



DEAN'S MESSAGE: What's On My Mind

Medical education—the mission on which this great institution was founded 200 years ago—is undergoing enormous change in many arenas. One area is the shifting demographics of the student body. According to the Association of American Medical Colleges (AAMC), in 2005–2006 women represented 50 percent of applicants to medical schools and 49 percent of medical students. The School of Medicine's entering class this year is 62 percent women, the eighth year in a row with a majority female first-year class.

But while more women are applying to, entering and graduating from medical school, the number of applications nationwide continues to decline. When you add to this the burgeoning number of physicians who are retiring, we have a physician shortage which threatens our nation's ability to translate basic research into new patient-care applications.

Student debt is another area which has undergone an enormous shift in the last two decades alone. According to the AAMC, in 1984 approximately 89 percent of medical students graduated with medical school debt, the median amount for which was about \$25,000. In 2003, the percentage of students in debt declined slightly to 83 percent, but their debt load had increased enormously to nearly \$120,000. Educational indebtedness is a major barrier for students who are deciding whether to go to medical school and for those who have already made that decision but are deciding whether to pursue a research career.

One cannot overlook technology and its role in the way in which we now teach our students. We were among the first in the nation to require laptop computers, and our medical informatics curriculum is among the best in the nation. Yet we continue to improve our curriculum to ensure that it is comprehensive enough to accommodate all learners.

In many important ways students today are unlike the students many of us were. Today's students are highly reliant on technology. They use electronic mail, both for personal communications and professional work group environments, use computer-based instructional technologies, resources and self-assessment tools, and are fluent with personal digital assistants (e.g. Blackberries) and Web-based communications. Our student body is also more diverse, with students coming from more nontraditional backgrounds. Many of our students are older, have already spent time in the workforce, and have career interests beyond clinical medicine.

Therefore, with the cost of a medical education at its highest, fewer applicants and a rising physician shortage, each and every medical school must be at its most competitive to get the best students and produce the most competent and caring physicians and researchers. We must not be satisfied with the status quo, rather we must be constantly seeking to achieve the next level of excellence.

In my education vision letter, which you received in December, I outlined my plans to keep this medical school competitive and to achieve even greater excellence in our education mission. Among the many points I made was our intent to continue our emphasis on joint degree programs and thus expand our portfolio to include joint degrees with law (MD/JD or PhD/JD), business (MD/MBA or PhD/MBA), and with other areas where a masters degree can be pursued (MD/MS or PhD/MS) in health policy, government relations and translational research, for example.



Work is already underway in this regard. Our newest joint degree program is the Master of Public Health (MPH) degree, which was approved last summer. The MPH provides students concurrently enrolled in UMB's professional schools and programs (as well as staff, residents, fellows, and junior faculty with existing professional

degrees) with the opportunity for formal training in public health. Students can specialize in one of seven concentration areas: epidemiology and biostatistics, environmental and occupational health, public health informatics, global health, public health policy and practice, veterinary public health and social and behavioral sciences. The MPH degree requires 42 credit hours and includes a "capstone experience," a supervised public health field experience that requires substantive application of the knowledge and skills acquired in the MPH core courses and in courses taken in the area of concentration.

The MD/MBA or PhD/MBA degree, which I hope will be up and running soon, will be offered in partnership with the Robert H. Smith School of Business at College Park. The Smith School of Business, which is ranked consistently in the top-20 of business schools, has held classes on the UMB campus for about eight years, but has never before offered health care electives. Our MD/MBA will be geared toward helping our students achieve their goals of becoming successful physician executives and/or skillful in practice management. The program will require 15 months of full-time work toward the degree. Students traditionally take 12 months between the second and third years of medical school for coursework, and complete

the additional three months prior to the first year, between the first and second years, after graduation, or through night courses during medical school. Each student's coursework will be dedicated to training in a specific area, such as health care management, finance, marketing or accounting.

We have also given considerable thought to offering minors or concentrations in certain subject areas, such as law or public policy. Students who decide to pursue a law minor will not gain the analytic skill competency one would learn in law school, but they will get a taste of the law and learn how lawyers think, which is very different from how physicians are taught to think. Public policy minors will be introduced to the principles and methods of public policy, the principles of economics, and the methods by which public policy analysts understand health problems. These courses could be pursued concurrently, with a combination of academic coursework and practical experience, such as an internship or seminar series. Law courses would be taken at the UMB law school and public policy courses would be taken at the College Park campus.

This is an exciting time in medical education. The University of Maryland School of Medicine has long been regarded a first-rate teaching institution. We have a special obligation to our students and to our patients to continue our tradition of excellence.

In the relentless pursuit of excellence, I am
Sincerely yours,

E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, School of Medicine

“... with the cost of a medical education at its highest, fewer applicants and a rising physician shortage, each and every medical school must be at its most competitive to get the best students and produce the most competent and caring physicians and researchers.”

“The Enduring Power of Leadership” Lecture Series

Perspectives on Diabetes: The Historian, The Physician, The Patient

February 26, 2007 at the Hippodrome Theatre

12 N. Eutaw Street in Baltimore

Reception 5:30–6:45 p.m. Program 7:00–9:00 p.m.



Patti LaBelle

- * Patti LaBelle on her life-changing diabetes diagnosis
- * Dr. Richard Bliss from the University of Toronto on the discovery of insulin
- * Dr. James Shapiro from the University of Alberta on the future of islet cell transplantation
- * Our own Dr. Alan Shuldiner on the diagnosis and management of diabetes

and Dr. Stephen Bartlett on the status of surgical options for treating diabetes

The evening will be hosted by School of Medicine Dean E. Albert Reece and moderated by television journalist Dr. Bob Arnot, with special greetings from Jeff Rivest, CEO of the University of Maryland Medical Center.

There is no charge, but tickets are required. Call 6.2007 or e-mail 2007@som.umaryland.edu to order your tickets.

Upcoming evenings at the Hippodrome are on leadership with Cal Ripken, Jr. (April 26) and on the central nervous system with former U.S. Attorney General Janet Reno (September 24). Details of these and other bicentennial activities are available throughout the year at www.sombicentennial.umaryland.edu.



Michael Bliss, PhD



James Shapiro, MD, PhD



Alan Shuldiner, MD




Stephen Bartlett, MD

LCME Site Visit Scheduled for February 2008

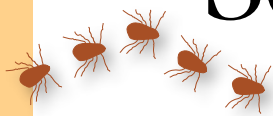
The Liaison Committee on Medical Education (LCME) plans to conduct a site visit at the School of Medicine in February 2008 to review our programs for medical education leading to the MD degree. In preparation, the School of Medicine has embarked on an extensive institutional self-study process. "This process is intense, but it is also an extremely valuable opportunity to review the quality and effectiveness of our programs and to implement measures to address any areas of concerns," says Dean E. Albert Reece, MD, PhD, MBA.

According to the LCME web site, "accreditation is a process of quality assurance in post-secondary education that determines whether an institution or program meets established standards for function, structure and performance." The accreditation process also fosters institutional and program improvement. Accreditation by the LCME is required for schools to receive federal grants for medical education and to participate in federal loan programs. Most state boards of licensure require that U.S. medical schools be accredited by the LCME as a condition for licensure of their graduates.

The School of Medicine has appointed a Self-Study Task Force to drive the review process by further appointing and overseeing multiple subcommittees, managing the collection of data into a large comprehensive database and ultimately consolidating subcommittee reports into a lengthy and detailed written summary report. Dean Reece will serve as chair of the task force and Bruce Jarrell, MD, vice dean for Research and Academic Affairs, will serve as co-chair.

"As we proceed through the coming weeks and months toward the site visit, I hope that everyone will recognize the importance of this process and be ready and willing to participate when asked to serve on a sub-committee or to provide information," says Dean Reece. 

Searching for a Rickettsial Vaccine



Rickettsia *proWazekii* is a small obligate intracellular bacteria listed by the Centers for Disease Control and Prevention as an agent B, one that could potentially be misused as a bioterrorist agent. Finding a vaccine for rickettsial diseases such as epidemic typhus caused by *R. proWazekii*

is the focus of research conducted by Suzana Radulovic, MD, PhD, associate professor, Department of Microbiology & Immunology.

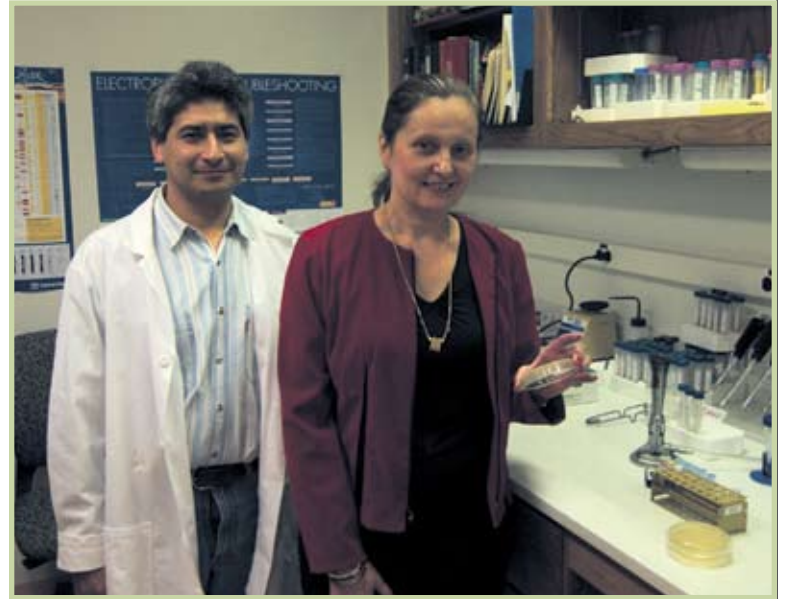
"We work with rickettsia that are transmitted to humans by lice, ticks, fleas and mites," she says. "These bacteria are capable of causing debilitating diseases such as epidemic typhus, Rocky Mountain Spotted Fever and Rickettsialpox."

In humans, rickettsia infects endothelial cells, macrophages and dendritic cells. Progression of infection results in severe vasculitis. "The first signs of infection are fever and headache followed by the appearance of maculopapular rash," says Dr. Radulovic. "Lately, the emergence of rickettsial diseases is observed not only in the United States but worldwide with cases of epidemic typhus occurring out of endemic regions."

The federal government's concern about rickettsiae is that it not only exists in nature but that it has the ability to spread through an aerosolized form, making it virtually undetectable until contracted. "It may be difficult to determine if the resulting infection is naturally occurring or is intentionally introduced into a naïve population," says Dr. Radulovic.

Dr. Radulovic's work focuses primarily on *Rickettsia proWazekii*, the causative agent of epidemic typhus. There is no FDA approved vaccine available and existing antibiotic treatment with doxycycline might not be effective against genetically engineered strains.

"Using the genome sequence of *R. proWazekii*, we've been able to identify, select and test gene encoding virulence-associated antigens and proteins that are of importance in protection against this agent," she says. "We constructed a DNA-based vaccine for pre-clinical testing




(L-R) Marco Quevedo-Diaz, PhD, post-doctoral fellow, and Suzana Radulovic, MD, PhD, conduct research on *Rickettsia proWazekii* in Dr. Radulovic's lab.

in mice and performed the analyses of immune response (antibody response and cell-mediated immunity) in vaccinated mice."

According to Dr. Radulovic, a rickettsiae vaccine would be useful for naturally occurring cases but also for military troops deploying to endemic regions of the world where cases of infection are prevalent and where the threat of bioterrorism is high.

"We are early in the development of a vaccine and would like to take these studies further to prove the candidates' efficiencies in Phase I and Phase II human clinical trials," she says.

In addition to identifying a specific gene as a potential vaccine target, Dr. Radulovic and colleagues have been working to understand the genetic mechanism by which macrophages recognize the rickettsiae. "Understanding this process will help us to identify the bacterial component that is inducing activation of toll-like receptor signaling pathways in macrophages," she says. "These might be of crucial importance in future vaccine strategies."

Dr. Radulovic's research is funded by the National Institute of Allergy and Infectious Diseases. 

The Association of American Medical Colleges Research Grant and Contract Rankings

The Association of American Medical Colleges (AAMC) research grant and contract rankings, with 2005 data, are summarized in the slides below. These rankings are based on data submitted by each medical school in the annual LCME Part II Financial Survey and on the direct grant and contract expenditures which run through our UMB Foundation accounts. In terms of total direct research expenditures, the University of Maryland School of Medicine now ranks 18th overall, with \$214.7 million in expenditures, and 8th among all public medical schools.

AAMC Medical School Profile System Research Grant Expenditures (2005) Public and Private Schools, All Regions

Rank	School	Research	Rank	School	Research
1.	Harvard	\$1,228,829,304	14.	UC San Diego	\$254,644,143
2.	U Washington	\$508,840,759	15.	Colorado	\$244,822,528
3.	UCSF	\$474,483,167	16.	Case Western	\$219,479,308
4.	UCLA-Geffen	\$390,737,633	17.	U Michigan	\$217,885,338
5.	U Pennsylvania	\$383,704,930	18.	Maryland	\$214,744,479
6.	Johns Hopkins	\$351,308,246	19.	UT Southwestern	\$202,601,993
7.	Duke	\$350,144,993	20.	Cornell-Weill	\$192,145,947
8.	Pittsburgh	\$287,301,568	21.	Vanderbilt	\$191,712,751
9.	Washington U	\$277,766,003	22.	Emory	\$189,639,708
10.	Baylor	\$267,329,513	23.	Mayo	\$186,544,000
11.	Stanford	\$263,148,845	24.	Ohio State	\$184,668,066
12.	Columbia	\$261,521,016	25.	Southern Cal-Keck	\$183,751,580
13.	Yale	\$261,499,073			

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1.	U Washington	\$508,840,759
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3.	UCLA-Geffen	\$390,737,633
4.	Pittsburgh	\$287,301,568
5.	UCSD	\$254,644,143
6.	Colorado	\$244,822,528
7.	Michigan	\$217,885,338
8.	Maryland	\$214,744,479
9.	UT Southwestern	\$202,601,993
10.	Ohio State	\$184,668,066

AAMC Medical School Profile System Research Grant and Contract Expenditures per Full-Time Clinical Faculty (2005) Public and Private Schools, All Regions

Rank	School	Research
1.	U Washington	\$236,253
2.	UC San Diego	\$232,889
3.	Stanford	\$219,245
4.	Yale	\$210,303
5.	Maryland	\$206,473
6.	UC San Francisco	\$201,228
7.	Harvard	\$168,515
8.	Pennsylvania	\$159,526
9.	Brown	\$151,352
10.	Washington U	\$148,091

AAMC Medical School Profile System Research Grant and Contract Expenditures per Full-Time Clinical Faculty (2005) Public Schools, All Regions

Rank	School	Research
1.	U Washington	\$236,253
2.	UC San Diego	\$232,889
3.	Maryland	\$206,473
4.	UC San Francisco	\$201,228
5.	Alabama U	\$128,954
6.	Michigan	\$121,441
7.	Iowa-Carver	\$118,560
8.	UC Irvine	\$115,351
9.	South Florida	\$113,548
10.	Massachusetts	\$100,722

AAMC Medical School Profile System Research Grant and Contract Expenditures per Basic Science Full-Time Faculty (2005) Public Schools, All Regions

Rank	School	Research	Rank	School	Research
1.	UC San Diego	\$1,786,484	12.	Michigan	\$271,884
2.	UC San Francisco	\$510,846	13.	South Dakota	\$265,844
3.	Stony Brook	\$439,087	14.	UMDNJ-RW Johnson	\$260,926
4.	U Washington	\$432,287	15.	Wisconsin	\$255,790
5.	Oregon	\$395,132	16.	Iowa-Carver	\$253,045
6.	UT Southwestern	\$383,829	17.	Arkansas	\$249,143
7.	Cincinnati	\$333,465	18.	Nebraska	\$232,657
8.	Buffalo	\$326,374	19.	Massachusetts	\$227,601
9.	Georgia	\$312,154	20.	Virginia	\$225,392
12.	UC Irvine	\$310,082	21.	Maryland	\$219,122
11.	UCLA-Geffen	\$279,732	22.	Alabama	\$218,599

Institute of Human Virology Becomes Part of the School of Medicine



Robert C. Gallo, MD

The Baltimore-based Institute of Human Virology (IHV) has moved into the School of Medicine, formalizing a relationship that began when the institute was founded in 1996. IHV has become the School of Medicine's only institute and will continue its mission of focusing on biomedical research leading to improved treatment and prevention of chronic viral diseases such as HIV/AIDS and cancer. IHV will become a vital component of each of the school's academic, research and clinical missions.

"We are extremely pleased that the Institute of Human Virology is officially joining the School of Medicine," says Dean E. Albert Reece, MD, PhD,

MBA. "We look forward to a renewed and re-invigorated collaborative relationship with IHV's researchers and staff as we work together to find treatments and cures for HIV/AIDS and some of the world's deadliest viral diseases and infections."

IHV, which recently celebrated its 10th anniversary, previously resided in the University of Maryland Biotechnology Institute. It was formed as a partnership between the state of Maryland, the City of Baltimore, the University System of Maryland and the University of Maryland Medical System and is home to world-renowned experts in virology.

IHV's nearly 300 employees include more than 50 School of Medicine faculty members whose research efforts are focused in the area of chronic human viral infection and disease. More than 75 percent of the institute's clinical and research efforts target HIV infection, but other viruses associated with hepatitis C, herpes and cancer are also studied.

"The increasing size and complexity of IHV's scientific research programs, as well as our growing translational research and clinical efforts, make it appropriate that IHV affiliate wholly with the School of Medicine. Our expertise in HIV/AIDS research,

care and treatment ensures a very productive future with the School of Medicine," says Robert C. Gallo, MD, director of the Institute of Human Virology, co-discoverer of HIV as the cause of AIDS and developer of the first HIV blood test. Dr. Gallo is also a professor in the Departments of Medicine and Microbiology & Immunology. "IHV's Board of Advisors and Scientific Advisory Board have provided tremendous support through the years as we have grown from a small center into a large research and clinical care facility with an annual budget of more than \$50 million. These, and our proven track record of expediting scientific discoveries from the laboratory to patients, are among the strengths that IHV brings to the School of Medicine."

IHV will add more than \$28 million in research funding to the School of Medicine's \$350 million research enterprise. The institute also has international collaborations at 109 sites in 36 countries, including China, Haiti, Israel, Mexico and Nigeria.

"IHV has an innovative effort underway to find an effective HIV/AIDS preventive vaccine, while carrying out research on a number of other virally-linked diseases," says Dr. Gallo. "We also provide care and treatment to nearly 4,500 people living with HIV/AIDS in the Baltimore area, and to nearly 100,000 people through our treatment programs in Africa and the Caribbean."

IHV researchers have been awarded more than 20 patents since the institution's founding and discovered chemokines, the first known naturally occurring HIV inhibitors. They subsequently discovered that chemokine levels correlate positively with progression to AIDS in HIV-positive patients. Additionally, they created a gene-based method for detecting dangerous microbes that could lead to disease in the human body long before they can be detected by traditional means.

"The School of Medicine shares the entrepreneurial and scientific spirit embodied by the Institute of Human Virology," says Dr. Reece. "We are confident that the IHV will contribute enormously to the many technologies and discoveries made by School of Medicine faculty in our search for treatments and cures for illnesses and diseases that affect people in Baltimore, in Maryland, and around the world."

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Unique Surgical Simulation and Technology Center Opens

A Surgical Simulation and Technology Center at the University of Maryland Medical Center (UMMC), one of only a few hospital-based centers of its kind in the United States, opened in December. The center brings together a diverse group of experts to solve important challenges in surgery. Surgeons from different specialties will collaborate with computer scientists, experts in artificial intelligence, visualization, database and wireless technology, electrical and biomechanical engineers, kinesiologists, surgical educators, human factors experts, cognitive psychologists and medical units from the U.S. Air Force and the U.S. Army.

"As surgeons, we are problem solvers, but we have immense challenges in terms of using new technology to advance patient care, surgical education and research," says director of the Surgical Sim Center, Adrian E. Park, MD. Dr. Park is a professor in the Department of Surgery at the School of Medicine and head of general surgery at UMMC.

"Surgeons tend to be conservative and slow to adopt new procedures and practices from other disciplines," says Dr. Park. "But today, best practices in medicine require that we take extra steps to maximize patient care."

He says the drive to establish such an all-encompassing facility comes partly from the near simultaneous explosion of knowledge in many fields. "Our goal is to take advantage and be a part of this innovation," says Dr. Park. "Besides being engaged in education and training as other centers are doing, we plan to be engaged from the outset in evaluating, researching and investigating the best technologies to achieve those goals."

The Surgical Sim Center will give surgeons new tools to practice and enhance their skills. "Rehearsal is a key to learning," Dr. Park says. "Pilots rehearse and astronauts rehearse. In surgery, we have begun, only recently, to rehearse procedures on a small scale, but newer technology is helping us do this in a bigger way."

"Our Surgical Sim Center is another step in our continuing commitment to improve patient care," says Stephen T. Bartlett, MD, professor and chair, Department of Surgery, and chief of surgery at UMMC.



Adrian E. Park, MD

"This is truly an innovative facility that will make our educational program a unique national center of excellence. Dr. Park recruited an outstanding team to work in the center, and we look forward to the advances that result from their efforts," Dr. Bartlett adds.

In development for five years, the facility has received support from numerous individuals and institutions, including Stryker Endoscopy, the Swirnow Charitable Foundation, the U.S. Army, the U.S. Air Force and the Verizon Foundation.

Highlights of the Center:

- **Life-like Patient Simulators**

In one room of the center, surgical residents use advanced, life-like simulators to learn and practice the techniques of minimally invasive, or laparoscopic, surgery. This equipment tracks each student's progress in a variety of tasks to show where improvement is needed. Another room has state-of-the-art computer-controlled mannequins to train civilian and military health care professionals in the resuscitation and care of soldiers on the battlefield or civilians in a mass casualty incident.

- **The Nation's First Surgical Ergonomics Program**

Researchers will assess the movement of surgeons during laparoscopic surgery, which has revolutionized patient care. For the surgeon, laparoscopic surgery may mean holding instruments at awkward angles for many hours and craning their necks to see video on a monitor that shows images from a camera placed inside the

patient's body. The result, for many surgeons, is neck and shoulder pain and carpal tunnel syndrome.

To improve surgical ergonomics researchers employ a system similar to one used in Hollywood to produce computer-generated animation by recreating human movements and facial expressions. The system makes it possible to analyze how the surgeon moves in order to refine techniques that avoid pain and fatigue. This research may lead to improved surgical technology as well as operating room layout.

- **Surgical Imaging to "Rehearse" Operations**

Scientists are looking at new ways to improve surgical accuracy with imaging display technology. Some of this research involves 3-D imaging; some encompasses what is called image registration—fusing or coupling images to make surgery more precise.

The technology will improve the surgeon's ability to rehearse a procedure and understand the unique aspects of the patient's anatomy before the operation begins.

- **New Tools to Enhance Surgical Judgment**

Specialists at the Surgical Sim Center are developing an unscripted, sophisticated artificial intelligence program called the Maryland Virtual Patient. The program is part of an effort to help new and experienced surgeons fine-tune their surgical judgment to be best able to handle complex cases. It is a so-called "cognitive simulator" in an early phase of development, which, when fully designed, will incorporate the full anatomy and physiology and show how organs and cells respond. The program will react to a course of action a physician decides to take.

- **High Speed Networking Capability**

The Surgical Sim Center is capable of sending and receiving high-resolution video, audio and data to and from anyplace in the world, providing real-time links with operating rooms, conference centers and other venues. These interactive connections make it possible for students in a remote location to see an operation performed by a master surgeon while they ask questions and receive answers to their questions.

Kevin Lunney, MD/PhD Student

Reeling from the death of his father, 13-year old Kevin Lunney found a mentor in Rob Vigorito, MD, now an instructor in the Departments of Pediatrics and Pathology. “I met him at a pool in Columbia, MD, where I conducted my triathlon training,” recalls Lunney, now a School of Medicine MD/PhD candidate. “He encouraged me as I was first entering the sport; at the time I didn’t know he was a physician, nor did I realize I would go on to study medicine, or do so well in sports competitions.”

Lunney would go on to become a world-class athlete.

He’s placed as high as 11th in national Ironman Triathlon competitions, but presently ranks somewhere in the forties due to the demands of med school and a young family (he and wife Jennifer have two daughters: Naya, who was born one month before Lunney started at the School of Medicine in 2002, and Eliza, born in October 2006). Finding a proper place to train is difficult too, now that Lunney is living and working in Zimbabwe in preparation to defend his PhD dissertation in May 2007, after which he will return to Maryland to become a third-year medical student.

Lunney’s dissertation is *Preventing Mother to Child Transmission of HIV through Breastfeeding: From Bench to Breast*. “I am looking at factors associated with the transmission of HIV from mother to child during breastfeeding, which accounts for 30 to 45 percent of all mother-to-child transmission in the developing world,” Lunney explains. “By working with archived samples

“I will never forget my first day at casualty, which is the African equivalent of an American emergency room. . . . About 80 percent of these patients were HIV positive, and the majority of those were in the end stages of AIDS.”

from a large (14,110 mother-baby pairs) clinical trial, I have the power to explore very specific research questions.”

He’s also had the chance to receive a very different—and often sobering—medical education. “As part of my effort to keep my clinical knowledge sharp, I spend five hours a week at local clinics or government-run hospitals shadowing physicians, interviewing and examining patients and attending rounds at the medical school,” Lunney explains. “I will never forget my first day at casualty, which is the African equivalent of an American emergency room. Because of a local doctors’ strike, the person responsible for the ward where I was stationed was the equivalent of a first year medical student. We saw 30 or so patients in about three hours. About 80 percent of these patients were HIV positive, and the majority of those were in the end stages of AIDS.”

Not being able to properly treat all those patients has been difficult to accept, but Lunney is still grateful for the opportunity to gain first-hand knowledge in infectious disease and epidemiology, which was one of the main reasons he chose the



(L-R) Kevin Lunney stands with his African colleagues, Jephath Chifamba, PhD, chair, Department of Physiology, and Richard Hondo, senior chief technician, Department of Physiology, in a physiology laboratory at the University of Zimbabwe Faculty of Medicine, which is equivalent to a School of Medicine.



A bull elephant walks within eight feet of Lunney's camp.

University of Maryland School of Medicine. “The school has been incredibly supportive of my academic pursuits—even though these pursuits are far from the traditional path chosen by most medical students,” raves Lunney.

“It is clear the School of Medicine supports my development as a student pursuing research in international health,” Lunney adds. “Maryland’s MD/PhD program is the primary reason why the school quickly rose as my first choice among the programs to which I applied.”

Graduation may be more than two years away, but Lunney already has plans in the works. “Almost certainly I will follow a path in internal or pediatric medicine, and am considering seriously an infectious disease fellowship,” he says. “In my other life I am a reserve officer in the United States Public Health Service and would like to return to active duty when I finish my academic training. One of the possible routes I am exploring is through the Center for Disease Control’s Epidemic Intelligence Service Program. This program will enable me to combine many of my passions, including medicine, epidemiology, field work and service to my country and the global community.”

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Medical Alumni Association Publishes Historical Retrospective of the School of Medicine



The Medical Alumni Association is celebrating the School of Medicine’s bicentennial with the release of a coffee table book about the school’s history. Written by executive director Larry Pitrof, the book is a chronology of the many achievements of SOM graduates and faculty. “One of our alumni served as Speaker of the U.S. House of Representatives, another was a U.S. senator who ran for president, and a former student invented Pepsi-Cola,” reveals Pitrof. “But what really struck me in pulling together all these medical advances by faculty and alumni is how wonderfully diverse we are in advancing education, research and patient care.”

An ad-hoc committee coordinated the planning of the book. “Morton M. Krieger, one of our past alumni presidents and medical editor for our alumni magazine, *Bulletin*, volunteered to chair the group,” says Pitrof. “Members of the committee included: Dr. Milford M. Foxwell Jr., ’80, our resident historian; Dr. Jean Silver-Isenstadt, ’02, a published author; Dr. Sylvan Frieman, ’53; Dr. Jonas Rapoport, ’52; Dr. Morton Kramer, ’55; Richard Behles, UMB’s historical librarian; and Jennifer Litchman, assistant dean for Public Affairs in the School of Medicine.”

Drs. Frieman, Rapoport and Kramer helped Pitrof with research, pouring through old magazines and newspapers, 90 years’ worth of *Bulletin* issues, medical school yearbooks, faculty minutes, and a gem from 1891 called *Historical Sketch of the University of Maryland School of Medicine* by Eugene Cordell, Class of 1868. “Cordell was the medical school’s honorary professor of the history of medicine, and he was responsible for recording virtually all of the early history of our medical school,” Pitrof explains. Litchman and Drs. Silver-Isenstadt and Krieger edited the manuscript, while Behles helped with fact checking. “And Dr. Foxwell served as the gate keeper, validating all the findings,” Pitrof says.

Using all this internal talent helped keep the book under budget—good news for the Medical Alumni Association, which funded the entire project. The book will not be sold, but instead will be distributed free to alumni, faculty, students and friends of the School of Medicine, which includes the deans of all the other U.S. medical schools.

“It was our hope that the publication would educate, enlighten and entertain the reader and give alumni, faculty, students and staff a sense of pride in our medical school,” Pitrof explains. “Everyone on our committee will agree that this was an historic labor of love, and we hope that people enjoy reading it as much as we enjoyed creating it.”