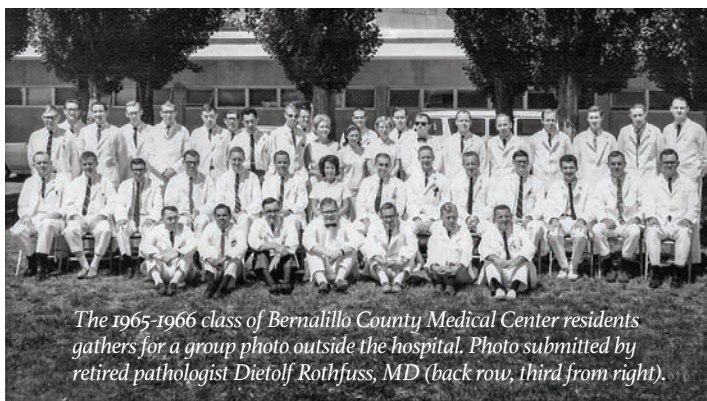
In later years, when I was practicing surgery in Albuquerque,

I ran into him at Kaseman, attending to the hospice patients. I did try to convey how much he meant to me and so many others.

I retired three years ago, when serious illness prevented me from continuing my surgical practice. The grace and humility that Dr. Saiki demonstrated has helped me through my own tough times.

No greater legacy for any doctor than doctor, teacher, friend. I hope in some small way I have lived up to this.

M. Dorothy Fogerty, MD '92, MPH, FACS
Murfreesboro, Tenn.



LA TIERRA SAGRADA SOCIETY

The School of Medicine's membership giving society provides annual scholarships for UNM medical students and community-based research grants for faculty and students

La Tierra Sagrada Society has awarded \$100,000 in medical student scholarships for the second consecutive year. Twenty students each received between \$2,500 and \$7,500.

The scholarships were presented at the society's annual awards dinner on Sept. 29 at the Crowne Plaza Hotel in Albuquerque.

The scholarship awards represented a major step forward in the society's drive to lighten the financial burden facing students in the School of Medicine. Over the past year, the Society was also able to add \$60,000 to its endowment, bringing it to \$288,000.

"Our ultimate goal is to have an endowment that is large enough to meet the tuition needs of eligible students through their medical school education," says society president Chuck North, MD. "I believe that students who graduate with no tuition debt are freer to choose specialties that fit their interests and serve the needs of our state."

While that goal is still a distant one, it is gaining traction as the result of a newly formed partnership between La Tierra Sagrada and the School of Medicine's Alumni Association.

The two organizations, both of which operate within the school's Office of Advancement and Alumni Relations, have combined resources and this year awarded all scholarships through La Tierra Sagrada for the first time.

Both organizations are working together to identify and develop relationships with greater numbers and more diverse segments of the community who see the value of investing in New Mexico's future health care providers.

A recent affiliation with the Greater Albuquerque Medical Association

has generated the GAMA scholarship and created a vehicle to connect students with local physicians.

The Klepper Matching Funds Gift has been an attractive opportunity for donors to double their gifts and create or build scholarship endowments.

La Tierra Sagrada – the name is Spanish for "The Sacred Earth" – was started in 1996 by the School of Medicine's dean, Paul B. Roth, MD, MS. Since 2003, the society has given more than \$392,000 in scholarships and \$438,000 in community grants.

The scholarships mean a great deal to the students who receive them. When notified of his award, Mike Winer, Class of 2018 said, "I'm trembling! This made my day, my week, my month and my summer! Thank you so much!" ◇

For more information about La Tierra Sagrada, please contact Lori Peterkin, lpeterkin@salud.unm.edu or (505) 272-8085 or visit <http://som.unm.edu/giving/tierra-sagrada>.



Back row: Ingrid Lindquist, Zane Maroney, Megan Maguire-Marshall, Kyle Leggott, Noopur Goyal, Nicholas Levin, Mike Winer, Julie Culkin, Kaitlin Petranovich. Front row: Rebekah Maston, Elizabeth Rodriguez, Teresa Leslie, Samantha Bapty, Dan Quan, Jasmine Nanez, Miranda Aragon, Beth Mittelstet, Ashley Huff.

CLASS ACTS

1970s

Jerome Robert Mueller, MD '70, is an orthopedic surgeon in Hemet, Calif. He was recently appointed clinical assistant professor of surgery at the Western University of Health Sciences, a private college of osteopathic medicine in Pomona, Calif.

John Allen, MD '77, is the clinical chief of digestive diseases at Yale Medical Group and professor at the Yale School of Medicine. He is the past president of the American Gastroenterological Association.

Retired U.S. Navy Vice Admiral **John Mateczun, MD '78**, received the Distinguished Alumnus Award at the UNM School of Medicine Alumni Association Awards Dinner in October 2015.

1980s



Robert Sapién

Robert Sapién, MD '86, has been named a Distinguished Professor for 2014-2015 by the UNM Office of Academic Affairs. Among his many achievements, Sapién launched New Mexico's first

and only pediatric emergency department. Now, he is using telemedicine technology to develop a "virtual ER" for the state.

Paul Fonken, MD '87, is the chief of staff of the Estes Park Medical Center in Estes Park, Colo.

1990s

Anna Lake, MD '90, recently accepted a position at the Isleta PMG Clinic. She previously practiced at First Choice Community Healthcare.

Valerie Romero-Leggott, MD '92, Vice Chancellor for Diversity at the UNM Health Sciences Center, received the Leonard Napolitano, PhD, Award at the UNM School of Medicine Alumni Association awards dinner in October 2015.



Ann Foster

She previously served as the chief medical officer for the State of New Mexico Medicaid office.

Gregory Sheff, MD '99, was named chief medical officer and senior clinical leader for AccentCare in Austin, Texas.

HOUSE STAFF



Cheryl Willman

She is an internationally recognized leukemia researcher and a founder of the first NCI TARGET Project to discover new therapeutic targets in high-risk acute lymphoblastic leukemia in children and adults.

FACULTY

Arthur Bankhurst, MD, Chief of the Division of Rheumatology in the Department of Internal Medicine in the School of Medicine, has been named a Distinguished Professor for 2014-2015 by the

Ann Foster, MD '93, accepted a position as senior medical director at Southwest CARE Center in Santa Fe in March 2015 and was named chief medical officer at the end of August.



Arthur Bankhurst

been president of the organization continuously since inception. He is currently the director of the innovative Project ECHO Program in Rheumatology.



Daniel Savage

UNM Office of Academic Affairs. He is an internationally known scholar in Fetal Alcohol Spectrum Disorders (FASD). His studies have provided compelling evidence of the impact on a developing brain by moderate ethanol consumption, as well as identifying potential therapeutic interventions that could ameliorate the learning disabilities associated with FASD.

UNM Office of Academic Affairs. He has trained many of New Mexico's rheumatologists over the past 40 years. He initiated the New Mexico Rheumatic Disease Society and has

Daniel Savage, PhD, a Regents' Professor and chair of the Department of Neurosciences in the School of Medicine, has been named a Distinguished Professor for 2014-2015 by the



Alumni Association

Please share your updates and professional accomplishments. Contact Amanda Bassett at the UNM School of Medicine Alumni Association to submit information for inclusion in an upcoming issue of **UNM medicine**.

Telephone: 505.272.5700

Email: abassett@salud.unm.edu

How a Tragedy Led to a Life of Healing

By Arti Prasad, MD

Gazing out at the still waters of Tampa Bay through the massive windows in the American Board of Physician Specialties conference room I thought, “Finally, integrative medicine is gaining respect – and it’s not causing the turbulence it once did.”

I stepped out onto the balcony, where I found myself going back in time. Tampa Bay reminded me of the large, beautiful lake in Bhopal, India, where I grew up and went to medical school. I would pass lakes and parks on my motorized two-wheeler as I drove to and from classes.

One morning in early December 1984, my professor, Dr. H.H. Trivedi, stopped on the same road and picked up as many people as he could load in his small, artichoke-colored Fiat. They had been stricken by an unknown acute illness in the early morning hours.

This was Day One of the worst industrial disaster in history: the Union Carbide gas tragedy. A deadly cloud of methyl isocyanate had leaked from a large pesticide plant, exposing thousands of people as they slept.

I rode to school for my 7 a.m. general surgery lecture in a state of shock, confronted by utter chaos and masses of dead and dying people lining the road. I had never witnessed anything like this. What did we have to offer these people, when we had no idea what we were dealing with?

Dr. Trivedi got out of his car at the entrance of the casualty – what we call here the E.R. – where a room was already more than half-filled with dead bodies stacked one on top of the other. Another two dozen or so were lined up and covered with white sheets outside on the street.

He called the students together. “This is why you are admitted to this medical college,” he said. “You give what you can to these people. You may not cure them but you will do your best to heal them and their families. You will start your work now and I am with you. We are not going home until we save some lives!”

Dr. Trivedi has been my hero, my mentor, my friend and my inspiration. My beloved late mother always told me that the best I could do is to serve those in need. She used to say, “God will give you more if you give more.”

My work in integrative health is inspired by these two special individuals and by my patients, who are always teaching me new things, giving me new ideas and the courage to fight for their health and health care needs.

Integrative health care requires a team approach, the wisdom of many ancient and modern medical traditions and pulling together every resource – body, mind and spirit – to alleviate suffering and heal patients and caregivers.

The Union Carbide tragedy taught me that practicing medicine this way heals me and my profession, and as my mother said, it gives me joy to see people change their lives every day. Even when we don’t have any external resources to offer, we can still practice the art of medicine and offer our patients what we are trained to do as healers. We must offer them not just our intellect, but also our compassion and a healing touch.

That day in Tampa, after I was called back into the conference room where I was participating as a founding member of the new American Board of Integrative Medicine, the president announced that ours was fast becoming one of the largest physician specialties.

“It’s about time,” I thought to myself. “But there is more work to be done to infuse integrative medicine throughout the health care system.”

Arti Prasad, MD, FACP, is chief of the Division of General Internal Medicine, chief of the Section of Integrative Medicine and founding executive director of the Center for Life.



Have you thought about giving the gift of scholarship this holiday season?

UNM School of Medicine students aspire to change the world and make a difference in patient care, but many accumulate a mountain of debt that prevents them from considering practice in rural or underserved communities.

- The average debt for a student graduating in 2015 was \$137,429.
- Every \$1 in scholarship assistance can offset up to \$3 in student loan payments.

Alleviating student loan debt encourages our graduates to stay and practice medicine in New Mexico.

Invest in the health and well-being of New Mexicans by giving to the UNM School of Medicine's La Tierra Sagrada Society, which uses 100 percent of its contributions to fund medical student scholarships.

For more information on donating to scholarships or endowing a named scholarship, please contact Amanda Bassett at 505-272-5700.





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Sara Mota

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We simply can't do it without you.