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We did it.

A decade ago we undertook the mission of raising millions of dollars to support the exceptional work we do here, from research and education to patient care and community service.

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The importance of the work we do here is vital: changing lives, saving lives, educating new generations of health care professionals. We offer hope, enlightenment and futures. Our community knows this. You know it. That is why we were able to eclipse our goal, not by a few hundred dollars, but by $100 million.

Saying thank you is not sufficient. What we can do is promise you that your support will be reciprocated through our unwavering commitment to our patients, our students, our community and to scientific advancement. You have entrusted us with this support and you have our pledge to work tirelessly to achieve success in each of our missions.

This issue of Mission illustrates our promise of excellence to you. There is the story of Gerald Pineda, featured on the cover with his son, Jackson, who knew even before his son was born that Jackson would someday need a kidney transplant. His future was uncertain, but one thing wasn’t: Gerald would do whatever was needed to keep his son alive. Days before his son’s 10th birthday, Gerald was wheeled into an operating room where doctors took one of his kidneys and transplanted it into his son. Today, Jackson is a teenager and leads a healthy and normal life.

Our doctors who practice at the University Transplant Center, just one example of our partnership with University Hospital, made the Pineda family’s story a success story. But it certainly is not the only one. The university Transplant Center, just one example of our partnership with university students, our community and to scientific advancement.

Our puzzle to work tirelessly to achieve success in each of our missions.

We make lives better, every day, and this impact extends around the world seeking treatments and cures for the most deadly of diseases. These are just a few of the stories we have to tell at the Health Science Center. They exemplify the promise we made at the founding of this university 55 years ago. And by relating these stories, we are also saying “thank you” for believing in and supporting the Health Science Center and our mission.

We will continue on this path of excellence that you have supported. We won’t let you down.

We did it, we met our goal. And our work continues.

Sincerely,

William L. Henrich, M.D., MACP
President
Professor of Medicine
UT Health Science Center at San Antonio

For health and hope

First capital campaign exceeds goal and makes history

BY CATHERINE DUNCA

In 2004, the vision for the UT Health Science Center San Antonio included new homes for its medical and dental practices, a signature building for biomedical research, and endowments and program support to attract and retain the best faculty and students.

Simultaneously, the state was steadily reducing its appropriations to higher education and the National Institutes of Health was trimming grant support, making research funding even more competitive. It was a good time, officials believed, to launch the university’s first comprehensive capital campaign.

What followed over the next decade surpassed even the most optimistic goals and ignited the fuel that would propel the university forward.

The original goal for The Campaign for the Future of Health was $300 million to support the university’s missions of research, education, patient care and community service. The community responded. In the summer of 2014, the 14,123 donors contributed 42,327 gifts to reach a final tally of $607 million. “What we saw was how invested our community was in the future of health,” Dr. Henrich said. “The byproduct of their efforts is hope, and the beneficiaries are our patients and students.”

It was a $25 million lead gift from the Gheewalla Family Foundation that initiated the campaign. It allowed for the creation of the Gheewalla President’s Endowment for Excellence in Children’s Health Sciences, which supports cancer research and educational and community programs benefiting children, especially those in greatest need. As the campaign was coming to an end, the foundation announced its second gift—$5 million to establish the Gheewalla President’s Fund for faculty recruitment in medicine and dentistry, new endowments in pediatrics, and educational programs for students and faculty to provide patient care for those in need.

Today, the Health Science Center is home to the Gheewalla Children’s Cancer Research Institute and the Gheewalla Academic and Research Campus. The naming acknowledges the vital support from the Gheewalla Family Foundation, Dr. Henrich said. “We needed a champion, and we found one in Bill Gheewalla. It’s only fitting that our campaign culminated with a major gift from him.”

There were other standouts. In 2008, philanthropists Joe R. and Teresa Lozano Long established the largest endowment in university history. The $25 million gift established The Joe R. and Teresa Lozano Long School of Medicine and Rural Health, an endowed school that supports more than 50 students each year in medicine, nursing, graduate biosciences and physician assistant studies. It also supports endowments for faculty and research programs.

The gift, which is one of the single largest cash gifts to an endowment in The University of Texas System, was recognized with the naming of the Joe R. and Teresa Lozano Long School of Medicine at the Health Science Center.

The largest gift to the campaign was the Cancer Therapy & Research Center in 2007. The CTRC Foundation contributed an in-kind gift of CTRC facilities and equipment along with a cash gift of $24.5 million, and annual support, in perpetuity, from the CTRC Foundation endowment for the cancer program.

“The Health Science Center has earned its place as the chief catalyst for San Antonio’s $29.2 billion biosciences and health care industry,” said Campaign Chair John T. Montford. “The UT Health Science Center continues to impact the city’s economy in a substantial way through the competitive jobs it creates and the biomedical research discoveries that ease suffering and improve health.”

In one decade, in addition to donations and other funding raised through the campaign, the Health Science Center has secured $158 million in Permanent University Funds and $38 million in tuition revenue bonds for university projects. And its 2004 vision has been realized. The new facility for physical practice, UT Medicine San Antonio at the Medical Arts & Research Center, was opened in 2009. To attract exceptional biomedical scientists to San Antonio, the South Texas Research Facility was opened in 2011. And a new home for dental practice, the Center for Oral Health Care & Research, is expected to open in 2015.

Dr. Henrich said he is humbled by the community’s response, but “our work is not done.”

“Although the path to deciphering some of our most vexing health challenges may seem daunting at times,” he said, “it’s the spirit and support of our community that is the light that leads us on this uphill journey. We are San Antonio’s academic health science center, and our job is the future of health for this region and beyond.”

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To learn more about the Campaign for the Future of Health, go to uthscsa.edu/Mission2014/campaign.

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Coming home
UT System chancellor to return to HSC

After five years as the leader of one of the nation’s largest university systems, Francisco G. Cigarroa, M.D., is returning to the UT Health Science Center San Antonio.

The former Health Science Center president, who was chancellor of The University of Texas System, announced Feb. 10 that he will return full-time to the Health Science Center as director of pediatric transplant surgery once a new chancellor is selected. He will be a member of the University Transplant Center, a partnership of the Health Science Center and University Health System.

During his 14 years as an executive-level administrator, Dr. Cigarroa continued taking surgical calls at least once a month at University Hospital.

“When initially approached by the Board of Regents to consider the chancellorship, more than five years ago, I was inclined to say no, but I considered the similarities between health and education,” Dr. Cigarroa said in a statement from Austin. “Like surgery, education saves lives on many levels, and thought I could bring value to the UT System with that perspective in mind.”

Highlights of his tenure in Austin include White House visits, the creation of online dashboards of accountability by UT campuses and the establishment of two new medical schools for the state—the School of Medicine at UT Rio Grande Valley and the Dell Medical School at UT Austin. Dr. Cigarroa, a Laredo native, said the creation of the Valley medical school ranks among his proudest achievements.

“Dr. Francisco G. Cigarroa has made many impressive and lasting contributions as the chancellor of the UT System, and we are thrilled to have him back as a full-time pediatric transplant surgeon,” said William L. Henrich, M.D., MACP, president of the Health Science Center. “This is a position in which he distinguished himself previously and from which he will continue to make lives better—one child and family at a time.”

Sniff and scratch?
Environmental or chemical intolerance may be the culprit

A headache after smelling strong perfume. Quaasiness after sitting in a new car, surrounded by the aromas of fresh leather and carpet glue. Confusion after walking through vehicle exhaust fumes. These could be signs of chemical or environmental intolerance, which affects about 20 percent of chronically ill patients, said Claudia S. Miller, M.D., M.S., an allergy and occupational environmental health expert with UT Medicine San Antonio.

“Everyday chemicals in the home, workplace or outdoors can trigger this intolerance, called Toxicant-Induced Loss of Tolerance. As common as the intolerances are, they’re rarely diagnosed by physicians, Dr. Miller said.

In answer, she launched an online questionnaire called the Quick Environmental Exposure and Sensitivity Inventory, the only one of its kind validated in several countries and offered in multiple languages that comprehensively assesses symptom severity, severity of intolerances and life impact. Accessible for free on desktop computers and handheld devices at qeii.org, it generates a summary of the users’ responses that can be shared with their doctors to determine if they suffer from chemical and environmental intolerance and identify which substances are to blame.

“Patients who otherwise would suffer in silence can now measure whether chemical exposures contribute to their illnesses,” Dr. Miller said.

The test screens for multiple chemical intolerances on four scales: symptom severity, chemical intolerances, other intolerances and life impact. Each scale contains 10 items, scored from zero to 10, to rank severity. There’s also a “masking index,” which gauges ongoing exposures and uses symptom sets that hide responses, blocking one’s awareness of their intolerances, and the intensity of their responses to exposures.

New dean selected for School of Health Professions

David Shelledy, Ph.D., who served as founding chair of the Department of Respiratory Care from 1994 to 2004, will rejoin the UT Health Science Center as dean of the School of Health Professions July 1.

Dr. Shelledy comes from Rush University-Rush University Medical Center in Chicago, where he is dean of the College of Health Sciences and professor of Health Systems Management.

Dr. Shelledy holds the Catherine and R. Winfield-Philip N. Jones, M.D. Professorship of University Affairs at Rush. He also has joint appointments in the departments of Clinical Sciences and Respiratory Care.

“We are happy to welcome Dr. Shelledy back to the Health Science Center. He did an outstanding job here as the founding chair-man of our Department of Respiratory Care,” said President William L. Henrich, M.D., MACP.

Federal grant seeks to attract Hispanic students to dental careers

With a $2.7 million federal grant, the School of Dentistry at the UT Health Science Center is expanding access to culturally competent dental care in South Texas by attracting local Hispanic students to the profession.

The Center of Excellence grant was awarded in July 2013 by the Health Resources and Services Administration, part of the U.S. Department of Health and Human Services. Investigators for the grant are Juana Lozano-Pineda, D.D.S., M.P.H., and Jeff Hicks, D.D.S. In addition to creating a pipeline of students from Laredo and the Rio Grande Valley heading toward dental careers, the four-year grant provides career development opportunities like fellowships and workshops for Hispanic faculty.

“I’m excited about reaching out to students from the Rio Grande Valley and Laredo areas, with hopes they become motivated to pursue a career in dentistry and someday deliver quality health care to patients in their communities,” said Dr. Lozano-Pineda, a Brownsville native and Hispanic faculty fellow of a previous Hispanic Center of Excellence grant.

A primary objective is to increase opportunities for Hispanics to enter and successfully complete a dental academic program. Other goals include enriching dental student education, participating in community-based dental education and research, and emphasizing culturally competent dental care.

The School of Dentistry’s Hispanic Center of Excellence reaches out to high school, college and School of Dentistry students through recruitment, summer academic and leadership development programs, and faculty development training.

Online hub links patients, researchers and physicians

Patients seeking treatments not yet available to the public have a new resource: the UT Health Science Center’s FindAStudy hub.

The online tool, vpr.utisc.edu/findastudy, also provides information for physicians and researchers who want to recruit patients, and allows investigators to find research collaborators.

In bold colors at the top of the webpage are numbers that show how many research studies are being conducted by Health Science Center researchers and a running tally of how many categories are currently being investigated. The numbers are updated regularly, said Joseph Schmelz, Ph.D., RN, CIP, FAAN, assistant vice president for research operations at the Health Science Center.

“Since FindAStudy is linked to our Institutional Review Board database, it automatically posts our new IRB-approved human studies and then removes them when they are closed, so it’s always up to date,” said Dr. Schmelz.

There are categories related to aging and geriatric research; men’s, women’s and children’s health; diabetes; eye and dental diseases; and nutrition, for studies with healthy subjects are needed.

Martin Javors, Ph.D., a professor of psychiatry and pharmacology, conducts preclinical and human studies involving substance abuse. He found the new site helpful for finding subjects, he said.

“I received about 10 responses from healthy subjects for an ongoing study and a couple of inquiries for participating in a recently funded study to measure the level of a biological marker in the blood that reflects how much alcohol a person has consumed in the past few days,” said Dr. Javors. “We hope to find some participants through FindAStudy.

The site also features links to clinicaltrials.gov, a registry and results database of publicly and privately supported human clinical studies, and researchmatch.org, a registry of human research studies offered by other academic institutions.

Mark Nijland, Ph.D., assistant vice president for research and associate professor in the Center for Pregnancy and Newborn Research in the Department of Obstetrics and Gynecology, was also the project leader of FindAStudy. The site will evolve over time, he said.

“We have a very robust search engine that will help users easily hone in on what they are seeking,” said Dr. Nijland. “We are planning to continue improving the website over time.”
Spice for life
As cancer rates rise, researcher goes back to the basics of medicine

By Elizabeth Allen

As cancer rates rise, researcher goes back to the basics of medicine

The same is true of traditional medicines still used in developing societies. Wargovich returned from his travels with samples of bark, leaves and roots that healers use to treat inflammatory conditions, whether they are malaria-related fevers, menstrual cramps, headaches or arthritis.

“They would send the patients home with tea bags, essentially,” he said. “The healer would include a combination of plants that he knew were anti-inflammatory—plants only collected and ground during the dry season, because that’s when they have the highest concentration of the healing ingredients.”

Bringing those samples back to the Health Science Center means he can access the brainpower and facilities throughout the campus to make the most of his research.

Since coming to the Health Science Center from Charleston, S.C., in late 2012, he has embarked on new partnerships, following new questions down the path of discovery.

One line of questioning is taking him through the School of Dentistry. The neem tree is known as the “poor man’s toothbrush” in India, Dr. Wargovich said, and he’s working with Spencer W. Redding, D.D.S., M.Ed., chairman of the Health Science Center’s Department of Comprehensive Dentistry, and Cara Gonzales, D.D.S., Ph.D., an assistant professor in the Health Science Center’s Department of Comprehensive Dentistry, on the properties in neem that might prevent or potentially treat oral cancer.

Another experiment “that I think could be done very few other places” is in collaboration with CTRC Deputy Director Tim Huang, Ph.D., an expert in genomics and epigenetic research.

“We are looking at the green tea antioxidant EGCG using the Health Science Center’s high-throughput screening technology,” Dr. Wargovich said. “We are looking at gene-on and gene-off status in over 14,000 genes, and seeing how the EGCG affects them.”

When genes accumulate methyl groups, they cannot produce a protein. In the chronic inflammatory process, there is an enzyme that puts methyl groups onto genes and stops them from acting. EGCG knocks out that activity by eliminating the enzyme, which allows the genes to work.

“The genes do a lot of things,” Dr. Wargovich said, “but one of those things is control inflammation. I like to use the analogy of putting brakes back on a car.”

While everyone can incorporate foods with anti-inflammatory properties into their diets right now, Dr. Wargovich is excited about the new knowledge being developed and the possibilities for further inspiration that the current work brings.

“I think it’s still a story that’s being written,” Dr. Wargovich said. “I’ve been absolutely surprised to find the way the research has changed in terms of what we do in our laboratory. We were focused on the biology of colon cancer and that morphed into more of an inflammation laboratory. It’s very exciting to think about where we will go from here.”

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Kidney donation gives son a normal life

By Will Sansom

Before Jackson Pineda was born, doctors told his parents, Gerald and Jennifer, that their son's kidneys would not last past the age of 10. A prenatal ultrasound showed one enlarged kidney and the other, they believed, would not be half of healthy capacity. By age 4, kidney insufficiency preceded Jackson's death. With the transplant center's Robert Esterl, M.D., lead-the team performing Jackson's surgery, and Kenneth Washburn, M.D., professor of surgery in the school of medicine, leading Gerald Pineda's team, the transplant took three hours. It was a success.

Doctors had removed the enlarged kidney when Jackson was 2 years old, and his remaining kidney functioned at only half of healthy capacity. By age 4, kidney insufficiency prevented Jackson from growing normally, and daily injections of growth hormone became a way of life.

On Nov. 6, 2010, two days short of his 10th birthday, University Transplant Center surgeons removed one of Gerald Pineda's kidneys and placed it in his son's body. “We never gave it a second thought,” said Gerald Pineda. For years he had known he was a good match to be a donor for his second-oldest son, whenever the time came.

With the transplant center's Robert Esterl, M.D., leading the team performing Jackson's surgery, and Kenneth Washburn, M.D., professor of surgery in the School of Medicine, leading Gerald Pineda's team, the transplant took three hours. It was a success.

The University Transplant Center, a clinical partnership of the Health Science Center and the University Health System, offers the only pediatric kidney transplant program in the region. The one-year survival rate for University Transplant Center pediatric kidney patients is 100 percent, according to the Scientific Registry of Transplant Recipients. The one-year survival rate of adult kidney recipients, 94.8 percent, surpasses the national average.

The center also has one-year patient survival rates that exceed national rates in two other signature services, with 85.1 percent for lung transplants and 94.1 percent for liver transplants. The team is the only one in San Antonio to offer the option of living-donor liver transplants.

“I'm very happy with where the University Transplant Center is today,” said Glenn Halff, M.D., professor of transplant surgery and director of the center. “It has grown into a mature program that continues to refine the quality of care and medical treatment options that we provide.”

Living-donor organs enable children and adults to receive transplants sooner, Dr. Halff said. Roughly 30 percent of transplants at University Hospital involve live donors such as Gerald Pineda. That's a number the doctors would like to see increase, said Greg Abrahamian, M.D., associate professor of surgery in the Health Science Center's School of Medicine and surgical director of the kidney transplant program.

“We would like to get that up to 50 percent, because the wait time without a living donor is roughly six years in our region,” Dr. Abrahamian said. “With living donors, many patients can be transplanted before having to go through dialysis.”

That was the case for Jackson.

“He never had to have dialysis because he had a living donor,” Jennifer Pineda said. “My husband was willing and able, and spared Jackson from it. We were so fortunate.”

And since the majority of kidney donor surgeries are laparo-scopic, with only a small incision needed for the donated kidney to be removed, the recovery for Gerald Pineda had resulted in less post-operative pain, a quicker recovery and a shorter time in the hospital. Both father and son healed well immediately after the transplant, but two months after receiving his new kidney, Jackson was afflicted with a virus infection called BK, which frequently occurs in organ transplant patients and can cause progressive kidney damage. His nephrologist at the time, Mazen Arar, M.D., medical director of pediatric nephrology with the University Transplant Center, said it was the worst case of BK virus that he'd ever seen, leading to Jackson's eventual readmission to the hospital with dangerously high blood pressure.

“That was the scariest moment,” Gerald Pineda said. “We had this good kidney that we had given him—and we were in danger of losing it.”

Thankfully, Jackson's body responded to treatment. His blood pressure stabilized and his health returned.

Jackson is now 13 and a member of his seventh-grade golf team at San Antonio's Hector Garcia Middle School. He recently shot a nine-over-par 38 on nine holes, leading all players in a middle school tournament. His skills extend to the fine arts, as well. This year he was recognized as one of the state's best pianists in his age group. He's a mellow and carefree, his parents said. And father and son have a few other things in common.

“He loves golf, just like me,” Gerald Pineda said. “Whether a shot is good or bad, you can't tell whether he's upset.”

They don't talk much about Jackson's rocky first years. There's really no need to.

“He's so normal, you would never know that he had a bad kidney,” Gerald Pineda said. “We don't talk about it very much at all. It's just part of life.”
Nanette Hathaway well remembers when the pain began. It was Christmas 2009, and she had flown down from Seattle, Wash., to visit her daughter in San Antonio.

“I was in bed when a sharp pain hit my vocal cords and never went away,” she said. “The pain was so strong that I couldn’t talk for the whole vacation. I thought it was a flu or something. I went to a pain management place and they guessed it was neuralgia. I kept yelling, help me, help me get rid of this pain.”

Doctors put her on hydromorphone, a narcotic analgesic, but the medicine only masked the pain.

“It was like I drank acid through my mouth,” she said. “It was the worst pain in the whole world, and eventually it made me want to commit suicide. I lived through it for my children because I always asked myself, what would happen if I did commit suicide? They would have to live with it.”

She coped with the pain for four years. Neurosurgeons and ear, nose and throat doctors sent her away with medications and referrals. Then in September 2013, two months after she permanently moved to San Antonio, Hathaway broke her neck in a traffic accident. She was taken to University Hospital where she met David F. Jimenez, M.D., F.A.C.S., professor and chairman of the Department of Neurosurgery in the School of Medicine at the UT Health Science Center San Antonio.

He repaired her neck, but her vocal cord pain continued. After more rounds of medications and referrals, she returned to Dr. Jimenez for help.

“He looked at an MRI of the brain and showed me where it was abnormal,” she said. “He kept me there for at least an hour, showing me all the pictures. He explained it all to me.”

A large blood vessel had shifted over her brain stem and was touching a nerve with every pulse of blood. It was fixable, Dr. Jimenez said, and surgery would be minimally invasive.

On March 3, through a hole the size of a dime and with instruments the size of a pencil lead, Dr. Jimenez finally relieved her pain.

A new generation

From the brain to the hands, neurosurgical procedures are going the way of the endoscope, and Department of Neurosurgery faculty members are routinely performing these surgeries at St. Luke’s Baptist Hospital and University Hospital.

Dr. Jimenez is an internationally recognized expert at the neurosurgical use of endoscopy, which offers an internal view of the body using a flexible tube with a small camera attached at the tip. He also is editor of Intracranial Endoscopic Neurosurgery, a textbook published by the American Association of Neurosurgical Surgeons. He wrote three chapters of the book, including one with his wife, Constance M. Barone, M.D., F.A.C.S., on endoscopy-assisted surgeries for the management of craniosynostosis.

“Endoscopy is an important and interesting area in neurosurgery today,” Dr. Jimenez said. “Instead of performing a full craniotomy with a large bone flap and scar from ear to ear, we can access an area of interest through a hole the size of a dime. We are able to do things inside the brain and spinal cord to...
Neurosurgical procedures are going the way of the endoscope, resulting in shorter surgeries and faster recovery times. The procedures are performed through dime-sized holes and with instruments the size of a pencil lead.

Otherwise would not be treated and would have to suffer in pain, as was the case with my patient until she had the surgery.

People with carpal tunnel syndrome are experiencing relief through endoscopy, too. In patients suffering from carpal tunnel, the carpal ligament that connects the hand bones becomes thickened and hard through repetitive use such as typing, and this compresses the median nerve, which runs from the spinal cord down to the fingers. This pressure results in severe pain, tingling, numbness and weakness in the palm and ring finger, sometimes extending into the arm, Dr. Jimenez said.

Historically, carpal tunnel release was accomplished with an incision several inches long. Because the hand is very highly sensitive and nerve-rich, patients faced a six- to eight-week recovery with considerable pain. But Dr. Jimenez can free the carpal tunnel through two tiny incisions, inserting a special endoscope. The pain is greatly reduced, and patients recover in one to two weeks.

“I’ve worked on administrators who had endoscopic surgery on a Thursday and went back to work the following Monday,” said Dr. Jimenez, who has performed endoscopic carpal tunnel releases for 20 years.

Patients who have had both procedures—open surgery on one hand and endoscopic surgery on the other—said the endoscopic procedure is overwhelmingly better.

“I had a lot of patients who suffered for years, who then had the endoscopy and kicked themselves for waiting,” Dr. Jimenez said.

The Department of Neurosurgery is training a new generation of neurosurgeons, and action in 2014 by the Accreditation Council for Graduate Medical Education (ACGME) to expand to become one of the country’s largest neurosurgery residency programs. The department also obtained authorization to offer a prestigious spine fellowship.

In 2008, Department of Neurosurgery faculty agreed to staff the Baptist Health System’s Brain & Stroke Network, which provides neurosurgery support to stroke victims around the clock, 365 days a year. Prior to the network’s establishment, some stroke patients from Bexar County and the region were transferred to hospitals in other cities when care was not locally available.
Spreading the message of health means turning a Haitian proverb on its head

By Sheila Hotchkin

It was at once very familiar and all its own: a stage, caps and gowns, smiling graduates and a cheering crowd. But the setting was an off-duty nightclub just outside the Haitian capital of Port-au-Prince. Caps and gowns were often homemade and sometimes held together by duct tape. Graduates ranged from the very young to the very old.

The specific achievement being celebrated was entirely new to this part of the world and, yet, critically important: Each of the 430 graduates receiving a certificate this February day had completed a six-month curriculum through one of 17 Community Health Clubs across their city.

Developed in sub-Saharan Africa, Community Health Clubs are now bringing Caribbean communities together to prevent the spread of disease. There, they are facilitated by local community organizers in partnership with the Center for Medical Humanities & Ethics, part of the School of Medicine at the UT Health Science Center.

Three from the Center for Medical Humanities & Ethics traveled to Haiti for the graduation: director Ruth Berggren, M.D., FACP; Jason Rosenfeld, M.P.H., assistant director of global health; and academic and global health program coordinator Stephanie Gutierrez.

The mood was ecstatic. People traveled from muddy slums all over Port-au-Prince carefully groomed and meticulously attired, including one club of young girls in...
pristine white dresses, ruffled socks and patent-leather shoes. The fervent crowd broke out in call-and-response chants. Each club performed health-themed Creole skits or songs for a crowd of roughly 2,000. A candlelight ceremony was held to remind graduates not to let the light of their newfound knowledge go out.

These clubs are turning a traditional Haitian proverb on its head: “Zafe Kabrit pa Zafe Mouton” translates to “The goat’s business is not the sheep’s business.” In Haiti, where a cholera outbreak has killed thousands and underscored deficiencies in water and sanitation systems, that mindset of minding your own business can be deadly. Accordingly, the health clubs have adopted a variation as their unifying slogan: “Zafe Kabrit se Zafe Mouton,” or “The business of the goat IS the business of the sheep.”

“Community matters everywhere, but in Haiti it’s essential,” said Dr. Berggren, an infectious disease specialist. “How your neighbors deal with standing puddles of water and piles of trash, even how and where they relieve themselves, can determine whether your child gets sick. Community Health Clubs show neighbors how to look out for each other, and demonstrate the virtuous cycle that can follow.”

Dr. Berggren and Rosenfeld bring together a unique combination of skills and experiences. Rosenfeld is a behavioral scientist with six years of experience in Africa, three of those in South Africa and Zimbabwe with Africa AHEAD, the organization that pioneered the approach. The daughter of two public health physicians and an infectious disease specialist, Dr. Berggren grew up in Haiti from ages 4 to 14. She brings deep understanding of Haiti’s health challenges and culture, as well as language fluency and programmatic expertise.

In Haiti, a typical meeting begins with the club chanting its slogan: “Health is wealth.” There are always crowd-warming “animations”—lighthearted dances, funny skits and songs. A facilitator asks whether homework is complete—perhaps changing a household practice. Then they launch into the new session, distributing picture cards and tackling a new topic.

They are also working to extend their reach. Because students can’t visit Haiti due to a State Department travel warning, Rosenfeld traveled with medical students to the Dominican Republic to introduce the Community Health Club concept and conduct needs assessments. They went house to house, speaking to residents and making observations: Did the house have a latrine? How was food and water stored?

One student, Matt Mullane, described it as a defining experience that will strongly influence his career: “One of the big drives right now is for medicine to reconnect with communities. To do that, we need to understand how to approach communities and to see how community life influences health.”

From there, local partners were identified: Jude François and Marie Ruthsa Flavienne Vincent in Haiti, and the nonprofit Children of the Nations in the Dominican Republic.

Rosenfeld took the African curriculum—picture-based, so it can be used when illiteracy is widespread—and, with Dr. Berggren and local artists, adapted it to its new context.

Next up: Medical student Samy Bendjermi’s plan to take the clubs to Burkina Faso, Africa, earned a prestigious Fulbright U.S. Student Award. He laid groundwork during a previous global health trip with guidance from Dr. Berggren and Rosenfeld. And there are plans to adapt the clubs to San Antonio, where they could be used to promote healthy lifestyles or address chronic problems like diabetes and obesity.

“I think the potential is great,” Rosenfeld said. “I have enough confidence in the model that, once we find the right people to implement it, I believe it will take off.”

Photos by Libby Goff

Community Health Club Graduation

Haiti, 2014

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Community Health Club Graduation

Haiti, 2014
Curing invisible wounds

PSYCHOLOGIST’S MILITARY EXPERIENCE LEADS TO NATIONAL PTSD RESEARCH NETWORKS

By Rosanne Fohn

While deployed as an Air Force clinical psychologist in Iraq, Lt. Col. Alan Peterson, Ph.D., experienced firsthand the toll war can take on the mental health of service members.

Serving in 2004 during the bloody Battle of Fallujah, Dr. Peterson’s mission, with his military medical colleagues from San Antonio, was to establish an Air Force Hospital in Balad. His seven-member team was responsible for providing mental health services.

“When the helicopters came in with mass casualties it was ‘all hands on deck.’ We unloaded the victims, brought them to the ER and stayed to help the doctors and nurses caring for them,” said Dr. Peterson, who is now a professor of psychiatry and chief of the Division of Behavioral Medicine in the School of Medicine.

“Blasts are the most common type of trauma and there is a lot of carnage,” he said. Besides the fear of ambushes, roadside bombs and mortar attacks, service members frequently see their buddies suffering from gruesome injuries.

“Emotions can range from fear to anger, depression and remorse,” he said. And when they come home, some experience flashbacks and other serious symptoms, making it difficult to adapt to normal life.
Mission

Post-traumatic stress disorder, which affects about 14 percent of Iraq and Afghanistan war veterans, is one of the most well-known mental injuries of war. Because published studies have all been conducted with civilians or Vietnam War veterans, there are no research-based guidelines for treating combat-related PTSD among active-duty military. So Dr. Peterson relied on his background as a clinical practitioner and researcher to use proven therapies for civilians with PTSD. Two types of cognitive behavioral therapy, prolonged exposure and cognitive processing therapy, have been shown in research studies to treat 80 percent of civilians to the point of remission.

Prolonged exposure helps patients confront and process traumatic memories through education about normal reactions to traumatic events, relaxation techniques, repeated retelling of the traumatic event and homework that involves confronting reminders of the trauma in a safe environment. Cognitive processing therapy helps patients understand how their thoughts about a traumatic event influence their feelings and reactions. The therapy helps them develop new ways of thinking about the event that alleviate their distress and show them how to regain control over their lives.

Dr. Peterson and his colleagues found that these methods worked well, but they needed to be adapted for the military. “Both therapies typically require eight to 12 sessions of 90 minutes each. With the homework they do between sessions, the whole series usually lasts several weeks. This is not realistic for a war zone and can even be difficult with demanding military schedules back home,” he said.

And the type of trauma experienced in the military is different. “Civilians with PTSD usually have one traumatic event that severely affects them, such as a rape, major accident or natural disaster. Deployed military members may experience graphic and highly stressful events daily—and they are deployed numerous times,” Dr. Peterson said.

Another consideration is that military training for survival in a war zone, such as being on constant alert for danger, can conflict with PTSD therapy. Therapy tries to alleviate the symptom of hypervigilance, or that feeling of always being “on edge.” So the appropriate application of that training may need to be addressed in therapy.

Dr. Peterson, who had been trained in prolonged exposure therapy, began adapting it to fit the military environment. “After a few sessions I had people telling me, ‘I’m good to go. I’m ready to go back on convoys with my unit,’” he said.

After retiring from the military, Dr. Peterson joined the Health Science Center in 2006 and wanted to continue helping military members suffering from PTSD. He gained an unprecedented opportunity in 2008 when he and his collaborators received approximately $35 million from the Department of Defense through its Congressionally Directed Medical Research Programs to form STRONG STAR. STRONG STAR, which stands for the South Texas Research Organizational Network Guiding Studies on Trauma And Resilience, is a multidisciplinary, multi-institutional research consortium designed to understand, prevent and treat combat-related PTSD. Under Dr. Peterson’s direction and the leadership of the UT Health Science Center San Antonio, the consortium brings together more than 100 of the world’s top research investigators from over 20 collaborating civilian, military and Veterans Affairs institutions.

The consortium is conducting 25 clinical trials in Central and South Texas evaluating both prolonged exposure therapy and cognitive processing therapy, as well as similar therapies in active-duty military and recently discharged veterans who served in Afghanistan and Iraq. Genetic, epidemiological and biological studies also are underway to learn more about biological influences on PTSD and related conditions to develop new and improved prevention and treatment methods.

The studies are being conducted at four San Antonio locations: San Antonio Military Medical Center, Wilford Hall Ambulatory Surgical Center, Joint Base San Antonio–Randolph and the South Texas Veterans Health Care System, Audie L. Murphy Division. Other locations include Fort Hood’s Carl R. Darnall Army Medical Center, the Central Texas Veterans Health Care System in Waco and locations in Afghanistan. STRONG STAR also has received $27 million in supplemental funding for new studies investigating PTSD and related conditions, such as insomnia, suicide risk and traumatic brain injury.

The biggest affirmation of STRONG STAR’s success came in August 2013, when the group received $45 million from the Department of Defense and VA for the Consortium to Alleviate PTSD. President Barack Obama announced the award as part of a National Research Action Plan for improving access to mental health services for veterans, service members and military families.

The consortium, called CAP, involves STRONG STAR’s original collaborators plus some new ones, including all seven divisions of the VA’s National Center for PTSD. Dr. Peterson directs the CAP and its coordinating center, based at the Health Science Center; Dr. Terence Keane of the National Center for PTSD at the Boston VA is co-director.

Guided by a government steering committee, the CAP is charged with addressing research gaps and developing and evaluating new diagnostics, therapeutics and preventions for PTSD and conditions associated with it, emphasizing genetic and biological markers.

In the future, Dr. Peterson would like to expand the Health Science Center’s work through a PTSD-related residency program and large clinical practice in this specialty.

“We are formulating ideas for these programs but will need funding to move forward,” he said. Dr. Peterson said the work his consortium are doing will have far-reaching effects that could significantly improve PTSD treatment not only for military personnel, but also for the general public.

“I feel like I’m doing the most important work of my career,” Dr. Peterson added. “I’ve helped hundreds of people through what I’ve learned and done as a clinician and researcher, but now we have the potential through STRONG STAR and CAP to help thousands of military members and families. We plan to test lots of theories over the next seven years and have the opportunity to develop the standard of care for military members and veterans who deserve our help. My overall goal is that one day we will not only know how to prevent and treat PTSD, but also how to cure it.”

How to enroll in research studies

STRONG STAR and affiliated studies are located in San Antonio. Fort Hood and Waco, where there is a large concentration of active-duty, retired and former military members.

San Antonio-area studies include:

• Individual PTSD treatment compared with couples therapy that addresses PTSD and relationship issues with active-duty military
• PTSD and alcoholism in veterans
• In-home treatment compared with in-office treatment of PTSD for active-duty military and veterans
• PTSD treatment delivered in the primary-care doctor’s office for active-duty military
• Dog adoption in veterans with PTSD

If you or someone you know needs help with service-related post-traumatic stress disorder, visit strongstar.org and click on the red “Get Treatment” button in the upper-right corner to learn more.
When Lyla Grace Santos was born, her parents, Matthew and Amy, noticed she was breathing rapidly. But everything looked fine—born at 41 weeks, she was a solid 8 pounds, 7 ounces. Two hours later, she was blue.

Within hours, arrangements were made to fly her from her Fort Hood, Texas, hospital to San Antonio’s University Hospital, where, at just 2 days old, she would undergo open-heart surgery to repair the constriction in her heart.

As they were wheeling her from the helicopter, the song *The Lion Sleeps Tonight* was playing on a nearby television in University Hospital. From that moment on, Lyla became the Santos family’s lioness, and she was about to undergo the fight of her life.

Nearly a month later, Amy Santos cradles her daughter as a tuxedo carries milk through Lyla’s nose to her belly. Her husband works to install a lion mobile over her temporary crib, a radiant warmer in the neonatal intensive care unit. They’re tired and missing their 4-year-old son, Logan, who is staying in Fort Hood with relatives, but grateful that Lyla is alive and hopeful that soon the family of four will be home together.

“We didn’t expect this to happen,” said Matthew Santos, explaining that their son originally went to visit relatives as the due date grew closer. What began as a two-week adventure has become a prolonged separation, and the toddler often asks if they’re still a family.

“He didn’t understand at first,” Matthew Santos said. “He got to see her the night she was born, and then she went into the NICU and he hasn’t seen her since. He sends videos every day showing her how much he loves her.”

That’s not the only challenge. When they were told their daughter would need emergency surgery and would be flown out of their city by helicopter, there was a confusing whirlwind of activity—at one point, the Santoses didn’t even know what city they were in, much less where they would stay.

“We got here and we didn’t know what we would do or how long we would be here. We didn’t even know her exact diagnosis,” Matthew Santos said.

This confusion is typical for families who have just been told their newborn has a critical heart condition, said S. Adil Husain, M.D., director of pediatric cardiothoracic surgery and associate professor in the Department of Cardiothoracic Surgery in the School of Medicine.

“The stresses are unimaginable,” said Dr. Husain, who leads the university’s Congenital Heart Program, which delivers specialized, coordinated care to babies with congenital heart defects. Around 350 heart surgical procedures are performed each year through the program. Forty percent of our work is done on babies who are less than a month old when they need an operation,” he added. “In addition, about 40 percent of our patients are from outside of Bexar County, so we have a significant number of families who have to temporarily relocate to San Antonio while their newborn child is undergoing a very complex heart operation.”

Dr. Husain is the inaugural holder of the Randolph Hearst Endowed Chair in Congenital Heart Disease. The chair was created through a $350,000 gift from the Hearst Foundations to the Health Science Center to help attract and retain leaders in pediatric cardiothoracic surgery and to ensure excellence of care for South Texas children with congenital heart disease. The Hearst Foundations’ leadership gift was matched through a gift from the Greehey Family Foundation for this lifesaving program and the pediatric surgical team that it supports. The vision is to continue building the Hearst chair to reach $1 million in the endowment.

“When someone has just had a baby, they’re excited, but then they find out their baby has complex heart disease and requires a major heart operation. It’s a medical challenge, a psychological challenge and a familial challenge on all levels,” Dr. Husain said. “Our entire team and program are committed to not just the neonate, but also to the entire family unit.”

While there are more than 40 types of congenital heart defects, one of the most complex is single ventricle disorder, in which the heart has only one adequately sized functional pumping chamber instead of the two chambers that are found in a normal heart. Typically, this condition requires a series of three invasive surgeries in the first two to three years of life. As recently as two decades ago, this disorder was fatal. Today, 60 to 70 percent of children born with single ventricle heart defects survive all three surgeries due to improvements in surgical techniques and the emergence of multidisciplinary teams to care for these fragile patients.

But relocating, even temporarily, puts a strain on the family. Because of that, “We’ve done a lot in our program to treat these families in a unique way,” Dr. Husain said.

And with the Hearst Foundations’ gift, even more will be possible. Already, it has been the catalyst for expansion of the Health Science Center’s congenital heart disease program. The program priorities include creating bilingual education modules to explain congenital heart disease, the required surgeries, the sequence of care and the expected outcomes. Other priorities are providing social work evaluation, psychological family support and patient navigation, and helping families identify housing and other services during lengthy inpatient treatment periods. Funds will also go toward telemedicine support for inter-stage follow-up care of patients outside the San Antonio area.

Longer term, Hearst endowment funds will allow Dr. Husain and his team to track programmatic outcomes to help in research. And, with the growth of the program, medical students and residents will have more opportunities to experience the medical and surgical care provided, so a pipeline of future health care providers will be cultivated in this field, Dr. Husain said.

“Our team is exceptionally passionate about this project,” Dr. Husain said. “It has been wonderful and gratifying to have the support of the Hearst Foundations. They have become a valuable partner in our mission to ensure excellence of care for South Texas’ most vulnerable patients and their families.”

George Irish, vice president and Eastern director for the Hearst Foundations, said the gift recognizes the groundbreaking work being done.

“What Dr. Husain and his team at the Health Science Center are doing is really impressive,” he said. “They cover an extensive service region and care for critically ill babies in the first days of their lives. Not too long ago these infants would have perished, but the doctors here have a very high success rate of saving them so they can go home with their parents. The Hearst Foundations saw this as an investment in the future of health for children and their families.”

Under the dim blue lights of the NICU, the Santoses talk quietly about going home. They don’t know when Lyla will be well enough to leave the hospital, but both agree they’ll stay as long as they have to. Their lioness will not be rushed.

“They know more now about Lyla’s illness, hypoplastic aortic arch, or narrowing of the aorta, and they have a clear idea of what lies ahead for their daughter. It has been a long journey of discovery, and they say they are happy that the Hearst Foundations’ grant will provide invaluable assistance to other families who may someday travel the same path. Already, the resources and support Lyla’s doctors and staff have provided are more than they could have hoped for, Matthew Santos said.

“It’s overwhelming to me, to tell the truth. I can’t ever repay what they’ve done for us. We’ll be forever grateful.”
A neurological boost
Neuroscience projects receive a $1 million gift

**By Rosanne Fohn and Lety Laurel**

Pain is a growing epidemic. More than 116 million Americans suffer from chronic pain, and the numbers are expected to rise as the population ages.

It comes at a cost. The Institute of Medicine estimates the annual cost of pain management is around $600 billion a year. So Kenneth M. Hargreaves, D.O., Ph.D., and his team are trying to understand how changes in the way genes are expressed, or epigenetics, might lead to chronic pain. That knowledge might help develop a new class of nonaddictive painkillers.

“This could change how we diagnose and manage chronic pain in many conditions besides burns. This is such a major problem,” said Dr. Hargreaves, professor and chair of the Department of Endodontics in the School of Dentistry and professor in the departments of Pharmacology, Physiology and Surgery in the School of Medicine.

Dr. Hargreaves’ research is just one neuroscience project benefiting from a $1 million gift from the J.M.R. Barker Foundation. The gift also funds the UT Health Science Center’s south Texas ALS Clinic, and preliminary research involving humans and the drug ramiprilin for dementia and Alzheimer’s disease.

“The Health Science Center is an outstanding gem,” said Ben Barker, a member of the President’s Development Board who helped arrange the foundation’s support. “The neurosciences research being conducted here has the potential to yield a future Nobel Prize. I anticipate that efforts such as these will help to attract the next generation of bright, aspiring doctors and researchers to the Health Science Center.”

Dr. Hargreaves’ research will receive $600,000 from the gift. Developing new nonaddictive painkillers is critical, he said, because more Americans suffer from chronic pain than those with diabetes, heart disease and cancer combined, according to Institute of Medicine research.

“By studying chemicals that give chili peppers their burning sensation, Dr. Hargreaves’ team has discovered a major class of pain mediators released when an injury occurs. The pain sensation, Dr. Hargreaves’ team has discovered a major class of pain mediators released when an injury occurs. The pain mediators are the “go-betweens” communicating the pain message from the site of an injury through the nervous system to the brain. They understand how the pain signal is transmitted to the brain—and how to block it. Dr. Hargreaves’ team will use the Barker Foundation funds to create a screening method to develop and optimize new drugs that can be used to alleviate pain at its source.”

“This is a rocket booster in terms of research because this is allowing us to rapidly and dramatically focus on developing new types of nonaddictive analgesics in a way we could not have fathomed last year.”

Pain is not the only area of neuroscience that causes significant human suffering and costs millions of dollars to treat. The worldwide cost of dementia was $604 billion in 2010. The World Alzheimer’s Report 2010 notes that the number of people affected by dementia was 35.6 million and projects that number will rise 85 percent by 2030 and another 75 percent by 2050.

The Barker Foundation gift is providing $65,000 to Veronica Galvan, Ph.D., and Tyler J. Cunel, M.D., M.P.H., for preliminary research involving humans and the drug ramiprilin for dementia and Alzheimer’s disease.

Ramiprilin is approved by the U.S. Food and Drug Administration as an anti-rejection drug for organ transplants, but has shown promise as an anti-aging drug that can increase healthy life spans in mice.

Barker Foundation funding will permit the doctors to collaborate in studies evaluating whether ramiprilin could be a useful and safe treatment for Alzheimer’s disease or other age-related neurological diseases in humans. “This is really encouraging for us,” said Dr. Galvan, assistant professor in physiology at the Health Science Center’s Sam and Ann Barshop Institute for Longevity & Aging Studies. “With this important funding, we can gather the data we need to push therapy forward.”

As a person ages, vascular dysfunction occurs. It can range from mild to severe, but when it affects the brain, it can shut down blood vessels’ ability to carry necessary amounts of oxygenated blood to the brain. Areas of the blood-starved brain start to shut down, which can contribute to dementia and Alzheimer’s disease.

“Blood flow in the brain is precisely controlled,” Dr. Galvan said. “You can have changes in blood pressure and perfusion elsewhere in the body with no major implications. However, if a change of the same magnitude happens to the brain, this can have serious consequences. The brain is critically sensitive to changes in perfusion, that is why much smaller changes such as the ones we study have a major impact on brain function.”

The rate of occurrence of dementia and Alzheimer’s disease is increasing, she said. “This problem is extremely urgent. This is not going to stop anytime soon,” Dr. Galvan said. “This funding will allow us to find out more about how [ramiprilin] works to restore brain blood flow in Alzheimer’s. The more we know about how the drug works, the more options become available to achieve the same beneficial effect. Countless possibilities open up with greater understanding.”

A less common but equally debilitating disease, amyotrophic lateral sclerosis, also known as ALS or Lou Gehing’s disease, affects about 5,600 people each year, according to the ALS Association. About 30,000 Americans may have the disease at any given time.

ALS is a progressive disease that impacts nerve cells in the brain and spinal cord. As these nerve cells die, patients have difficulty controlling muscle movement and eventually become paralyzed. There is no cure.

The Barker Foundation gift allocates $335,000 to continuing support for operations of the Health Science Center’s South Texas ALS Clinic, led by Carlayne Jackson, M.D. The clinic is part of UT Medicine San Antonio, the clinical practice of the School of Medicine.

“We offer treatment, education and opportunities to participate in clinical trials, but the most important thing we may offer our patients is hope,” said Dr. Jackson, professor in the departments of Neurology and Otolaryngology, assistant dean for ambulatory services in the School of Medicine and chief medical officer at UT Medicine. “My patients, and the hope that through our work here we can make their lives better in the future, who I have met every day.”

Offering 10 different disciplines to treat patients, the ALS Clinic is accredited by the National ALS Association and is an ALS Association Certified Center of Excellence. Patients are seen at the Medical Arts & Research Center in San Antonio, Health Science Center President William L. Henrich, M.D., MACP, said all three research areas are significant because they have a single research focus. “All three of these areas cause significant human suffering and cost millions of dollars to treat,” he said. “We thank the Barker Foundation for believing in our groundbreaking research and clinical care that will improve the human condition.”

“The neurosciences research being conducted here has the potential to yield a future Nobel Prize.”

—Ben Barker, Barker Foundation and member of the President’s Development Board

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*The best way to give depends on your own personal situation and should be discussed with your professional adviser.*
A $250,000 gift from Florida dentist Jeffrey P. Feingold, D.D.S., M.S.D. (left), will help shape the future of dental education, research, patient care and early detection of tooth decay, and emphasizes continuing this focus on the prevention of tooth loss protocols for dental sealants in children. Today, he is a Florida periodontist since 1971. While a resident at the University of Texas Health Science Center President William L. Henrich, M.D., MACP, said a gift from Dr. Feingold’s interest in the university and the School of Dentistry, and the association of his name will add prestige to our school and the Center for Oral Health Care & Research, “We are exceptionally honored by Dr. Feingold’s legacy will shape the future of dental education, research, clinical care and community service for generations to come.”

Health Science Center President William L. Henrich, M.D., MACP (right), said a gift from Jeffrey P. Feingold, D.D.S., M.S.D. (left), will help shape the future of dental education, research, patient care and community service.

### Atrium named in recognition of gift

Endowed scholarship honors donor’s passion for education and medicine

By Catherine Duncan

Before today’s medical school students were born, James E. Pridgen, M.D., joined a team of doctors and area leaders to advocate for the building of a medical school in San Antonio. He believed that the South Texas Medical Center, with its vast amount of land, was the perfect site.

The dream became a reality in 1968 when The University of Texas Medical School at San Antonio was completed and the new Baylor County Hospital became its teaching affiliate. Shortly after, Dr. Pridgen was recruited as a clinical professor of surgery at the university. In 1969, he was named chief of staff at Baylor County Hospital, which is now known as the University Health System’s University Hospital.

Dr. Pridgen, who died on Christmas Eve at the age of 95, will be remembered for his passion and commitment to enhancing the school’s national reputation as a leader in educating future physicians. His work created a foundation for the solid working partnership between the school and the teaching hospital that still exists today, said UT Health Science Center President William L. Henrich, M.D., MACP.

Dr. Pridgen was born in Cuero, Texas, to Dr. James and Ada Beth Pridgen. After graduating from Cuero High School, he attended Texas A&M University, where he played first-chair clarinet in the Aggie Band as a freshman. He later transferred to UT Austin and graduated in 1939. He attended Tulane Medical School in New Orleans and graduated with honors in 1943.

A surgical fellowship at the Mayo Clinic in Rochester, Minn., was delayed after Dr. Pridgen was called to active duty as an Army combat medical officer during World War II. He was honorably discharged after achieving the rank of major and receiving a Bronze Star Medal with oak leaf clusters. In 1946, he married Betty Jo Rabolt of Atlanta, Texas, and completed his fellowship at the Mayo Clinic. Five years later, they moved to San Antonio, where he started a private surgical practice. They had three children: Carol P. Storey, Gay Swanson and James Pridgen.

Dr. Pridgen became instrumental in helping develop the South Texas Medical Center and the Health Science Center. Today, nearly 700 medical residents and more than 400 third- and fourth-year medical students receive training each year through the Health Science Center and University Health System partnership.

“Daddy was an ‘old school’ doctor and believed with all his heart that education was the key to the success of the continually evolving field of medicine,” said Storey. “To illustrate his passion for education and medicine, he established the James E. Pridgen, M.D. endowed Presidential Scholarship in 2011. In a partnership with Christ Healing Center, a San Antonio-based nonprofit organization, Dr. Pridgen and his family raised $100,000 to establish the scholarship that is awarded to medical students interested in pursuing a career in surgery. It honors the five doctors in the Pridgen family who have practiced medicine over several generations. ‘He had a genuine passion for medicine and was truly one who constantly kept learning throughout his 95 years,’ his daughter said. ‘To sustain this dedication and create a passion in another student was his ultimate goal. He was a noble gentleman of a bygone era.’

Dr. Pridgen is the founder, chairman and CEO of MCNA, a 100% certified physician assistants nationally to earn a specialty credential called a Certificate of Added Qualifications in Emergency Medicine from the National Commission on Certification of Physician Assistants. He is one of only 36 certified PAs in Texas and $30,000 nationwide to earn the certificate since the program’s inception in 2011.

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President’s Choice Award

- Special Events Council

### Presidential praise

Health Science Center faculty and staff members who work hard to further the university’s missions of research, education, clinical care and service were recognized at the 2014 Presidential Awards ceremony in February.

This year’s highest Presidential Award, the Distinguished Scholar Award, was presented to Donald M. Dougherty, Ph.D., the William and Marguerite Wurzbach Distinguished Professor and deputy chair of his research in the Department of Pharmacology, and professor in the Department of Pharmacology.

Dr. Dougherty’s translational research focuses on the various biological risk factors involved in drug abuse, drug dependence and suicide. Since joining the Health Science Center in 2007, Dr. Dougherty has accumulated nearly $20 million in funding, with the majority coming from the National Institutes of Health. He is principal investigator of five R01 grants. Award winners include:

- Distinguished Scholar Award
  - Donald M. Dougherty, Ph.D., Psychiatry and Pharmacology

### Junior Research Scholar Award

- Michael Beckstead, Ph.D., Physiology

### Teaching Excellence Awards

- Michelle Arandes, M.D., Pediatrics
- William P. Clarke, Ph.D., Pharmacology
- Lisa Cleveland, Ph.D., RN, FNP-BC, Family and Community Health Systems
- Kristin Fiebelkorn, M.D., Pathology
- Michael Huber, D.D.S., Comprehensive Dentistry
- Sue Solomon, M.D., Neurology
- Kristine Vogel, Ph.D., Cellular and Structural Biology
- Earlanda Williams, Ph.D., Cellular and Structural Biology

### Clinical Excellence Awards

- Cynthia Blanco, M.D., Pediatrics
- Autumn D. Clegg, M.S.O.T., OTR, Occupational Therapy
- Scott B. Johnson, M.D., FACS, FCCP, Cardiothoracic Surgery
- Anand B. Karanjad, M.S., Hematology and Oncology

### Employee Excellence in Service Awards

- Elizabeth Kay Eskew, Microbiology and Immunology
- Carol L. Kopplin, Legal Affairs
- Sarah Lindauer, Cellular and Structural Biology
- Rebecca Nixon, School of Dentistry’s Office of Continuing Dental Education
- Juan Reyna, RN, M.B.A., Regional Academic Health Center-Harlingen

### Presidential award winners are (L-R): Rebecca Nixon, Michelle Arandes, Earlanda Williams, Lisa Cleveland, Sarah Lindauer, Juan Reyna, Mary Foyes (for Special Events Council); Michael Huber, Carol L. Kopplin, Diane Solomon, Elizabeth Kay Eskew, Autumn D. Clegg, Donald M. Dougherty, Scott B. Johnson, Anand B. Karanjad, Michael Huber, Cynthia Blanco, Kristine Vogel and William P. Clarke. (Kristin Fiebelkorn not pictured)

### NORMA MARTINEZ ROGERS, PH.D., RN, FAAN

professor of nursing, has been appointed to a second three-year term as a commissioner for the Medical and CHIP Payment and Access Commission (MACPAC). Dr. Martinez Rogers was an inaugural member of MACPAC, which is a non-partisan federal agency charged with providing policy and data analysis to Congress on Medical and the Children’s Health Insurance Program. The commissioners make recommendations to Congress, the Secretary of the U.S. Department of Health and Human Services, and the states on a wide range of issues.

### STAGEY YOUNG-MCCAUGHAN, PH.D., RN,

professor of nursing, was honored March 21 by the White House with its Women Veteran Leaders: Champions of Change award. The award recognizes women who empower and inspire communities. Dr. Young-McCaughan serves as director of research for the STRONG STAR Consortium and the Consortium to Alleviate PTSD. The consortia together receive more than $100 million in research on post-traumatic stress disorder and related conditions, and are led by the UT Health Science Center San Antonio.

### RYAN BIEBLE, M.C., specialist in emergency medicine, is one of only 10% certified physician assistants nationally to earn a specialty credential called a Certificate of Added Qualifications in Emergency Medicine from the National Commission on Certification of Physician Assistants. He is one of only 36 certified PAs in Texas and $30,000 nationwide to earn the certificate since the program’s inception in 2011.

By Catherine Duncan

In memoriam

James E. Pridgen, M.D.
1918 – 2013

To watch an interview of Dr. Pridgen, go to uhscsa.edu/mission2014/pridgen.
Building a legacy
The Hinchey name is synonymous with health and service

BY TINA LUTHER

Family and service are at the heart of William Hinchey, M.D., class of ’78. With his father, John, and son, John, also practicing medicine and contributing both time and talent to community organizations, the Hinchey name is well known throughout Texas.

Dr. Hinchey is a partner with Pathology Associates of San Antonio and is the laboratory medical director for CHRISTUS Santa Rosa Hospital’s Westover Hills and Alamo Heights campuses. He also is an assistant clinical professor of pathology in the school of medicine.

“While he has contributed through a variety of teaching and literary presentations, I feel that his greatest contribution to the profession is the willingness to sit at the head of the table,” said classmate Michael W. Brennan, M.D., ’78.

Among his many hallmarks, Dr. Hinchey has served as president of the Texas Medical Association and in numerous roles with the Bexar County medical society and the San Antonio Medical Foundation Board of Trustees. He has also been a driving force among national and federal legislators by advocating appropriate funding of both medical and graduate medical education in Texas, prompt pay legislation, improvements to the Texas Medicaid program and other issues.

Medicine aside, Dr. Hinchey’s local community has benefited from his volunteer work. He has served with the Texas Cavaliers, the Order of the Alamo and St. Anthony de Padua Catholic Church.

Dr. Hinchey said his heart has never left the Health Science Center. He has actively participated in the school of medicine’s Alumni Association since its formative years and has spearheaded reunions and activities for his class. In 2013, he was awarded the Distinguished Alumni Award in recognition for his service and dedication.

“It is so important to me to remain connected to the School of Medicine Alumni Association,” said Dr. Hinchey. “It is a joy for me to give back to the Health Science Center that has given me and my family so much.”

Following in his footsteps, his son, John Hinchey ’07, serves as a class agent for his fellow graduates.

“Like grandfather and father, this is an example of legacy,” said Dr. Brennan. “Expect another Dr. Hinchey to follow.”

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Thank you for all you do to make our story so remarkable. You're the reason we're able to write the next chapter.