

Vanderbilt Medicine

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Vaccine development



A magical place for healing

a hospital like no other



PHOTOS BY DANA JOHNSON



Construction is progressing rapidly at the new Monroe Carell Jr. Children's Hospital at Vanderbilt. Pictured here, clockwise from top, are: the wildflower theme of the emergency department; a typical patient room; the grand staircase on the first floor drive-up entrance; and the flowing lines on the floor of the Emergency Department, an example of the "Ribbons of Hope and Rivers of Healing" theme used throughout the hospital.



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EDITOR

Nancy Humphrey

**DIRECTOR OF PUBLICATIONS
MEDICAL CENTER NEWS
AND PUBLIC AFFAIRS**

Wayne Wood

CONTRIBUTING WRITERS

Carole Bartoo

Clinton Colmenares

Mary Beth Gardiner

Paul Govern

Jessica Howard

Leigh MacMillan

Cynthia Manley

Lisa Peper

Sarah Reynolds

Kathleen Whitney

PHOTOGRAPHY/ILLUSTRATION

Neil Brake

Annette Cable

Dean Dixon

Dana Johnson

David Johnson

Anne Rayner

DESIGN

Diana Duren/Corporate Design, Nashville

COVER ILLUSTRATION

Annette Cable, illustration

Dean Dixon, photography

EDITORIAL OFFICE

Office of News and Public Affairs

CCC-3312 Medical Center North

Vanderbilt University

Nashville, Tennessee 37232-2390

VANDERBILT MEDICAL

ALUMNI ASSOCIATION

D-8200 Medical Center North

Nashville, TN 37232-2106

615-322-6146

1-800-288-0266

Fax: 615-322-1892

e-mail: medalum@mcm.vanderbilt.edu

Visit us at: www.mc.vanderbilt.edu/alum-affairs

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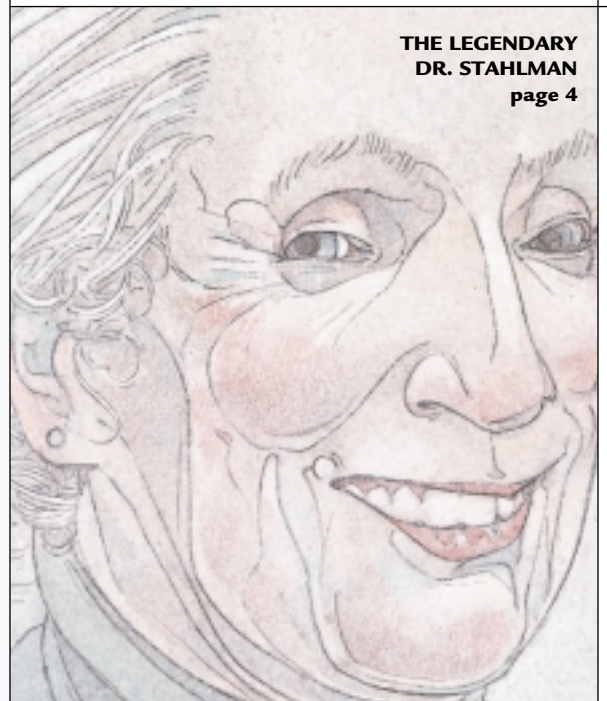
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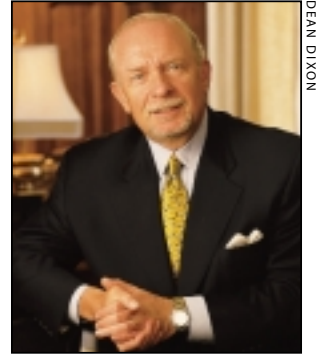


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THE LEGENDARY
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DEAN DIXON

BY HARRY R. JACOBSON, M.D.
Vice Chancellor for Health Affairs

a beacon of hope

I was driving toward campus late one evening just a few weeks ago and looked out over the traffic and saw a new feature on the night skyline. It was the distinctive red “paper dolls” that have become a part of the image of Vanderbilt Children’s Hospital. They sit 11 stories up on the top of the newest and what will be the best children’s hospital in the world. And those “paper dolls” are a beacon.

Nearly six years ago we made the decision to build this new hospital. It was, as they say, a “no-brainer.” Nashville was growing along with the region it served. Of the top 25 cities in the United States, only one, Nashville, did not have its own freestanding children’s hospital. Demand for hospital services was growing with a growing population, and with the emerging

preference for Vanderbilt as the hospital of choice in Nashville. And we knew that pediatric services spread across 20 different locations of the medical center complex were just too hard for a parent with a sick child to negotiate and navigate.

All it needed was money – lots of it. At a cost of more than one quarter of a billion dollars it was the biggest single construction project in Vanderbilt’s history and in the history of Nashville. But those “paper dolls” are a beacon and they shine brightly on the heart of generosity in this community. There is no question that this Children’s Hospital could not have been built or even conceived without the community putting its stake in the ground. The Children’s Hospital has been blessed with great support; from the Friends of Children’s Hospital to the Junior League of Nashville, to the corporate community, we have always had friends in high places.

And we found a champion, Monroe J. Carell Jr., the man for whom this Children’s Hospital will forever be named. I thank him for his and Ann’s generosity, and for mobilizing and giving voice to the thousands of people who have taken this cause to heart, made it their own and helped us build this remarkable new hospital.

It is a beacon to the mothers and fathers who bring their children here to be made well again. It is a beacon to the remarkable men and women, doctors, nurses and staff who make this hospital the healing place it is. It is a beacon to the scientists and researchers who have made it their life’s work to help children grow healthy and live happily, to help them see around and beyond their injury or illness and their visit with us.

In a few short weeks the “paper dolls” will spread their arms above a host of miracles great and small that will happen within those walls. I hope everyone in this community feels the way I did on that early fall evening as I saw those “paper dolls” dancing in a deepening navy blue sky. I am so proud to have played a part. **V**



Study looks at defibrillator use in children

A research study performed at Vanderbilt Children's Hospital, proving the accuracy of automated external defibrillators (AEDs) in reading and interpreting heart rhythms in children, has helped change the American Heart Association guidelines.

Mary Fran Hazinski, a Vanderbilt Children's Hospital Clinical Nurse Specialist and the lead author of the study, said the new research findings provided some of the evidence necessary for the AHA to recommend the use of AEDs in children 1 to 8 years old.

"Children don't often collapse with sudden cardiac arrest, but when they do, they can be saved with immediate bystander CPR and use of the AED," Hazinski said.

"There have been several reports in the press of young boys developing sudden cardiac arrest after they are hit in the chest with baseballs or hockey pucks," Hazinski said. "If immediate bystander CPR is given and an AED can be used within minutes, many of these children can survive."

The Vanderbilt study involved more than 200 children at Vanderbilt Children's Hospital. AEDs were placed on the children during cardiovascular surgery and with parental permission during treatment in the PCCU. The devices used in the study were used only to record the heart rhythm, and the shocking mechanism was disabled. Hazinski and her team found the AEDs correctly interpreted almost all of the heart rhythms, even very rapid and abnormal rhythms.

The research is published in the August *Annals of Emergency Medicine*. The study was cited in the new AHA recommendations, published July 1, advising the use of AEDs in children over the age of one.

"The AHA has fairly strict requirements before they will make a scientific statement about the safety of such a device or treatment," Hazinski said. "Our study was large enough that it helped the evidence reach the critical threshold needed to support a new recommendation."

- CAROLE H. BARTOO

'Resident Life' Reality TV lands at Vanderbilt

This fall, Vanderbilt University Medical Center residents are coming to a TV near you, in a new, first-of-its-kind series on The Learning Channel to enlighten the world about physician training. "Resident Life" tells the stories of 26 Vanderbilt residents from 18 academic departments and their up-and-down worlds of professional and personal challenges and recreational diversions.

Dr. Chuck Stevenson, a third-year neurosurgery resident, appears in several episodes as a confident young surgeon humbled by realities of life and death. He wanted to participate, he said, to publicize Vanderbilt's unique neurosurgery care and to "give people an inside view of what resident life is like. If their only knowledge of medicine is what they saw on ER, they don't have a good idea of what residents do."

Senior producer Wendy Greene says the goal, besides compelling educational entertainment, was to examine a part of medical training that few people know about, unless they're a part of it.

"People sort of know about medical school; it's a big grind," Greene said. "But we wanted to explain residency. It's an incredibly intense part of these people's lives that hasn't been focused on in this way. They're responsible for taking care of a lot of people, and they do it well."

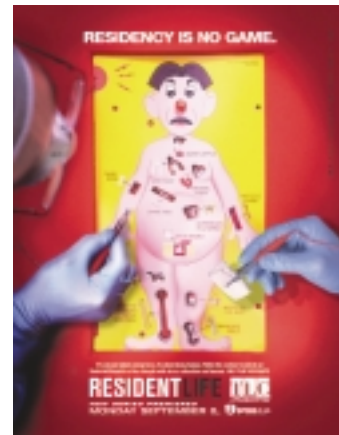
New York Times Television produced the show for TLC. For five-and-a-half months in the winter and spring of this year, 13 videographers shadowed the subjects in surgery, on rounds and in clinic.

But "Resident Life" also includes the residents' personalities and personal conundrums: Pilar and Victor Levy juggle their marriage and their two children with her pediatric residency and his fellowship in pediatric cardiology; Joel Maier, a burn fellow, overcomes stress by climbing the hospital's 11 floors of stairs four times; Adele Maurer dumps her fifth year of trauma residency for pathology; cardiothoracic surgery fellow and transplant team member Frank Scholl suddenly becomes a medical consumer after his and his wife Shelley's new baby Madison is sent to the NICU; Jim Bob Faulk explores the depths of mud in his monster truck; Jason Shipman emerges as a surgeon and Seinfeld-esque comedian who challenges the lab coat protocol; and Stevenson picks up a nickname from nurses that sticks throughout the show.

Dr. Fred Kirchner, associate dean for Graduate Medical Education, said the series is a nice blend of in- and out-of-hospital experiences.

"It shows that our residents are three-dimensional people," he said. "It shows their outside activities at home or in recreation; it honestly portrays their competence and professionalism; and also when they're a little insecure. It also shows they're human. It shows that they have good faculty supervision. They come across as being competent and nice people, and I was well pleased" with the project.

"Resident Life" airs on Mondays on TLC at 8 p.m. (CST) and continues through Dec. 1. The hour-long program repeats each week at 11 p.m. (CST) on Mondays and at 3 p.m. (CST) Saturdays. - CLINTON COLMENARES





the legendary
Dr. Stahlman

It might surprise some people that two Nashville teen-age sisters sponsored and christened the U.S.S. Nashville, a World War II light cruiser that saw heavy action in some of the Pacific Theaters' most important battles – the Dolittle raid on Tokyo, Marine landings on Guadalcanal, and McArthur's return to the Philippines.

The fact that Millie Stahlman was one of the teens might not. In fact, it might seem fitting, even foreshadowing.

by Clinton Colmenares

Dr. Mildred Stahlman, like the war ship, is both relatively diminutive and disproportionately fierce, short-framed and full-throated, determined, tenacious, hardtack and protective, supportive and loyal.

Stahlman has opened memos to the highest Medical Center leaders with the disarming salvo, "I have always believed in telling it like it is ...," and then she does.

"She's not one to compromise," said Dr. Robert B. Cotton, who became chief of nurseries after Stahlman in 1978, and head of the division of Neonatology, after Stahlman, in 1989. "She usually puts issues or principles or problems to be solved in either-or terms, with no middle ground. 'Compromise' is not in her vocabulary."

At Vanderbilt, Stahlman created the first modern neonatal intensive care unit in the country. "That's ancient history," she said, waving it off with her hand and refusing to expound. Stahlman also started the Angel Transport for sick newborns, has won numerous awards, including the Virginia Apgar Award from the American Academy of Pediatrics, and is a member of both the Institute of Medicine and the Royal Swedish Academy of Science, which chooses Nobel winners.

More ancient history, she would say, was the phone call from the White House in 1963 when President John and Jacqueline Kennedy's baby Patrick was born with Hyaline Membrane Disease. She couldn't

arrive in time. "If he had been born at Vanderbilt," Cotton said, "I believe he would have lived."

And, as many attest, Stahlman's temperament is legendary. Many residents, nurses, attendings and even senior faculty and administrators have withered as this demure-looking lady with her hair in a bun dressed them down matter of factly when they bumbled across her relentless pursuit of perfection or imperiled patient care. If the situation called for her to be tough, Cotton said, Stahlman was. And, he said, "It always seemed like she was right." When her father, longtime owner and publisher of the "Nashville Banner," James Stahlman, phoned, she stood up beside her desk and answered "yes sir," Cotton said.

Odessa Settles, R.N., who has worked with Stahlman since 1969, has received a chewing out or two, but, she said, "I would be more worried if she didn't give me the time of day."

Fewer are the tales of Stahlman's quiet philanthropy, like carrying bread in her car to feed the birds every day as she walks to her office.

One of her former assistants, who calls Stahlman both the most demanding boss and the

best she's ever had, recalls a story of Stahlman stopping along a country road at night in a storm after attending a Medical Center social function to save an abandoned dog and her puppies. "She went out to the field in her high heels, wrapped the dogs in her mink coat and put them in her car, and didn't think anything about it," said Diana Pridgen, who worked for Stahlman for 13 years, much longer than any other assistant.

Pridgen said she was timid and shy when she first started working for Stahlman, and she had heard that previous assistants couldn't stand the neonatologist's demands for perfection. The road at first was rocky, but, Pridgen said, "she taught me how to stand on my own two feet. She taught me to defend myself."

That Stahlman's professional world was largely populated by men probably meant little; her focus blocked out such superficial distortions as gender discrimination.

But Settles, who grew up on the discriminated side of segregated Nashville, identified with Stahlman as a minority. The young nurses' aide came to Vanderbilt to learn about a world of which she had been largely deprived, and Stahlman helped open the curtains, encouraging her professionally and including her socially.

Stahlman loves to travel, and Settles and others who work with Stahlman criss-cross the country together on vacations and to scientific meetings, studying the local



Dr. Mildred Stahlman shares a laugh during teaching rounds at the NICU.



yore along the way. “She’s a great travel companion,” Settles said. “It’s like being in a classroom with her everyday.”

Stahlman developed overseas fellowship exchange programs like the one she completed at the Karolinska Institute. So far, 84 physicians from 20 countries have come to Nashville to study with her. Now, every 10 years, they gather for her birthday. The tradition began 21 years ago in Nashville for her 60th. In 1992 the party was hosted by Swedish fellows in their homeland and Stahlman went with Cotton, Pridgen, Settles and 80 or 90 others. Last year the party was in the French Loire Valley, warmly hosted by former French fellows. Greeks have dibs for her 90th birthday.

Although well traveled and world-class, Stahlman is probably most comfortable at home. She shuttles between her house in Brentwood and her farm in Humphreys County. Her companions include five dogs, all black, and six horses (suitably spirited and diminutive) Arabians and half-Arabians. Every year she hosts a summer picnic for the division of Neonatology and Christmas and New Year’s parties steeped in country traditions.

Stahlman never married and never parented a child, yet she’s the matriarch of modern neonatal medicine, the medical mother to countless children who would have died without her clinical and research efforts.

Opening her home is Stahlman’s way of bringing the division together as a family, and especially having children around. “When she is with her friends on the farm, she’s really at her height of glory,” said Mary Haynes, who three years ago came to Vanderbilt as a neonatal fellow and chose Stahlman as her research mentor.

“The picture people don’t see of Millie is of her sitting on her creek bank, drinking a beer while friends play in the water,” Haynes said. “She’s the person I admire most, the one I most want to be like. She’s so diverse and so dedicated.”

And, Haynes adds, so are her friends. “I’m always amazed at who she knows,” from giants of science to the lady at the crafts fair who sells her handmade spoons, Haynes says.

Another friend is singer-songwriter Danny O’Keefe, who penned the 1970s hit “Good Time Charlie’s Got the Blues.” They met through another music person, Denise Stiff, Alison Krauss’s manager, when O’Keefe was in town looking for a horse to ride.

“Denise said, ‘Oh, Millie has horses, and she loves for people to ride them,’” O’Keefe said. “She is one of the most no-bullshit people I know. We have many things in common, from horses to music to history. I can sit and play a song and she’ll know something about the roots of the music. We’re wonderful friends. Conversation is never dull, and she has a wonderful sense of humor.”

Stahlman holds “Millie rounds” once a week, on Wednesdays in the NICU. Hearing Stahlman present is still a right of passage for residents, Cotton said.

But she’s more likely to divert their attention from disease processes and

therapeutic interventions to global issues, like uninsured children and the ethics and wisdom of utilizing the kinds of lifesaving medicine she helped develop on extremely low-birth weight babies.

She continues researching ways to prevent and treat disease. She has a collaborative method of asking questions about the big picture, and then recruiting help from other experts, Cotton said.

Stahlman believes larger social problems could be solved that would prevent premature births.

“If a society doesn’t recognize problems, they can never be fixed, whether it’s health care, lack of insurance or segregation,” Settles said. “I learned that from her. She made me view my life that way. It opened my eyes.”

The U.S.S. Nashville received 10 battle stars. It was hit by a kamikaze plane, patched up and returned to duty, where it towed a broken down troop carrier with 1,800 men out of harm’s way. Eventually it was decommissioned and sold to Chile.

Stahlman never married and never parented a child, yet she’s the matriarch of modern neonatal medicine, the medical mother to countless children who would have died without her clinical and research efforts.

She might say that somebody else would have come along and performed the same tasks, that it was just a matter of time. Probably. But nobody else would have made the same impression.

“When you look at how you touch one person, and they touch another,” Settles said, “if you can imagine all the people she has touched, it’s just an incredible thought. She just goes on and on.”



Women outnumber men for first time in Medical School's history

Over the years there has been a steady increase of women in the Vanderbilt University School of Medicine. This year, for the first time in the history of the school there are more women than men, and the increase is substantial — 58 percent of the 104-member class, or 60, are women.

“As we are evaluating, accepting and recruiting our prospective students, we do it based on each applicant’s unique qualifications,” said Dr. Steven G. Gabbe, dean of the VUSM. “We look for the best people, regardless of gender, race or ethnicity. We look for people who are going to make a difference in medicine, who will contribute as leaders and scholars. When the numbers came together, we were surprised to see how many women were coming here.” He added that when prospective female students interview at Vanderbilt, they are encouraged to see women holding high administrative and faculty positions.

Other medical schools have also seen a steady increase in women, although the gap isn’t quite as large. The medical school class of 2007 at Johns Hopkins University has 63

women and 57 men. The first-year medical school class at Duke University has 51 women and 49 men.

Donna Vleugels, 22, is attending VUSM on a Canby Robinson scholarship. She came to orientation a little more familiar with the school than most. Her sister, Ruth Ann, also a Canby Robinson scholar, is a fourth-year medical student.

The sisters, two of six children, both attended the University of Virginia as undergraduates, but the progression to Vanderbilt was not intentional.

“It came down to where we both felt most comfortable and most welcomed, and that was Vanderbilt,” Vleugels said. “The students are great. The faculty cares about the students. It’s a wonderful place.”

Dr. Harry R. Jacobson, vice-chancellor for Health Affairs, told the class that their average MCAT score is 10.8, making the class among the brightest in the country. The class’s average GPA is 3.78.

The class of 2007 comes from 32 states, with 16 from Tennessee. Seven are from Florida and North Carolina. They represent

56 colleges and universities with 14 coming from Vanderbilt and 19 from Ivy League schools. There were 35 applications for every student’s spot.

The Vleugels won’t be the only siblings at VUSM. Mayshan and Mahan Ghiassi both attended Vanderbilt University and are now first-year students at VUSM. The brothers grew up in Nashville, graduating from Martin Luther King Magnet School. Mahan, who is a newlywed, said he and his brother have both done research for VUSM faculty, Mahan for Dr. William M. Grady, and Mayshan for Dr. Harold L. Moses.

“We love Vanderbilt. The faculty are allowed to get the students involved. Even if they are very high up in their field, they are willing to let students have hands-on experience. That’s very important to us.”

— NANCY HUMPHREY



ANNE RAVNER

NICU tests drug that could save premature babies



DANA JOHNSON

A new drug being tested at Vanderbilt Children’s Hospital’s

Neonatal Intensive Care Unit might have the power to cut the hospital stay of premature babies, increase survival rates, and address the growing problem of super-germs in the nation’s neonatal intensive care units, all at the same time.

Staphylococcus epidermis — or staph epi, as it’s called — is a bacteria that’s harmless to most healthy children and adults. Staph lives on our skin and on surfaces we frequently touch. If staph epi gets into the blood stream of a premature baby, the results can be devastating, even deadly.

Jamar Walker, Jr. was born on July 14, weighing 2 pounds, 10 ounces. Because of his size, he is at serious risk for a staph infection. Shortly after birth, Jamar’s family agreed to make Jamar part of a study to test a drug that may help prevent staph infections; a drug currently known as MAB-N003.

Some are calling MAB-N003 “the staph vaccine,” while others describe it as a drug that prevents staph in much the same way another relatively new drug, called Synergist, prevents the serious respiratory infection Respiratory Syncytial Virus (RSV) in preemies.

MAB-N003 is a manufactured version of a natural part of the human immune system that fights staphylococcus bacteria by keeping it from adhering to healthy cells. It also acts as an antigen to Lipoteichoic acid, called anti-LPA. Lipoteichoic acid is a toxin produced by staph. It’s the toxin that causes damage to a

baby’s body during a generalized staph infection. If the toxin can be neutralized by anti-LPA, babies could achieve a much higher survival rate, and faster recovery. “Staph organisms are responsible for about 50 percent of the infections in our nursery,” said Steven Steele, RN, a research nurse in the Division of Neonatology. “That’s why this new drug we are testing is so important. If we could reduce hospital-acquired infections, it would be a great thing.”

Right now the only prevention for staph infections is scrupulous hand washing and equipment sterilization.

“But staph epi lives on the skin at all times. Even if you go and wash your hands it’s still there,” Steele said. “So unless you remove human involvement there’s no way to eliminate the risk.”

— CAROLE H. BARTOO

Some “radical” news about secondhand smoke

By Leigh MacMillan



If there's no getting away from secondhand smoke, daily doses of vitamin C may lessen the harmful effects.

Dr. Jason D. Morrow, F. Tremaine Billings Professor of Medicine and Pharmacology, participated in the University of California, Berkeley-led research, published in August in the journal *Nutrition and Cancer*.

Daily doses of 500 milligrams of vitamin C reduced one measure of the harmful effects of secondhand smoke. Study participants were nonsmokers who were exposed to the smoke of at least one cigarette per day, five days a week, in an indoor setting, putting them at increased risk for lung cancer and heart disease.

The researchers measured blood levels of compounds called isoprostanes that are produced in the body when free radicals – highly reactive molecules derived from oxygen – attack the lipids that form cell membranes. Cigarette smoke contains large amounts of free radicals.

Morrow and Dr. L.

Jackson Roberts II, professor of Pharmacology and Medicine, discovered the isoprostanes in 1990. They and others have established that the compounds are a reliable biomarker for free radical damage, also known as oxidant stress.

“The isoprostanes are the most accurate measure to assess oxidant stress *in vivo* in human beings, and a number of them possess potent bioactivity and likely mediate the

pathophysiological consequences of oxidant stress,” Morrow said. Elevated isoprostane levels – and the oxidant damage that produced them – have been linked to heart disease, cancer, atherosclerosis, and other chronic diseases.

Isoprostane levels dropped significantly in study participants taking vitamin C and in those taking a mixture of vitamin C, vitamin E, and the antioxidant alpha-lipoic acid, compared to the levels in participants taking daily placebo capsules.

“These results are very encouraging,” said Marion Dietrich, Ph.D., a UC Berkeley researcher and lead author of the study. “They show that vitamin C may help protect nonsmokers from the oxidative damage caused by secondhand smoke.”

The researchers cautioned against misinterpreting the study's findings.

“The message of the study is clearly not that taking vitamin C makes smoking or exposing others to smoke okay,” said Gladys Block, Ph.D., professor of Nutritional Epidemiology at UC Berkeley and principal investigator of the study. “But, if you are in a situation where you cannot escape frequent exposure to secondhand smoke, it may be worthwhile to take vitamin C supplements as a precautionary measure. And, as always, eat a diet rich in fruits and vegetables.”

The research was supported by the University of California Tobacco-Related Disease Research Program, the National Cancer Institute, and the Burroughs Wellcome Fund. ☺



VICC awarded third 'SPORE' research grant

Vanderbilt-Ingram Cancer Center investigators have been awarded a Specialized Program of Research Excellence (SPORE) in breast cancer, making VICC one of only seven centers in the country with three or more of these highly competitive grants from the National Cancer Institute.

The grant will provide \$2.5 million in the first year, with total recommended funding over the five-year period of more than \$13 million. The grant recognizes VICC's researchers for their innovative leadership in the development of new ways to treat and prevent breast cancer.

Vanderbilt-Ingram teams also hold SPOREs in lung and gastrointestinal cancer, each providing \$12 million-\$13 million in funding over five years.

The NCI began the SPORE program 11 years ago to bridge the gap between the laboratory and the clinic and to foster innovative research with clear potential to make improvements in cancer treatment and prevention. Currently, 55 SPOREs are distributed among 24 institutions, according to the list provided at the recent 11th SPORE Investigators' Workshop hosted by the NCI.

"To be awarded a SPORE, centers have to be doing research that the NCI believes will really make an impact on the disease," said Dr. Carlos L. Artega, Ingram Professor of Cancer Research, professor of Medicine and Cancer Biology, and director of the new SPORE. "It is wonderful to have a seat at the table with the top breast cancer research centers in the country."

The proposal submitted by Artega and his colleagues scored in the highest possible range of "outstanding." Artega noted that this score reflects "the fact that the NCI and peers have very high expectations of us, and we are ready to meet those challenges."

SPOREs are organized at cancer centers around a specific type of cancer. Each project must involve both basic and clinical scientists, must include a population-based research component, and must focus on translational research. This translational focus includes not only bringing discoveries in the laboratory to the clinical setting for investigation but also bringing clinical phenomena back to the laboratory to understand them and potentially develop novel ways to intervene.

"The SPOREs have been extraordinarily successful at accomplishing just what the Comprehensive Cancer Centers are all about — bringing basic scientists and clinicians together and providing a mechanism that ensures their collaboration," said Dr. Harold L. Moses, director of Vanderbilt-Ingram Cancer Center.

Vanderbilt-Ingram is one of 39 NCI-designated Comprehensive Cancer Centers in the United States.

SPOREs fund specific scientific projects as well as core resources to be shared by the SPORE investigators. These cores provide sophisticated equipment and expertise vital to the success of the SPOREs. The SPOREs also provide important funding for career development and pilot projects, which are supplemented by matching funds from Vanderbilt Medical Center and Vanderbilt-Ingram.



DEAN DIXON

DR. CARLOS ARTEAGA

- CYNTHIA MANLEY

VUMC part of new anti-bioterrorism consortium

Vanderbilt University Medical Center will be one of six Southeastern universities this fall to lead a new consortium to study microbes that could be used in a bioterrorist attack. Tommy Thompson, U.S. Secretary of Health and Human Services, recently announced that the National Institutes of Health will provide more than \$45 million to establish the Southeast Regional Center of Excellence for Emerging Infections and Biodefense (SERCEB).

The SERCEB, one of four national regional centers of excellence, will have a leadership steering committee of investigators from Vanderbilt, Duke University, Emory University, University of North Carolina, University of Florida at Gainesville and the University of Alabama at Birmingham. In addition, numerous other regional institutions will participate in scientific and training programs, including Meharry Medical College.

At Vanderbilt, Dr. Mark R. Denison, associate professor of Pediatrics and Microbiology & Immunology, will serve as a co-principal investigator and steering committee member. Denison has recently received international attention for his research since the outbreak of SARS, which has been traced back to the coronavirus.

"SARS provides an example of how basic research over many years made it possible to rapidly identify the agent and contain the epidemic," Denison said. "The targeted bacteria and viruses to be studied in SERCEB are all important human pathogens, and many of them have not been studied as well as they need to be."

The centers will work together to develop the next generation of vaccines, drugs and diagnostic tests for defense against organisms like smallpox that could be used in bioterrorist attacks, as well as against emerging infections such as SARS. The center will develop and conduct research programs, but will also train researchers and other personnel, and develop comprehensive scientific core facilities that will support the center's research and training work. The facilities will allow investigators to perform basic research and test vaccines, therapeutics and diagnostics for emerging infections and select agents.

Investigators from several Vanderbilt departments will participate, including Pediatrics, Medicine, Microbiology and Immunology, Chemistry, Biomedical Engineering and the Office for Diversity. - JESSICA HOWARD



A MAGICAL PLACE FOR HEALING

Monroe Carell Jr. Children's Hospital at Vanderbilt

T

here are some things that a community absolutely expects of its Children's Hospital: first rate care; cutting-edge research; and the finest staff and facilities. But there is a more basic need – another important expectation; that the hospital not be a scary place, and that it protect and hold a community's children as parents would hold and protect their own. As the new Monroe Carell Jr. Children's Hospital at Vanderbilt prepares to open, there is a sense that this project meets and perhaps exceeds those requirements and needs.

Written by Carole H. Bartoo

Illustrated by Annette Cable

Photography by Dean Dixon

Vanderbilt has had a Children's Hospital, housed within the adult hospital, since the 1970s. The hospital-within-a-hospital today encompasses three floors of

the Vanderbilt University Hospital. The new building will more than double the space and size to an eight-floor, 206-bed, 600,000-square-foot, freestanding, state-of-the-art Children's Hospital.

The Monroe Carell Jr. Children's Hospital at Vanderbilt is on target for opening for patient care in January 2004. The building project is the largest in Vanderbilt University's history, as well as one of the largest in Nashville. It has involved intense planning over the course of five years and steady construction over the last three years. The structure rising from the corner of 24th and Capers stands out on the Vanderbilt campus.

"Children are so different, and we wanted a building that was different from the others on the Vanderbilt campus," said Vanderbilt Children's Hospital CEO James E. Shmerling. A decision was made that the hospital should complement other buildings on the medical campus, but at the same time, have a unique look and feel. Rather than brick and mortar, it's made of curved glass and granite.

The inside will be as different as the outside. The sheer size of the spaces and rooms catches people off guard. The rooms are twice as large as the rooms in the current facility.

"Way back in the old days architects thought that because children are smaller, they need smaller rooms. Actually it's just the opposite," Shmerling said. "Half of our patients are under the age of two and can't tell us where it hurts, so we depend on technology and keen nursing skills to diagnose and treat our patients. With a small child, there has to be room for the patient, nursing staff and technology as well as the family."

A significant part of the cost of the \$172 million facility is an investment in atmosphere. A group of parents were involved in every aspect of design for the hospital, including helping select the bright colors, children-themed decorations, and designs throughout. Each floor has a child-friendly Tennessee theme; for example, the fifth floor, which houses the Pediatric Critical Care Unit, has a "Tennessee trees" theme. Maples, Oaks and Elms decorate the floors and walls. The desk skirt that wraps around the nurses' station features woodland creatures playing among the tree leaves. The first floor emergency room and radiology departments are decorated with Tennessee flowers, daisies, lilies and tulips.

There will be children-friendly restaurants, a massive new Junior League Family Resource Center, an auditorium, and play areas with hookups for all the pumps and IV poles children might have to trail along with them. Several gardens grace the outside areas of the hospital, including a memorial garden and koi pond outside the front entrance. A fourth-floor family garden will be a place for families to enjoy the outdoors without having to travel too far from a sick child's room. Seating and canopies will make the family garden comfortable during most of the year, but when the weather is poor, the family quiet areas on every floor will be welcome retreats. They feature a broad view of the world outside, when the world inside the hospital becomes a bit too much to bear.

Chris Potter, a member of the Pediatric Advisory Council, works at a construction site.



DANA JOHNSON



A new approach to health care, the family-centered way

Chris Potter has been in and out of Vanderbilt Children's Hospital since he was 7 for the treatment of ulcerative colitis. The age of 12 was an unlucky one for Potter. He had four surgeries that year, and has had another four since. He's 19 now, old enough to look back on his experiences and realize what was good about his hospital stays, and what could have been better.

"The staff were always great regardless of the accommodations, but the colors in the rooms, even the hallways, were so drab and so much the same that it was kind of like walking the halls and passing the same picture over and over again," he said.

Potter has been a member of the Pediatric Advisory Council (PAC) for about four years. Both the PAC and the Family Advisory Council (FAC) have been instrumental in helping the hospital administration and staff plan a family-centered hospital.

A fourth-floor family garden
will be a place for families to enjoy
the outdoors without having to travel
too far from a sick child's room.

"We said they should set up better areas for families, like sleeper sofas in the rooms and areas in each room that were kind of separate, one for the doctor or nurse, one for the patient, and one area for the family's living space," Potter said. "Two weekends ago I finally got to go inside the new hospital. I'm very impressed. Almost anything and everything we suggested was put into effect."

Potter, who lives in Millersville, Tenn., said that although illness brought him to Vanderbilt Children's Hospital, he has good

memories of his treatment. His physician, Dr. Wallace W. Neblett III, inspired him not to let his disease change how he lived his life, and when he sees nurses who treated him in the past, they always stop and ask how he is doing.

Jim Shmerling is just as enthusiastic about being part of the new hospital and is passionate about promoting family-centered care, an approach to health care that offers a new way of thinking about the relationships between families and health care providers. Family-centered providers recognize the



The design of the new building includes
sleeping space for family members,
and every child will have a private room.

vital role that families play in ensuring the health and well-being of pediatric patients.

Shmerling's first hospital experience was a personal one when, at age 12, he was accidentally shot in the eye by a neighbor child with a BB gun. The injury left him blind in one eye and landed him at Vanderbilt University Hospital for weeks.

"I had a semi-private room with a patient who was 35, and of course, to a 12 year old, that guy was ancient," Shmerling said. "My friends would come to visit and annoy this guy, then his family would come in and annoy me. There was no Child Life; and no support for the family or the child. I had good medical care, but the experience was very traumatic, emotionally."

Now Shmerling is leading VCH into a new era of family-centered care. The design of the new building includes sleeping space for family members; every child will have a private room. There will be a policy, as there is now, that parents can be with their child 24 hours a day, seven-days-a-week, but the new challenge to doctors and nurses is that they take family access to the next level, Shmerling said. The staff must carefully think before they ask a parent to leave a child, even for a short time. Unless there's a risk to the child, there will be no hard and fast rule that will keep parents away.

And Shmerling wants to go further. He wants to reach out into the community and make a difference. Amy Casseri, Director of

Pediatric Services Development, is the pivot point between VCH, community physicians, and the people of Middle Tennessee. It's Casseri's job to make certain that VCH is both a local and national advocate for children. Issues like car seat safety, the overuse of antibiotics, and the use of parenting skills to reduce child abuse and neglect are at the top of the list for VCH's advocacy campaign.

"To be part of a children's hospital or the pediatric community, you have to have a calling, and that calling is an expectation that it's not just about providing the service," Casseri said. "It's about going out there and identifying the issues, raising the issues in the community, and doing something about them."

an influential businessman with a heart of gold

Monroe Carell Jr. knows what it's like to be a child facing days or weeks in the hospital. Carell, chairman and chief executive officer of the world-wide Central Parking Corp. was hospitalized repeatedly between the ages of 6 and 11 for an abdominal obstruction.

Carell has led the fundraising effort for the new Vanderbilt Children's Hospital. The building has been named in his honor – the Monroe Carell Jr. Children's Hospital at Vanderbilt, and Carell and his wife, Ann, pledged \$20 million of their own money toward the hospital.

"The funny thing is that I didn't mind going to the hospital when I was a child," Carell said. "I knew when I went I would feel better. And I think Vanderbilt offers the type of hospital that makes children feel that way. It's a safe haven and a wonderful place."

Dr. Harry R. Jacobson, vice chancellor for Health Affairs at VUMC, said that Vanderbilt is grateful to the Carells for their fundraising assistance.

"Monroe and Ann are well known for their strong commitment and generosity to Vanderbilt Children's Hospital and to the children and families that it serves," Jacobson said. "What they have done for us is the ultimate in commitment and dedication and we are very grateful for their assistance in making a new Vanderbilt Children's Hospital a reality."

Carell said his leadership at VCH is also the result of a grateful heart. The Carells have three healthy daughters and six healthy grandchildren. He is honored the building is named after him.

"Ann and I wanted very much to be a part of this when we heard they were going to build a new hospital. I'm very honored," he said. "I don't think anything could have made me more proud than to have been

associated with Vanderbilt Children's Hospital."

Marlee Crankshaw, case manager in the Neonatal Intensive Care Unit, has gotten to know Carell well over the past few years. She knows him as an influential business executive with a heart of gold.

"He breaks the mold of the stereotypical business executive. He's a man with businesses literally all over the world, yet when he hears about babies

and children and their families, he melts in the palm of your hand," she said. "He wants to do so much and already has. He never seems to tire. He gives and gives without ever asking anything in return.

– NANCY HUMPHREY

Monroe Carell Jr.
Chairman and CEO of
Central Parking



DEAN DIXON

NEIL BRAKE



Dr. Arnold W. Strauss, James C. Overall Professor of Pediatrics and Medical Director of VCH.

A good financial investment

Vanderbilt has also turned to the community for financial support of its new children's hospital. So far, \$66 million has been raised. Monroe J. Carell Jr., chair of the first and second phases of fundraising for the new building, and the man for whom the new hospital is named, says there's good reason to support the new building, even in difficult economic times.

"Most of the children who go to Vanderbilt Children's Hospital are younger than 12. They've never been away from their parents except maybe to go and spend the night with their grandparents or a neighborhood friend." Carell said. "It's especially difficult for parents in the current facility because, as an adult hospital, the rooms were not designed for families to stay with their children."

Carell also speaks from past experience as a patient. As a child, he had an intestinal obstruction that sent him to the hospital every year between the ages of 6 and 11. "It was actually a good experience for me," Carell said. "Every time I went, I would be swollen up like an expectant mother. It would take two weeks, but I always knew that I would feel better. But it was hard on my parents."

Today as Chairman and CEO of Central Parking, Carell has a special respect and love for those who give care to children. "Children are most important," he said. "We've come so far in 20 years, and even since last year. So you just keep pushing

the envelope, because with every child you save, you've got 60 to 70 years of contributions to mankind that that child can deliver, and be an integral part of. Children are just magic."

If you build it they will come

It will take a certain magic to make Vanderbilt Children's Hospital a continuing success. Dr. Arnold W. Strauss, James C. Overall Professor of Pediatrics and Medical Director of VCH, said he believes the hospital will be a great success, simply because it is needed and it is the right thing to do for children. The best advertising will be the experiences of the families who come through the doors, Strauss said.

Vanderbilt Children's Hospital is already the largest pediatric referral center for the Middle Tennessee region, including parts of southern Kentucky and northern Alabama. The hospital has 8,000 admissions every year, and that number is expected to grow in the new facility to greater than 12,000 admissions. An estimated 70,000 children will come through the door for some type of service in the first year.

"We need to have a referral base of 5 to 10 million people to really have a first class children's hospital," Strauss said. That population does exist in a 500-mile radius around Nashville, and Strauss believes the patients will come, mainly because of VCH's designation as a "world-class children's hospital."

a half-century
of progress



Dr. Mildred Stahlman founds the Division of Neonatology. She also develops the first infant respirator for infants with damaged lungs.



Dr. Stahlman founds the nation's first Neonatal Intensive Care Unit at Vanderbilt.

Strauss says that designation comes from the current blending of top-rated clinical care, research, and status as an academic center. In his three-year tenure, Strauss has watched the cardiology program grow to become one of the finest in the country, joining neonatology, pediatric oncology, pediatric trauma services and research in prevention and control of pediatric infections. (See story on pediatric cardiology research on page 24) But, he said, the new building moves VCH to the next level because clinical care, research and education will be better blended in the freestanding facility.

“When you look around the world, the hospitals that are considered world-class are freestanding,” Strauss said. “On the other hand, a children’s hospital that’s freestanding, but not a research center, won’t be seen as cutting-edge,” he said. “And as an academic teaching hospital, VCH will continually create the finest in the next generation of pediatric caregivers.”

A new building with a solid foundation

Before you can move ahead, you must first look back. A look back at Vanderbilt Children’s Hospital provides a glimpse of those who laid a solid foundation.

For more than 30 years, Vanderbilt Children’s Hospital has focused on providing the best in pediatric care and those who provide that care, but being a leader in pediatric care began long before that. Dr. David T.

An evolutionary process

Although construction of the new Monroe Carell Jr. Children’s Hospital at Vanderbilt started in 2000, it took several more years to build the design of the overall project.

It started in 1998 with more than 200 people and nearly 30 committees.

Scheduled for completion this winter, the building is an “evolution.”

“Designing a facility is an evolutionary process,” said Misty Chambers, MSN, RN, director of planning for Vanderbilt Children’s Hospital. “There is so much that goes into planning, designing and building. The design is based on so many elements. There was a lot of detailed work that went into determining what elements would be included in our program.

“It took a host of people to help develop and create this new facility. We had physicians, nurses, hospital staff, families, patients and members of the community working with us to plan the details. We evaluated our programs, facility and services. We visited other sites.

“We looked at what works in our culture with our patients, families and staff when looking at the designs and elements of other facilities. Our focus on family-centered care was very important, but our staff’s needs were pivotal as well.”

Hospital visits included Rainbow Babies and Children’s Hospital in Cleveland; Dorenbecher Children’s Hospital in Portland, Ore.; Hasbro Children’s Hospital in Providence, R.I.; Riley children’s Hospital in Indianapolis; Texas Children’s Hospital in Houston; and Hospital for Sick Children in Toronto.

“What’s unique is that this has been a participative process,” said James E. Shmerling, CEO of Vanderbilt Children’s Hospital. “A team of people went out and looked at other children’s hospitals, took the best lessons learned from those institutions, brought them back, and we added our own knowledge and expertise. I think we have the best of both worlds.”

Chambers said when looking at other hospitals,

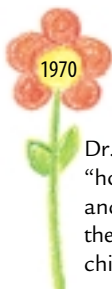
one of the main criteria was that it had to be a fairly newly constructed hospital and have similar programs for a solid basis of comparison.

The feedback from visits, phone calls, and insight from patient families was critical. The groups were able to devise a list of features that were important for the local design as well as elements that would not be as beneficial.

“There is so much to designing a new hospital,” she said. “It requires that you take a good look at your own facility and work practices. One thing we were able to discover throughout this process is we do a lot of things well here at Vanderbilt. It was nice to get that validation during all of this.”

Chambers said the teams looked at everything from colors, furniture, equipment and floor layout to safety issues, registration, work flow process, storage and casework.

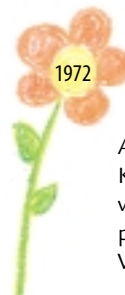
– JESSICA PASLEY



1970
Dr. David T. Karzon founds the “hospital within a hospital” concept and establishes various centers within the main hospital that specialize in children’s services.



1971
Junior League of Nashville moves Home for Crippled Children into VCH.



1972
A group of community women approach Dr. Karzon about forming a support group of volunteers who would raise funds and create public awareness of VCH, and the Friends of Vanderbilt Children’s Hospital is formed.

Couldn't do it without them

Administrators at Vanderbilt Children's Hospital talk about the relationship between the hospital and community referring physicians with a healthy dose of symbolism. "Referring physicians are the lifeline between children in our region and Vanderbilt Children's Hospital," says James E. Shmerling, CEO of the Children's Hospital.

"Without the full participation of community pediatricians we could not function. They are our partners. They are the one's who care for the children of Middle Tennessee and they are the bridges that bring those children to us when they need our help. We want them to feel they own this hospital and that we are here to serve them and the children they care for. We want to give them the chance to practice in Children's Hospital."

The hospital has an open physician panel that allows community physicians to practice medicine at VCH. A subcommittee has been appointed to

look at pediatricians and pediatric subspecialists who desire clinical privileges at VCH.

Dr. Sara Patterson knows Vanderbilt Children's Hospital from both the inside and the outside. A 1996 graduate of Vanderbilt University School of Medicine, a resident from 1997-2000, and chief resident from 2000-2001, Patterson is now in private practice at Goodlettsville Pediatrics with six other pediatricians and is a frequent referring physician to VCH.

"We send at least two patients a week to Vanderbilt," Patterson said. "We pretty much tell parents at their prenatal visits, that if your child needs hospitalization or a specialist, you're going to Vanderbilt. It's just a given at our practice."

Shmerling said the new hospital will offer not only new facilities but also a more streamlined admissions process. "About 60 percent of the time, patients won't have to stop at the registration desk. All of the



James E. Shmerling

paperwork and insurance verification can be done before they get here, and when the patient arrives they can go straight to the floor. If the patients are satisfied with their visit, then the referring pediatrician will be happy. The physician's perception of the hospital is garnered through the eyes of the patient and their family."

Patterson said she and her associates look forward to having a new Vanderbilt Children's Hospital to refer patients to.

"The new hospital is going to give our patients more space, and that's a big thing," Patterson said. "There will be more space, more availability and more accessibility."

— NANCY HUMPHREY

Karzon, former chair of Pediatrics, is credited with being the founding father of Vanderbilt Children's Hospital.

"We needed an environment for children that didn't exist," Karzon said in a 1997 interview. "Children were in hospital wards, treated the same way everyone else was; for example, getting the same food, having the same visiting hours and the same routine. That was no way to care for children."

When the new Vanderbilt Hospital was being planned in 1980, Karzon picked the fifth floor location and made sure the area had space for indoor and outdoor play. He was behind every decision including allowing parents to stay with their sick children around the clock and providing a child-oriented menu. The new hospital will build on the foundation that Karzon firmly laid in place.

Dr. Mildred T. Stahlman has spent her entire academic and professional career at Vanderbilt, and is one of the country's leading experts in neonatology. She headed the division of Neonatology at Vanderbilt from 1961 until 1989. Vanderbilt's Neonatal Intensive Care Unit was one of the nation's first. The NICU has grown to serve the families of more than 2,200 premature and seriously ill infants every year.

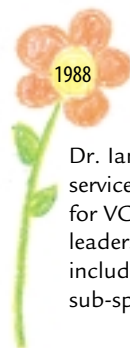
Dr. Amos U. Christie, who served on the faculty from 1943-1986, may be best known for his research in histoplasmosis, but



A special newborn ambulance service is started, providing a Neonatal Intensive Care Unit "on wheels." It responds to rural areas and can begin immediate treatment on critically ill babies.



VCH is completed as a "hospital within a hospital."



Dr. Ian M. Burr begins his service as medical director for VCH. Under Burr's leadership, VCH grows to include more than 29 sub-specialties.



Planning begins for a new, freestanding Children's Hospital.

The new Monroe Carell Jr. Children's Hospital at Vanderbilt has a unique look and feel. Rather than bricks and mortar, it is made of curved glass and granite.

he's also fondly remembered at Vanderbilt University School of Medicine for his unorthodox teaching practices – he rarely used lectures, never finished sentences, and mispronounced words, but taught students how to be consummate and compassionate clinicians – and for integrating the Vanderbilt Hospital children's ward five years before the U.S. Supreme Court made it mandatory.

Dr. Ian M. Burr, former chair of the Department of Pediatrics, picked up where Karzon left off and has been planning the construction and move to the new children's hospital since the day he arrived in 1988. His first job was to grow the staff and facilities from a moderate-sized children's hospital by national standards to a full-sized, full-service facility.

"Before we could build a new hospital, we had to build a relationship with the community and that meant having a high quality staff and faculty to meet the community's needs," Burr said.

"There were a huge number of people involved in planning," he recalled. "The divisions, on the faculty side, brought in information related to their areas; the same thing on the hospital side, all the depart-

ments had to give their input."

The teamwork has paid off. Now, 15 years later, Burr is watching his dream come to fruition. "There are a lot of people

who should be very proud as they watch the hospital taking its final shape," Burr said. "Fifteen years has been a long time for me, but the actual design and construction has been quite fast, just five years."

Dr. Harry R. Jacobson, vice chancellor for Health Affairs, said when he became vice chancellor nearly six years ago, his first goal was to build a new children's hospital.

"The history we have here at Vanderbilt in caring for children absolutely demands that we have a state-of-the-art research hospital for children. People like Amos Christie, David Karzon, Millie Stahlman and Ian Burr have carried on our history and legacy of excellence in caring for kids," Jacobson said. "But the real catalyst for this project was Monroe Carell. We needed \$50 million in philanthropy to get



ANNE RAYNER

this started, and Monroe made it happen with a unique combination of passion, persuasiveness and perseverance. Monroe has earned every bit of the mountain of credit he has received for making this new hospital a reality."

Jacobson said it's an enormous responsibility to be the safety net for all children within a 500-mile radius of Nashville and beyond, but the dream of becoming a world-class center for the care of children is almost a reality. 🍀



Dr. Harry Jacobson and Chancellor Joe Wyatt present plans to the Board of Trust and receive approval to build the new hospital.



Certificate of Need for Children's Hospital is approved by Health Facilities Commission and construction begins on a new eight-story Children's Hospital.

Dr. Arnold W. Strauss is named chair of the Department of Pediatrics and medical director of VCH. Today VCH offers more than 32 subspecialty divisions.



The new state-of-the-art Monroe Carell Jr. Children's Hospital at Vanderbilt nears completion. The hospital, built from the inside out, is intended to be one of the most family-centered facilities in the country.

DEAN DIXON

holly lu conant rees, chair of Vanderbilt Children's Hospital's 30-member Family Advisory Council, has been a consumer of health care at Vanderbilt Children's Hospital for two decades. Her son, Samuel, now 20, has special health care needs, and has been a frequent VCH patient since birth.



a spot
for a toothbrush
Designing a hospital the family-centered way

by Nancy Humphrey

For the past five years holly lu conant rees has driven by the site of the new Monroe Carell Jr. Children's Hospital, sometimes as often as three times a day, on her way to design meetings as a family representative for the new freestanding children's hospital.

First there was a parking lot, then a hole, then an enormous crater; then, very slowly, a building. At some point, some of the ideas that had come from those meetings began to be visible from even the outside of the eight-story, \$172 million building. And she began to feel very pleased.

conant rees, chair of Vanderbilt Children's Hospital's 30-member Family Advisory Council, has been a consumer of health care at Vanderbilt Children's Hospital for two decades. Her son, Samuel, now 20, has special health care needs, and has been a frequent VCH patient since birth. conant rees knows just about every aspect of what a family needs while staying at the hospital with a sick patient – from a spot to put a toothbrush to a place to get away when things seem bleak.

conant rees, who does not capitalize her name, and other family members were instrumental in coming up with the idea of having a family quiet area on each floor – the areas show up on the exterior of the building as pod-shaped areas at the end of each floor. The family quiet areas will be comfortable rooms with an outside view and no telephones or televisions. They are intended as a place family members can go to compose themselves, or just get away for a few moments.

“For me, the moment I could translate the pictures we had seen to the space, when I saw the curve of the family quiet areas, was

wonderful,” conant rees said. “There was a sense of it not being just words anymore. We know that Vanderbilt has made a commitment to family-centered care. And now we have a building, marble and wood, wires and pipes, that is literally taking shape around values that matter to us as families of children with special health needs, and that's a pretty stupendous feeling.”

A recent photograph shows several FAC members on their first tour of the new

“We know that Vanderbilt has made a commitment to family-centered care. And now we have a building, marble and wood, wires and pipes, that is literally taking shape around values that matter to us as families of children with special health needs, and that's a pretty stupendous feeling.” - holly lu conant rees

Children's Hospital. The spot chosen for the photograph was a spot they lobbied the hardest for – one of the family quiet spaces.

Members of the FAC participated in every site visit when faculty and staff were visiting other children's hospitals to find ideas to incorporate. They served on each of the 26 design committees, and were responsible for many decisions about the new hospital, including some ideas that might have been overlooked had they not been involved – like having a spot at the sink to keep a toothbrush.

In the current space for Children's Hospital in Vanderbilt University Hospital there isn't a spot for make up or a toothbrush. There's one sink – for patient, family and staff. For families of patients with long stays, this can be particularly troublesome.

“It was a very strongly held belief that we needed a space to put our toothbrushes,” conant rees said. “That stayed through everything. At one point, that space disappeared from the plans, and everybody on the design team spoke up. That was really gratifying. Not only was what we said valued, but at least in that case, everyone bought on to it.”

Vanderbilt Children's Hospital enlisted the help of the FAC and PAC (Pediatric Advisory Council) in planning the new

hospital because of its family-centered care philosophy – that a child's natural habitat is their family, that families have unique knowledge and expertise to bring to the healthcare partnership, and that families are vital members of the healthcare team and are essential to the child's healing process. Since most new children's hospitals are family-centered, asking families and patients to help plan a new hospital isn't unique, but it's new to Vanderbilt since the councils didn't exist

when the current “hospital within a hospital” concept was established in the 1970s.

“When the concept of the new freestanding children's hospital became a reality, the architects asked the faculty and staff to dream what would be the best of the best we could have in a new hospital,” said Janet Cross, director of Child Life at VCH. “At that point, we realized that while we embraced family-centered care, and wanted to incorporate it into our new planning, we also needed input from families.”

conant rees said it's a “strong statement” that Vanderbilt relies heavily on the ideas of patients and families.

“It's important that there's a recognition that bringing the family perspective to bear is as important of a service, if not more so, than engaging a vertical transportation consultant to help figure out the elevators,” conant rees said.

The process hasn't been easy, and, in fact, has been painful at times when representatives from the family, faculty, staff and architects disagreed.

“There were some meetings that were very difficult, and some where I felt the best decision wasn't made,” conant rees said. “But when you look at the hundreds of



The FAC and PAC were involved in selecting the themed decorations for each floor.

Still buzzing

The FAC and PAC were involved in selecting the themed decorations for each floor. “We stopped a couple of ideas dead in their tracks, a bug theme in the emergency room, for example. You see that and you think of Lyme disease, brown recluse spider bites, anaphylactic shock from a bee sting. Bugs should not be a theme for an emergency room,” conant rees said. The committees also made suggestions about flowers – not making them too “girly” for boys on the floor.

conant rees said another idea the FAC representatives helped see through is having a place for parent and child to sit closely in the new pediatric emergency room. The seating was originally planned as a row of single chairs with arms.

“We felt very strongly that if you have a child who doesn’t feel well, that he or she will need to lean on Mom,” she said. “We suggested seats like love seats, taking the bar out in between. It was another compromise. We didn’t need a big long couch. But just give us two seats together, where a family member can snuggle up with a child who isn’t feeling well.”

conant rees said she often felt like the bad guy in meetings, but she held her ground.

“When we (FAC members) disagreed, we just held fast and weren’t disagreeable,” she said. “We just said ‘I know you don’t like what I’m saying, but I’m going to do my best to listen to what you’re saying and try my best to find our common ground.’ Sometimes that worked amazingly well, and I’d end up with someone who is my ally, who I never thought I’d be on the same side with. Some people may have looked at me like a gnat that flies around those meetings, but I’m still here, buzzing.”

thousands of decisions that have to be made to build a freestanding Children’s Hospital from the ground up, I have to always remind myself that there were lots and lots of places where our input has made a visible difference and is going to make the hospitalization experience easier for families to survive.”

Terrell Smith, administrative director of Vanderbilt Children’s Hospital, says that conant rees has been a strong voice for families and has given the administration valuable guidance on operational issues such as what to include in an in-hospital guide and advice on marketing segments.

“holly lu’s mission is to help Vanderbilt Children’s Hospital create a health care environment that is family-centered. She is a dedicated advocate for our hospital and for the children in this community.”

A pool, a gym, a fire pole

They may be children, but the PAC put pen to paper and came up with some sound ideas that will result in improved services for patients.

The PAC, made up of about 20 pediatric patients, ages 8-18, helped come up with a laundry list for food services, patient rooms, and decorations in the playrooms.

One of their strongest recommendations was that all patient rooms be the same size.

“They wanted the rooms to be larger, but one of the most interesting things is that they wanted all the rooms the same size and shape,” Cross said. “Now, on the adolescent unit, the rooms are different sizes. There are ‘good’ rooms and ‘not so good’ rooms. Our patients, who know the hospital, vie for the good rooms. When they are being admitted, they’ll ask for a certain room. So it was important to them that it be fair.”

But children must be children, and some of the PAC ideas were put into the “thanks, but no thanks” category.

One member suggested a swimming pool in the hospital; another thought a gymnasium and workout space would be nice. One child also suggested building a fire pole from the eighth floor down to the cafeteria.

One idea, that sounded far-fetched in the beginning, was a suggestion to have a hospital movie theater. But with a gift from the Elf Foundation, a foundation that designs and installs entertainment systems in Children’s Hospitals, and Nicholson’s, the idea is going to become a reality, Cross said. Plans call for turning a second floor conference center, used for conference and educational purposes by day, into a movie theater for patients and families by night. The room will have flexible seating so children in wheelchairs and with IV poles can watch a movie.

another landmark in a great city

Nashville has been a city of growth over the past decade, quickly becoming a booming southern city associated with the unique buildings that have cropped up across the downtown area. This year, the Monroe Carell Jr. Children's Hospital at Vanderbilt takes its place in the Nashville skyline.

- PAUL GOVERN



Gaylord Entertainment Center

Square feet:
1 million

Stories:
5 (4 for public use, one below ground)

Building cost:
\$143 million

PHOTO COURTESY OF THE GAYLORD ENTERTAINMENT CENTER



Country Music Hall of Fame

Square feet:
135,000

Stories:
4

Building cost:
\$37 million

PHOTO COURTESY OF THE COUNTRY MUSIC HALL OF FAME AND MUSEUM
PHOTOGRAPHER: TIMOTHY HURSLEY



Frist Center for the Visual Arts

Square feet:
124,000

Stories:
3 (2 for public use)

Building cost:
\$20 million

PHOTO COURTESY OF THE FRIST CENTER FOR THE VISUAL ARTS



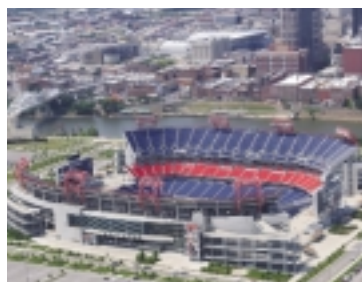
Nashville Public Library (main branch)

Square feet:
300,000

Stories:
5 (3 for public use, 2 below ground)

Building cost:
\$52 million

PHOTO CREDIT: GARY LAYDA



The Nashville Coliseum

Square feet:
1.6 million

Stories:
7

Building cost:
\$130 million

PHOTO CREDIT: ANNE RAYNER



Monroe Carell Jr. Children's Hospital at Vanderbilt

Square feet:
600,000

Stories:
8

Building cost:
\$172 million

PHOTO CREDIT: NEIL BRAKE



Getting to the heart of the matter

Pictured here: Drs. Joey Barnett,
Scott Baldwin, Arnold Strauss
and David Bader.



DEAN DIXON

by Leigh MacMillan

Just 22 days after sperm meets egg, the human heart begins to beat. In the next few weeks, the pulsing tube twists and turns, grows walls and valves inside, and develops a blood supply. There's no room for error.

"If something goes wrong, at the wrong time, it's hard to recover," said Joey V. Barnett, Ph.D., one of a growing number of Vanderbilt investigators who are teasing apart the molecular underpinnings of cardiovascular development.

But things do go wrong. About one in 100 children in the United States are born with congenital heart defects, the most common birth defect and the leading cause of death in the first year of life, according to the American Heart Association. And even though congenital heart disease kills twice as many children each year as all forms of childhood cancers combined, it remains a hidden problem, said Barnett, associate professor of Pharmacology, Medicine, and Microbiology & Immunology.

"When you think of heart disease, you think of old men. You don't think of women, and you certainly don't think of kids," he said.

Surgical advances have improved the odds that a child born with congenital heart defects will survive, ushering in a new era of concern, said Dr. H. Scott Baldwin, Katrina Overall McDonald Professor of Pediatrics and vice chair of the department. "Within the next five years there will probably be more adults with congenital heart disease than there are children."

Might a gene that caused a heart defect come back to haunt these adults? And what about the potential that faulty genes will cause defects in their children?

"We really don't know what the future's going to hold," Baldwin said. "It's very much uncharted territory."

The best bet, he and other investigators agree, is being able to define the genes that participate in forming a normal heart. Understanding these molecular players, Baldwin said, will lead to diagnostic tests for the genetic mutations that cause congenital heart defects and novel therapies for heart disease in both children and adults.

Genes that build the heart promise new therapeutic options

Many genes make a heart

Vanderbilt is emerging as a leading center in pediatric cardiology research.

“I think we have perhaps one of the most active research programs in cardiovascular

biology and genetics tools to the cardiovas-

The explosion of information from the human and other genome projects and the application of molecular biology and genetics tools to the cardiovascular system have accelerated the pace of discovery.

development anywhere,” Baldwin said. In addition, he said, the department is seeking to boost the number of physician-scientists in this area of research. “We want to train the next generation of cardiologists to really be investigatively-minded and to be asking questions about heart development.”

cular system have accelerated the pace of discovery.

“If you looked at the number of genes that we thought were responsible for heart defects five years ago, the answer was zero,” Barnett said. “Today they’re being identified at a rapid rate.”

And it’s turning out that mutations in single genes, in many cases, are enough to cause congenital heart disease. “That’s in contrast to the view that’s been around for a long time that heart disease has multiple causes,” said Dr. Arnold W. Strauss, James C. Overall Professor of Pediatrics and chair of the department.

Strauss thought that single gene defects might cause heart disease long before any specific mutations had been identified, and in a prescient move in the early 90s, he and colleagues began “banking” DNA from patients undergoing surgery to correct congenital heart defects. “I decided that the only way to prove the idea would be to get enough samples from patients with various kinds of heart disease that we could go back to in the future and look for genetic defects,” he said.

DANA JOHNSON



Filling holes without surgery

Dr. Thomas P. Doyle closes holes in the heart, but he’s not a cardiac surgeon.

Doyle, associate professor of Pediatrics, uses catheters – long tubes inserted into blood vessels – to reach the heart and position specially designed “patches” over holes. His patients avoid surgery, cardiopulmonary bypass, scars, and long recoveries. Generally, they’re “up and running” the day after the procedure, Doyle said.

“There’s been a trend to try and perform what have been classically surgical procedures in a

less invasive fashion through catheterization,” Doyle said.

Catheterization procedures and devices have been developed for closing a number of different types of holes in the heart – atrial and ventricular septal defects and patent foramen ovale – and for closing abnormal blood vessels. Doyle and colleagues in the department of Biomedical Engineering also are working on new devices that would offer advantages over the currently FDA-approved devices.

Not all patients are eligible for catheter-based

procedures. The size and location of the heart defects and the size of the patient determine whether catheterization can be used. Traditional open heart surgery remains the best option for some patients. Often with complex conditions, a combination of catheterization and surgical procedures works best, Doyle said.

“That combined approach is what makes places like Vanderbilt unique,” Doyle said.

– LEIGH MACMILLAN

The future came just five years later when a genetic mutation was linked to inherited heart disease in a large family with multiple affected individuals. Strauss and colleagues pulled their samples from cold storage and found the same mutation in a patient with no family history of a genetic problem. They have repeated this process, finding other gene mutations, that were first identified as inherited mutations, in patients without family histories of heart disease.

“It’s very clear that there are many, many genes involved in heart development,” Strauss said.

Patient care and counseling

Gene discovery efforts are already having an impact on patient care. “We now know that certain defects are not just associated with heart disease, but with other abnormalities,” Strauss said.

He points out that the common heart defect called Tetralogy of Fallot has at least five different genetic causes that each present with other complications. Diagnosing which gene defect is present offers clues about which associated problems require treatment. “It’s really not enough to just know the anatomy and fix the anatomy,” Strauss said.

Identifying heart disease genes is also expected to guide care for adults who had heart defects that were corrected when they were children. The defective gene that caused a hole or a missing valve might rear its ugly head and cause problems later in life.

“Certainly if there’s a problem in a gene that causes a congenital heart defect, we should be wondering where else and when else that gene is needed,” Baldwin said.

Just such a gene, called NFATc, is one focus of Baldwin’s research. NFATc had long been studied for its critical role in mounting an immune response when Baldwin and collaborators engineered NFATc knockout mice and discovered that mice missing the gene had no aortic or pulmonary valves and died in utero. Patients with NFATc defects

might similarly have malfunctioning immune systems on top of congenital valve defects.

“It’s not only important to understand the genes that form the normal heart for the sake of correcting heart defects. It’s also going to give us information about what we need to be worrying about as these patients become adults,” Baldwin said.

Diagnostic tests to determine the risk for cardiac defects also will become increasingly important as these patients begin to have children of their own, and for patients who have a family history of congenital heart defects.

Molecular therapies

The long-term hope is that identifying genes important to heart development will lead to novel targets for therapies. Molecular therapies could make it possible to grow new heart muscle or new valve tissue, Barnett said.

“It’s unlikely in the near future that we’re going to be able to grow a complete heart in a beaker, but maybe we can grow a little bit of heart that would help surgeons in repairing children with severe defects who face multiple surgeries,” Barnett said. “So the molecular biology could be partnered with the surgery to do a better correction.”

The same strategies could benefit adults who have suffered heart damage. “If we can identify the developmental signals that cause a heart to form, we might be able to steal those signals to trick injured hearts into healing themselves,” Barnett said.

Molecular therapies could take many forms – direct injections into the heart, special matrixes placed inside the heart, cells injected into the blood stream that would “home” to the heart, even tissues like valves grown in the laboratory and used for replacement surgery. It might even be possible to intervene in the fetus and alter the course of a congenital heart defect.

The possibilities are exciting, Baldwin said. “We’re going to do these things, not next year, but it’s going to happen.”

Bringing blood to the heart

Vanderbilt is home to the only focused effort in the country to study the molecular basis for coronary blood vessel development.

A group of investigators led by David M. Bader, Ph.D., Gladys Parkinson Stahlman Professor of Cardiovascular Research, secured a \$9 million Program Project Grant from the National Heart, Lung, and Blood Institute to support the effort. Bader’s laboratory was one of the first to apply molecular biology to the study of heart and coronary vessel development.

“We have identified genes that are essential to the development of coronary vessels, and now we’re working on understanding how those genes function, and how mutations lead to abnormalities in coronary vessels,” Bader said.

Bader is joined in the effort by Joey V. Barnett, Ph.D., associate professor of Pharmacology, Medicine, and Microbiology & Immunology, Tsutome (Tom) Kume, Ph.D., assistant professor of Medicine and Cell & Developmental Biology, and Takashi Mikawa, Ph.D., professor of Cell Biology at Cornell University.

The investigators have discovered that the entire coronary vascular system and the epicardium, the sac encasing the heart, come from a small group of cells called the proepicardium. They have successfully isolated these cells from the chick embryo, a model system commonly used to study cardiovascular development.

Finding and growing the human equivalent of these chicken cells would be a real coup, Barnett said, perhaps making it possible to grow new coronary vessels for bypass surgery. That would be good news for legs – no longer would they need to sacrifice their blood vessels to supply the heart.

– LEIGH MACMILLAN

Sculptures and tapestries and catfish, oh my!

by Lisa Peper and Nancy Humphrey

PICTURED BELOW: Bryan Roberson's Striper, from Nashville's Catfish out of Water exhibit, will become a permanent fixture in the new Children's Hospital. **PICTURED TOP RIGHT:** Splishsplash, a sculpture by Maurice Blik, will be the hospital's garden centerpiece. **PICTURED BOTTOM RIGHT:** Some of Liz Quisgard's tapestry panels will find a permanent home in the new hospital.

When patients come through the doors of Vanderbilt Children's Hospital, they can count on the best care and technology available. One thing they may not be counting on, but will surely find, is art, and plenty of it.

Soon after architects had pen in hand to draw the plans for the eight-story, \$172 million freestanding children's hospital, a 25-member arts committee was meeting to

discuss what type of art should be on display throughout the hospital.

Art is woven throughout the new Monroe Carell Jr. Children's Hospital at Vanderbilt, often in ways that aren't obvious. It's part of the hospital's healing arts program.

"The medical center has a sizeable collection of art and we are adding to our existing \$2 million Children's Hospital collection," said Donna Glassford, director of cultural enrichment for Vanderbilt University Medical Center.

"Art in a healthcare setting can be emotionally powerful," Glassford said. "A sculpture or painting can create feelings of hope which is a necessary ingredient in the healing process."

A centerpiece in the hospital's Friends of Children's Hospital Garden will be a Maurice Blik sculpture of two children doing handstands on a globe. The sculpture, Splishsplash, will honor the lives of Alexander Martin and his mother, Mary Farris Martin. Alexander died of a heart attack at the age of 10. Mary Ferris died of a heart attack at 42. Other sculptures included in the garden will be Mother with Children, Running Girl



NELI BRAKE

and Circus Horse and Rider, three pieces created by Dr. William Doak, a local pediatrician and sculptor.

“I began taking sculpture classes as a pre-med undergrad at Vanderbilt,” said Doak, who also completed his residency at Vanderbilt in 1960. “I took a break during medical school, but got into sculpting again in the late ‘60s, when I had more time.”

Doak steadily produced bronze works for 15 years, creating many pieces for Vanderbilt. He created his artwork for the children’s hospital “to give the children something appealing, something they will enjoy.”

This was Doak’s goal when he was commissioned by Mr. and Mrs. Charles Ritzen to create Circus Horse and Rider. The sculpture was donated to commemorate Vanderbilt Children’s Hospital’s opening as a “hospital within a hospital,” and it will move to the new, freestanding hospital.

A Jane DeDecker sculpture of a young girl sitting on a bench playing with paper doll cutouts will also move to the garden. The sculpture was purchased by Cayce Joyce and donated it to be placed in the new hospital. The paper dolls are the Children’s Hospital logo.

Each floor of the hospital will have a different theme and color-scheme. The theme of the entire hospital is “Ribbons of Hope and Rivers of Healing.” Other art will include six panels of tapestries by artist Liz Quisgard, textiles from the different communities that make up Nashville, stained glass windows, and a catfish from Nashville’s Cat out of Water City Art Festival. Glassford will even enlist in the help of local children/artists from area public schools.

“I feel very strongly that our local artists of all ages are well represented in the new hospital,” Glassford said.

All art in the existing Children’s Hospital space will move to the new location, including a large wall collection of laminated buttons, decorated by patients and staff. 🌐



NEIL BRAKE



COURTESY OF FRIST CENTER FOR THE VISUAL ARTS

pieced the piper

The last night of Kathy Edwards' pediatric residency at Chicago's Children's Memorial Hospital in 1976, she desperately tried to save a young girl with *Haemophilus influenzae* meningitis, a devastating infection of the covering of the brain.

"In spite of all the wonderful knowledge and skills acquired during my residency training," she said, "I stood by and watched the child die."

Little did she dream that one day she would be instrumental in leading a Vanderbilt program that has developed a vaccine to prevent *Haemophilus* infection, which can lead to deafness, paralysis, seizures, even death. When Edwards joined the division of Pediatric Infectious Disease at Vanderbilt in 1980, she assumed the work started by Dr. Sarah H. Sell, now professor of Pediatrics, Emeritus, to develop a vaccine for the bacterial pathogen.

"It's really quite a poignant memory," she said. "To have futilely tried to save that young girl and to then come and participate in the evaluation and licensing of a vaccine

that has virtually eliminated *Haemophilus* – that is more than anyone can ask of her research career."

Edwards was recruited to Vanderbilt 22 years ago by Dr. Peter F. Wright, professor of Pediatrics and director of Pediatric Infectious Diseases, and Dr. David T. Karzon, former chairman of the department of Pediatrics. Since then she has participated in developing and evaluating vaccines to a number of pathogens other than *Haemophilus*, including those agents at the root of whooping cough (pertussis), pneumococcal and meningococcal infection, and influenza. More recently, as a result of world events, smallpox has been added to that list, and anthrax will soon follow.

Developing a good vaccine is no small feat. It involves priming the immune system by exposure to just enough of a bacterial or viral organism to build a defense against it,

but not so much that the person receiving the immunization gets the disease.

"For those of us who spend our lives doing vaccine studies, what we try and achieve is a very delicate balance – to have a vaccine that's effective with the minimal number of side effects," Edwards said.

Sometimes that balance leans too heavily toward the negative. An example is the pertussis, or whooping cough, vaccine, which has been available for use in children since the late 1940s. It was not one that parents embraced, however, because of the fever and the localized redness and swelling that developed post-inoculation.

In the early 1990s, Vanderbilt researchers, working with other scientists in the United States, Europe, and Africa, developed a more highly purified and safer pertussis vaccine. This improved vaccine is now used in all children in the U.S. and throughout most of Europe.

Vanderbilt's vaccine group is currently starting a trial to evaluate pertussis immunization of infants shortly after the time of birth, rather than at the typical age of two months. According to Edwards, there has been a marked increase in neonatal pertussis occurrence in the first month or two of life, in this country and in others. A number of the infections have resulted in death.

"We're looking at whether we might be able to immunize babies more quickly against pertussis, and also whether we might be able to immunize the mothers during pregnancy, to get the babies' immune systems primed," she said. "Our study will be among the first of its kind."

Edwards and other members of the vaccine evaluation group work closely with local practitioners to evaluate vaccines, as they did with the *Haemophilus influenzae* and pertussis vaccines. Local pediatricians participated in testing the pneumococcus vaccine, which was recently licensed, and the meningococcus vaccine that Edwards

PICTURED RIGHT: Dr. Kathy Edwards was recruited to Vanderbilt 22 years ago by Dr. Peter Wright, director of Pediatric Infectious Disease, and Dr. David Karzon, former chairman of the Department of Pediatrics.

anticipates will soon be licensed for use in this country.

Vanderbilt is known nationally and internationally as a center for vaccine development and evaluation. The National Institutes of Health and the Centers for Disease Control and Prevention have shown their esteem for the program by providing extensive funding for its work.

In late 2001, a moderate grant proposal by Edwards was converted to a \$12.6 million grant by the National Institutes of Health to launch and support studies of bioterrorism agents. “We were able, within one month, to complete a study looking at dilutions of smallpox vaccine in individuals who have never received smallpox vaccine before,” Edwards said.

The study, which was conducted at Vanderbilt’s Clinical Research Center, tested a frozen stockpile of vaccine produced by Aventis Pasteur for the Department of Defense 30 years ago, and compared it with the Dryvax vaccine stockpiled by the CDC. Of the 60 individuals immunized in the trial, all but two had a “take.” This information, combined with results from two other sites, clearly demonstrated that the frozen vaccine was still very active. And because the vaccine was effective even when diluted, the number of vaccine doses available in the U.S. jumped dramatically.

As a result of their success, Vanderbilt was asked to coordinate another, larger trial of the use of this vaccine in adults who had never received smallpox vaccine. Three



Vanderbilt is known nationally and internationally as a center for vaccine development and evaluation. The National Institutes of Health and the Centers for Disease Control and Prevention have shown their esteem for the program by providing extensive funding for its work.

different dilutions of the Aventis vaccine were evaluated, as well as the potential for those vaccinated to spread infection to others. The results of that trial led to a third study, currently in progress, to examine the utility of different types of bandages in preventing the spread of vaccinia virus (used in making the vaccine) from the injection site.

Another area of concern is how well vaccines are doing their job to protect children from disease. For the past several years, the CDC has funded Edwards and Dr. Marie Griffin, professor of Preventive Medicine, to conduct surveillance studies looking at the incidence of various respiratory diseases, noting especially the duration of vaccine protection.

ANNE RAVNER



Alexis Graham, accompanied by his mother, left, gets an exam from Laura Winslow, a nurse practitioner with the pediatric vaccine practice. Chankrisna Loy, below, opens wide for Winslow.



ANNE RAVNER

Griffin and Dr. Katherine A. Poehling, assistant professor of Pediatrics, have been taking a close look at the impact of the pneumococcal vaccine in reducing the burden of pneumonia and ear infections in young children. The TennCare database is proving to be a rich source of information for these studies.

“About half the children in Tennessee get their medical care from TennCare,” Edwards said. “The database tracks their hospitalizations, doctor visits, antibiotics, and immunizations, so it’s been a good tool for looking at effectiveness and impact of the new vaccine.”

Vanderbilt is one of eight academic medical centers in the country designated by the CDC as a Center for Immunization Safety Assessment. The purpose of these centers, according to Edwards, who is director of Vanderbilt’s CISA, is to provide thorough and timely assessment of adverse reactions associated with vaccines.

The aim of a new CISA study to be launched in the next few weeks under the direction of Dr. Joseph J. Nania, assistant professor of Pediatrics, is to better understand why some children react adversely to the DaPT (diphtheria, acellular pertussis, tetanus) vaccine. About 5 percent of DaPT vaccinated children will develop large

swellings at the site of injection. Nania will recruit children in the community who have had adverse reactions, for in-depth evaluation of their immune response.

Edwards said it is the spectrum of expertise represented by faculty members from diverse departments and divisions that makes the pediatric infectious disease prevention program at Vanderbilt so successful, and that she’s proud to be a part of it.

“Even though we have wonderful, innovative ways to treat diseases, I, as a pediatrician, feel that our greatest strength has been what we have done to prevent disease,” she said. “When I was a child, my mother would not let me go to the swimming pool because she was afraid I’d get polio. Now, that disease is nearly eradicated.”

Mindful of the legacy of excellence established by those who came before her, Edwards is intent on ensuring that the tradition of research in infectious disease prevention at Vanderbilt continues. “One of my main areas of interest and excitement is to enlist and empower young faculty members to assume major roles in these efforts,” she said.

Karzon, who many consider the founding father of Vanderbilt Children’s Hospital, has high praise for Edwards’ talent and energy. “Kathy Edwards is a physician and teacher, and a joy to work with,” he said. “Like a piper, she attracts medical students and young trainees to join her in her work.”

“It is my hope that when my current colleagues and I retire, we will have trained a cadre of physician-scientists who will continue these efforts and achieve greater things than we’ve been able to do,” Edwards said. “We must build on the strong foundation established by Drs. David Karzon, Sarah Sell, and Peter Wright. We must continue to take discoveries made at the bench to the bedside and then to the community. Only by preventing diseases will we be able to ensure that all children have a start on a healthy life.”

President's Corner

The new freshman medical school class (Class of 2007) received their white coats on Aug. 11 and three days later entered the classroom to begin four years of arduous study and work. Among the 104 members of that class are eight new Canby Robinson scholars who decided to come to Nashville because of the stellar reputation of Vanderbilt as an outstanding school, and also in no small part because of the scholarships provided by the membership of the

Canby Robinson Society. Their backgrounds are varied and impressive: M.D./Ph.D. candidates are: Ana Perdigoto, Brown University; Jennifer Rosenbluth, Princeton University. M.D. candidates are: Haritha Bodduluri, Duke University; Kristina Collins, Arizona State University; Katie Cox, Rhodes College; Kevin Elias, Harvard University; Christina Shuman, Harvard University; Donna Vleugels, University of Virginia.

This group of young women and men have not only had outstanding records in their undergraduate studies but have also participated in an unusual variety of experiences which included laboratory

research, community service, athletics, music, dance, third world missions, and a number of other campus leadership activities. Those of us who are concerned about the future of medicine can be reassured that the medical students of today bring with them a large measure of both idealism and scholarship. Altogether there are now 26 CRS scholars in school. Five of these are in the Ph.D. phase of their education and the remaining 21 are in various stages of medical school study. Canby Robinson, the Dean of Vanderbilt Medical School from 1920-28, would be proud to see such a highly qualified group.

The last few months of my term have arrived, and I am looking forward with pleasure to the coming leadership of our president-elect, Fran Hardcastle, who will assume office in January. So at this time I would like to express my gratitude to the

members of the CRS Society Board for all of their work in support of the Society. Next year will bring new outreach tours, special lectures and adopt-a-scholar events and I hope that all will be able to participate.

The Scholar Selection Committee deserves special thanks and would like to express their appreciation to Drs. Hal Helderman, chairman of the Vanderbilt Medical School Admissions Committee and John Zic, assistant chairman, for bringing us such an interesting and outstanding group of candidates.

Finally, we all owe thanks and appreciation to the CRS Director, Missy Eason, and her program coordinator, Robin Kumar, for making all these events happen so smoothly and on schedule. **CRS**

William S. Stoney Jr., M.D.
President,
Canby Robinson Society

Mary Nichols

Mary Nichols is not one to toot her own horn. As a matter of fact, getting her to talk about her family's generous donation to the Monroe Carell Jr. Children's Hospital can be a little like pulling teeth.

It's not that she's uncooperative. Indeed, she is a sweet, genteel southern lady. But, when she and her husband Nick, CRS members since 1989, gave \$1 million to the Neonatal Intensive Care Unit (NICU), they didn't do it for the notoriety, she said. They did it out of gratitude. When their grandson, Rob,

was born 22 years ago, he stayed in the NICU due to pulmonary problems. After Rob's health problems were resolved, Mary and Nick's daughter-in-law, Judy, suggested they consider making a donation to the NICU if the opportunity were to present itself. Over the years, the

Nichols became quite involved with Vanderbilt. At the suggestion of their good friends, Jim and Alice Rainey, the Nichols met with Dr. Ian M. Burr, professor of Pediatrics, a number of years



ANNE RAYNER

Mary Nichols

(continued on page 36)

CRS Happenings

From dinners to new students, here are some pictures from recent events at Vanderbilt. Clockwise, from top:

(1): Nelson and Sue Andrews (left) and Dr. Judson Randolph attended the Canby Robinson Society dinner held in May.

(2): Dr. Bill Cooper and his wife, Amy, and Jeff Hoffman and his wife, Jennifer visited before the dinner.

(3): The Canby Robinson Society welcomes eight new CRS scholars to the Vanderbilt University School of Medicine Class of 2007. From left to right (front row) are: Jennifer Rosenbluth, Haritha Bodduluri and Christina Shuman. Left to right (back row) are: Ana Luisa Perdigoto, Katie Cox, Kevin Elias, Donna Vleugels and Kristina Collins.

(4): Dr. William Stoney, president of the Canby Robinson Society, (right) congratulates Michael Shashaty, a member of the Class of 2003 who won the Ideal Physician Award. The award is presented to the student who fellow classmates would most like to have as their personal physician.

(5): Dr. Ben Alper and his wife, Phyllis, were among those who attended.



(1)



(2)



(5)



(3)



(4)

What the graduates say

GratITUDE seems to be the emotion du jour for the 2003 Canby Robinson Society scholars who graduated from Vanderbilt University School of Medicine.

The four graduates have gone on to residencies, but have not forgotten Vanderbilt and the CRS.

“The Canby Robinson Society scholarship is more than a scholarship,” said Dr. Allan F. Moore an internal medicine resident at Massachusetts General Hospital.

“It is a family committed to the academic and personal growth of their scholars. The opportunities that the Canby Robinson Scholarship has provided me are too numerable to count, and I hope in the future to be able to show my gratitude by remaining an active member of the society. I think Vanderbilt is a special place to learn medicine because it

uniquely nurtures both the physician-in-training and the individual. I know of no other school that so effectively trains the entire person.”

Dr. Kristin Ehst hasn’t gone far. A pediatric resident at Vanderbilt University Medical Center, Ehst said she is able to pursue her dream of becoming a primary care physician in an underserved area.

“I have been incredibly blessed by the CRS scholarship which has allowed me to grow and be mentored in the nurturing wisdom of the Vanderbilt Medical Center,” she said. “I am grateful for this precious gift.”

The CRS relieved a heavy financial burden for the four graduates.

“The CRS scholarship has provided me freedom from the financial burdens that so many medical students endure so that I could focus my time and energy

on the curricular and extra-curricular challenges of medical school,” said Dr. Robert Peck, a Medicine/Pediatrics resident at Massachusetts General Hospital. “Specifically this scholarship granted me the financial freedom to travel twice to Haiti and once to China during medical school to pursue interests in international academic medicine and infectious diseases. I am forever indebted to the generous and kind members of the CRS for helping me make these last four years at Vanderbilt an ideal educational experience.”

Dr. Lin Jin, a medicine resident at Santa Clara Valley Medical Center, said she is grateful to the CRS for the financial help as well as their encouragement and support.

“Without their generosity, I would not have been able to study medicine at Vanderbilt. I will strive to honor the ideals of the CRS in my medicine career.” **CRS**

- NANCY HUMPHREY

Scholarship Support Makes the Difference

When Dr. Julie Thwing entered Vanderbilt University School of Medicine in August of 1998, she received a full scholarship through the Canby Robinson Society Scholarship Program. Julie was guaranteed full-tuition coverage for all four years and knew that she would be entering her training program with little or no debt.

“I did not have to base my residency decision on financial considerations – and as a result I was able to choose the focus I felt the most passionate about.”

Julie started her training program in Pediatrics at Vanderbilt in the fall of 2002 and is thrilled with the program.

“It’s an exciting time to be a part of the Vanderbilt community – especially

with our new Children’s Hospital opening soon. The pediatrics program has incredibly strong leadership and is growing by leaps and bounds – this is an amazing place to be right now.”

“The Canby Robinson Society Scholarship Fund created an opportunity for me and my fellow recipients that would not have been possible without the gifts of support to our Medical School. I am grateful for the opportunity to continue to work and grow as a physician as a result of that support.”

After her training is complete, Julie plans to return to Africa, where she spent a large portion of her youth, to work in the field of international medicine. Julie is also interested in disaster relief work and providing the health care

needs of refugees. Service and giving back is one of the reasons Julie selected a career in medicine, she said.

The Vanderbilt University School of Medicine Scholarship Campaign, spearheaded by Dr. Robert D. Collins, Jr. MD ‘51, Dr. Judson G. Randolph, MD ‘53, and Mr. Robert S. McNeilly, the 1999-2001 CRS president, is entering the third year of a five-year campaign. The committee has raised more than \$21 million of a \$50 million endowed scholarship goal.

For more information about the scholarship effort, please contact the VUMS Scholarship Campaign Office at (615) 343-4399. **CRS**

- SARAH REYNOLDS

Did you know?

Elise Cornet and Ruth Ann Vleugels, CRS scholars from the class of 2004, have been inducted into Alpha Omega Alpha Honor Medical Society.



Dr. Amy Hourigan Gensler

After completing her pediatrics internship and residency at Vanderbilt, Dr. Amy Hourigan Gensler, MD'93, one of two CRS scholars in the Class of 1993, entered private practice in pediatrics in the Denver suburb of Parker, Co. She and Tim Gensler, MD'93, have two children, Cara, 7 and Ryan, 4.

"The CRS scholarship was one of the best things that could have happened to me for many reasons," she said. "The generosity of the CRS allowed me to obtain the best medical education available in a nurturing environment with amazing educators and fellow students. I was then able to choose a specialty based purely on my love for it and the lifestyle it allowed me, without having to consider any financial reasons to consider a particular specialty."



Dr. Amy Hourigan Gensler and family

Dr. Jerry G. Larrabee

Dr. Jerry G. Larrabee, MD'92, served a pediatric residency and chief residency at Emory School of Medicine in Atlanta, then joined the staff at Children's Healthcare of Atlanta at Scottish Rite.

Larrabee has two adopted children – Matthew Valentin, 6, adopted from Ukraine, and David Zuniga, 3, adopted from Guatemala.

"CRS was a godsend to me," Larrabee said. "Before embarking on my medical career I taught high school for three years and made barely enough to sustain myself. I didn't have a dollar to my name when I started medical school. The generosity of these fine folks at CRS allowed me to afford and attend medical school and I can say without question it was the reason for my selecting Vanderbilt University Medical School. Though my time and finances right now are dedicated to giving orphans a warm and loving home (working on #3 right now!), I hope some day to become a member of CRS."



Dr. Jerry G. Larrabee, Matthew and David

For more information about the Canby Robinson Society, contact Missy Eason, Director of Donor Relations, Vanderbilt University Medical Center, D-8223, Medical Center North, Nashville, Tenn. 37232-2106, (615) 343-8676 or 8677, fax (615) 343-0809, e-mail: missy.eason@vanderbilt.edu

Mary Nichols (cont.)

ago and took a tour of the Children's Hospital. Thus began their long-lasting relationship with Vanderbilt.

Mary sat on the board of Vanderbilt Children's Hospital, and she and Nick became members of the Canby Robinson Society. They made a \$1 million pledge to VCH five years ago and recently paid it off.

"We've just gotten to know a lot of people at Vanderbilt, and I can hardly express my feelings about it," Mary said. "I often tell my friends and family how proud I am of it."

Mary was born in a small town outside Greenville, S.C. She met Nick on an army airbase, and they were married after he returned from military duty in 1944. They eventually settled in Nashville where Nick went to work for his father in his bookbinding business. Nick remained active in his business until he died – on Mary's birthday - in October 2002. While the couple raised four sons, Mary volunteered with the American Cancer Society, the Ladies of Charity and St. Thomas Hospital.

Mary may not seek notoriety, but her name will live on. The new NICU will be named for her and Nick, and Vanderbilt will forever be grateful to them for their generosity. **CRS**

- KATHLEEN WHITNEY

Save
CRS DINNER
this
MAY 22, 2004
date!

JOHN E. CHAPMAN, M.D.

*Associate Vice-Chancellor
for Medical Alumni Affairs*



alumni journal

CLASS OF 2007 WELCOMED

With the arrival of August and the donning of 104 white coats, Vanderbilt University Medical School welcomed the Class of 2007. Vanderbilt continues to attract the best and the brightest, and this class is certainly no exception. These students have an average GPA of 3.78 and an average MCAT score of 10.8. They come from 32 states and 56 colleges and universities, and interestingly, for the first time in Medical School history, women, numbering 60, outnumber men. This group of aspiring physicians will certainly be followed with great interest.

NEW EXECUTIVE DIRECTOR

We are pleased to announce the arrival of our new Executive Director, Dr. Ann H. Price (MD'78). Dr. Price received both her undergraduate and medical degrees at Vanderbilt and has been very active at the Medical Center throughout her career. In addition to being a Founder's Medalist and


Chief Resident, she also served as Medical Director of the Vanderbilt Employee Health Service, helped launch the Health Plus Wellness Program for Vanderbilt faculty and staff, and serves as an Assistant Clinical Professor of Medicine. She is also a past President of the Canby Robinson Society and is active with many community and professional organizations throughout Nashville and Middle Tennessee. We are confident in Dr. Price's abilities and look forward to the programs and initiatives she envisions for the medical alumni.

KEEPING IN TOUCH

One of the most rewarding aspects of working with alumni is helping people get in touch with old friends and classmates. There is an easy way to do this now, and I encourage you all to try it. Dore2Dore is a searchable online directory of Vanderbilt alums. After completing information about yourself (you may enter as much or as little information as you like), you may begin your search. Searches can be conducted in a variety of ways – you can search for a specific classmate by name; by city, state, or region; by graduation year, school, or degree; or you can create your own custom search based on a combination of data of your choosing. If you have not had the opportunity to browse through this directory, I urge you to do so. Dore2Dore can be accessed by visiting the Medical Alumni Web site at

www.mc.vanderbilt.edu/alum-affairs and clicking on the Dore2Dore logo.

REUNION 2004

The next Medical Alumni Reunion is a year away. Reunion 2004 will take place November 4-6 and will reunite the graduates of class years ending in 3, 4, 8, and 9, but all alumni are welcome to attend. Quinq inductees will be from 1954 and 1955. Further details, including lodging information and program specifics, will be mailed to you later this year and will also be posted on our Web site at www.mc.vanderbilt.edu/alum-affairs. We hope to see you there! 

Best wishes to all,

John E. Chapman, M.D.
Associate Vice Chancellor
Medical Alumni Affairs

Faculty News • Alumni News

Faculty News

Dr. Benjamin J. Alper* has been named clinical professor of Medicine, Emeritus. Alper directed Vanderbilt's Arthritis Clinic for 20 years and was responsible for training a number of distinguished rheumatologists.

Dr. Philip J. Browning has received initial funding from the Vanderbilt-Ingram Cancer Center's first endowed "Discovery Grant" to support his research into the viral etiology of cancer. The \$35,000 award comes from the Alan Rittenberg Discovery Grant for Cancer Research, newly endowed with a \$500,000 gift from the estate of Elsie Weinman Rittenberg in memory of Mrs. Rittenberg's late son. The funds will be used to support Browning's research into the role of Kaposi's sarcoma-associated herpes virus (KSHV) in the development of malignancies in immune compromised individuals.

Richard Caprioli, Ph.D., Stanley Cohen Professor of Biochemistry, professor of Chemistry and Pharmacology and director of the Mass Spectrometry Research Center, was awarded the Thomson Medal by the International Mass Spectrometry Society (IMSS) Sept. 2 at the society's triennial conference in Edinburgh, Scotland. Thomson Medals are awarded for outstanding achievements in mass spectrometry and for distinguished service to international mass spectrometry.

Dr. Brian W. Christman, associate professor of Medicine, has been appointed vice chairman for Clinical Affairs at the Nashville Veterans Administration Hospital in the Department of Medicine. He was also appointed Chief of the Medical Service of the Tennessee Valley Health System at Murfreesboro and Nashville, effective Sept. 6. In his new role as vice chairman, Christman will have departmental responsibility for clinical faculty activity at the Nashville Veterans Administration, an affiliate hospital of Vanderbilt. He is also responsible for student and housestaff teaching programs at the VA. At TVHS, Christman will be responsible for helping to manage the internal medicine practices at both sites and for helping the VA achieve its patient care goals.

Edward G. Conture, Ph.D. professor of Hearing and Speech Sciences, was presented with the 2003 Malcom Fraser Award for Excellence by The Stuttering Foundation in recognition of his extraordinary contributions to the field of stuttering.

S.K. Dey, Ph.D., Dorothy Overall Wells Professor of Pediatrics and director of the division of

Reproductive and Developmental Biology, has been selected by the National Institute on Drug Abuse to receive a second coveted Method to Extend Research in Time (MERIT) award, this time for his research on the role of endocannabinoid signaling in embryo-uterine interactions during pregnancy. According to medical center records, Dey is the first Vanderbilt investigator to ever hold two such awards concurrently. MERIT awards recognize investigators with a laudable track record of high caliber research, and provide up to 10 years of continuous, non-competitive support.

Dr. Raymond N. DuBois Jr.,* Mina Cobb Wallace Professor of Cancer Prevention and director of the division of Gastroenterology, has received a MERIT (Method to Extend Research in Time) Award from the National Institutes of Health. Fewer than 5 percent of NIH-funded scientists receive MERIT Awards, which are given to researchers with a proven track record of scientific excellence and productivity over the previous 10 years.

Dr. Steven G. Gabbe* has been appointed to the Liaison Committee on Medical Education (LCME) for a three-year term. The LCME is part of the Association of American Medical Colleges (AAMC). The 17-member accreditation body is composed of medical educators and administrators, practicing physicians, members of the public, and medical students. Gabbe has also been elected president-elect of the Society for Gynecological Investigators, a premier scientific organization in Obstetrics and Gynecology of about 1,000 members and will serve as the group's president in 2005. SGI is one of a few scientific organizations with a broad international representation. About 81 percent of its members are in the United States, 4 percent are in Canada and 15 percent are from outside North America. One-third of the members are basic scientists and two-thirds are clinical investigators.

Dr. Dennis Hallahan, professor and chair of Radiation Oncology at the Vanderbilt-Ingram Cancer Center, has been named to a panel of scientific experts that reviews grant applications to the National Institutes of Health in the field of Radiology. Hallahan's four-year term on the Radiation Study Section of the NIH's Center for Scientific Review Center began July 1.

Frank E. Harrell Jr., Ph.D., has been named the chair of the new department of Biostatistics at VUMC. Harrell, who was previously professor of Biostatistics at the University of Virginia, will assume the position. Harrell spent more than 17 years in the Duke Clinical Research Institute where

he worked on clinical trials and on the development of the Duke Cardiovascular Disease Databank, one of the largest prospective cohort studies of patients with coronary heart disease.

Dr. Harry R. Jacobson,* vice chancellor for Health Affairs and professor of Medicine, was recently listed in *Modern Physician* as one of 25 top physician executives in the United States. The magazine touts the group as "visionary doctors who rattle the status quo by flexing their experience and reputations in a variety of disciplines." Jacobson was recognized as a "leader in commercializing academic projects." Jacobson was also recognized by the Boy Scouts from the Middle Tennessee Council recently for his support of the scouting program.

Dr. David Johnson,* deputy director of the Vanderbilt-Ingram Cancer Center was named president-elect of the largest clinical oncology organization in the world, the American Society of Clinical Oncology, at the organization's 39th annual meeting in June.

Dr. Pierre P. Massion, assistant professor of Medicine, has been awarded \$200,000 annually for five years from Damon Runyon Research Foundation/Lilly Clinical Investigator Award to search for specific markers in the blood and in the airways that would detect lung cancer early and identify those at risk for developing the disease.

Christopher D. McKinney, Ph.D., a veteran technology-licensing expert who has served as director of Technology Transfer since 2001, will head the new Office of Technology Transfer and Enterprise Development (OTTED), which was reorganized from the Office of Technology Transfer and the Vanderbilt University Technology Company (VUTC).

Dr. James L. Netteville,* professor of Otolaryngology, was the first recipient of the Vanderbilt University School of Medicine Candle (Caring, Advocating, Nurturing, Determination, Leadership, and Empathy) Award, a monthly award given by Vanderbilt medical students to individuals who have devoted themselves to teaching and mentoring. Dr. Jason Martin, a resident in the division of General Internal Medicine, also received the award.

Dr. Robert H. Ossoff,* associate vice chancellor for Health Affairs, Guy M. Maness Professor and Chairman of the department of Otolaryngology, and director of the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communications Sciences, has been elected vice president/president-elect of the American Laryngological Association (ALA).

Dr. Martin P. Sandler,* professor and chair of the department of Radiology and Radiological Sciences was recently named the Carol D. and Henry P. Pendergrass Professor of Radiology and

*Indicates CRS member

Radiological Sciences. The Chair was created by the Pendergrass family in 1992 to pay tribute to the achievements of emeritus professor and former vice chairman of the radiology department, Dr. Henry P. Pendergrass and his late wife, Carole.

James E. Shmerling, CEO of Vanderbilt Children's Hospital, was recently selected to co-chair the Child Health Accountability Initiative (CHAI). CHAI is a collaboration of about 24 of the most preeminent children's hospitals in the country. The initiative is centered upon developing measures of quality and safety that apply directly to the care of children in hospitals.

Dr. Alexander S. Townes,* MD'53, HS'53-'54, '56,'58, professor emeritus at Vanderbilt, has been selected for mastership in the American College of Physicians and American Society of Internal Medicine. The mastership is bestowed upon select Fellows in recognition of exceedingly stellar career accomplishments and service to the College.

Jack N. Wells, Ph.D. has been named professor of Pharmacology, Emeritus. Wells has been actively involved in the training of graduate students.

Dr. William O. Whetsell Jr.* has been named professor of Pathology, Emeritus. Whetsell established the first accredited training program in Neuropathology at Vanderbilt as well as the current Neuropathology curriculum for the medical student course in Pathology.

Dr. Stephen C. Woodward has been named professor of Pathology, emeritus. While chief of pathology at the VA, Woodward's most important educational effort was to establish Medical and Surgical Death Conferences where more than 1,200 cases, virtually all autopsied cases, were presented.

Alumni News

'42

Dr. Martha F. Leonard, HS'42, is living in a retirement community in Connecticut where she serves as part-time volunteer chaplain in the Health Center. She practiced pediatrics for 14 years, went to the Yale Child Study Center for a fellowship in child development, and then joined the faculty, rising to professor. She retired in 1986.

'44

Dr. Frederick W. Smith,* MD'44, is living in Huntsville, Ala. He retired in 1989 after practicing surgery in Huntsville since 1952.

'48

Dr. Randolph A. Frank,* MD'48, is co-chair of a medical advisory council to President George W. Bush and is co-founder of the Psychiatric Institute

of Washington, D.C. He is currently a clinical professor at George Washington University.

Dr. W. Faxon Payne,* MD'48, HS'48-'51, '57-'60, FA'86-'00, professor emeritus at VUMC, testified in May on sepsis and the care of the elderly before the U. S. Senate Special Committee on Aging in Washington, D.C.

'52

Dr. William Wadlington,* MD'52, HS'52, '54, CF'59-'89, was awarded the 2003 "Tennessee Physician of the Year Award" by the Tennessee Medical Association. Previously he received the "1988 Pediatrician of the Year Award" and the "1991 Volunteer Physician of the Year Award" On the national level, Wadlington has received the "1998 Office Research Award" from the American Academy of Pediatrics and the "1991 Lay Education Award" for founding Health Hall in the Adventure Science Center in Nashville. Two of Wadlington's four children, John (MD'88) and Van (MD'87) graduated from VUSM.

'64

Dr. Joseph A. Cook,* MD'64, former executive director and founder of the International Trachoma Initiative, was presented the Trachoma Gold Medal at a ceremony in Paris in May. The medal is awarded each year to a person who has advanced the cause of trachoma control by the International Organization Against Trachoma and La Ligue Francaise Contre Le Trachome in association with the 109th Congress of the French Society of Ophthalmology. Trachoma, the world's leading cause of preventable blindness, blinds 6 million people worldwide. Cook served as ITI's executive director from its founding in 1998 until he retired in March 2003.

'65

Dr. Robert M. Carey, MD'65, is chair-elect of the Council for High Blood Pressure Research of the American Heart Association and was appointed David A. Harrison III Distinguished Professor of Medicine at the University of Virginia School of Medicine.

'70

Dr. Kirby Primm,* HS'70'71, '73-'76, FA'79-84, a cardiologist at Wenatchee Valley Medical Center, was recently promoted to clinical professor of Medicine at the University of Washington School of Medicine. He was also recently elected governor of the Washington Chapter of the American College of Cardiology.

'72

Dr. Derrick L. Latos, HS'72-'73, '76, F'73-'74, has been elected Master of the American College of Physicians. He is currently serving on the ACP Board of Regents as chair of the council of Subspecialty

Societies and has been in private practice in Nephrology in Wheeling, W.Va for the past 26 years.

'75

Dr. Frank M. Balis, MD'75, was recently appointed clinical director of the National Cancer Institute of the National Institutes of Health. His wife, Judith Cooper, who holds a 1972 Masters degree from Vanderbilt, was appointed director of the Division of Scientific Programs, National Institute on Deafness and Other Communication Disorders within the NIH.

Dr. A. Everette James Jr.,* FA'75-'89, was named a 2003 Gold Medalist by the American Roentgen Ray Society, an organization that promotes the advancement of medicine through the science of Radiology. He also received the Association of University Radiologists 2003 Gold Medal for his contributions to that organization and the field of academic Radiology. He and his wife, Dr. Nancy Farmer, live in Chapel Hill, N.C., and have three children and four grandchildren.

'79

Dr. Susan O. Cassidy, MD'79, HS'79-'80, received the 2003 Meritorious Service Award from the American College of Occupational and Environmental Medicine (ACOEM), an international medical society of more than 6,000 occupational and environmental physicians and other allied health professionals. She is Senior Director of Health Management for Aventis Pharmaceuticals in Bridgewater, N.J.

'81

Dr. F. Bradford Meyers, MD'81, and his wife, Gretchen, have worked together as team managers for about five years in the Destination Imagination (formerly Odyssey of the Mind) program. They led their Jefferson Middle School team to a world championship. The Meyers have a solo physician family practice office in Jefferson, Wisc. and have two children, Elise, 16, and Cedric, 14, both active in Destination Imagination.

'82

Dr. Timothy Moore, MD'82, has joined Alere Medical Incorporated, a leader in car management and remote monitoring of patients with advanced heart failure, as chief medical officer and executive vice president. Prior to his appointment, he was chief medical officer and senior vice president of Health Net Inc., one of the nation's leading health plans.

'83

Dr. Anthony P. Terrasse, MD'83, has completed his fifth year as chairman of the Department of Surgery at Lake Forest Hospital in Chicago. He and his wife, Maryanne have two sons, Weston and Rylan.

'85

Dr. Wayne Jenkins, MD'85, medical director and vice president of medical affairs for the MD Anderson Cancer Center Orlando, has been named to the Florida Cancer Control and Research Advisory Council by Gov. Jeb Bush. Jenkins was listed in "Best Doctors in America," second edition and is currently working on a master's in health policy and administration from Johns Hopkins University.

'92

Dr. Scott R. Gibbs, MD'92, and his wife, Mary, welcomed their third child, Margaret Ann, on Feb. 8, 2003. He is a clinical instructor at Marshall University School of Medicine and a partner in River Cities ENT Specialists, Inc. in Huntington, W.Va.

'93

Dr. Laura Peterson-Boldt, MD'93, worked six years in Seal Beach, Calif., and now after the birth of her fourth child, is staying at home with her children, Christopher, 7, Patrick, 5, Clare, 2, and Peter Joseph, 10 months. Her husband is a partner at Kirkland & Ellis Law Firm in Los Angeles.

'96

Dr. Thomas R. Talbot, MD'96, instructor in medicine at VUMC, married Helen Keipp Bredenberg on March 15. Talbot is a clinical fellow in Infectious Diseases at VUMC.

In Memoriam



Dr. Eugene L. Bishop Jr., MD'51, HS'51-'52, CF'59-'80,'00- died July 26, 2003. He was 78. He practiced medicine in a pediatric and allergy practice for 44 years, and was associate clinical professor of Pediatrics and Chief of the Pediatric Allergy Clinic at Vanderbilt. He is survived by his wife of 23 years, Ann, three sons, a daughter, three stepchildren, and 14 grandchildren.

Dr. Samuel C. Dunn, MD'43, HS' '44-'45 died on Dec. 18, 2002 from complications from a subdural hematoma. He had practiced pediatrics in Kingsville, Texas for 30 years before retiring to San Antonio, then to Comfort, Texas. He is survived by two sons, three grandchildren, and three great-grandchildren.

Dr. Sam Weakley Carney, MD'54, HS'54-'56, CF'57-'89, CF'00, died May 16, 2003. He was 76. He was in private practice for 37 years in Madison. He is survived by his sons, Sam III, and Stuart.

Dr. Bruce Douglas Graham, MD'42, died April 27, 2003 in Dublin, Ohio, at the age of 87. He is survived by his wife, Lillian, three children, two stepchildren, five grandchildren and four step-grandchildren.

Before his retirement, he was medical director and chief of staff of the Pediatrics Department at Children's Hospital in Columbus, Ohio, and was chairman of the Department of Pediatrics and Director of the Clinical Division of Pediatrics in the College of Medicine at The Ohio State University. He also served as president of the American Academy of Pediatrics in 1980.

Dr. Grace Hughes Guin, MD'43, died May 29, 2002, in San Diego due to complications from a stroke. From 1954 to 1964, Guin was a pathologist at Children's Hospital in Washington D.C. where she did pioneering work in introducing new chemotherapeutic agents in the treatment of childhood leukemia. In 1967 she became special assistant to the Director of Pathology, Department of Veterans Affairs, a position she held until her retirement in 1990, when she received the Distinguished Career Award from the department. Survivors include a daughter, Grace, and two grandsons.

Dr. Glenn Eric Hager, MD'77, died March 4, 2003 at his home in Klamath Falls, Ore. He helped establish the Ear, Nose and Throat Clinic in Klamath Falls. Survivors include his three daughters, Oakley, Ericha, and Meredith.

Dr. Pope B. Holliday, HS'49, died on June 29, 2003 in Chattanooga. He practiced pediatrics at the Holliday and Starr practice in Chattanooga from 1950 until he retired in 1988. He is survived by his wife of 57 years, Mary, six children, 15 grandchildren and three great-grandchildren.

Dr. Willard J. Kiser, MD'30, died Jan. 10, 2003 in Wichita, Kan. A general surgeon, he retired from the practice of surgery on his 70th birthday. He continued to see patients in consultation, however, until he was nearly 80. He is survived by a son, John, eight grandchildren and 10 great-grandchildren.

Dr. Carl Freeman Luckey, MD'41, HS'48, died May 19, 2003 in Florence, Ala. He was 88. Luckey practiced medicine in Florence for 49 years, with a VUSM classmate, Dr. Preston Trousdale. He is survived by his wife, Ann, a son, Dr. George Luckey, and two grandchildren.

Dr. Woodring Pearson, MD'40, died May 28, 2003. He is survived by his wife of 63 years, Mary Elizabeth, five children and their families. Pearson joined the staff of the Woodland clinic in Woodland, Calif. and served as chief of surgery at the Woodland Clinic Hospital and Woodland Memorial Hospital. He retired in July 1977.

Dr. Jefferson C. Pennington, MD'51, HS'52, CF'70-'89, died Sept. 3, 2003. Pennington, who was 77, served on the Metro Board of Hospitals for many years and was instrumental in Nashville General Hospital's move to Meharry Medical College. A

general and thoracic surgeon, and a 1984 liver transplant recipient, he founded the Transplant Recipients International Organization, a support group for transplant recipients and their families. He also served on the board of the United Network of Organ Sharing and was past chairman of Tennessee Donor Services. Survivors include his wife, Jean, two daughters, a son, and two stepsons.

Dr. Fred Rawlings, MD'44, died Aug. 14, 2003 at his home in Babson Park, Fla. He came to Babson Park after his military service in 1957, and practiced there until his retirement. He is survived by his wife, Gwen, daughters, Martha, Lori, and Kathy, and sons, Fred and Lee and 10 grandchildren.

Dr. Wilbourn C. Shands, MD'45, HS'45, died Sept. 30 in Jackson, Miss. He was 80. A 1943 graduate of Vanderbilt University, Shands was a member of Alpha Omega Alpha at VUSM, and served as a general surgeon at The Surgical Clinic from 1954-1978. He retired after a stroke in 1978, but remained active, working for the VA Regional Office on the Adjudication Board. He is survived by his wife, Janet, four daughters and several grandchildren.

Dr. Edwin Ide Smith, HS'53-'55, died Aug. 6, 2003 in Dallas, Texas. After practicing general surgery with his father, he had a long career in pediatric surgery, beginning at Kings Daughters Hospital in Norfolk. He retired from the University of Oklahoma in 1989 and was recruited to develop a pediatric surgery residence program at the University of Texas Southwestern Medical Center. After five years, he retired from his position as emeritus professor in pediatric surgery and chairman of the division of pediatric surgery, although he continued to teach. He is survived by Matilda, his wife of 52 years, two daughters, a son, and five grandchildren.

Dr. Michael G. Weidner, MD'46, HS'53, F'54-'55, died May 7, 2003 at his home in Charleston, S.C. He was a professor of Surgery at the Medical University of South Carolina from 1968 until his retirement. He is survived by his wife, Sally, and a daughter, Leslie.

Dr. Charles F. Wilson, MD'41, died March 29, 2003 at Cape Girardeau. He was 87. He opened his practice of internal medicine as a fourth-generation physician with a great-grandfather and grandfather, and an uncle preceding him in practice in Cape Girardeau. He is survived by two sons, four grandchildren and two great grandchildren.

Dr. John Evan Wimberly, HS'62-'63, '66-'68, of Pensacola, Fla., died on Feb. 27, 2003.



The class of 2007 listens to instructions on their first day of orientation.



Clockwise from left: Michael Madigan, Angela Shields, Kevin Elias and Jason Halvorson relax in Dean Steven Gabbe's hot tub during the first-year picnic.

welcoming the class of 2007

PHOTOS BY ANNE RAYNER



Nashville Mayor Bill Purcell talks to Dean Steven Gabbe and Dr. Pat Temple (right) and new medical students at the Dean's picnic.



Dr. Bonnie Miller (right), Associate Dean for Medical Students, visits with Dr. Jacek Hawiger and other visitors at Dean Gabbe's first-year picnic.

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