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ON THE COVER: Classical anatomy drawings from the 1918 edition Gray's Anatomy, such as the one featured on the cover, were early instruction manuals for healthcare workers.

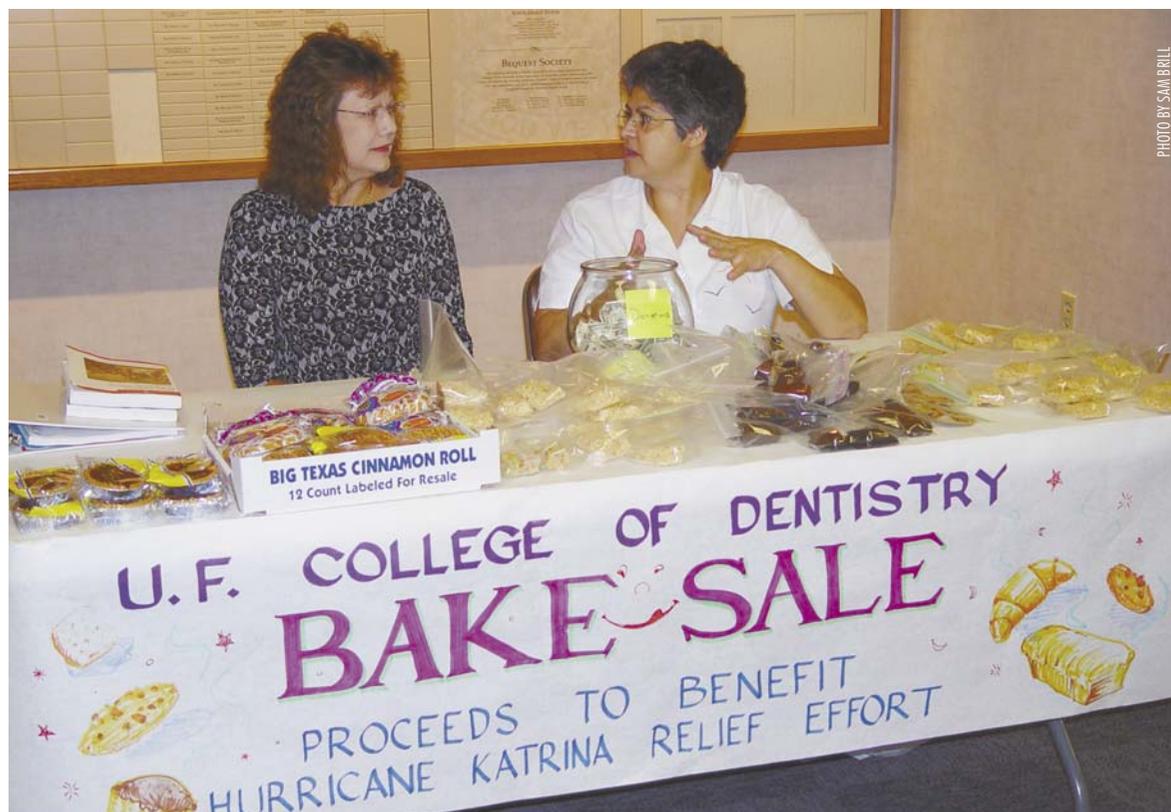
Bake sale for victims of Hurricane Katrina

From a \$20 muffin to a handful of cookies for \$.25, contributions of any size were welcomed at a bake sale held by the College of Dentistry for the victims of Hurricane Katrina the week following the disaster.

Selling sweet treats for donations, the three-day bake sale raised more than \$750. The money raised at the bake sale will be matched by Henry Schein Inc., for a donation of more than \$1,500 to hurricane relief efforts.

“It was neat to see how many people wanted to give,” said Harriet Hayes, coordinator of the college’s special events planners that arranged the bake sale. “It gave them an outlet when they didn’t know what to do.”

– Adrianna Rodriguez



Kathy Cannon (left) from orthodontics and Marta Miller (right), from Continuing Dental Education, staff the bake sale table in the West Lobby entrance of the Dental Sciences Building. They offered a whole gamut of sweets ranging from prepackaged honeybuns to homemade fudge brownies to benefit Hurricane Katrina relief efforts.

HEALTHY GATORS 2010 SETS KICKOFF EVENT

Healthy Gators 2010, a campuswide initiative aimed at producing a healthier University of Florida community, will hold its formal kickoff 10 a.m. to 2 p.m. Oct. 26 at the Reitz Union Colonnade.

Students, faculty and staff will have the chance to learn more about the Healthy Gators initiative, explore the offerings of student organizations and campus departments that have a health-related mission, and receive free health screenings and complimentary merchandise. Flu shots will be available at a cost of \$5 for students and \$20 for faculty and staff.

At noon, UF first lady Chris Machen, chair of Healthy Gators 2010, will deliver the kickoff speech. A former practicing nurse, Machen said her leadership of this effort was a natural for her because of her background in health care. She especially likes Healthy Gators' emphasis on prevention. Learn more about Healthy Gators 2010 at healthygators.hhp.ufl.edu.



PEDIATRIC CARDIOLOGY TAKES CENTER STAGE

The department of pediatrics will host the third annual DeBusk Lectureship at 8 a.m. Nov. 4 in C 1-9.

Mary Allen Engle, M.D., a professor emeritus of pediatric cardiology at Cornell University and the author of more than 300 peer-reviewed journal articles, will present a lecture titled "The Growth and Development of Pediatric Cardiology."

Engle is the editor of six books focused on pediatric cardiology. She worked with Helen B. Taussig, the pediatric cardiologist who co-developed the Blalock-Taussig operation.

Frank L. DeBusk, M.D., was the chief of the division of general pediatrics and served on the UF faculty for 30 years, from 1966 to 1996. This lectureship was established in his honor by faculty, residents and students who were affected by his work and his teaching

FLORIDA GENETICS 2005 INVITES POSTER SUBMISSIONS

Poster abstracts covering any aspects of genetics research are encouraged for sessions at Florida Genetics 2005, a symposium scheduled for Nov. 30 to Dec. 1 in the Reitz Union.

The event is sponsored by the UF Genetics Institute, the Center for Mammalian Genetics, the Plant Molecular and Cellular Biology Program and Health Science Center Libraries.

UF faculty members, postdoctoral associates and students have through Oct. 15 to submit abstracts.

Visit the seminars and events section of the UFGI Web site at www.ufgi.ufl.edu for more information, or call Michele Tennant, Ph.D., at (352) 846-0149.

UF VETERINARY MEDICAL TEACHING HOSPITAL GETS NEW NAME

The University of Florida Veterinary Medical Teaching Hospital has been renamed the University of Florida Veterinary Medical Center to more accurately reflect

the scope and sophistication of its inpatient and outpatient services. The new name became effective in July and was developed with input from clients, clinicians in private practice and faculty.

"Our new name better represents the comprehensive and sophisticated array of diagnostic capabilities and innovative services we offer our animal patients, including cardiology, animal behavior, dentistry, acupuncture and integrative care," said Dean Joseph A. DiPietro, D.V.M.

For more information, visit the college's Web site at www.vetmed.ufl.edu.

WHY TAKE THE NEXT STEP?

College of Nursing Graduate School Opportunities Session

Thinking about taking the next step in your nursing education? Whether you are considering graduate school now or in the future, all students, alumni and practicing nurses should plan to attend the College of Nursing Graduate School Information Session at 2 p.m. Oct. 31 in the HPNP Complex Reception Area. This session will provide valuable information on why, how and when you can pursue your graduate degree in nursing at UF. Call Tracy Brown Wright at (352) 273-6421 and check the College of Nursing Web site, con.ufl.edu, for more information.

NEW TB CENTER PRESENTS GRAND ROUNDS AND OPEN HOUSE

Michael Iseman, M.D., an expert on tuberculosis, will discuss the future of tuberculosis from both global and national perspectives at an Oct. 20 grand rounds.

Iseman is a professor of medicine at the University of Colorado School of Medicine and the chair of mycobacterial diseases at the National Jewish Medical and Research Center in Denver. He has spent decades working on the treatment, control and elimination of tuberculosis. The talk will be held 11 a.m. to 12 p.m. in the Health Science Center's Room C1-11.

After grand rounds there will be a welcome

reception and open house for UF's new Southeastern National Tuberculosis Center.

Under the direction of Michael Lauzardo, M.D., the TB Center is founded on a five-year, \$7 million grant from the Centers for Disease Control through a cooperative agreement with the Florida Department of Health awarded to the division of pulmonary and critical care medicine in the department of medicine. The TB Center seeks to address the training, education, medical consultation and technical assistance needs of health-care providers and TB programs in 11 Southeastern states, Puerto Rico and the U.S. Virgin Islands, with the goal of eliminating tuberculosis.

Visit the open house noon to 2 p.m. at the 1329 Bldg., fifth floor, Suite 5180.

AWARD SUPERIOR ACCOMPLISHMENT

UF's Superior Accomplishment Awards Program, now in its 16th year, recognizes Academic Personnel, Technical Executive Administrative Managerial and Support (TEAMS) employees and University Support Personnel System (USPS) employees who have contributed outstanding service in their fields during the academic year of Aug. 1, 2004 through July 31, 2005. This program, coordinated by the division of human resources, is calling for nominations.

Please don't miss this chance to recognize those among us who make the extra effort. This year's nomination period began Sept. 15 and runs through Oct. 31.

Division-level winners each receive \$200 along with a certificate of appreciation, memento coffee mug and celebration luncheon. Each division winner is also eligible to be selected for one of six university-level awards of \$2,000 each or one of eight \$500 awards.

In addition, each of the six category winners and his or her guest will be invited to attend a UF football game in the university president's box.

Nomination packets should be routed through your respective college committee member. They are:

- College of Dentistry - Colette Cimino
- College of PHHP - Bonnie Pomeroy
- College of Medicine - M. Louise Brophy
- College of Nursing - Joan Hill
- College of Pharmacy - Terry Whisenant
- College of Veterinary Medicine - Ron McKeever
- Student Health Care Center - Joan Street
- Office of the Senior Vice President, Health Affairs - Dennis Hines

For information, nomination criteria and nominations forms, visit www.hr.ufl.edu/recognition/saa.

Lunch on the House



All HSC and Shands employees are invited to attend the HSC faculty & staff 50th anniversary appreciation luncheon 11:30 a.m. to 1:30 p.m. Nov. 4. Chow down on hamburgers and hot dogs at the picnic on the HPNP Plaza while being entertained by Albert and Alberta, 1950s music and a special appearance by the Gator Dazzlers.

Hurricane Katrina and the HSC



Duane Dede's colleagues and friends from department of clinical and health psychology helped pack a 24-foot-long truck with furniture and supplies that was destined for his family members evacuated from the Gulf Coast.

By Denise Trunk

The Health Science Center and its staff, students and faculty responded quickly to aid the victims of Hurricane Katrina. The stories and images of loss and destruction moved many people to action in numerous ways, from the colleges of Dentistry, Nursing, Medicine, Pharmacy, and Public Health and Health Professions opening their doors to displaced students, to departments organizing fund and food drives, to clinicians going to the area to provide disaster medical assistance and to help with cleanup. The stories on the next few pages present a glimpse of the group and individual efforts undertaken by those in the HSC to help make a difference.

Mark Atkinson, Ph.D., a professor in the medical college's department of pathology, immunology and laboratory medicine, is a well-known diabetes researcher. While Hurricane Katrina was still a Category 1 storm, Atkinson was already making initial preparations to assist in its aftermath, but not in a way many people would expect.

Atkinson, who has organized medical mission trips to Haiti and other developing countries, said he preferred to clear storm debris and help enable people to reorder their lives, one fallen tree at a time. He and his wife, Carol, joined a group of about two-dozen people from his Gainesville church to take a week off work and travel to Gulfport, Miss., bringing food, supplies and manpower.

"The destruction was just block after block. Entire neighborhoods were in rubble; people had their whole lives piled at the curb. While medical treatment is obviously very important, I just wanted to go out there as someone who cares,"

Atkinson said.

The UF College of Public Health and Health Professions saw examples of people joining forces to help displaced families.

For Duane Dede, Ph.D., a professor in the department of clinical and health psychology, it was a tense time while 45 members of his family evacuated to a hotel in Tuskegee, Alabama. He sent out an e-mail asking friends in the department for "a little help." He was unprepared for the tremendous response.

The department and the college mounted a campaign to gather items for his family, who were left with nothing. Five days after the storm hit, Dede, accompanied by Sam Sears, an assistant professor of clinical psychology, had loaded up a 24-foot truck filled with donated furniture, essential items and \$11,000 and drove it to Dede's family.

"Know that everyone was simply amazed that so many would give so much and they are completely grateful," Dede said. "As we opened and unloaded the truck, the initial [reactions] ranged from amazement to being on the verge of tears, by them and us. Besides my wedding ceremony and birth of my children, this is the most amazing experience I have been involved in. Although there is so much more to do, I think we have given them hope, reminded them what is possible and let them know that others do care."

Students from the Gulf Coast have come to UF to continue their studies. PHHP has four of Tulane's Master of Public Health students taking courses this semester. In addition, the college has accepted two Tulane students into the master's in health administration program in the department of health services research, management and policy. A psychology intern from a closed New Orleans hospital will complete her training in the department of clinical and health psychology's internship program.

Some members of the college have traveled to the Gulf Coast. The National Rural Behavioral Health Center at the UF College of Public Health and Health Professions is working with local leaders to help affected communities manage the psychological effects of the hurricane.

Center psychologist Brenda Wiens, Ph.D., a research assistant professor in the department of clinical and health psychology, conducted a workshop on the psychological impact of disasters on Sept. 14 at Mississippi State University in Starkville. Workshop attendees included Cooperative Extension Office faculty and agents from Mississippi, Louisiana and Alabama. The training was also broadcast live to Extension staff in Louisiana and Alabama who are unable to attend the training in person.

Many pets were also made homeless by Hurricane Katrina. To help, the College of Veterinary Medicine is participating in a disaster fund drive organized by the Association of American Veterinary Medical Colleges.

Initially, the AAVMC provided \$20,000 in start-up funding for the campaign, and the organization will match all contributions provided by students, faculty, staff and alumni of the 32 North American colleges of veterinary medicine and 16 affiliated departments of veterinary science and comparative medicine.

The money will help to support the coordinated effort that the profession of veterinary medicine is making in providing disaster relief.

"The profession of veterinary medicine has an important role to play in this unprecedented natural disaster, and it is doing so," said Dr. Joseph A. DiPietro, dean of the College of Veterinary Medicine and president of the AAVMC. "I think the human dimensions of this catastrophe are well understood. But thousands and thousands of companion and agricultural animals have been killed, injured and displaced. Veterinarians are also playing an important role in dealing with the potential infectious disease and public health problems." **P**

A helping hand:

UF faculty help in Hurricane Katrina disaster



By April Frawley Birdwell

They had been through hurricanes before.

Members of the Northeast Florida Disaster Medical Assistance Team, DMAT FL-4, knew what to bring – tents, generators, medical supplies, whatever it took to set up a medical clinic on the fly. And the team, who waited in Alabama while Hurricane Katrina’s winds whipped the Gulf Coast in August, knew what to expect in a storm-ravaged area.

But when the team moved to a devastated area of Mississippi after the storm, Jay Schauben, Pharm.D., deputy commander of the team and a UF professor of emergency medicine and pharmacy in Jacksonville, realized this was not an ordinary mission.

“The loss, we could see it in people’s faces,” said Schauben, who spent eight days in Mississippi after the storm. “They were in such need.”

Disaster medical teams from across the country flocked to the Gulf Coast to treat patients in need and provide support to hurricane-battered hospitals in the wake of Category 4 Katrina, which cut a swath of destruction over 90,000 square miles.

UF faculty members like Schauben and dozens of Shands employees, most of whom belong to DMAT FL-4, have been part of that relief effort since before the storm made landfall. Most have responded to natural disasters before, including the spate of hurricanes that struck the state last year, but it didn’t compare to Katrina, they say.

“Along the ocean it is totally devastated,” said David Seaberg, M.D., an associate chair for the UF emergency medicine department who returned Sept. 11 from an eight-day deployment to Mississippi. “You would see



Dr. David Seaberg (second from left, above) was one of several UF faculty members who traveled to Mississippi after Hurricane Katrina to help with relief efforts there. Seaberg, who was deployed to the area with his disaster medical assistance team, spent eight days helping people in towns like Biloxi (left), Long Beach (above) and Pass Christian, Miss.

concrete slabs and that would be it.”

When DMAT units are deployed during a disaster, the group sends teams of 35 — typically a mix of doctors, nurses, paramedics and mental health counselors — to the area. In hurricanes past, Schauben said teams have spent most of their time helping damaged hospitals, setting up makeshift clinics in the parking lot and relieving fatigued workers.

But with so much damage and need after Katrina, Schauben said his team was told “to find what needed to be done and just do it.” The team, which was based in coastal Jackson County, also sent out small “strike teams” of doctors, nurses and counselors to assess health needs in areas where people could not get to clinics.

“People didn’t have transportation,” Schauben said. “They didn’t have gas. We had to do it differently.”

Seaberg spent most of his time working with a strike team, traveling to decimated towns like Pass Christian, Miss., where people sifted through the rubble hunting for mementos of their lives before Katrina.

“There’s nothing left,” Seaberg said of the town, which according to reports is 70 percent gone.

Doug Scott, M.D., a UF assistant clinical professor of emergency medicine, was sent to an area just north of Biloxi, Miss., a couple days after the storm with his

Orlando-based DMAT to set up a small clinic at an American Red Cross shelter there.

Nearly 30 miles away from a partially functioning hospital, Scott’s team saw 80 to 90 patients the first day. That number increased as more people found out where they were. Most who came suffered from chronic illnesses like diabetes and needed medication. Others were dehydrated after days in the heat without water.

“I think there is going to be a need for medical support there for a long time,” Scott said.

But in the first days after the storm, what people needed most, doctors often could not provide: food and water, Schauben said. DMAT members usually only carry enough food to feed themselves for three days.

They were brought there for medical relief, but Schauben said his team did whatever it could to help people, whether it was giving tetanus shots or distributing ice.

The pleas for help, coupled with the tales trickling in from patients who lost everything, weighed heavy on many team members. Luckily, Schauben said, mental health workers were there to keep workers focused.

“In some cases we felt helpless,” Schauben said. “We found ourselves giving them our own food, our own water.” **P**

Support for first responders

By Patricia Bates McGhee

When Deborah Provost, secretary for Research Affairs and IRB at UF HSC Jacksonville, was driving to work Aug. 31, she heard on the radio that the federal government had dispatched DMAT FL-4, Jacksonville's firefighter search-and-rescue team, to Mississippi to help Hurricane Katrina victims.

She also heard that DMAT FL-4 found the hurricane survivors not only distraught but hungry — with many having not eaten since Aug. 29. But when she heard that the firefighters gave their own food rations to the hurricane survivors, that's when Provost got involved.

The radio station asked listeners to deliver food donations to any Jacksonville fire station by 6 p.m. to be loaded on a truck scheduled to leave Jacksonville at 8 p.m. "As soon as I got to work, I spoke to my supervisor, Teresa Dillinger, who agreed that we should try to do something," Provost said. "She suggested that I contact Michelle Cothran in Shands Human Resources so she could get the word out and help get the project going.

"As soon as we sent out the word, the money began to come in and the response was overwhelming!" Provost said. "I even received e-mails from employees who were parents of the DMAT FL-4 firefighters, and they made requests for certain items and thanked me for letting the employees help."

Then she contacted the Winn-Dixie warehouse to see if they were interested in donating to the cause. "The warehouse manager, Scott Preston, worked with me to make it happen," Provost said. He asked her to go to a local store, get the warehouse code from the items on the shelf and then e-mail him the list. "I went during lunch to the local Winn-Dixie on State Street and ran around the store with the manager to get the warehouse codes and then e-mailed the list to Scott, who then started pulling cases of food from the shelves in the warehouse.

"The next thing I knew, I had money and cases of food to be picked up at the warehouse but needed a larger vehicle to do this," she said. "Debbie Snipes, secretary in Internal Medicine, jumped in and donated her time and van to go with me to pick



Deborah Provost (left) and Winn-Dixie grocery warehouse manager Scott Preston (center) and his assistant load up the donated supplies for delivery to the fire station. Employees of UF HSC Jacksonville and UF & Shands Jacksonville donated nearly \$2,000 in the one-day fundraising campaign.

up the food."

By the end of the workday they collected \$1,924.38 to purchase food and supplies for DMAT FL-4. But the UF Shands Jacksonville team spirit didn't end there. With just 30 minutes to spare to deliver the donations, Provost and Snipes were rerouted to another fire station at the last minute.

"As we arrived at the first station, we found their fire truck station had had a minor accident," Provost said. "They had flat tires and blocked lanes, and hurt firemen were being rushed to — of course — Shands Jacksonville!"

Happily, no one was seriously hurt. The firefighters made it to Shands, and Provost and Snipes made it to the second station just in time to load up the truck before it headed to DMAT FL-4 in Mississippi. **P**



Some of the students who helped man a donations table were (from left) Tony Amelio, Matt Tucker, Alan White, Jia Liu, Jen Bongorno, Roslyn Frank, Ann Griswold and Lourdes Andino.

What could I do to help?

In the wake of Hurricane Katrina, one graduate student asked herself, "What could I do to help?" So Lourdes Andino and other graduate students from Dr. Al Lewin's lab in the department of molecular genetics and microbiology got together and called the Center for Leadership and Service at UF and were told the American Red Cross was in dire need of new blankets and bottled water.

The labmates decided they would see what they could do to gather donations at the Health Science Center. The students made up flyers, sent out e-mails to the entire Health Science Center. They set up a table at the Academic Research Building's courtyard and the students took turns manning the table from 8 a.m. to 5 p.m. from Sept. 7 to 9, and accepted donations of water, new blankets, food and money.

By the end of three days, these students had collected over 60 large cases of bottled water, at least 30 new blankets, and many bags and boxes of canned food. Also, to everyone's surprise, they raised over \$3,000 in cash for the Red Cross.

— Wayne McCormack



PHOTO BY LINDY MCCOLLUM-BROUNLEY

UF Craniofacial Center Director William Williams, Ph.D., (pictured second from left) hosted the group of 22 Brazilians from the University of Sao Paulo at Bauru. Program co-organizers and USP faculty are Maria Ines Pegoraro-Krook, Ph.D., (far left) and Jeniffer Dutka-Souza, Ph.D., (third from left).

Craniofacial Center hosts international program

The UF Craniofacial Center hosted its 12th Annual International Program on “Speech, Language, Hearing and Swallowing Disorders: Advances in Diagnosis and Treatment” in partnership with the University of Sao Paulo at Bauru College of Dentistry and Department of Fonoaudiology. The weeklong summer program attracted 22 Brazilian private practitioners, University of Sao Paulo faculty and graduate students in the field of speech-language pathology. The UF Craniofacial Center and University of Sao Paulo will host a dual program in 2006 with a speech pathology course and a workshop for dental specialists interested in temporomandibular joint dysfunction and facial pain, directed by Facial Pain Center Director Henry Gremillion. For additional information on this UF/Brazil program, please call (352) 846-0801 or visit www.cleft.ufl.edu.

— Lindy McCollum-Brounley

A \$1.3 million donation builds Food Animal Reproduction & Medicine Service a home

When Deriso Hall is completed in late 2006, the faculty and staff of the Food Animal Reproduction & Medicine Service in the College of Veterinary Medicine will finally have all of their base operations under one roof.

“As long as we’ve existed, we’ve never had everything together,” said Owen Rae, FARMS service chief and a longtime CVM faculty member. “What this building will do is give us a home base that will provide us with everything we need to function: a reception area, office space, a large seminar room with video projection capabilities, a large teaching area and two full-sized laboratories.”

Deriso Hall is the direct result of a public-private partnership that began with an estate gift to the college from Bob and Evelyn Deriso, a Tampa couple who once had interests in cattle. The Derisos asked their attorney, Dan Brown, a friend of UF’s professor emeritus Paul Nicoletti, how they could contribute in a meaningful way to help the cattle industry. Brown told them about Nicoletti’s contributions in the area of brucellosis, a deadly disease that affects livestock and that was a major concern to cattle owners.

The rest, as they say, is history.

The Derisos’ \$1.3 million gift was made in honor of Nicoletti’s professional contributions toward brucellosis control, and was subsequently matched and supplemented with additional state dollars.

Groundbreaking ceremonies for the 10,000-square-foot building to be known as Deriso Hall took place June 6, with approximately 60 people in attendance, including representatives from the university’s facilities planning division, Perry Construction and many former and current faculty and staff members from the department of large animal clinical sciences.

Presentations began in the large animal hospital auditorium, with brief remarks by college Dean Joseph DiPietro, LACS chair Eleanor Green, Nicoletti, attorney Robert Clark, Vice President of the Institute of Food and Agricultural Sciences Jimmy Cheek and UF President Bernie Machen.

— Sarah Carey

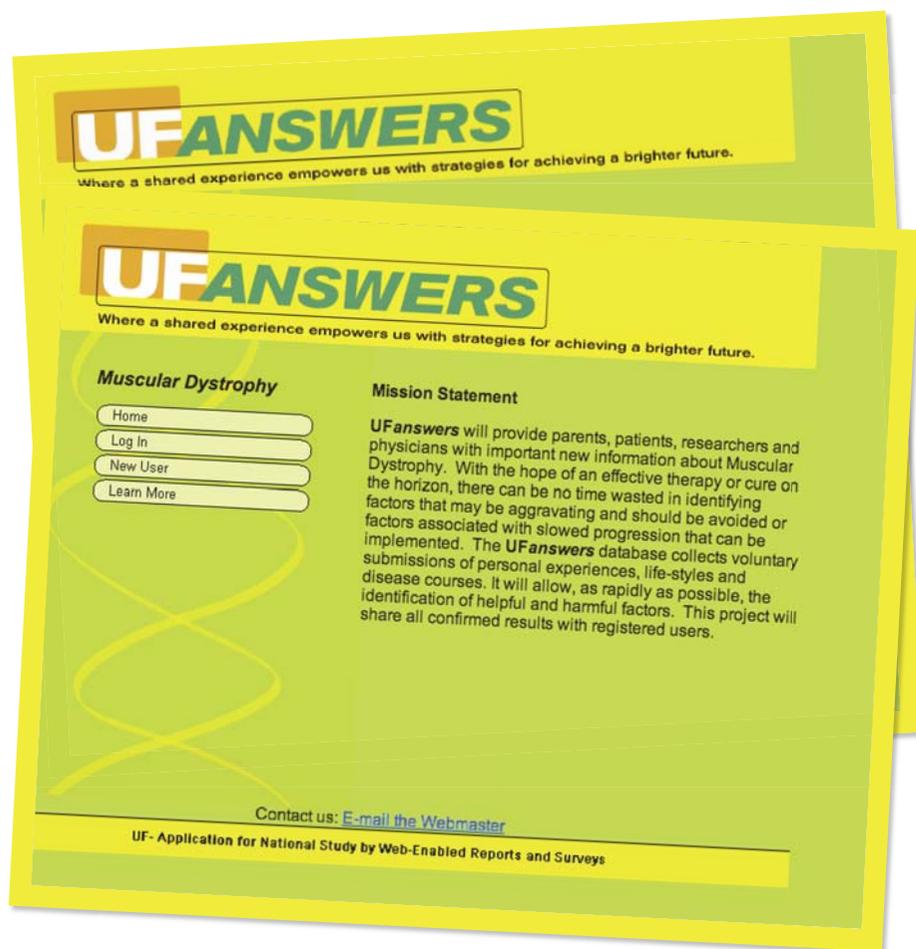


PHOTO BY RAY CARSON

Earline Nicoletti, Dr. Paul Nicoletti and Dean Joseph DiPietro (from left) gather at the groundbreaking for Deriso Hall, the future home of the Food Animal Reproduction & Medicine Service in the College of Veterinary Medicine. Construction of the 10,000-square-foot building began with a \$1.3 million gift from Bob and Evelyn Deriso, given in honor of Nicoletti’s professional contributions toward brucellosis control.

UF doctors cast net to help muscular dystrophy patients

By John Pastor



“No single institution that provides care collects enough experiences or data, but we’ve built a mechanism to create a large database at a single source to catalog a geographically broader experience.”

Patients and families affected by muscular dystrophy urgently need to take practical steps to help slow the destructive course of the disease, say UF researchers who recently launched a Web-based effort to collect information from people coping with the illness.

“The reason that it is so important to identify things that may offer a margin of benefit is that the realistic time horizon for a real treatment or cure is within decades, maybe sooner,” said Dietrich Gravenstein, M.D., an associate professor of anesthesiology associated with UF’s College of Medicine. “I have experience with individuals that suffer from rare diseases. I see how stoic the parents and patients are who face these challenges and I have been frustrated by how little scientifically validated advice there is to simply help them confidently make the many choices they face.”

Muscular dystrophies, genetic diseases characterized by progressive weakness of the muscles that control movement, affect between 50,000 to 250,000 people at any one time, according to the Muscular Dystrophy Family Foundation. In Duchenne muscular dystrophy, which affects 1 out of every 3,500 to 5,000 boys, the disease starts to tear down muscles at birth and is typically diagnosed before age 6. Most patients are wheelchair-dependent by 12. By their late teens, most require a respirator to breathe. Victims of the disease do not live past their 20s.

The Web site — www.UFanswers.org — will collect voluntary submissions about personal experiences, lifestyles and the progression of the disease. Even families who have lost loved ones can contribute their experiences and help others living with muscular dystrophy. Names will be kept strictly confidential.

Questions about diet and medication — even the moment a wheelchair is brought into a household — will be asked through the site. The Web site differs from blogs or traditional sites in that it is a data warehouse that researchers with approved protocols can mine for strategies to impact the disease.

“Anecdotal information is unscientific, but by gathering it in great numbers, we hope to pinpoint factors that are causally related to an improved disease course,” said Gravenstein, who has a son with muscular dystrophy. “Right now, we are forced to speculate. It’s terribly disheartening. For example, conventional wisdom is to let children regulate their own play, that when they tire they will rest. Yet strenuous exercise and contact activities are discouraged because this accelerates muscle loss. So, we are left to ask: are other activities such as stair climbing harmful or harmless? And with the respiratory or cardiac failure all patients eventually develop, are these accelerated if someone in your home smokes? What are the effects of surgery and how are the anesthetics managed? Parents anguish over such questions — for which there are currently no answers — and we hope to shed light on them.”

Funding to build the database is through support from the Florida-based I. Heermann Anesthesiology Foundation. Anesthesiologists are particularly interested because they participate in tendon release and spine stabilization procedures, common in muscular dystrophy patients, Gravenstein said.

“Children with muscular dystrophy and their parents don’t have a rosy future since there is still no cure for this disease,” said Hans van Oostrom, Ph.D., an associate professor of anesthesiology and biomedical engineering who designed the www.UFanswers.org Web site. “No single institution that provides care collects enough experiences or data, but we’ve built a mechanism to create a large database at a single source to catalog a geographically broader experience. Our objective is to do statistical analysis on these data and report our validated results back to participants. Ultimately, we would like to make these data available to anyone who has a legitimate interest, but only in a way that guarantees the absolute confidentiality of the people who contributed their experiences.” **P**



PHOTO BY MICKEY CUTHBERTSON

Leeches

Vampire worms doing what they do best

For centuries, doctors used leeches to drain blood from patients, a practice they thought could cure everything from pneumonia to headaches. As medicine advanced, physicians realized bloodletting did more harm than good and the bloodsucking annelid worms disappeared from medicine. Or did they? Leeches are used so widely in medicine today that the Food and Drug Administration regulates them and an FDA advisory committee recently suggested doctors issue prescriptions if they want to use them. Hollis Caffee, M.D., a UF professor of surgery who has used leeches for 20 years, explains how leeches benefit modern medicine.

Q What is the primary use of leeches in medicine today?

A Mostly they're used to deal with congestion, when there's too much blood in a part of the body. Sometimes it's an area of skin that has been moved from one part of the body to another, sometimes it's a finger. It's a very simple way to drain excess blood out of tissue when it cannot get out by itself through normal routes. When the veins are partially blocked, blood builds up and that creates a lot of pressure. These guys drink blood, that's what they do, and that removes the excess.

Q What is the most common medical problem a leech is used to treat?

A It varies a little from one practice to another. I do a lot of hand surgery, and sometimes when there is a crush injury of the hand, it blocks some of the veins and stops blood from getting back out of the finger. Or when a finger has been reattached and we can only reattach one vein and that proves to be insufficient (to drain the blood), we might attach a leech to that finger. Those are the most common reasons why I use leeches.

Q Describe how leeches are used on patients at Shands?

A We use leeches fairly rarely, about two or three times a year. When the occasion comes up, we order a small number from a supplier, usually six, and attach them one at a time. Usually it's a short-term treatment over a matter of days. Either the problem has resolved by then or it's not going to resolve. Usually two to three (leeches) are applied a day, sometimes four or five.

Q How do you attach them to a patient?

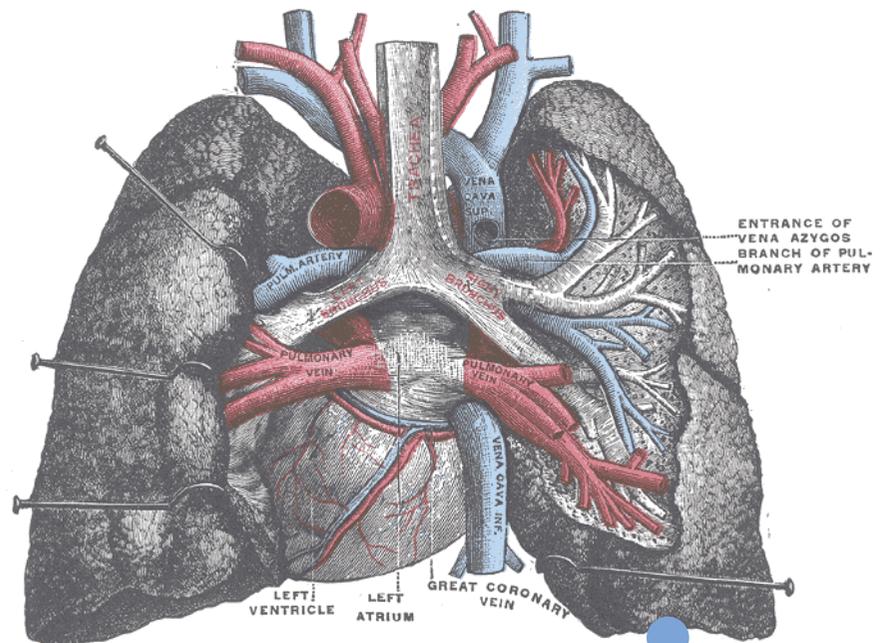
A We block off all the other areas, usually with plastic bandages, so the leech attaches where we want it. We pick it up with a gloved hand and just set it down. It will start sucking blood out until it's full and then it will just fall off. They'll stay on usually an hour or two. But even after they come off, the (human tissue where they were attached) will usually bleed because a leech bite has an anticoagulant in it, and that keeps the blood from clotting where the bite was.

Q Is there any other form of therapy that has the same effect as the leech?

A There is nothing that is as effective. When we have an area of skin where blood is backed up, this is by far the simplest and only effective way of correcting it. It is a benign form of treatment and it is very safe. Leeches aren't anything horrible. They won't give you any diseases. Most people are very tolerant of the idea. There is occasionally a person who can't stand to look at them. But they seem to get past that.

The final gift

Donated bodies help educate future health professionals



ALL ILLUSTRATIONS COMPLIMENTS OF GRAY'S ANATOMY, 1918

By April Frawley Birdwell

The woman's fingernails still gleamed pink with polish. Nina Mayer couldn't help but notice as she peered at the body on the table.

Like most first-year medical students, Mayer felt a little nervous about her first gross anatomy lab. One of the first classes new medical students take in the UF College of Medicine, gross anatomy is often considered a gateway into the world of medicine, the key building block to a doctor's career.

It's also the first time students dissect a human being.

Mayer worried as she walked into her first lab. Would she have to make the first cut, she wondered? Would she see the cadaver's face? Worse yet, would she faint? But as Mayer looked down at the hands of the 82-year-old artist who donated her body so medical students like her could become doctors, she realized the overwhelming responsibility before her. She had to learn as much as she could. She had to make this woman's gift count.

"It hit home what a wonderful thing these people did for us," said Mayer, now a second-year student in the college. "I felt this huge obligation and responsibility. I thought, 'I need to respect this body as much as I can and learn as much as I can to honor this gift they gave us.'"

Donating one's body is a choice few people make. About 400 to 500 people donate their bodies to medical education in Florida each year. That equals about two-tenths of 1 percent of all the people who die in the state each year, said Lynn J. Romrell, Ph.D., associate dean for medical education at UF and executive director of the State Anatomical Board, which oversees the use of human specimens for education in the state.

But it's a gift medical, dental and other health educators rely upon. Without cadavers, anatomists could not train budding surgeons to understand the complexities of

human anatomy or show potential oncologists what cancer really looks like.

"In order to understand the body in total, its physics, its texture, there's no way, right now, other than dissection," said Stephen Sugrue, Ph.D., chairman of the UF anatomy and cell biology department and chairman of the State Anatomical Board. "It has been tried. It's been that way for a couple hundred years."

Bedrock of health education

Most students come to medical school with some knowledge about anatomy. They have seen diagrams of what the human body looks like on the inside. They have seen models. And with the proliferation of health shows on TV, most have probably watched real surgeries or other procedures at home.

But working with real bodies is something that cannot be duplicated, particularly because most students attend medical school to learn how to help real people, not models, anatomy professors say.

"It's gaining an appreciation for how complex (the body) really is," said Thomas Hollinger, Ph.D., an associate professor of anatomy. "There's nothing you can do in medicine without knowing anatomy."

Cadavers are not used just to train doctors. Dental students take a gross anatomy class, as do physician's assistant students, physical therapy students and even biomedical engineering students.

"This donation provides the bedrock of (education) in so many fields," Hollinger said.

Physical therapy students will never have to perform open-heart surgery or extract a brain tumor, but they do need an intimate understanding of how the body works and moves so they can help their patients recover from

debilitating injuries.

"It's a hands-on profession that deals with the way people move," said Claudia Senesac, P.T., M.H.S., a lecturer in the physical therapy department of the College of Public Health and Health Professions. "It's one thing to learn on each other. But to see it, feel it, pick it up and manipulate it. You can't do that on a model."

Computer models and even newer virtual reality programs do help, Sugrue said. Medical students actually walk through the dissection on a computer before lab, but the programs aren't advanced enough yet to replace the experience, he said.

The images from Ron Butendieck's gross anatomy class last year are seared into his head. But that's a good thing, the second-year medical student says.

"It's not a normal experience to dissect another human being," Butendieck said. "As you go through it, you don't forget those images. That's why we get more out of dissection. If you do it in person, you learn so much more."

But it's more than just learning thousands of facts and mapping body parts; there's a subtle transition medical and dental students make when they enter a gross anatomy lab and work with a cadaver, Sugrue said.

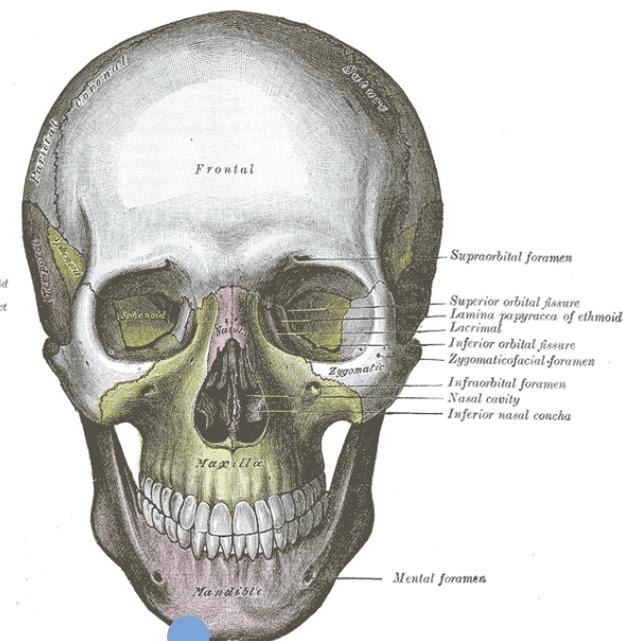
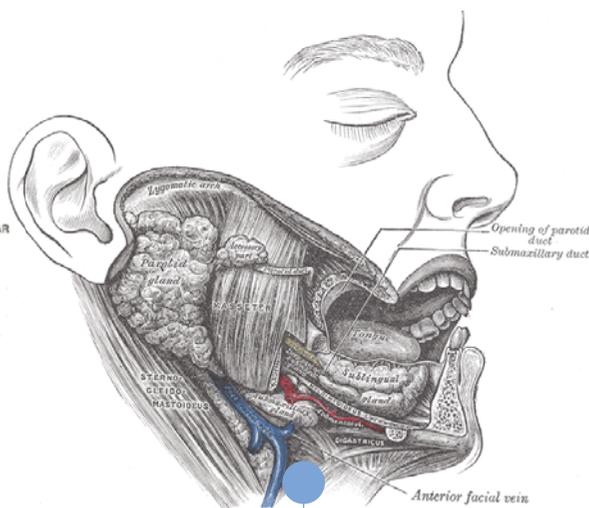
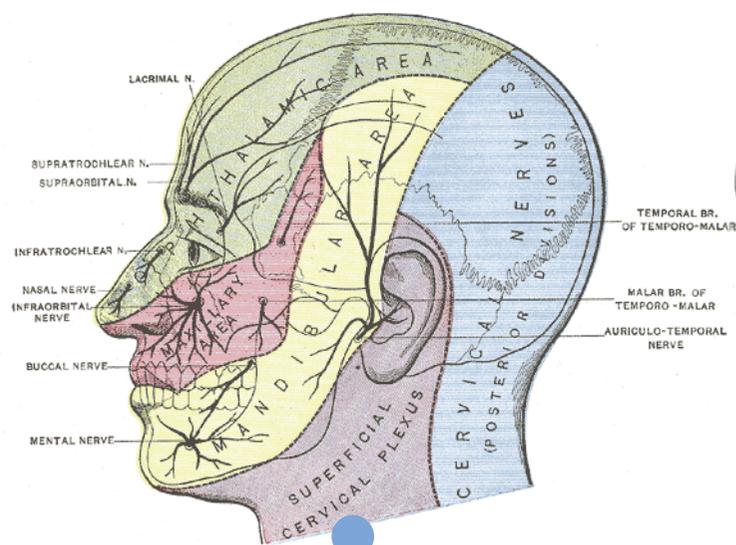
"It turns it up a notch," he said.

Changes in dissection

Before 1543, most doctors rarely dissected a human cadaver during their medical training. Most students witnessed a dissection but rarely performed one themselves, according to an article published in the journal *Academic Medicine* in 2000.

But a young doctor named Andreas Vesalius changed that.

In 1543, Vesalius authored an anatomical atlas that shed a startling light on what was known about anatomy



at the time. In his book “On the Fabric of the Human Body,” Vesalius detailed how Galen, the anatomist scientists and physicians had been studying for more than 1,000 years, had based much of his work on animal dissection.

Vesalius’ book highlighted the importance of seeing the body for oneself in order to understand anatomy. And to this day, anatomists know no better way to teach students about the complex structures inside human beings, Sugrue said.

The importance of human dissection to medical education may not have changed much through the years, but the culture of dissection has.

Dissection may have been necessary for doctors to learn anatomy, but in some states it was illegal until the early 19th century. But the need to study cadavers not only for education but also for scientific research was still great, with advances in surgical techniques redefining medical practice. According to the *Academic Medicine* article, this led many young doctors and students to obtain cadavers the only way they could: grave robbing.

Recognizing the importance of anatomy, many states passed laws in the mid-19th century that allowed medical schools to use unclaimed bodies in medical education. Most medical schools used unclaimed bodies for gross anatomy until 1968, when a law was passed in the United States ensuring a person’s right to donate their body to science, according to an article that appeared in the *Journal of the American Medical Association* in 2002.

Now, nearly all bodies used in gross anatomy courses at medical schools across the country are donated.

And just as the way medical schools obtain cadavers has changed through the years, the culture around the dissection has slowly changed along with it.

Researchers have found that although students in the 1970s often did not discuss their feelings about dissecting another human, students today expect to talk about it.

Romrell, who has taught anatomy at Harvard as well as at UF, said he explained the importance of respecting the body at both schools but now also holds a session for students before class begins to talk about dissection.

Although most medical students know they will have to dissect a human body, it doesn’t make it any less surreal or emotional for some students, particularly those who have lost family members, Sugrue said.

That’s why professors help students understand the meaning behind the gift in addition to helping them focus on what they are there to learn.

“One does not want to dwell too much on it,” he said. “There’s a balance.”

Senesac actually prepares her students for the dissection by bringing them into the lab while the cadavers are still zipped inside bags to let them stand in the room and get used to the idea. She, too, stresses the importance of respect.

“I tell them, ‘You want to treat this person like a member of your family,’” she said. “These people have donated their bodies so we can learn how to treat the living.”

Respecting the gift

Romrell keeps a stack of letters in his top desk drawer. He’s read them all before, but his voice still cracks a little when he reads from them and his eyes glisten at the corners.

“These are tough (to get through),” he says as he flips through the pages, past the letter from the daughter about why her father wanted to donate his body to medicine to

the tale of the school teacher who decided to use her body to keep teaching, even after death.

Romrell often shares these letters with his students, who are also told the person’s age, occupation and cause of death. Most students have tears in their eyes when he finishes. He usually does too.

It’s part of making sure students understand the meaning of the gift in front of them, but that’s something that rarely seems to escape students today.

“That’s the biggest message (professors) try to send, to just be happy that these (donors) thought about you,” said second-year student Nina Mayer.

It’s a gift students pay tribute to at the end of the school year. Each class holds its own special ceremony to honor the donors who helped teach them about anatomy. Students at most institutions with gross anatomy courses hold ceremonies like this these days, Romrell said. Medical students usually hold a candlelit ceremony and reflect on each of the 25 cadavers their class used during the year. Emotions often run high, Romrell said.

Mayer spoke at her class’ ceremony earlier this year. She talked about the 82-year-old painter with the pink polished nails, the first donor her group used.

Like the painter, most of those who do donate their bodies in Florida are older. The average age is 72. But the Anatomical Board receives the bodies of younger people too, particularly when they have cancer and cannot donate their organs to help save a living person.

Their occupations run the gamut from doctor to housewife to mechanic, Romrell said. But they have one thing in common: They wanted to help other people.

“The reason almost any person gives is they or a family member have had a significant illness,” he said. “They want other people to be spared that suffering.” **P**

HEALTH SCIENCE CENTER

50
1956
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YEARS

UNIVERSITY OF FLORIDA

vision ■ innovation ■ continuity

Building faculty from the ground up

By April Frawley Birdwell

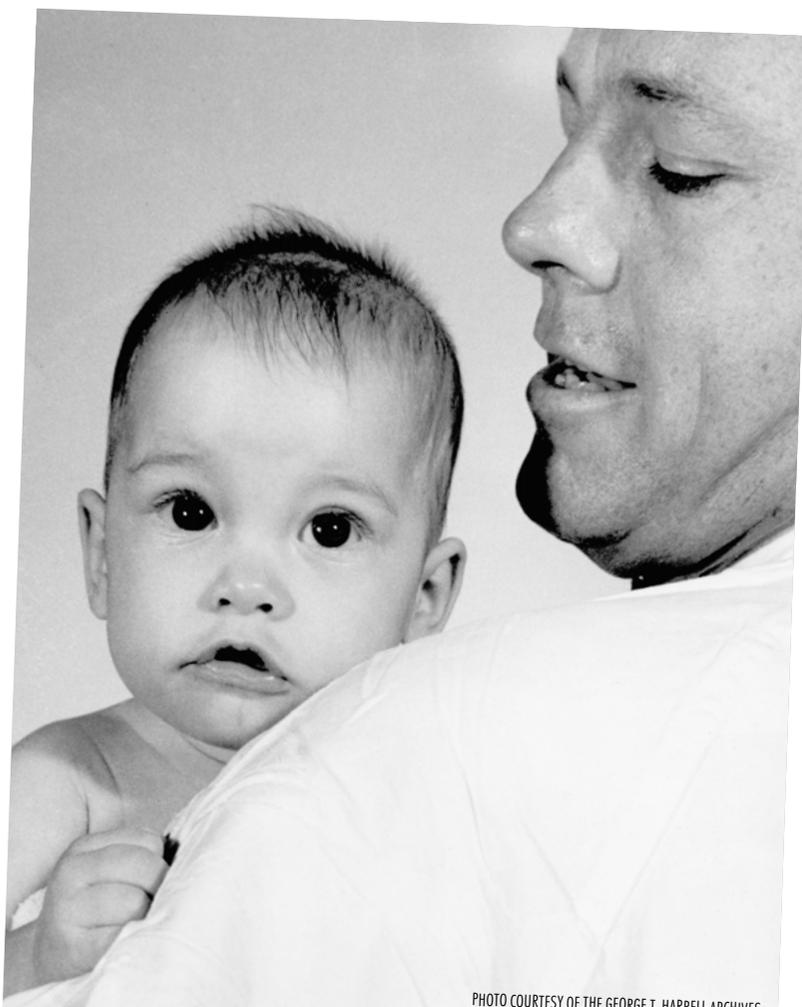


PHOTO COURTESY OF THE GEORGE T. HARRELL ARCHIVES

Dr. Richard Smith, shown here with a baby in a photo that originally appeared on the cover of a football program in 1964, was the first chairman of pediatrics at UF. Now retired, Smith is still proud of the College of Medicine's early years.

The teaching hospital was a hole in the ground filled with water when Richard Smith, M.D., first visited the new University of Florida College of Medicine. It didn't look promising.

Joachim S. Gravenstein, M.D., had never heard of Gainesville when he was recruited to lead the college's anesthesiology department in 1958. He had to look up the town in an encyclopedia. It didn't say much.

There were few restaurants in Gainesville and little to do on a Friday night. The country town didn't have much to offer those recruited to be the Health Science Center's first faculty members in the late 1950s and early 1960s.

Just a little sunshine and the opportunity of a lifetime.

The new medical school offered something to young faculty they never would be able to do at schools like Harvard: the rare chance to build entire departments the way they wanted them to be.

"The excitement about the new medical school was palpable," said Gravenstein, now a graduate research professor emeritus in the anesthesiology department. "Everybody was young and enthusiastic and idealistic and you could feel this by talking to people."

That's what enticed Arthur Otis, Ph.D., to leave his "good job" as an associate professor at Johns Hopkins University to be UF's head physiology professor in 1956.

"This I thought was a chance to build something more on my own," he said. "I didn't find another place that was better. It gave me personal freedom."

There were only two people in Otis' department that first year and a lot of work to do. But to many faculty members who came in those first years, the adventure outweighed the workload.

There was also an air of idealism in the College of Medicine that early faculty members say trickled down from the top. Founding Dean George T. Harrell held high standards for the college. His ideas ranged from the simple – demanding student lab coats have big pockets for the books they were apt to carry – to the lofty – insisting all specialists staff the general medical clinic.

"He said, 'First and foremost you are physicians and you will take care of patients,'" Gravenstein said. "Whatever came, we were supposed to handle it."

The medical clinic policy didn't last long but the commitment to patients did. Smith, the first pediatrics department chairman, said the hospital filled a niche in Florida, providing a level of specialized care patients previously had to leave the state to receive. Because of this, the hospital attracted interesting and complicated cases from across the Southeast, which Smith believes attracted faculty and students and made the health center what it is today.

"We started finding people who had a spirit of adventure," Smith said. "We grew as a medical school based on great people."

The spirit of adventure was alive in the College of Nursing too, where founding Dean Dorothy Smith, M.Ed., and her faculty turned a college started in a humble Quonset hut into one of the most respected nursing schools in the world.

"Basically everybody who started here wanted this place to succeed," said Jennet Wilson, M.S.N., who joined the nursing faculty in 1957, in an interview for the Samuel Proctor Oral History program. "Not everybody gets a chance to start a new program."

Nursing and medical faculty collaborated in and out of the hospital. Nursing professors gave "their two cents' worth" when administrators were interviewing new medical faculty, Wilson said. Students were trained to have mutual respect for each other and faculty members worked closely in the new hospital.

"The first open heart surgery that was done here [was] incredible," said Lucille Mercandante, M.A., who joined the nursing faculty in 1958, in her oral history. "We thought open heart [surgery] was something. Now you have got heart transplants, kidney transplants, liver transplants. I mean, open heart, that was the thing."

There was a heightened camaraderie among faculty too. Smith said he and other faculty played poker together and when they had a problem, they hashed it out.

"We were all very close," he said. "I'm very proud of those early days." **P**

College of Medicine faculty members (from left) Melvin Fried, Thomas Maren, Melvin J. Fregly, Kenneth C. Leibman, Ian Hood, George Gifford, Henry Hinkley and Arthur B. Otis gathered for the college's 20th anniversary celebration in 1976.



Golden glimpses

Joachim S. Gravenstein

Most doctors can't say they went to medical school twice. But that's what Joachim S. Gravenstein, M.D., decided to do after finishing his research fellowship in anesthesiology at Harvard University in 1956.

After coming to Harvard as a resident, the Berlin native felt his German medical training was not up to par, so he enrolled in the Harvard Medical School to catch up. The decision earned him the distinction of being the only medical student recruited to be a department chief in UF's College of Medicine in 1958.

Gravenstein, 80, was the anesthesiology department's first chief, a position he held until 1967. He left UF in 1969 for Case Western Reserve University in Ohio, where he also directed the anesthesiology department. Ten years later, he came back to UF, where two of his sons have followed in his footsteps.

He's won awards and written papers and books, but Gravenstein, now a graduate research professor emeritus, is perhaps most noted for his work on the Human Patient Simulator, which he and a team of anesthesiology faculty developed in the 1980s. Most of his work now is with the simulator, using it to teach medical students and even local science teachers who want to show their students the effects of drug use.

Robert Cade

Everyone knows about Gatorade. It's only the best-selling sports drink in history. But what about the other inventions spawned in the lab of Robert "Bob" Cade, M.D., who developed Gatorade with his research fellows in 1965?

Perhaps "Hop 'N Gator," a beverage that combined the intoxicating ingredients of beer with electrolytes to get it in and out of the system quickly, could have been a hit too? Talking about the lab-brewed beer still elicits a chuckle from Cade, a professor emeritus.

Cade, 78, came to the UF College of Medicine in 1961 as an assistant professor in the renal division. During his 38 years as a full-time faculty member and researcher, Cade also developed a cholesterol-reducing drink and a hydraulic football helmet. He also is known for his research on rheumatoid arthritis and lupus.

Although Gatorade was originally developed solely to aid the football team, Cade is most proud of the medical uses of the drink, in particular that it has helped sick children stay hydrated. Gatorade, which includes a perfect combination of glucose and sodium to increase the rate of absorption, is used as much now for medical reasons as athletic ones, he says.

Even Cade still drinks a glass most mornings. He likes orange.

Jodi Irving

As one of the senior faculty members of the College of Nursing, Jodi Irving, M.S.N., A.R.N.P., has strong ties to the college's heritage. She currently serves as co-chair of the 50th anniversary committee and is spearheading the creation of a history room, which will be an in-house museum displaying the college's historical information, photos and memorabilia.

Irving, an assistant professor of psychiatric-mental health nursing in the department of health care environments and systems, was first attracted to UF in 1965 by the opportunity to teach at a health center and by the reputation and innovative style of the founding dean, Dorothy M. Smith. Through her 30 years at the college, she has taught public health, family health, fundamentals of nursing, community nursing and now psychiatric-mental health nursing. She currently serves as advisor to the R. N. to B.S.N. students.

"In the early years, there was an ambience of high energy and excitement within the college and the health center," Irving said. "The collegiality within the health center and the mutual respect that was between the college of nursing and nursing services was very apparent. Dean Smith's vision attracted many visitors and notables in nursing education in those days and as a young nurse I felt I was in rarified air getting to interact with these well known individuals."

UF scientist finds unexpected link between cat and human AIDS viruses

By Sarah Carey

A UF researcher has discovered an unexpected link between the viruses that cause feline and human AIDS: Cats vaccinated with an experimental strain of the human AIDS virus appear to be at least as well-protected against the feline version of the disease as those immunized with the vaccine currently used by veterinarians.

The surprise finding may mean cats with feline immunodeficiency virus, also known as FIV or feline AIDS, could eventually be treated even more effectively using some form of the experimental human vaccine. Researcher Janet Yamamoto, a professor at UF's College of Veterinary Medicine, also theorizes that these emerging relationships between the two viruses could one day lead to a vaccine for human AIDS.

Results from Yamamoto's research were published in the September issue of *AIDS*.

FIV is a natural infection of domestic cats that results in an immunodeficiency syndrome resembling HIV infection in humans. Since its discovery in 1987, FIV infection of cats has been used in vaccine studies as a small-animal model of human AIDS.

"We were the first to demonstrate that you can make an effective vaccine against a virus in the AIDS family of viruses," said Yamamoto, a co-discoverer of FIV.

Yamamoto holds the patent on the only approved vaccine available through veterinarians to protect cats against FIV. Her most recent studies have attempted to improve the efficacy of that vaccine by using strains of FIV found in cats in which the disease had not progressed for some reason over a period of several years.

To determine the extent to which the human and feline AIDS viruses react to each other, and any implications that might exist for vaccine efficacy, Yamamoto began experimenting with long-term, nonprogressive strains of FIV that led to the current commercial vaccine. Now she is working on an HIV vaccine consisting of HIV virus from long-term, nonprogressing individuals.

"We purposely made vaccines with strains that weren't virile," Yamamoto said. "We found that whenever we tried using less virulent strains of virus, we were able to make a better vaccine."

Yamamoto's team was also surprised to discover that a core protein found in HIV also effectively protects cats against FIV.

"So what does this mean to human AIDS research? The viruses HIV and FIV are from the same viral family," Yamamoto said. "For that reason, the amino acids that make up the proteins in both viruses share some common regions. There appear to be regions of HIV, or variations of the core protein we used in our studies, that may provide protection in vaccine form against HIV."

Some compounds made from separate virus strains have been successfully used in vaccines against viruses from the same subfamily, such as smallpox in humans,



Dr. Janet Yamamoto with a cat in her laboratory

which is made from cowpox virus, and human measles vaccines for canine distemper in puppies.

"Therefore, protective vaccines based on cross-reactive regions of AIDS viruses can provide broad immunity, and may be useful against viruses that are currently evolving in a new host, such as HIV infection of humans," Yamamoto said.

Alan L. Landay, a professor of immunology and microbiology and associate department chair at Rush University Medical Center in Chicago, called Yamamoto's findings "very exciting."

"This raises a potential whole new area for research in the field of vaccines that with the current approaches haven't yielded any success to date," said Landay, whose research team is working to develop novel immune strategies to treat HIV infection. "We need to explore all the potential options available to us for developing an HIV vaccine." **P**

Scientists get look at genes' defensive playbook

By John Pastor

Using a new method to identify networks of infection-fighting genes, scientists writing in a recent online edition of *Nature* say more than 15 percent of our genes are mobilized to defend against microbial attacks.

The body's overwhelming genetic defense, which has implications for the survival of patients who are severely burned or injured, was revealed in a sweeping analysis of gene activity in volunteers who were injected with a bacterial product that temporarily created flulike symptoms.

"During a 24-hour period, the expression of more than 3,700 genes changed in blood leukocytes," said Lyle Moldawer, Ph.D., a surgery professor in the University of Florida College of Medicine, part of the national consortium that published the findings. "It was a dramatic reprioritization of genes. But beyond individual genes, we were able to look at networks, or functional modules of different gene clusters, that change in concordance with one another. We have now identified previously unknown relationships among different genes that tell us in greater detail how blood cells respond to an infectious challenge."

Inflammation is part of normal healing when people are severely burned or injured, but in some patients, it can be fatal, causing bloodstream infections and multiple organ failure. Learning how and why inflammation becomes harmful will help doctors more accurately predict how each injured patient will fare.

UF Genetics Institute researchers are part of a national group of scientists united by a five-year, \$37 million "glue grant" from the National Institute of General Medical Sciences.

Scientists injected healthy volunteers with a microbial product that temporarily causes nausea and fever, triggering natural immune responses.

The condition is similar to sepsis, which can happen when the body's infection-fighting white blood cells spring into action, causing potentially harmful inflammation in the process.

"Basically we made the volunteers appear septic for a couple of hours and examined changes in the gene expression from their white blood cells," Moldawer said. "Such genomic analyses give us the ability to



Dr. Henry Baker (left) and Dr. Lyle Moldawer are working with a national consortium of researchers to learn how and why inflammation — an immune response that affects the entire body — becomes dangerous for some patients and not for others. In a report in the journal *Nature*, the researchers described how inflammation alters the expression of genes within white blood cells. By looking at how people respond to injury on a genomic level, researchers hope someday to be able to tailor treatments to patients' individual needs.

simultaneously survey the activity of every gene in the cell, giving us vast lists of genes that change in response to stimulation. It provides us with an unprecedented amount of data."

To make sense of the enormous amount of information, researchers plugged their list of nearly 4,000 gene changes into a database of interactions of known human and mouse genes developed by Ingenuity Systems Inc. of Mountain View, Calif. The results identified the networks of genes that helped the body respond to the challenge.

"The apparent repression of genes that occurs has never been fully appreciated," said Henry Baker, Ph.D., associate director of the UF Genetics Institute and director of the UF lab that performs genomic analyses for the consortium. "Initially, more than half of the genes became less active, but over the long haul, they were more focused on the inflammatory response. By drawing samples for analysis over six time points in 24 hours, we were able to infer the sequence of

events and how some changes in gene expression cause other changes."

The research is particularly valuable because it plots inflammatory response over time, according to Scott D. Somers, Ph.D., NIGMS program director of this glue grant.

"In the case of injury, time is critical," Somers said. "To provide the best treatment, doctors need to know how the human body responds in the moments and days after an injury. No other study of injury or inflammation has tracked changes to the entire human genome over time."

The glue grant team includes scientists from the UF College of Medicine; Stanford University; Washington University; the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School in New Brunswick, N.J.; Ingenuity Systems Inc.; the University of Rochester School of Medicine in Rochester, N.Y.; and Massachusetts General Hospital, Harvard Medical School in Boston. 



UF researchers to study weight management programs for children

By Jill Pease

This fall, researchers from UF, in conjunction with UF Cooperative Extension offices in participating counties, will conduct a no-cost weight management program targeting children and families.

Led by David Janicke, Ph.D., an assistant professor in the department of clinical and health psychology in the College of Public Health and Health Professions, the UF Healthy Lifestyles Program for Families team will work with children and their

parents in Levy and Gilchrist counties. The researchers also plan to conduct groups over the next 16 months in three other rural counties in north central Florida.

The work is supported by a \$435,000 grant awarded to Janicke from the National Institute for Diabetes and Digestive and Kidney Disorders, with supplemental funding from the Institute for Child and Adolescent Research and Evaluation.

More than 30 percent of American children and adolescents meet the criteria for obesity or are considered at-risk for obesity. Overweight children and adults are at increased risk for diabetes, high blood pressure and cardiovascular problems. Moreover, children who struggle with weight issues are often the victims of teasing from peers.

“Given the scope and seriousness of obesity in America and the limited access to services for children in rural settings, there is a pressing need for the development and assessment of intervention programs that target children at greatest risk for the long-term negative health consequences of obesity,” Janicke said. “Many families want to develop healthier patterns of eating and exercise that may positively impact weight and health, but making these types of changes is often hard.”

The UF Healthy Lifestyles Program is designed to help children and parents modify their dietary and physical activity in order to promote a healthy lifestyle, positive self-image and effective weight management. The program helps families work together to learn how to manage real-life situations and make gradual, modest changes in their lifestyle.

“An important emphasis in our program is helping parents and children to support each other to make positive changes,” he said. “The group format is also a very positive way to build a strong support network.”

The four-month, group-based program includes weekly sessions at the Cooperative Extension office in Bronson, with groups composed of about six to 10 families. **P**

PATIENT CARE

Rehabilitation counseling offers new care management service for seniors

By Jill Pease



Managing the tasks of daily living can be overwhelming for some seniors. Following prescription instructions, juggling medical appointments and locating resources for medical equipment, transportation and meals can be particularly difficult for frail elders living on their own.

But a new service from the department of rehabilitation counseling at the College of Public Health and Health Professions is helping seniors get a handle on the myriad issues that arise with aging.

Aging Resources and Care Management is now offering geriatric care management services to clients in Gainesville and Ocala

under the direction of Linda Shaw, Ph.D., an associate professor in the department of rehabilitation counseling.

“Seniors can and do fall through the cracks,” said Keith Meneskie, the service’s senior care management coordinator. “They need resources, support and information. There are local, state and federal services that can help, but seniors don’t always know how to access them.”

Aging Resources and Care Management staff may see clients once or several times on a long-term basis, depending on the clients’ needs. Meneskie is often employed by the family of older parents who live out of state and want a local

professional to monitor all aspects of their parents’ well-being and provide feedback on emotional, physical, medical and environmental concerns.

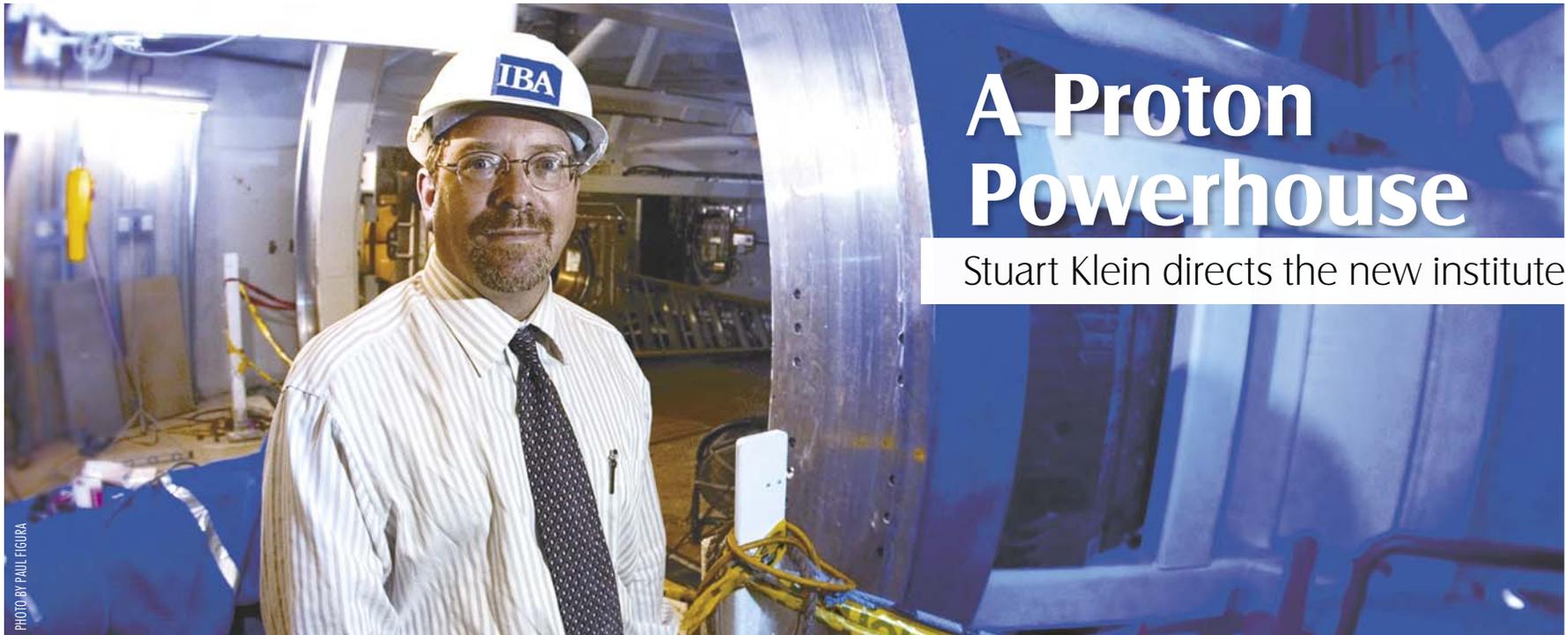
Clients sometimes initiate geriatric care management in anticipation of long-term needs, but managers are also called upon during crisis situations.

“We may get a call saying ‘My mother fell, she’s in the hospital and I don’t know what to do next,’” Meneskie said.

The geriatric care managers provide a wide range of services, including:

- Coordination of care in collaboration with physicians and other health-care professionals to manage clients’ ongoing health-care situations, such as high blood pressure, diabetes and other medical concerns.
- Support in the transition to a different level of care, such as in-home services or a move to a long-term care facility.
- Resources for volunteer and community support and help with tasks of daily living, such as driving and shopping.
- Evaluation of the client’s psychosocial status and counseling for seniors and their families.
- Assistance with legal and financial issues such as powers of attorney and advance directives, including living wills, health care surrogates and health care proxies.

For more information on Aging Resources and Geriatric Care Management, call 273-6745 in Gainesville or (352) 291-7662 in Ocala, or e-mail ARCM@phhp.ufl.edu. **P**



A Proton Powerhouse

Stuart Klein directs the new institute

PHOTO BY PAUL FIGURA

Stuart Klein, director of UF's \$110 million Florida Proton Therapy Institute, poses in a gantry room of the proton therapy center in Jacksonville. The only center of its kind in the Southeast, FPTI is scheduled to open in July. Ion Beam Application (IBA), the Belgian manufacturer of the proton beam equipment, supplied Klein's hardhat.

By Patricia Bates McGhee

When Stuart Klein's neighbors ask what he does for a living, he tells them he's opening a new cancer center for UF.

"If I get more clinical or technical than that, I start getting blank stares," he said. "Even my mother doesn't have a clue what I do!"

Klein, the director of UF's \$110 million Florida Proton Therapy Institute, which is slated to open next summer, admits that he, too, didn't have a clue about proton therapy when he first heard about it. It was 1993 and Klein had been administrator of radiation oncology at the University of Pennsylvania since 1990.

"At Penn we recruited a physician who originally was supposed to head up the clinical side of the super collider project at the University of Southwest Texas, but their funding was pulled, so he joined our faculty," Klein said.

As a result of the new physician on board, a company that wanted to get involved in proton therapy contacted Penn. Klein said it wasn't until he toured Loma Linda University's proton therapy center in 1994 that he really understood the technique.

"It was phenomenal," he said. "Proton therapy is at a whole different level," he said. "I had a strong background in radiation therapy in general, so proton therapy was the next logical area I became involved in."

For the next 11 years Klein worked on bringing proton therapy to Penn. He visited proton therapy centers all over the world — from Cape Town, South Africa, to Japan — and attended international meetings to learn more about the technique. He served as Penn's representative to

the Proton Consortium, a group of institutions interested in or actually doing proton therapy.

Heading up a proton therapy facility became his goal. When he heard UF was considering one, he jumped at the opportunity.

"Nancy Mendenhall, UF's chair of radiation oncology, was very good friends with my boss at Penn and communicated regularly with him and other vice chairs in the department — remember, the community of proton therapy centers worldwide is very small," Klein said. "I actually met her at a proton conference in England two or three years ago and became very interested in UF's plans then."

From the start, Klein's been impressed with the commitment of UF's project leaders, C. Craig Tisher, M.D., and Mendenhall.

"I know from a firsthand basis how difficult it is to pull these projects off, and clearly Dr. Tisher and Dr. Mendenhall have had the vision, despite all the stumbling blocks and odds against them, to pull it off," he said. "There are literally only a handful of places that have done that, so UF is one of the exceptions and not the rule."

Klein says such a complex project requires big-picture leaders to champion the cause from an institutional standpoint.

"You need someone on Dr. Tisher's level to spearhead this type of project," he said. "At Penn our department was continually pushing this forward, but there was nobody at a higher, institutional level to promote it, and that's why it basically never happened."

When offered the FPTI directorship, Klein says no hard sell was needed. UF's foresight and leadership brought him here. "This is something that I've been trying to do for years at Penn, and now I have the opportunity to do it and work with the most respected leaders in the field."

As director, Klein said his workday activities span the entire spectrum.

"Within a one-day period I could be working on anything from marketing to putting together a contract on housekeeping services to dealing with managed-care issues and payers, and I really enjoy that variety," he said. "For example, I was putting together a description for a social worker this morning, going over to the building to do a tour, having pictures taken and then dealing with some personnel issues, so it really does go all over the place, but it's fun."

Personally, the move has been challenging. Klein left Penn in January and started at UF Feb. 7. Because of work and school commitments, his family — wife Catherine, daughters, Hannah, 15, and Haley, 13, and son, David, 10 — couldn't move to Jacksonville until July. Until then Klein had a three-city commute each week, working three days in Gainesville, two days in Jacksonville and traveling home to Philadelphia every weekend to be with his family.

Slowly, everyone's starting to settle in.

"It's still challenging to explain to my kids what I do," said Klein. "My oldest daughter has really caught on now, but when I try to explain what I do to the other two I get an 'uh, okay' and the blank stare." **P**

DISTINCTIONS

DENTISTRY

EDGAR P. O'NEILL,

D.D.S., F.A.C.P., has been appointed a clinical associate professor of prosthodontics and program director of graduate prosthodontics. O'Neill comes to UF from the Naval Health Clinic in Millington, Tenn., where he served as department head of prosthodontics and chair of the implant committee. His areas of special interest and expertise are in implant dentistry and full-mouth reconstruction. A Navy man since 1976, O'Neill earned his dental degree from Loyola University School of Dentistry, and his Master of Science from George Washington University. He is a diplomate of the American Board of Prosthodontics, and a fellow of the American College of Prosthodontics. He also holds a certificate of advanced prosthodontic education from the U.S. Naval Postgraduate School in Bethesda, Md.



MEDICINE

TIMOTHY FLYNN, M.D., the college's associate dean for graduate medical education, has been appointed to two prestigious posts with the Accreditation Council for Graduate Medical Education and the American Board of Surgery.



Flynn will serve on the board of directors for the ACGME, the organization that accredits and evaluates medical residency programs, beginning in October. He also was elected to serve as vice chairman-elect of the American Board of Surgery. In June 2006 he will assume the role of vice chairman and in 2007 he will become the American Board of Surgery's chairman.

Flynn, who is also the president of the Alachua County Medical Society, has been with the college since 1984.

ERIC STORCH, Ph.D., an assistant professor in the pediatrics and psychiatry departments, was awarded a \$39,011 grant from the Obsessive-Compulsive Foundation for his research on obsessive-compulsive disorder.



Storch and his team of researchers will use the money to continue studying exposure response prevention therapy, which has been shown to help adults with OCD. Storch's team is trying to determine if a specific drug treatment enhances the therapy.

COLLEGE OF PHARMACY

DORETTE ELLIS, Ph.D.,

an assistant professor in the department of pharmacodynamics, has received a two-year grant for \$90,000 from the American Health Assistance Foundation's National Glaucoma research program. She examines nitric oxide's role in regulating intraocular pressure in the human eye. High intraocular pressure causes glaucoma, a leading cause of blindness in the world.



JOANNA PERIS, Ph.D.,

and an associate professor in the department of pharmacodynamics, has received a three-year grant for \$752,250 from the National Institute of Alcohol Abuse and Alcoholism. Her research focuses on the neurochemical mechanisms of ethanol addiction and how neurotransmission is altered in brain regions that are highly implicated in the alcohol addiction process when alcohol consumption escalates.



SIHONG SONG, Ph.D.,

an assistant professor in the department of pharmaceuticals, has received a two-year grant for \$363,750 from the National Institutes of Health's National Heart, Lung, Blood Institute. His research goal is to develop a gene therapy



approach to correct the mutation of the alpha 1 antitrypsin gene for treatment of lung and liver diseases associated with AAT gene deficiency.

PUBLIC HEALTH & HEALTH PROFESSIONS

DAVID FULLER, Ph.D.,

an assistant professor in the department of physical therapy, received a two-year \$150,000 grant from the National Institutes of Health to study the effect of female sex hormones on functional recovery of breathing after high cervical spinal cord injury. These experiments will help establish if gender hormones should be considered an important variable in basic science research, and if hormone therapy is an effective means of promoting recovery of breathing ability after a cervical spinal cord injury.



EMILY KUHL, a graduate

student in the department of clinical and health psychology, received a travel grant to attend the 9th Annual Scientific Meeting of the Heart Failure Society of America held in this September in Boca Raton. She presented a research poster on the psychological benefits of exercise for patients with late-stage heart failure.



Know someone who has earned a distinction? Please let us know.
E-mail dtrunk@ufl.edu

UF nursing classroom dedicated in honor of retired educator and alumna's mother



When **BETTY WARNER** returned to college at age 51 to earn her Master of Education degree from UF, she had no idea that almost 40 years later a classroom to educate future nurses would bear her name. Yet in a September ceremony, a classroom in the College of Nursing was named for the retired teacher as a tribute from her family in honor of her 90th birthday.

The naming of the Betty Warner Classroom resulted from a \$30,000 gift from the Harman and Aiken families to support the Dorothy M. Smith Professorship. The professorship, named in honor of the College of Nursing's founding dean, will help educate the next generation of the best and brightest nursing professionals. Ms. Warner's daughter, Linda H. Aiken, Ph.D., R.N., F.A.A.N., is an alumna of the UF College of Nursing and was closely mentored by Dean Smith as a student.

"The College of Nursing is honored to have received such generous support from Dr. Aiken and her family," said Kathleen Ann Long, Ph.D., A.P.R.N., F.A.A.N., dean of the UF College of Nursing. "This is a testament to Ms. Warner's impact as a mother and a teacher as well as to the impact Dean Smith played in shaping Dr. Aiken's career as an internationally renowned nurse educator and researcher. We are proud to count the Aiken and Harman families as true Gators."

— Tracy Brown Wright

New training program develops pain researchers of the future



Robert P. Yeziarski directs the Comprehensive Center for Pain Research based in the College of Dentistry, and is the lead on a new \$1.3 million pain training grant awarded to the college by the National Institutes of Health. The six-year grant will fund an interdisciplinary, post-doctorate training program to develop researchers and clinicians in the areas of orofacial, acute, visceral, psychosocial and musculoskeletal pain.

By Adrianna C. Rodriguez

Robert P. Yeziarski, Ph.D., a professor of orthodontics at UF's College of Dentistry and director of the Comprehensive Center for Pain Research, has received a \$1.3 million grant from the National Institute of Dental and Craniofacial Research/National Institutes of Health. The six-year grant will fund an interdisciplinary postdoctoral training program focusing on training researchers in pain mechanisms, diagnoses, treatment and management.

The program's goal is to produce pain researchers for the future equipped to develop clinical and/or basic science research programs and to instill in these

individuals an appreciation for the benefits of collaborative, multidisciplinary programs in meeting present and future challenges in the field of pain research.

Yeziarski said the two- to three-year program provides a well-balanced core curriculum for four postdoctorate trainees entered into the program each year. The training program contains provisions for the recruitment of underrepresented minorities, a required component dealing with the ethical conduct of research, and steps to ensure the program meets the needs of trainees in areas of research, education and professional development.

Conducted by an interdisciplinary group of 15 core faculty members with expertise in neuroscience and psychosocial issues of pain mechanisms, the program offers training opportunities in five designated tracks that represent the faculty's research interests. These include the following areas:

- Orofacial pain associated with the head and neck, including trigeminal neuralgia, temporomandibular joint disorder and migraine;
- Acute and chronic pain mechanisms, the neurobiology of the pain system, including the anatomy, physiology, pharmacology, molecular biology of peripheral and central pain pathways;
- Sex, gender and ethnic differences, psychosocial issues of pain and how those factors impact the experience of pain;
- Visceral pain associated with dysfunction of the gastrointestinal tract; and
- Musculoskeletal pain, one of the most common types of chronic pain conditions, including back pain and fibromyalgia.

These tracks represent established research programs of core faculty and will provide structure, guidance and a diverse training environment for the program, Yeziarski said. Additionally, each trainee will receive mentoring from the program's advisory committee to enrich their training experiences.

Trainees will use facilities throughout the Health Science Center for their research training. Although trainees will select one track of training emphasis, they will be required to participate in a two-week research rotation in each of the five tracks.

For more information about the pain training grant, contact Yeziarski at ryeziarski@dental.ufl.edu or call the Comprehensive Center for Pain Research at (352) 392-3032. 

The National Institutes of Health recognizes UF medicinal chemist with \$3 million award



Bergeron

Ray Bergeron, Ph.D., a graduate research professor of medicinal chemistry and Duckworth Eminent Scholar of Drug Development in the College of Pharmacy, received a \$3 million NIH MERIT award to continue his research on blood and liver-related disease.

Acknowledging his "consistent and excellent contributions to scientific knowledge," the award, from the National Institutes of Health's National Diabetes and Digestive and Kidney Diseases Advisory Council, gives Bergeron the opportunity to extend his current grant for an

additional five years.

"This is a well-deserved honor and one that the College of Pharmacy should be very proud of on his behalf," said Dean William H. Riffe, Ph.D, in a congratulatory speech.

Investigating ways to better treat iron-overload diseases, Bergeron currently has two drugs in clinical trials with Genzyme. One drug is used for treatment of liver cancer. The other was developed for the treatment of children with thalassemia, also called Cooley's anemia, a rare disease in which iron builds up in the system, causing an overload that cannot be effectively eliminated.

— Linda Homewood

LOOKIN' AT YOU



PHOTO BY DENISE TRUNK

Pat Siter is the administrative assistant to the senior associate dean for educational affairs in the College of Medicine.



PHOTO BY LISA BALTOZER

Nurse Donna Waldron (left) and Ginny Profumo, a guest services specialist, bring Sox to visit children on a recent Friday morning.

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Physician and community leader dies



Brown

Robert L. Brown, M.D., a 1984 graduate of the College of Medicine and a leader in Jacksonville's black community, died Sept. 1 after suffering a cerebral hemorrhage. He was 55.

Dr. Brown served as director of the Soutel Family Practice Center in Jacksonville, which is part of the UF Health Science Center there. Brown, who committed himself to giving back after medical school, established his

practice in a medically underserved part of town and helped bring a grocery store to the area.

Brown is survived by his wife, Gloria, four children, one grandchild, seven brothers and one sister.

Brown was quoted in the September 2005 issue of the POST in a remembrance of the late Dr. Hugh "Smiley" Hill, longtime associate dean for education for the College of Medicine.