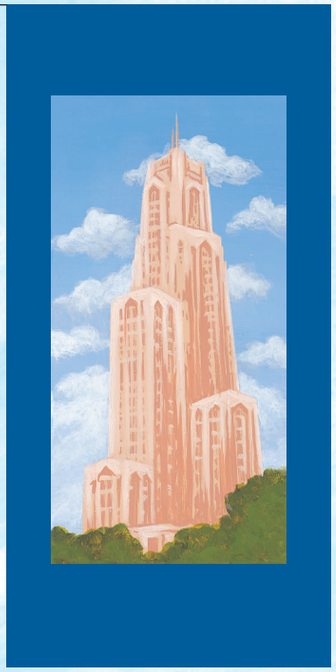


CLASS NOTES

'60s

Today, steroid hormones like estrogen and progesterone are targets for treating everything from inflammation to breast cancer. It's difficult to imagine that, as recently as the late '60s, we didn't know what hormones were up to at the molecular level. In 1972, **Bert O'Malley** (BS '53, MD '63) became the first to show that steroid hormones initiate gene transcriptions, regulated by steroid receptor coactivators—molecules that he was also the first to discover. Seeing his contributions to basic science pan out in life-saving clinical developments over the years—like the breast-cancer drug tamoxifen, for example—has been "extremely exciting," says O'Malley. "It's like watching a movie in which you're one of the major actors." In September, O'Malley, the Tom Thompson Distinguished Service Professor and chair of molecular and cellular biology in Baylor College of Medicine in Houston, Texas, will be presented at a ceremony in Berlin with the 2011 Ernst Schering Prize for international excellence in medicine and basic biological and chemical research.

As an advisor to the FDA for 13 years, **Irvin Hirshfield** (Biochemistry PhD '66) developed a taste for food microbiology, so to speak. In his current role—associate professor of molecular microbiology and microbial physiology and genetics at St. Johns University in Queens, N.Y.—Hirshfield studies how bacteria handle environmental stresses like acid and high heat. He has isolated a mutant form of a nonpathogenic cousin of *E. coli* that's extremely tough to kill—1,000 times tougher than the nonmutant, in fact. "We've found some potential reasons why, but more work has to be done," he says. In his preliminary studies, Hirshfield is finding that these mutants behave the same under normal conditions as *E. coli* do in the low-gravity setting of a shuttle mission. And, like *E. coli*, the mutant is "superior" at forming biofilms—sticky aggregates that make all sorts of particularly stubborn infections (e.g., *Staphylococcus*). The possibilities are enough to make a biochemist salivate.



Ciarochi

Throughout the '80s and '90s, **Fred Ciarochi** (MD '69, Endocrinology Fellow '76) served as program director and chief of staff in endocrinology at Dallas' Methodist Hospital, as well as medical director of its Diabetes Management Center. In 2001, Ciarochi launched Project Access Dallas, a nonprofit organization that provides health care services to the working poor and others who cannot afford health insurance. Last year, Ciarochi received the Max Cole Leadership Award from the Dallas County Medical Society, as well as the American Diabetes Association's J. Denis McGarry Award, both in recognition of his volunteer community work.

'70s

For an orthopaedist, **Edwards "Ned" Schwentker** (General Surgery Resident '70) has seen an awful lot of infectious disease cases, namely of what he calls "the working-in-the-developing-world bug." He came down with this bug himself the first time he visited Honduras with a group of fellow health care volunteers in 1995. Schwentker made 26 of these two-week trips to provide treatment for club foot and other childhood deformities, almost all of them with his wife, Bunny Schwentker, who turned out to be a natural volunteer recruiter.

In 2009, the Schwentkers realized a shared dream by founding Hospital de Ortopedia Pediátrica y Especialidades CURE in San Pedro Sula, Honduras, arguably one of the best-equipped orthopaedic facilities in Central America. The hospital has since performed more than 1,100 surgeries. (Just about every one of the residents who has trained there has shown symptoms of The Bug, Ned Schwentker reports.) The experience has been so personally rewarding that he shies away from praise. "In some ways, it's the most selfish thing I've ever done," he says.

Orthopaedics has always interested **Carl Stanitski** (Orthopaedic Surgery Resident '74, Pediatric Orthopaedic Fellow '79), whether he was dealing with his own sports injuries as a teenager or those of the track and basketball athletes he coached in his former life as a high school teacher. In his second career, he's been an associate professor of orthopaedics at Pitt (1980–1991), a team physician for the Pittsburgh Penguins, staff associate at the National Institutes of Health, professor of orthopaedic surgery at the Medical University of South Carolina, Charleston, and chief of orthopaedics at Children's Hospital of Michigan. He has also volunteered for global-health outreach efforts in more than 30 countries. In September 2010, Stanitski and his wife, Debbie Stanitski, were named honorary members of the Polish Pediatric Orthopaedic Society and the Polish Society of Orthopaedics and Traumatology, in recognition of their 15 years of service at American Children's Hospital in Krakow, Poland.

As president of the American College of Emergency Physicians (ACEP), the primary group that represents emergency physicians nationwide, **Sandra Schneider** (MD '75, Internal Medicine Resident '78) is tackling the potentially dangerous practice of "boarding," when inpatients wait in the ER for long periods of time until a bed becomes available in the hospital. "Imagine that people come into your restaurant, and then they never leave," Schneider explains. "They sit there through lunch, and they sit there through dinner. You're trying to serve people, and there's a line going out the door, but nobody's getting fed." Schneider lectures at colleges and hospitals nationwide on the dangers of boarding.

Schneider, a professor of emergency medicine at the University of Rochester, has received numerous awards and honors for her work within emergency medicine, including the Hero of Emergency Medicine Award from ACEP in 2008.

'90s

A third of all women have some form of pelvic-floor disorder, from chronic pelvic pain to incontinence to pelvic prolapse. Women are often told by their doctors that these conditions are just part of getting older—and many of those who are treated have serious complications, says **Pamela Moalli** (Obstetrics & Gynecology Resident '98, Urogynecology & Pelvic Reconstruction Surgery Fellow '99), associate professor of obstetrics, gynecology and reproductive sciences at Pitt and assistant investigator in the Magee-Womens Research Institute. Many of the implants used in these surgeries are too stiff and can cause pain, infection, and injury, she says. "Google *vaginal mesh*, and you will get lawyers' Web sites." With funding from the NIH, Moalli is investigating the biological basis of pelvic-floor failure; potential biomarkers that might predict the likelihood of pelvic-floor descent; and appropriate quality-control guidelines for vaginal mesh, among many other related projects. The insight she's gaining from her laboratory and clinical studies is paying off for her patients. "Once you effectively

treat a person, you can greatly improve her quality of life," she says.

'00s

Last year, **Shawn Fultz** (MD' 97, Internal Medicine Resident '01, Internal Medicine Fellow '03) was appointed director of the Public Health Evaluation Division of the Food and Drug Administration Center for Tobacco Products, which was created as part of the 2009 Family Smoking Prevention and Tobacco Control Act. Fultz's primary goal: to measure the public health impact of the center's initiatives.

Previously, while based at the Veterans Affairs headquarters in D.C., Fultz conducted HIV and liver-injury research as part of the Veterans Aging Cohort Study and advised on a variety of public health topics for the U.S. Department of Veterans Affairs. He also served a three-year term on the national board of directors of the Gay and Lesbian Medical Association. His next move will be a law degree—he's enrolling in the Washington College of Law at American University in Washington, D.C., in the fall. "I realized that the parts of my other jobs that I liked were the parts that involved interpreting regulations or statutes and figuring out how we can do the public health work in those boundaries," he says.

Kelly McCoy (Endocrine Surgery Fellow '07) is a self-described type A surgeon, and she has the resume to back it up. She entered the U.S. Navy after medical school, spending time in Italy before becoming a Pitt fellow. Following three more years of naval service, part of which was spent in Iraq, McCoy returned to Pitt, where she is an assistant professor of surgery.

In conjunction with Pitt professor of surgery Sally Carty, McCoy recently wrote an invited critique to an article titled "Suicidal Ideation Among American Surgeons" for the *Archives of Surgery*. The team's study found that surgeons had suicidal thoughts at a rate one-and-one-half to three times higher than the average American. Even more alarming, only 26 percent sought counseling.

"It's not necessarily surprising, unfortunately," she says. "We tend to be very critical of ourselves. Any sign of weakness is really hard on us." She adds that, given the new work-hour restrictions, the numbers should look better in the years ahead. "We're realizing that a better work-life balance makes for a better doctor."

—Tiffani Emig, Megan Kopke, and Elaine Vitone



CAMI MESA

McCoy

CHRISTINA ALLEN

POWER OF PROPRIOCEPTION



Allen (right) at a Cal Women's Soccer game in Berkeley, Calif., in 2007.

Throughout her training at Pitt, Christina Allen (Orthopaedic Surgery Resident '01, Sports Medicine Fellow '02) loved jogging in Schenley Park in the winter months. "I like running in the snow," she says. "It's good for your balance, your proprioception—the sort of wiring that allows you to know where your body is in space. If you have a bad injury, you have to work on restoring that brain-body connection."

Allen ought to know. As is the case with many orthopaedists, her fascination with the musculoskeletal system began with an injury in her youth. Now, the avid soccer player and associate clinical professor of orthopaedic surgery at the University of California, San Francisco, is helping fellow athletes stay on their toes, and off the bench.

Some anterior cruciate ligament (ACL) grafts fail—and, unfortunately, so do some of the revision surgeries intended to correct them. Allen is co-investigator in the Multicenter ACL Study (MARS), a large trial aimed at discovering why that is. She's also working to develop better treatments for patients with degenerative joint conditions.

Of course, as any athlete will tell you, the ideal scenario is to avoid getting hurt in the first place. She is excited that UCSF recently opened its Human Performance Center to this end. Allen and her center colleagues use video imaging of athletes jumping or cutting to identify those whose balance and alignment might predispose them to injury. They then prescribe appropriate rehab (er, prehab) to strengthen key muscles and hone their powers of proprioception.

Allen doesn't have much time to play soccer herself lately, but she's still kicking around the globe. A team physician for U.S. Women's Soccer, as well as for the men and women of U.S.A. Taekwondo, she has traveled to several countries in Europe, Asia, and the Americas. She has seen the Taekwondo team members take some pretty bad blows, but she's even more impressed by the toughness of the women's soccer players. "If one of them doesn't get up, you know she's really hurt," she says. "Men will take a dive and try to draw a card on another player. But in the culture of international soccer, women are more like American football players. It's: *I'm not gonna let you know you hurt me.*"

If Allen has anything to do with it, there won't be a need. *—EV*

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MARY LYNCH BAILEY

AUG. 21, 1919–JAN. 21, 2011



Mary Bailey with her husband, William Bailey

Mary Lynch Bailey (MD '44, Res '48, Fel '51) attended the School of Medicine when woman enrollees were few and far between. "She commented that she was always treated well," says her son James Bailey, professor of medicine and director of nephrology at Emory University. "She refused to recognize that there was any kind of bias."

Bailey died of congestive heart failure this January. She was 91.

In 1949, while at Mercy Hospital, she coauthored a paper proving the efficacy of oral penicillin in treating pneumonia (injections were the standard at the time). She joined Jonas Salk's lab when he arrived at Pitt two years later. Together, they coauthored a paper on boosting the effectiveness of a flu vaccine.

The lab then began developing a vaccine for polio, and Bailey and Salk made weekly trips to the D.T. Watson Home for Crippled Children to test its safety on infected children. When it was time to expand the circle, Bailey solicited recruits at local schools.

Bailey stopped working to raise her family, but she maintained her continuing medical education credits. And when her children were older, she worked every Tuesday in Mercy's pathology department, attending autopsies and grand rounds and helping residents with their reports.

Bailey is survived by her husband, William Bailey, Mercy's former chief of cardiology, as well as eight children and 14 grandchildren.

—Elaine Vitone

RICHARD H. MICHAELS

FEB. 17, 1928–FEB. 22, 2011

Richard Michaels was the quintessential professor and a role model for what an emeritus could be, says his mentee, Michael Green (Res '86, Fel '89), professor of pediatrics and surgery and an expert in pediatric infectious diseases. In retirement, Michaels continued to attend conferences and work with students, residents, fellows, and junior faculty. "You could always go to him. He didn't tell you what to do. But he helped you think about what you should do." Michaels died this February at age 83.



Michaels

In 1961, Michaels joined the University of Pittsburgh's Department of Pediatrics and Children's Hospital of Pittsburgh of UPMC, where he went on to head the Division of Infectious Diseases, serve as associate medical director, and chair the infection control committee.

Michaels investigated antiviral activity in human milk and the immuno-paresis of congenital rubella. He also made significant contributions to our understanding of the mechanisms and epidemiology of *Haemophilus* influenza infection.

In the '60s and '70s, Michaels helped design and implement Pittsburgh's vaccine campaigns. He also headed Children's Hospital's human rights committee—a precursor to the Institutional Review Board—in the early days of organ transplantation. "He was very involved in assuring patient rights and safety in this brand-new field of medicine," says Green.

Michaels led Pittsburgh's chapter of Physicians for Social Responsibility, which aimed to prevent the spread of nuclear weapons, and codirected the Pittsburgh–West Africa medical scientist summer exchange program, which linked Pitt to Benin Teaching Hospital in Benin City, Nigeria. He also made several trips to Cuba as part of Global Links.

His humility was inspiring, says Marian G. Michaels (no relation) (Fel '92), professor of pediatrics and surgery at Pitt:

"Here was this gentleman who'd held many positions of power within the hospital, and yet, in his later years, he came back as a volunteer to greet people at the pediatric ICU." *—EV*

HARRY E. POPLE JR.

MAY 18, 1934–MARCH 26, 2011



Pople

Widely considered a pioneer in artificial intelligence/expert systems, Harry E. Pople Jr. was a partner in one of the first collaborations between computer science and medicine. Pople, a former assistant professor of neurology and professor in the Katz Graduate School of Business at the University of Pittsburgh, died in March at age 76.

Jack Myers, chair of the Department of Medicine from 1955 to 1970, approached Pople to help him model clinician-thought processes and decision-making. They collaborated to create and direct the Decision Systems Lab and develop INTERNIST-1/CADUCEUS, a computerized medical diagnostic system considered state of the art for its time.

Pople enjoyed his intellectual pursuits but rarely engaged in self-promotion, believing his work should stand on its own, says Sean McLinden (MD '85), a researcher in Pople's lab from 1979 to 1990 who is now a forensics computer specialist—and stand on its own it did. In 1979, Pople served as special advisor to the chancellor for the University Computer Center and chaired the management systems task force. In the 1980s, he created a private company, Seer Systems, that conducted research projects for NASA, the National Security Agency, and the Nuclear Regulatory Commission.

McLinden also remembers Pople for creating what he describes as the "perfect" lab. "Harry created a unique environment where I learned intellectual discipline, critical thinking, and the need to question my assumptions and explore my own ideas," says McLinden. "A lot of people were dabbling in 'artificial intelligence,' but he was the master craftsman."

—Maureen Passmore

IN MEMORIAM

'30s

RUPERT FRIDAY
MD '36
MARCH 16, 2011

'40s

HELEN DENNY CAUSEY
MD '43
FEB. 1, 2011

ROBERT CARROLL
MD '47
MARCH 15, 2011

WILLIAM E. LEBEAU
MD '48
FEB. 11, 2011

'50s

JOHN HOWARD WILKINSON
MD '50
FEB. 2, 2011

GABRIEL A. DEMEDIO
MD '51
APRIL 7, 2011

JAMES WELCH GILLOGLY CARMAN
MD '56
DEC. 16, 2010

'60s

RICHARD FRANCIS LAIN
MD '68
FEB. 23, 2011

FACULTY

GERALD LISOWITZ
MD '55
MARCH 3, 2011

HOWARD HEIT SPEAKS TO AN EPIDEMIC OF UNDERTREATMENT

BY SHARON TREGASKIS



STEPH HOOTON/ PICTOGRAM STUDIO

After a head-on car crash, Heit became an expert in pain medicine, personally and professionally.

One evening in March 1986, Howard Heit (MD '71), a board-certified hepatologist and gastroenterologist and then-chief of endoscopy at Fairfax Hospital, in Falls Church, Va., was en route to a meeting at the National Institutes of Health when a head-on collision changed everything. The resulting axial spastic torticollis left him in constant pain—like "a muscle cramp, multiplied by 100," he says. An offensive tackle and place holder for Pitt's football team as an undergraduate, Heit would spend the next two decades wearing a back brace and using a wheelchair, afflicted by chronic, uncontrollable muscle tremors and spasms. "In my wanderings for diagnosis and treatment, it became apparent that my fellow physicians had no knowledge of pain medicine," he says. "They brushed it off like it was in my head. My life was devastated, my career as an endoscopist was gone. I thought, *If this is happening to me, as a male, a former football player, and a physician, the average person doesn't have a chance.*"

In his search for relief, Heit started studying pain management and addiction medicine. "To do good pain management, you have to know addiction medicine," he says. "And to do addiction medicine, you have to be at least a talented amateur in pain medicine." He went on to earn diplomat status from the American Board of Addiction Medicine and become a fellow of the American Society of Addiction Medicine (ASAM).

Heit quickly rose to prominence in the group, serving as founding chair from 2000 to 2005 of the conference Pain and Addiction: Common Threads.

In 2005, Heit published with Douglas Gourlay *Universal Precautions in Pain Medicine: A Rational Approach to the Treatment of Chronic Pain*, a protocol for the assessment and treatment of chronic pain in a way that is consistent and respectful of each patient. The manuscript is one of the most cited papers in the pain and addiction literature.

"Howard has introduced the idea of an agreement between the patient and the physician," says Joyce Lowinson, professor emerita of psychiatry and behavioral sciences at Albert Einstein College of Medicine. "And the consistency of doing this with all patients makes it clear that it's not done because of suspicion that the patient might be deviating. He manages to do it in a way that patients don't feel defensive."

In the late '80s, as HIV emerged, infectious disease specialists began urging health care professionals to don gloves and take other precautions for all exams, simultaneously protecting themselves and their patients. Heit and Gourlay's protocol likewise establishes universal precautions to be used with pain patients, without stigmatizing anyone.

Heit says, "You're using a medicine that can be part of the problem, part of the solution, or both, depending on the relationship between the patient and doctor. You must set boundaries and mutual responsibilities before you write the first prescription."

In 2007, deep brain stimulation rendered Heit's own wheelchairs and back braces obsolete and eliminated 95 percent of his pain. Today he practices yoga and visits the gym daily.

When his wife, Judith A. Heit (A&S '69), died in April 2010, Heit lost both the woman he'd wed as a second-year medical student and the person who had managed his nearly 300-patient private practice in suburban Washington, D.C. Without her, he decided to stop seeing patients and expand his efforts to educate other physicians and patients about how to practice pain management in compliance with Drug Enforcement Administration regulations.

Before he could shutter his own office, however, Heit had to find colleagues willing to accept his referrals—a process that took four months. "If I had been continuing as a gastroenterologist, it would have taken me less than a week," he says. "Gastroenterologists grow on trees." The experience only reinforced his passion for physician education.

This winter, he signed a contract with Walter Reed Army Medical Center to develop training in pain and addiction for military doctors treating soldiers returning from Iraq and Afghanistan with chronic pain and other comorbid conditions.

"Pain is the most common presentation to a doctor's office, yet more than 50 million Americans are undertreated for pain, and 30 to 40 percent of those with terminal illness die with needless pain," he says. "We have an epidemic of undertreatment." ■