Dear Students, Faculty, and Alumni,

In 1999, the Norwegian Nobel Committee awarded the Nobel Peace Prize to the organization Médecins Sans Frontières (Doctors Without Borders) in recognition of its pioneering humanitarian work throughout the globe. In the words of the Nobel Committee, the critical factor underlying the award was not simply the organization’s clinical interventions with suffering populations, but also the doctors’ willingness to “show each victim a human face, stand for respect for that person’s dignity, and [serve] as a source of hope for peace and reconciliation.”

Many of our students similarly feel a strong moral duty to bring the benefits of modern medical science to those most in need and to utilize the resources and privilege of our comparatively wealthy society to help the world’s poorest and sickest communities. In truth, it would be short-sighted to ignore the health and well-being of our fellow global citizens. Recent events such as the Avian Bird Flu and SARS have demonstrated in the strongest possible terms that health is a global public good. While globalization has increased our risk and exposure to global pandemics, it is also true that these same forces of globalization are at the root of successful efforts to contain and control these diseases. It is through international cooperation and pooling all our collective resources that we will be most successful in combating illness.

This 2007 winter edition of the Pritzker Pulse focuses on student opportunities to become involved in international health. In story after story, our students detail their own experiences working on behalf of global health. Their service takes many forms—from direct care to patients, to raising and distributing pharmaceutical supplies, to clinical research efforts, to public advocacy—but all were undertaken with the goal of acting as citizens of the world and in contributing to the health of our global village.

The Pritzker School of Medicine strongly supports student involvement in international experiences. This year, we act as co-sponsors for an important new educational opportunity at our school—The Geographic Medical Scholars Program—which provides didactic and experiential training that will prepare our students to work in health care organizations overseas. For information about the Geographic Medical Scholars Programs as well as the various student organizations in international medicine, sponsored research opportunities abroad, overseas clinical rotations, and other global public health opportunities, please visit our website at http://pritzker.bsd.uchicago.edu/international.

Sincerely,

Holly J. Humphrey

Holly J. Humphrey, MD
Professor of Medicine and
Dean for Medical Education
The Pritzker School of Medicine International Medicine Group

By Faraz Ahmad, MS 2 and Corey Bills, MS 2

A 1999 study published in The American Journal of Tropical Medicine and Hygiene documented that international health experiences had a profound impact on medical residents’ attitudes and decisions toward health and care of immigrants and patients on public assistance. International health experiences are a valuable part of one’s medical education; and for many the decision to take part in international opportunities stems from a desire to engage wholly in the field of medicine, especially in areas where barriers to basic health services exist. International opportunities also allow for an alternate perspective on clinical medicine and a chance to learn and witness diagnoses not commonly seen in the United States. Built on the value and importance of international understanding, the Pritzker International Medicine Group (IMG) aims to encourage critical thinking about medicine and health in a global context and facilitate opportunities for students to engage in international health experiences throughout their four years.

This past year, IMG members have sought to foster interest in international medicine and support students work abroad during their time at Pritzker. We published a magazine called Globoscope, which featured articles by students on global health issues and experiences, and held lectures and panels on global health issues and international experiences. The Keith Edson Scholarship, administered by IMG members, provided funding to 26 Pritzker students for international experiences. We have increased resources for international work and career mentorship available to students by building relationships with Pritzker alumni and hospital faculty. For example, through collaboration with the Medical and Biological Sciences Alumni Association, students met with two esteemed Pritzker alums—Dr. Donald Hopkins ’66, the Associate Executive Director of Health Programs at the Carter Center, and Dr. John Benfield ’55, a surgeon and an expert in international medical linguistics.

In January, 2007, leadership of the International Medicine Group will transfer to the first year class. We wish our classmates the best of success as they work to perpetuate and, we hope, augment our achievements over the past years.

At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.
In October 2005, the Pritzker Chapter of REMEDY (Recovered Medical Supplies for the Developing World) was in transition. After five years of raising funds for hospitals and clinics in Cuba, political pressures and complications made ongoing visits to this country too difficult. The prior year’s class had chosen Peru as their site, but an impassioned speech by REMEDY member Algernon Cargill convinced the group to consider the Dominican Republic as an ideal site both for its lack of resources and high morbidity and mortality rates, but also for the opportunities it would present for students to work with medical students and doctors and participate in direct patient care. Ranking as one of the poorest countries in the western hemisphere and one closest in proximity to the United States, the group decided to put its time and effort into helping this neighbor. Twenty first-year medical students from the University of Chicago Pritzker School of Medicine participated in REMEDY during the 2005-2006 school year. They were joined by two pre-medical students from the University of Chicago who would serve as Spanish translators for the trip to the Dominican Republic. They were also met in Santo Domingo by Dr. Eugene Geppert, a retired physician from the University of Chicago, who would serve as a valuable medical resource and translator during the trip.

After contacting Dr. Maximo Brito, an infectious disease physician at the University of Illinois-Chicago, originally from the Dominican Republic, the goals and expectations of the student group came into focus. He put students in contact with urban and rural clinics, and REMEDY UChicago was able to obtain a list of desired medical supplies and medications. In order to obtain these supplies, REMEDY UChicago conducted a number of fundraising activities, including a Faculty Auction, Speed-Dating, Chicago Bulls’ Ticket Sales, Date Auction, and other events, raising $25,000 in just a few months.

The group then used its funds to request and purchase the medicine and shipping material from pharmaceutical companies, non-profit organizations, and from the University of Chicago Hospitals. In all, the group transported 41 boxes full of nearly 2,000 pounds of medical supplies with them in June 2006. The boxes included sutures and other surgical equipment, antibiotics, vitamins, catheters, bandages, and many other items requested by the different clinics and hospitals. These hospitals ran ged from urban hospitals to small rural clinics serving some of the poorest residents of the country.

While in the Dominican Republic, students took part in grand rounds in Santo Domingo, shadowed and assisted in surgeries in rural Bani, and even witnessed a live birth in the maternity hospital. The entire group met and spoke with children in Barahona who take part in a “nutrition education”...
 clinic which promises the children at least one meal a day because food is not always guaranteed to the children. The whole experience changed every member of the group, and each member was asked to make journal entries about their experience as a way to remember the trip.

Among the important people who contributed to the trip were:

- **Dr. Adelaida Oreste**, Director of CISADE (Centro Integral de Salud y Desarrollo, Inc.) who took time out of her busy schedule to bring REMEDY to the Barahona clinics and offered information about the difficulty of providing quality medicine in the Dominican Republic. Through rolling blackouts and limited space in all of the clinics, the group of medical students were exposed to many eye-opening daily realities of the country, such as multiple doctors using the same exam room for consultation, something that ordinarily does not occur in our privacy-sensitive hospitals.

- **Dr. Maritza Martinez**, Coordinator of the Bani clinics, who connected her Dominican medical students with our group. These medical students attended INTEC, a strong institution in Santo Domingo. In Bani, the students lived together, worked together, and exchanged information about aspirations in medicine and in life. The most hands-on experiences occurred in Bani, with several students able to assist in surgeries and take an active part in consultations and exams.

- **Dr. Carolina de la Cruz** and **Dr. Jorge Marte** who coordinated exciting days in the urban teaching hospital, allowing group members access to presentations, discussions, and patient rounds. The urban hospital was most similar to the University of Chicago and typical hospitals in the United States, but students saw many rare diseases such as Dengue Fever and illnesses that are not normally seen at home.

- **Dena Simmons**, who opened her doors at the maternity hospital, allowing the group to see overcrowded waiting rooms full of expected mothers and other patients. With their requests for pens, notebooks, and other office supplies, it was clear that REMEDY could aid the clinic even with seemingly minor donations.

The impact of the trip was visible everywhere we visited. What connected all of these experiences was the kindness and enthusiasm everyone in the Dominican Republic showed in working with the group. This year’s REMEDY student group will be returning to the Dominican Republic and will build on the foundation laid over the last year.

International Experiences

The Members of REMEDY UChicago

Sam Fuller
   Co-President
Richard Southgate
   Co-President
Vance Broach
Algernon Cargill
Lindsay Dehne
Stephanie Donald
Eleanor Drew
Marissa Encinosa
Chris Jarosch
Neena Kapoor
Michelle Keese
Ann Laake
Loren Miller
Erin Mularkey
Stephanie Papillon
Sully Paz
Becca Schultz
Christian Skjong
Kim Taub
Brooke Vanderby
Arnaldo Vera
Marc Ward

We are a medical student organization at the Pritzker School of Medicine dedicated to relieving the health disparities of third world countries. Our focus is to recover and collect medicine and medical supplies in the US and to distribute these goods to needy populations in the Dominican Republic. In doing so we experience and witness the health disparities in these countries, understand these issues in order to ultimately become health advocates by educating our community.
Research and Clinical Experiences in Cyprus

By Ally Jay, MS 4

Tucked in the eastern Mediterranean, just south of Turkey, Cyprus is an island with a rich history.

As a Fulbright scholar in 2002, I spent a year at the Cyprus Institute of Neurology and Genetics (CING) doing basic molecular biology research on the genes involved in atherosclerosis. During that year, I formed friendships with physicians, who educated me on the Cypriot population’s high frequency of inherited disorders, such as the highest incidence rate of beta-thalassemia in the world. Beginning in the early 1970s, Cypriot pediatricians first instituted plans for population screening. Comprehensive medical programs have resulted in the significant reduction and complete absence of infant thalassemia on the island. As a Pritzker student I returned to the Institute in 2004 with the support of a Keith Edson scholarship after my first year. Cyprus has been crippled since 1970 when the Turkish Government invaded the island.

Tensions remain to this day between Turkish and Greek Cypriots, as many Greeks were thrown out of their homes and banned from coming back by the Turkish government. A wall, reminiscent of the famous Berlin wall, was set up in the middle of the island and until recently Cypriots were not allowed to cross. The CING is a place ideally where both Turkish and Greek Cypriots can put aside differences and come for medical care and assistance, as it is funded by the U.S. and United Nations.

The clinic where I worked was the only government funded pediatrics clinic, and represented a unique experience as our patients would often travel with their families from all over the island. I helped treat patients with a range of genetic disorders such as: epidermolysis bullosa, achondroplasia, Downs syndrome, and fetal alcohol syndrome. I also gained experience with counseling parents on conditions such as Werdnig-Hoffman disease, a fatal degenerative neuromuscular condition.

In April, 2007, as a Keith Edson Ambassador, I will return to this pediatric genetics clinic. I will specifically be working to improve communication for our Turkish Cypriot patients. As the majority of Institute workers only speak Greek, it is difficult to educate parents regarding their children’s genetic conditions in their own language. This limits our ability to include them in shaping their family’s future and indeed their community’s incidence of genetic diseases. The result is significant economic and personal sequelae. One further goal of mine to set up a program so that future University of Chicago students can visit this site in Cyprus and explore the unique political, social, and health challenges of providing medical care in this country.

In a sector of the world where many differences seem to exist, the commonality of healing one child at a time is a challenge and indeed an opportunity. As Dr. Paul Farmer writes of his work in Haiti on reducing the bane of tuberculosis and other infectious diseases, there is a Haitian proverb,

“De ye mon gen mon, beyond mountains there are mountains. In effect, we have to think about health in the broadest personal sense.” My work this spring will allow me to revisit Cyprus and move from the first line of defense, i.e. diagnosis of a condition, to a second line of education and cultural awareness.
I N T E R N A T I O N A L E X P E R I E N C E S

A Clinical Rotation at the National Taiwan University Hospital

By Wayne Tsang, MS 4

In 2006 I spent a month at the National Taiwan University Hospital. My experience began with 22 hours of flying to travel from Chicago to Taipei, the capital of Taiwan. Surrounded by mountains, the city is home to three million of the nation’s 23 million inhabitants. The city is a blend of the historic and modern, with ancient temples hundreds of years old sitting not far from towering skyscrapers.

A malaria outbreak in Taipei forced the development of an integrated and comprehensive health care system, the cornerstone of which was “Taiwan Hospital.” The Japanese, who occupied Taiwan up until the end of WWII, actually built the hospital in 1895. The hospital was renamed National Taiwan University Hospital (NTUH) in 1945. The original hospital structure still exists today, with renovated portions now used for outpatient visits and as classrooms for medical students. Modern hospital facilities were built in 1984 and NTUH continues to be the flagship hospital of Taiwan’s health care system. There are over 1,200 beds, 600 physicians, and 25 operating rooms. Everything from primary care, to adult and pediatric trauma, organ transplantation, and advanced research into liver cancer all takes place within the hospital.

Medical school in Taiwan begins after high school and continues for seven years. Entrance is based solely on a student’s performance on the National Joint Entrance Exam given in the spring of every year. Only the top scorers are permitted entrance to one of eight medical schools in Taiwan. Among those eligible for medical school, only those with the highest scores are accepted at National Taiwan University. Within the seven year MD curriculum there is no formal exposure to traditional Chinese medicine (acupuncture, herbal medicine, etc.). However, students are taught to extensively document in patient histories previous experiences with traditional Chinese remedies. There is a student club devoted to exploring and learning traditional medicine, and due to the high level of interest it is one of the largest clubs in the medical school.

What surprised me about the patient population was the sheer amount of liver disease. Hepatitis B is endemic in Asia for reasons that are not entirely clear. As a result, Hepatocellular Carcinoma (HCC) is rampant and the most common cancer in Taiwan. What heart disease is to the American population, liver disease is to the Taiwanese.

Perhaps the major difference in clinical practice is the impact of universal health coverage. During my visit, a patient’s ability to pay was never an issue nor was it ever discussed during a clinic visit or procedure. Never did a patient gripe about the cost of healthcare or struggles with an insurance company as often occurs in the United States. However, universal health care is not without consequences. There is a low threshold for patients to seek healthcare and for physicians to order tests. As a result, an over-utilization of services occurs. Sometimes unnecessary tests are ordered, and patients seek clinic appointments more often than patients in the U.S.

Students interested in pursuing an away rotation should contact Lori Orr (lorr@bsd.uchicago.edu) to review the process and administrative requirements.
Pritzker School of Medicine Offers International Geographical Medicine Scholars Program (GMSP)

In October 2006, the Department of Medicine and the Pritzker School of Medicine launched the Geographical Medicine Scholars Program (GMSP)—a 12 month Global Health competency curriculum for University of Chicago residents and medical students which includes an international medical experience in South India. Under the leadership of co-directors John Schneider, MD and Janis Tupesis, MD, the curriculum teaches skills needed for clinical or research activities in international resource-limited settings.

The GMSP program consists of three components: a monthly symposium, travel clinic, and an international clinical experience, to be held in the summer of 2007. The monthly symposia are held on the first Wednesday of each month and are open to the public. University of Chicago faculty and guest lecturers present topics on Travel Medicine, International Research Ethics, Disaster Relief and Preparedness, High Altitude Medical Care, and Emergency Care in Resource Limited Settings. Scholars gain practical experience at the UC Travel Clinic, where they rotate for one half-day each quarter preparing patients for travel abroad and seeing return patients. Scholars may also participate in rotations within the Emergency Department. Interested medical students should sign up for this experience at the Pritzker School of Medicine’s front desk in BSIC 104.

Finally, scholars may apply for a one month international clinical experience in South India led by faculty from the University of Chicago Sections of Infectious Diseases and Emergency Medicine and faculty from our partnering institution in Hyderabad South India—SHARE/MediCiti. Scholars will be involved in patient care, education and cultural exchange, rotating through the partnering hospital’s wards, emergency room and ICU. They will also participate in a rural community medicine program, peri-natal care program, and rotate through a Fever Hospital, Leper Colony, and two Chest Hospitals.

The four week international clinical experience will be held between August 25th and September 30th, 2007. Round trip airfare, in country transportation and one month of accommodations will be provided for funded positions. These positions may be competitive depending upon demand, and unfunded or partially funded positions may become available. To apply for this experience, known as the In Country Practicum, scholars must submit their CV and a brief one page essay (250 words maximum) on Professionalism and International Health to Stephen Schrantz (stephen.schrantz@bsd.uchicago.edu) by March 15, 2007. Future sites in subsequent years of the program will include Bangladesh, Brazil, Nepal, and Kenya.

The Monthly Symposium and Travel Clinic Competency are open to all interested trainees at the University of Chicago and are recommended for any trainees who plan to participate in non-GMSP international experiences. The GMSP Symposia and UC Travel Clinic are mandatory for those scholars interested in applying for the In-Country Practicum.

“I believe that the skills and perspectives acquired through international medical experiences are important to all physicians and medical researchers, regardless of where they eventually end up. Through globalization, this world is becoming increasingly interconnected and interdependent. Ultimately, if we can contribute to creating a healthier populations worldwide, we will see the benefits here at home. The question is not whether to embrace this global connectedness, but how.”

John Schneider, MD, MPH Research Fellow
Section of Infectious Diseases
Department of Medicine

If you would like to be added to the GMSP listserv, please email John Schneider at jschnei@medicine.bsd.uchicago.edu. For additional information, please visit: http://pritzker.bsd.uchicago.edu/GMSP

The Pritzker Pulse, Winter 2007
Conducting an NIH-supported Clinical Trial in Bangladesh

By Paul LaPorte, MS 2

The clinical trial that I am directing will assess whether dietary selenite is efficacious in countering the toxicity of chronic arsenic exposure. With the exception of a handful of rural counties in the Southwest, drinking water arsenic is not a health issue in the US. However, several countries, including Bangladesh, India, Argentina, and pockets of Taiwan and Mexico have geologically-contaminated aquifers. Bangladesh’s arsenic problem is the largest and most acute in the world. About 40 million inhabitants are exposed to arsenic at concentrations about 50 parts per billion, according to a well-respected national survey conducted by the British Geological Survey in 1998. Fifty parts per billion is a “red line” for increased risk of developing signs of arsenical melanosis, arsenical keratosis, and skin, lung, and urin ary tract cancers. There is about a 1-2% lifetime prevalence of arsenical cancers in those exposed above 50 ppb, and a much wider prevalence of arsenical melanosis and keratosis, which has a very unique distribution that is sometimes mistaken by villagers for leprosy. Due to Bangladesh’s rural poverty, the arsenical cancers are not diagnosed until the terminal stages, most patients die a few months thereafter.

Selenium is recognized as an anti-oxidant because it comprises the catalytic site of Glutathione Peroxidase. For this reason, it is often included in vitamins and food supplements. At the Bookstore Starbucks, in fact, you can find a line of drinks that proudly include selenium. What is much less well-known is that selenium has a peculiar chemical antagonism with arsenic. This phenomenon has been observed in arsenic-intoxicated mice, rats, rabbits, and human cell cultures in dozens of experiments spanning thirty years. Mechanisms were proposed but not supported by molecular evidence until a group of Canadian nuclear chemists (J. Gailer, I. Pickering, and G. George) discovered a new metabolite, the (GS)2AsSe-compound. This is an insoluble complex of arsenic, selenium and glutathione that is rapidly excreted in the bile of arsenic-intoxicated rabbits. We believe that this is the basis for selenium’s ability to protect against arsenic toxicity, with the Gluthatione Peroxidase pathway playing a secondary role.

The trial that is underway is a randomized, double-blind, placebo-controlled Phase III trial to assess whether dietary selenite reduces arsenical melanosis after 48 weeks. It is being conducted by a consortium of American, Bangladeshi, and Canadian scientists. Grant proposal writing and coordination/directing has been my responsibility. The field work is directed by a Bangladeshi pediatrician, Dr. Selim Ahmed, and the chemical analysis is directed by a Bangladeshi-American chemist, Professor Mohammed Alauddin. The Principal Investigator is Professor Julian Spallholz of Texas Tech University.

We are aiming for the “gold standard” in clinical trials because previous Phase II trials conducted in China and Bangladesh by other groups were so inadequately designed that their encouraging results are not definitive answers. We are examining selenium’s affect on ameliorating melanosis as a surrogate marker for Basal and Squamous Cell Carcinomas, which take five to ten years to develop in drinking-water arsenic patients. The trial itself involves 800 adults and adolescents, and is supported by the NCI/NIH and the American Cancer Society. It is scheduled to conclude in January 2008.

More information is available at: www.bangladesh-selenium.org
Human Rights Internship in Ethiopia

By Ramsey Tate, MS 2

I traveled to Ethiopia twice in the year prior to beginning medical school. During the months that I spent in Ethiopia, I learned Amharic and discovered a great deal about the culture and day-to-day life of rural Ethiopians. Although I had traveled extensively in other developing countries, I was shocked by the squalor and deprivation that I encountered in even the better-off areas of Ethiopia. I returned to Ethiopia in summer 2006 as an intern with Canadian Physicians for Aid and Relief — Ethiopia (CPAR-E) through the University of Chicago’s Human Rights Internship Program. During my internship, I lived and worked at CPAR-E’s base camp in Debatı. Debatı is the least developed area in Benishangul-Gumuz, itself one of the least developed regions of the country.

Debatı is accessible only by an unpaved road and, during the summer rainy season, the town is frequently accessible only by 4-wheel drive vehicle. There are no telephones and electricity is limited to a few hours each evening and supplied by a diesel generator. Located in the lowlands bordering Sudan, Debatı bears a heavy burden of malaria and other tropical diseases. The population of approximately 56,000 is served by a single health center that lacks a physician or laboratory facilities. More than 96% of the population is rural and many communities are only reachable on foot.

In a country that ranks at the bottom of every index of human development, Debatı is far below even national averages. Among marginalized populations, like women of the semi-nomadic Gumuz people, illiteracy rates approach 100%. More than half of all young children are seriously malnourished and nearly 1 out of 5 dies in its first year of life. Among those hardy infants that mark their first birthday, another 20% die before age 5. Water is scarce and disease-laden. Agricultural practices are rudimentary and food shortages and hunger are central experiences in Debatı households.

During my internship, I spent much of my time working with CPAR-E’s Community Conversation Project (CCP), a series of biweekly open community forums in which villagers discuss HIV/AIDS and make decisions about how to combat the epidemic in their communities. Combating HIV/AIDS in Debatı is particularly challenging because, in the absence of HIV testing services, the prevalence of the disease is unknown and HIV/AIDS is largely a faceless epidemic. Through my work evaluating the CCP, I had the opportunity to visit many rural communities in Debatı and talk with villagers about their health concerns. Because the CCP sites were regularly visited for supervision, I was able to return to certain villages several times and track the progress of the communities. Community participation and enthusiasm for the project was tremendous and changes arising from the project were visible in every community that I visited.

Despite the challenges facing Ethiopia, I am constantly amazed and invigorated by the joy and persistence of the Ethiopians that I meet. Without the Human Rights Program, I would certainly never have had the opportunity to spend time in Debatı nor would I have ever encountered the Gumuz, an experience that was truly unique. My internship with CPAR-E has expanded my appreciation for the struggles of the Ethiopian people and also further developed my confidence in my ability to live and work in Ethiopia.

For more information about the University of Chicago’s Human Rights Internship, visit http://humanrights.uchicago.edu/interns
**Medical Community Joins Divestment Movement**

By Regina-Celeste Ahmad, MS 2
Medical Scientist Training Program

Since 2003, militias financed by the Sudanese government have committed crimes against humanity with 400,000 civilians killed and over 2 million refugees. Despite the passage of a May 2006 peace treaty, the situation in Darfur is worsening. The refusal by the Sudanese government to allow entry to UN peacekeepers and the increasing restrictions on humanitarian aid means those fortunate enough to settle in a refugee camp face rape and death by violence, disease, and starvation.

In protest, groups worldwide are divesting from businesses involved with the Sudan government as a means of applying pressure to the government by removing financial resources funding this genocide. In the U.S., medical students led the recent divestment of University of California Regents, joining the numerous schools and states already divested including Stanford, Harvard, and the state of Illinois. This spring, a divestment campaign was initiated at the University of Chicago by a coalition of social justice activists. Recently, many medical students and BSD faculty have signed petitions supporting divestment.

Physicians have played a critical role in providing aid for victims and raising awareness. Physician reports from Médecins Sans Frontières and Physicians for Human Rights have been instrumental in documenting the ongoing atrocities. The University of Chicago has its own history of international health and human rights work, most notably efforts by the late Robert Kirschner, a prominent forensic pathologist and world-renowned human rights activist. Emeritus Professor Dr. James Bowman recalls attending a campus-wide faculty meeting with Dr. Kirschner during the South Africa apartheid era. They and faculty colleagues experienced great frustration over the University’s decision not to divest from investments with ties to South Africa. Today, many in the University’s medical and research communities carry these same convictions for Sudan divestment, believing that not to act would be antithetical to the fundamental values our professions and the University holds.

For physicians and students concerned about international health and social justice, grappling with human rights issues is unavoidable because they are intertwined with public health factors over which doctors often have little control. Physician-activists, both past and present, impart inspiration to a profession that struggles through medicine, research, and activism to defend the health and human rights of everyone, but especially society’s most vulnerable.

Visit [www.uchicagoSTAND.org](http://www.uchicagoSTAND.org) (Students Taking Action Now Darfur) for more information on the genocide in Darfur and the divestment campaign.
Awards and Honors

At the Illinois Regional ACP Associates Meeting in Chicago on October 31st, medical students and internal medicine residents from the University of Chicago competed in academic events against a field of over 200 posters and scores of oral vignette presenters from almost every institution in the region. The University of Chicago made a strong showing.

In the Student Vignette Competition, fourth year student Adam DeVore took first place for his presentation on *An Unusual Case of Flank Pain*. In addition to his cash prize, Adam was invited to present this case at the ACP national meeting in San Diego next April. Adam’s faculty mentor for this case is Andrew Davis, MD of the Section of General Internal Medicine.

Fourth year student Wayne Tsuang achieved third place honors for his case on *Acute Pancreatitis in the MICU*. Wayne worked with Jesse Hall, MD of the Section of Pulmonary and Critical Care Medicine on this case.

Benjamin Freed, MD ’04, took third place in the Resident Vignette Competition for his presentation titled *The Neighborhood Health Exchange Project: Improvement of Patient Health Literacy and Assessment of Resident Comfort Level with Lifestyle Counseling and Disease Co-Management*. Other authors included Timothy Baker, MD; Kim Taraglia, MD; Joyce Tang, MD; Julie Kleczek, MD; Mindy Schwartz, MD; and Vineet Arora, MD.

Daniel Turner-Lloveras, third year medical student, authored one of the chapters in the 2006 edition of the *Textbook of Complementary and Alternative Medicine* published through the University of Chicago’s Tang Center For Herbal Medicine Research. Daniel’s chapter focused on Medicinal Plants of Latin America.

Will Harper, MD was invited to represent the University of Chicago Pritzker School of Medicine at the Roundtable on Health Literacy at the Institute of Medicine in Washington D.C. earlier this fall. Building upon the 2004 report entitled *Health Literacy: A Prescription to End Confusion*, the Institute of Medicine is committed to bringing together leaders from academia, industry, government, foundations and associations, and representatives of patient and consumer interests who have an interest and role in improving health literacy. The mission of the Roundtable is to move forward the field of health literacy by translating research findings to practical strategies that can be implemented. Dr. Harper was invited to join this august group to present the work he has been doing to integrate health literacy content into the medical student curriculum for which he received the Innovation in Medical Education Award at the 2005 Society of General Internal Medicine Regional Meeting.
Awards and Honors (continued)

Two Pritzker Students Receive Scholarships from the ARCS Foundation

The Chicago Chapter of ARCS (Achievement Rewards for College Scientists Foundation) presented a record $190,000 in scholarships to 19 of the best and brightest student scientists in the Chicago area at its 28th Annual Scholarship Luncheon. Two Pritzker students, Ann Laake, MS 2 and Shanaz Kazi, MS 2, were represented in that number. All of the students exhibited their research and received their scholarship awards at the event.

ARCS plays a critical role in promoting U.S. scientific leadership by providing scholarship funds to outstanding students pursuing undergraduate and graduate degrees in science-related fields at leading colleges and universities.

Elizabeth Kieff, MD ’03 was one of 10 recipients of the 2007 Laughlin Fellowships awarded by the American College of Psychiatry. Named after College founder, Henry P. Laughlin, MD, the Fellowship program was launched in 1976 to recognize outstanding accomplishments by psychiatry residents in the United States and Canada. Each year, the College selected 10 residents deemed most likely to make a significant future contribution to the field of psychiatry. Dr. Kieff will receive her award at the Annual Meeting in February, 2007.

Elizabeth Kieff graduated from the Pritzker School of Medicine in 2003. She is currently Chief Resident of the Consultation Liaison Service, Chief Resident of the Emergency Psychiatry Service, and Chief Resident for Medical Student Education at the University of Chicago.

Vineet Arora, MD; David Meltzer, MD, PhD; and Holly J. Humphrey, MD co-authored a paper titled Effect of Student Duty Hours on Teaching and Satisfaction of Third Year Medical Students. The paper was published in The American Journal of Medicine in December 2006.
Second year medical student Ramsey Tate and third year medical student Martha Johnson attended the national American Association of Medical Colleges meeting in Seattle to present the poster they co-authored with Luke Miller, MS 2; Jeffrey Eisen, MS 2; and Jennifer Karlin, MS 3. The poster, entitled Supporting LGBTI (Lesbian, Gay, Bisexual, Transgendered, and Intersex) Students and Patients: A Model for Student-Initiated Action was extremely well-received by conference attendees of medical students, faculty, and administrators drawn from all medical schools of the United States and Canada. The students’ poster addressed the impact of a strong, dedicated student group both in terms of supporting LGBTI classmates, but also raising awareness about LGBTI-related health issues among the entire student body. Topics covered in the poster include community building activities, layered mentoring approaches, educational interventions, and facilitating support for LGBTI patients.

Pilar Ortega, MD ’06 published her book entitled Spanish and the Medical Interview this fall from Saunders. This is the only medical Spanish textbook written for physicians, medical students, and other advanced medical practitioners. The book guides the reader, through a comprehensive patient interview and examination. The idea of the book was initiated by Pilar’s experience teaching the Medical Spanish introductory course at the end of her first and second years at Pritzker (Spring 2003 and 2004). At that time, no medical Spanish text available was adequate for medical students and physicians learning to apply Spanish to the clinical interview. The accompanying DVD was created with our own Mark Saathoff and Will Harper, MD and features special appearances by 4th year student John Schneider, Remedy member Arnaldo Vera, and two of the University of Chicago Hospitals’ interpreters, Guadalupe García and Margarita Lara. Congratulations Dr. Ortega!
The AOA Class of 2007 has elected the following University of Chicago faculty, residents and alumni to the Illinois Beta Chapter (University of Chicago) of the Alpha Omega Alpha Honor Medical Society. They will be honored at the annual AOA banquet on Tuesday, February 27, 2007 (please save the date; invitations will be mailed in January).

Each fall, AOA medical student members elect faculty based on their demonstrated commitment to scholarly excellence and medical education. Resident and fellows are elected for their continued achievement, promise and leadership qualities. Alumni are judged on the basis of their achievement to date, and only become eligible ten years after graduation.

Faculty Membership
Javad Hekmatpanah, MD
Department of Surgery
Kevin Roggin, MD
Department of Surgery

Resident and Fellow Membership
David Brush, MD
Department of Medicine
Chad El-Zayaty, MD
Department of Pathology
Keith Naylor, MD
Department of Medicine

Alumni Membership
Anthony F. Curilletra, MD, ’68
Assistant Vice President of Medical Affairs
Alexian Brothers Health System
Eric E. Whitaker, MD ’93, MPH
Director, Illinois Department of Public Health

Volunteer Clinical Faculty Award
Sarah-Anne Schumann, MD
Department of Family Medicine

While this award does not confer AOA membership, it recognizes a community physician who contributes with distinction to the education and training of clinical students. Dr. Schumann received this award for her work at the Chicago Family Health Clinic.

Class of 2007 AOA Medical Student Members
Patrick Burkett, PhD
Matthew Colman
Walter Conwell
Sarah Cross
Adam DeVore
Diana Doeing
Melissa Dunagan
Sarah Haguevik
Patrick Lang
Jeffrey Lewis
Griffin Myers
Erik Nordquist
Piotr Obara
Jacqueline Ogutha
Tiphanie Phillips, PhD
Amber Pincavage
George Schade
### January

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>GMSP Symposium</td>
<td>5:00 - 6:30 pm</td>
<td>Wednesday, January 10</td>
</tr>
<tr>
<td>11</td>
<td>Societies Meeting</td>
<td>5:00 am - 9:00 pm</td>
<td>Thursday, January 11</td>
</tr>
<tr>
<td>16</td>
<td>MS 4 Meeting</td>
<td>12:00 - 1:00 pm</td>
<td>Tuesday, January 16</td>
</tr>
<tr>
<td>16</td>
<td>MS 1 and MS 2 Open Forum</td>
<td>3:30 - 5:00 pm</td>
<td>Tuesday, January 16</td>
</tr>
<tr>
<td>17</td>
<td>Dean’s Council</td>
<td>5:00 - 6:30 pm</td>
<td>Wednesday, January 17</td>
</tr>
<tr>
<td>18</td>
<td>Career Advising at Pritzker # 3</td>
<td>12:00 - 1:00 pm</td>
<td>Thursday, January 18</td>
</tr>
<tr>
<td>23</td>
<td>MS 3 and MS 4 Open Forum</td>
<td>5:00 - 6:30 pm</td>
<td>Tuesday, January 23</td>
</tr>
<tr>
<td>25</td>
<td>MS 1 Orientation to Summer Research Program</td>
<td>12:00 - 1:20 pm</td>
<td>Thursday, January 25</td>
</tr>
<tr>
<td>25</td>
<td>MS 1 Summer Research Opportunities</td>
<td>4:00 - 6:00 pm</td>
<td>Thursday, January 25</td>
</tr>
<tr>
<td>30</td>
<td>Career Advising at Pritzker # 4</td>
<td>12:00 - 1:00 pm</td>
<td>Tuesday, January 30</td>
</tr>
</tbody>
</table>

### February

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RIME Conference</td>
<td>12:00 - 1:00 pm</td>
<td>Thursday, February 1</td>
</tr>
<tr>
<td>1</td>
<td>Dean’s Brown Bag</td>
<td>1:30 - 2:30 pm</td>
<td>Thursday, February 1</td>
</tr>
<tr>
<td>20</td>
<td>Dean’s Council</td>
<td>5:00 - 6:60 pm</td>
<td>Tuesday, February 20</td>
</tr>
</tbody>
</table>

### March

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RIME Conference</td>
<td>12:00 - 1:00 pm</td>
<td>Thursday, March 1</td>
</tr>
<tr>
<td>1</td>
<td>MS 3 Lottery Meeting</td>
<td>5:00 - 6:30 pm</td>
<td>Thursday, March 1</td>
</tr>
<tr>
<td>7</td>
<td>GMSP Symposium</td>
<td>5:00 - 6:30 PM</td>
<td>Wednesday, March 7</td>
</tr>
<tr>
<td>8</td>
<td>Gold Honor Society Ceremony</td>
<td>5:00 - 8:00 pm</td>
<td>Thursday, March 8</td>
</tr>
<tr>
<td>15</td>
<td>Match Day</td>
<td>9:00 am - 12:00 pm</td>
<td>Thursday, March 15</td>
</tr>
<tr>
<td>26</td>
<td>MS 3 Symposium</td>
<td>1:00 - 9:00 pm</td>
<td>Monday, March 26</td>
</tr>
<tr>
<td>27</td>
<td>MS 1 Spring Quarter Orientation</td>
<td>12:00 - 1:30 pm</td>
<td>Tuesday, March 27</td>
</tr>
<tr>
<td>28</td>
<td>MS 2 Lottery Meeting and Spring Quarter Orientation</td>
<td>12:00 - 1:30 pm</td>
<td>Wednesday, March 28</td>
</tr>
</tbody>
</table>