

Mayo Anesthesiology Alumni Newsletter

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Anesthesiology Professional Organizations and the Department

Mark Warner, M.D.

Since 1920, the Mayo Clinic Anesthesiology Department has played a vital role in the development of the specialty. It's gratifying to report that our department members continue to help lead anesthesiology organizations. These individuals volunteer many hours of their personal time to help the specialty and its subspecialties move forward to a better future.

Recently, Marc Huntoon (Chair, Division of Pain Medicine) was elected to the Board of Directors of the American Society of Regional Anesthesia and Pain Medicine (ASRA). We now have members on the Boards of Directors of seven of the nine major U.S.-based anesthesiology professional organizations:

- American Society of Anesthesiologists: John Abenstein (Vice-Speaker) and Brian McGlinch
- International Anesthesia Research Society: Denise Wedel
- ASRA: Terre Horlocker (President) and Marc Huntoon
- Society for Obstetric Anesthesia and Perinatology: Gary Vasdev (President-Elect)
- Society of Pediatric Anesthesia: Randy Flick
- Society of Cardiovascular Anesthesiologists: Dave Cook
- Society for Ambulatory Anesthesia: John Dilger

Further, we have Dan Brown well positioned to soon join the Board of Directors of the American Society of Critical Care Anesthesiologists, and Jeff Pasternak and Kirstin Erickson are beginning active involvement in the Society of Neurosurgical Anesthesia and Critical Care.

I would be remiss if I failed to also mention our involvement in anesthesiology education nationally. Steve Rose, Mike Murray, and I are members of the Society of Academic Anesthesiology Chairs and the Association of Anesthesiology Program Directors. I serve on the American Board of

Anesthesiology and the Anesthesiology Residency Review Committee. Dan Cole (Scottsdale), Mike Murray and Sorin Brull (Jacksonville), and Bill Lanier, Bill Perkins, Doug Bacon, and Dave Warner are ABA oral examiners.

Truly, the department's involvement in our professional and educational organizations is significant and continues to grow. We are grateful to our colleagues involved in professional organizations for the extra hours and efforts they put forth on behalf of the specialty and our department. Their service continues two very proud Mayo Anesthesiology traditions -- developing the specialty and producing the finest alumni in the country.

Editor's Note

Peter Southorn, M.D.

Dr. Mark Warner continues to lead the department while we await the Board of Governors' decision on his successor. As a result, we are fortunate to still have Mark write his "from the chair" column.

I think you will enjoy this issue. We are grateful to the contributors for some very interesting articles. To sustain the value of the newsletter, we continue to seek your input. Please keep the correspondence coming.

Critical Care at Mayo: Building on a Strong Foundation

Daniel Brown, M.D., Ph.D.



Members of the Critical Care Division (from left to right): Drs. Jim Findlay, Brad Narr, Tuhin Roy, Bhargavi Gali, Dan Brown, Fran Whalen, Dave Plevak, and Mark Keegan; not shown: Keith Berge.

Critical care at the Mayo Clinic has a long and rich history. Alan Sessler and other early pioneers served to establish the Department of Anesthesiology as a key player in care of the critically ill patient at the Mayo Clinic. While only a portion of readers include critical care as part of their practice, all who staffed and rotated through the ICUs as part of their training contributed to the evolution of the practice. The present group of anesthesiologist intensivists at Mayo Rochester continues to build on the work of their predecessors.

Advances in medical care and an aging population have resulted in increased numbers of critically ill patients. The Critical Care Division of the Department of Anesthesiology is a vibrant and growing group committed to the care of the critically ill. Currently, members of the Department of Anesthesiology are involved in the care of all critically ill patients at Rochester Methodist Hospital and five of the nine ICUs at Saint Marys Hospital.

Members of the Division of Critical Care are all boarded in anesthesiology with subspecialty qualifications (boards) in critical care medicine. A common feature among the group is a strong commitment to bedside presence. We believe that a hands-on approach and timely contributions to patient care are key elements of our practice. Such a practice style has been associated with increased involvement and responsibility in patient care. While this practice style is demanding, the rewards are proportionally increased. We are truly recognized as perioperative physicians by our colleagues, patients, and families. This recognition extends beyond the boundaries of the ICU, and we are seen as leaders in perioperative care within the institution as well.

The high quality patient care that we deliver can be measured in many ways. Our observed: predicted outcomes are quite impressive. For example, one of our "core" ICUs directed by anesthesiologists has an observed-to-predicted ICU mortality of 0.54 with 1.0 being the anticipated ratio for similar institutions with similar patients.

When not in the ICUs, members of the division practice in all intraoperative settings. Our involvement in the intraoperative and postoperative aspects of the liver transplant program remains quite strong. A member of our division also serves as medical director for respiratory therapy. Thus, our clinical contributions extend far beyond the ICUs.

Education is a high priority of our group. Residents consistently view their rotations as highly educational. Our fellowship program boasts three incoming Mayo Foundation Scholars recruited from our residency. Interest remains high in the more junior residents, and we anticipate continued success with fellowship recruitment. The house staff have formally recognized our division's teaching by giving two of the last four Teacher-of-the-Year awards to members of the division. Teaching and educational efforts outside the department are evidenced by a variety of activities including members directing courses for the Mayo Clinic College of Medicine, providing medical oversight for the School of Respiratory Therapy, and holding joint appointments in the Department of Bioengineering and the Ethics Council.

While our practice has been recognized as outstanding, we realize that we can do better. To this end, we are conducting clinical trials focused at documenting and increasing our adherence to best practices. A web-based electronic system has been developed that documents our practice for internal and external (IHI, JCAHO) review. This system is also serving as a platform for clinical improvement and research. Other areas of investigation include perioperative management of the patient with obstructive sleep apnea and perioperative glycemic control.

In summary, the Division of Critical Care is actively advancing the three shields of the Mayo Clinic. The future looks bright, and we are well positioned to advance critical care at Mayo as well as make contributions nationally and internationally.

So Much Remains to be Done

Kelly McQueen, M.D., M.P.H., Phoenix, Arizona

Unbelievably, it has been ten years since I completed my residency at Mayo Scottsdale. Growing up, I had this unrealistic, romantic goal of being the kind of doctor I imagined Amelia Earhart would have been if she had pursued medicine. Now, looking back on my medical career to date, it has certainly followed a path less traveled, but it has been guided by altruistic goals and surprisingly, to some extent, has followed my childhood ideals.

Immediately after residency, I volunteered to serve in the American Society of Anesthesiologist's Overseas Teaching Program in Tanzania¹. We taught nurses and medics how to give anesthetics - an expertise desperately needed in remote areas of this country. The enthusiastic and grateful students

I initially worked exclusively at the Barrow's Neurological Institute. At first, the challenges of this new clinical practice and the looming oral boards kept me busy and intellectually stimulated. Soon, however, the nagging desire to volunteer and to help others overseas was to return. VAC was generous and big enough to support this commitment. For the next few years, I worked in China, Jordan, Brazil, and Peru providing anesthesia for children undergoing cleft lip and palette surgery with Operation Smile².

In late 2002, the charity, Doctors without Borders³, sent me to northern Sri Lanka. This organization had a hospital just behind the front lines of a twenty-year-old civil war between the Sri Lankan government and Tamil separatists. Before arrival, I was told that conditions were "basic." In fact, they were much worse. We cared for civilians who were land-mine victims or subject to other trauma and parturients needing surgical delivery in a bombed out hospital patched up with United Nations' blue tarps. Electricity was only available when the generator worked, and our anesthesia equipment was completely unreliable. Ketamine and/or regional anesthetic blocks became the mainstay of my practice.

My experience in Sri Lanka completely changed my perspective on the work of humanitarian aid agencies and their countless selfless volunteers. I became convinced that new and additional resources were desperately needed in crisis situations to prevent unnecessary deaths and suffering.



Operation Smile trip to China

I encountered confirmed my convictions that working overseas was a laudable goal. Returning to the States, I completed a fellowship in OB Anesthesia at Mayo Clinic Rochester and then joined Valley Anesthesiology Consultants (VAC) in Phoenix. Within this large and diverse practice,



Dr. McQueen with one of her Operation Smile patients.

When I returned to the United States, I resolved that I would do my part to change the system if possible. I applied to several public health programs which focused on international health and humanitarian aid and was fortunate to be accepted by the Harvard School of Public Health. My studies for a master's degree focused on international health and international humanitarian aid law. After graduation, I was then awarded a fellowship by the American Association for the Advancement of Science (AAAS) in Washington, DC⁴. This fellowship program is designed to provide scientific and technical expertise and support to congressional offices and government agencies. The fellowship I chose focused on global health security and policy. Over the next twelve months, I had the opportunity to interact with many intera-

gency committees addressing issues such as vaccine technology, disaster planning, bioterrorism, and other international threats to public health. Halfway through the program, I also began working with the Mexican government on border health issues and bioterrorism planning. This led me to organize a Latin American conference on these issues and initiate collaborative discussions in the region. The conference took place in September, 2003, in Guernavaca, Mexico.

The AAAS fellowship advanced my understanding of the US Government's role in humanitarian aid and disaster relief. It also provided innumerable contacts for future domestic and international projects. Now, I am back in Arizona and planning to get married later this year. I have returned to work for the Valley Anesthesiology Consultant group. The flexibility and generosity of this group allows me to practice anesthesia for three days a week and consult on public health issues two days a week. I am currently teaching a section on Health Emergencies in Large Populations to the International Committee of the Red Cross. I am a member of the Arizona Red Cross and the Arizona Disaster Management Assistance Team. I also serve on the Arizona Medical Association Committee for Public Health and on the Board of the Arizona Society of Anesthesiologists. While doing this, I still participate in short-term medical missions and disaster relief. I have had the privilege to help, but so much remains to be done.

1. www.asahq.org/Newsletters/1996/11_96/Feature2.html
2. www.operationsmile.org
3. www.doctorswithoutborders.com
4. www.aaas.org/news/releases/2002/0502nti.shtml

Reminiscences

James Eisenach, M.D., Winston-Salem, North Carolina

It's hard to believe that it's been nearly twenty years since I left Mayo, and equally hard to believe that I only spent two years there, having done an internship in San Francisco beforehand and residency being three years total back in those days. It isn't hard to believe because it seemed long and tedious, but rather because so much seemed to happen in such a short time. My wife and I befriended Bill Lanier, who was doing a fellowship in Jack Michenfelder's lab, and his wife Mary, shortly after arriving. I recall talking with Mary while she was making dinner in their rented house, looking out the window on a January snow-filled backyard and watching Crazy Bill practice his fly casting. My first introduction to the South.

Nearing the end of my residency, I knew what I wanted to do (go into private practice), but was uncertain where I wanted to do it. My wife and I are Midwesterners, having grown up and attended college in Iowa and Nebraska, and we wanted to live there. Unfortunately, we had lived in southern and northern California for the seven years before moving to Rochester, knew what it was like to be able to bicycle every day of the year, and saw snow our first year in Rochester which arrived before Thanksgiving and melted after Easter. So I thought I would postpone the decision for a year by doing a fellowship. I had done a small clinical project during my rotation in obstetric anesthesia (despite getting three wet taps my first week and being counseled by Dr. Perry that perhaps I should try another area), had presented the work at SOAP in San Antonio, and very much enjoyed the area and the camaraderie of that society. Thus, I decided on an OB fellowship.

Three individuals at Mayo got me here to North Carolina. I spoke first with Jack Michenfelder about an OB fellowship and where to do it. He wasn't too keen on the area, but gave me a short list of good places and an offhand recommendation to check Sol Shnider's program at UCSF. I called Sol, who told me all their spots were filled with their own residents, but if I wrote a NIH grant to support myself I could come. Then I heard Tony Yaksh give a Wednesday grand rounds on spinal clonidine. I was fascinated by the topic, and we put together a NIH grant (with no preliminary data) over the next two weeks. Tony and I have had a grant together now for over fifteen years. The third person was Bill Lanier who was a Bowman Gray graduate and spoke very highly of this place. So we ended up in Winston-Salem, with a NIH grant in hand, and I just never made it into private practice.



Father and son project: restoring a 1968 Mustang

Most of my career here has been under the chairmanship of Frank James, III. When he retired, I was named the first recipient of the endowed professorship under his name. It has been the perfect place for my career and for our family. Great mentors and colleagues for research (I direct four NIH grants with a total funding of a little over \$2 million per year investigating obstetric, postoperative, and chronic pain in the laboratory and the clinic), and a fantastic section of Obstetric Anesthesia. My Rochester-born daughter moved back north for college at Columbia, but being a French major and deciding on her junior year abroad, opted for the South of France and is currently in Toulouse. Our son, born shortly after we arrived in Winston-Salem and also fluent in French (we lived in Paris during a sabbatical), will likely be heading to Montreal

to study at McGill. I've included a couple of pictures of our recent hobby – buying a 1968 Mustang on eBay for around \$1000 and spending many times over that essentially taking it all apart and replacing it with new pieces.

No, I am not related to John Eisenach, on staff at Mayo, although I do have an older brother of that name. I keep in touch on nearly a weekly basis with many friends from Mayo – Terre Horlocker, Denise Wedel, Marc Huntoon, David Warner, Mike Murray, and Brad Narr among them – and hear much of the current gossip from the outstanding Mayo residents who we continue to attract here for an optional obstetric anesthesia rotation. And of course this wonderful newsletter that Peter puts together!

"And Especially the Children of Africa"¹

David Byer, M.D.



Jeannie and Dave Byer visit the Macha Mission Hospital with their son, Paul.

Jeannie and I have been married almost forty years. Our time together has been a rich and rewarding experience. Peter Southorn asked me to share some elements of our lives.

When I married Jeannie, I figured she would teach me something about Africa. The daughter of Presbyterian missionaries, Jeannie grew up in Sudan and Ethiopia. She attended boarding school in Alexandria, Egypt. Little did I realize what an important role Africa would play in our lives. It all started when I received a Smith Kline French Fellowship. This enabled us to spend my last quarter of medical school at Pokwo Hospital/Medical Clinic in the extreme western tip of Ethiopia.

Following my internship, we went to Macha Hospital near Choma, Zambia, for two years. Our first child, Lois, was born there. After anesthesiology residency at Mayo, we returned to Macha for fifteen months. By that time we had three children. We returned to Mayo in April, 1976.

Until 1995, we had limited contact with Africa. We were busy working and living in Rochester, rearing our family. Travel continued as a popular feature of our lives. Our six children enjoyed four summers exploring Europe in Jeannie's motorhome. Our children led us back to Zambia when they began asking: "Mom, Dad, can you take us to Macha, this place you are always talking about?" We returned with our family in 1995 (without the motorhome). The Macha Hospital community received us so warmly Jeannie and I continue to visit at least annually. Abraham Mhango, hospital pharmacist, and Frederick, hospital painter, were especially resourceful in finding tasks for our teenagers during our visits.

Macha Hospital was established in 1957 as a mission hospital. In 1990, its administration was fully turned over to the Brethren in Christ Church of Zambia. Since then, it has had Zambian administrators and a local oversight board. This has led to a sense of community ownership. Macha is a 208-bed inpatient facility with the hospital and nursing school complex laid out over a 120-acre site. The pediatric ward consists of 45 beds although the pediatric inpatient census often reaches 75 to 80 during the peak malaria season November to June.

In 1994, the hospital catchment area had an estimated population of 70,000 with 50% under twelve years of age. The hospital serves as a referral center for a number of smaller facilities in an 80-kilometer radius. This area has endemic *P. falciparum* malaria. Each year the hospital outpatient department sees over 5,000 cases of malaria and the pediatric ward admits approximately 700 children with slide-confirmed malaria. Of these, 50-60 children have cerebral malaria and 160-195 children have severe malaria anemia. Malaria is the foremost discharge diagnosis accounting



Children congregate at the well-child clinic.

for 35% of pediatric discharges. Malaria is a leading cause of death in Zambia.

Anesthesia administered at Macha is usually ketamine or spinal. Equipment, including a Boyle anesthetic machine with halothane vaporizer, pulse oximeter, automated blood pressure machine, oxygen concentrator, oxygen cylinder, laryngoscope and endotracheal tubes, is available for general anesthesia, but is infrequently utilized because of lack of personnel.

In 2001, I joined the Board of Directors of Macha Malaria Research Institute (MMRI)². I was glad to participate in efforts to ease the burden of this disease. MMRI is a US-based charitable organization supporting the research of Dr. Phil Thuma, a Johns Hopkins-trained pediatrician and Fulbright fellow. MMRI provides salary supplements to Zambian physicians working at Macha. Additionally, MMRI supports Zambian personnel training to become nurses, administrators, laboratory technicians, and pharmacy technicians. In May, 2001, the Johns Hopkins Bloomberg School of Public Health launched a \$100 million campaign to rid the world of malaria. The Bloomberg School established the Johns Hopkins Malaria Research Institute (JHMRI)³. This initiative required a field research center.

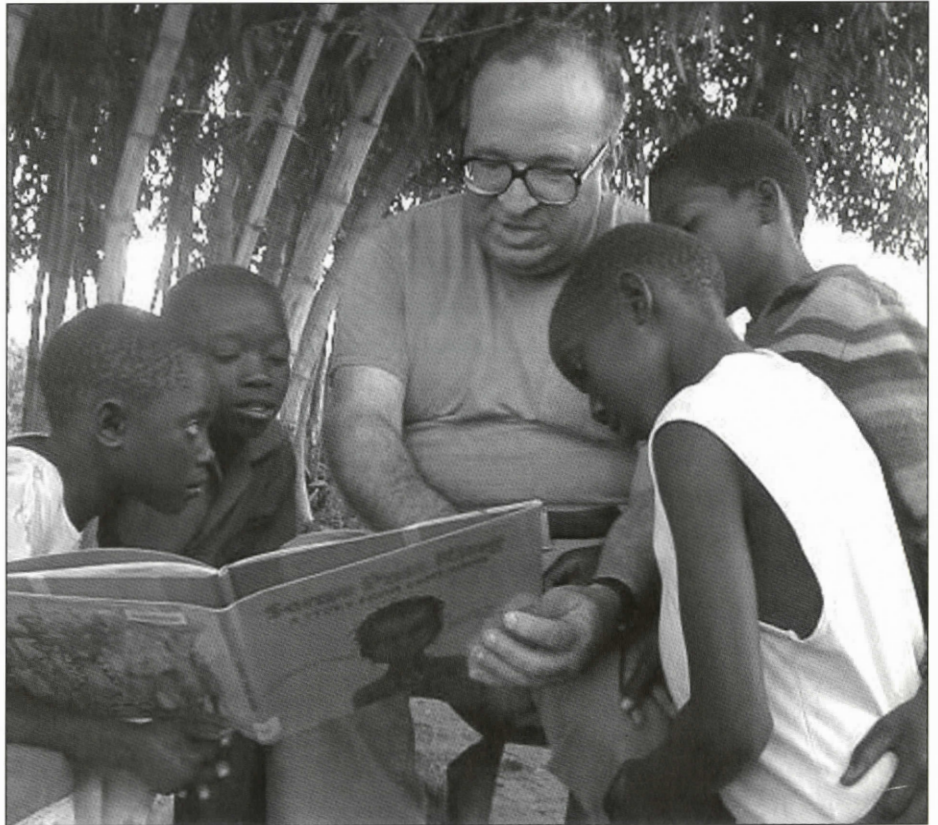
For a variety of reasons, Macha Hospital was chosen. Development of the fifteen-acre site for the Malaria Institute at Macha (MIAM) commenced two years ago with clearing of the bush.

Jeannie and I attended the January, 2005, Official Opening of the Malaria Institute at Macha. We brought

five suitcases containing medical, laboratory, and personal supplies, and gifts (weighing in total 300 pounds). Development has included a full broadband internet facility using a satellite system that allows voice communication. There is an airstrip for light aircraft⁴. MIAM is the first high-tech facility to be placed in a rural area of Zambia. Macha is attracting bright young Zambian physicians such as Dr. Lottie Hachaambwa and Dr. Kelvin Moonga.

Christopher Simoloka, laboratory manager is busy with PCR genotyping of *P. falciparum* field samples. Sandra Chisimba, a University of Zambia student, came to Macha during her holiday break to assist him. Rebekah Kent, a graduate student from JHMRI, developed a test enabling identification of the mammalian species of origin of a mosquito's blood meal. A pilot study on diagnosis of malaria using a urine dipstick is underway. Other investigations include a NIH-funded study of the immunology of pediatric malaria, an examination of mosquito behavior, and clinical trials of new malaria drugs. Macha Hospital may well be the best place in Zambia to seek treatment for malaria.

Vision Community Center⁵ is especially impressive. MIAM staff Mr. Gertjan Van Stam⁶ and his wife, Dr. Janneke Van Dijk, initiated this project within the last year. The center includes an internet cafe, community radio station, cafeteria, theater, sports center, gift shop, and a small lending library. Reservations for flights to and from Macha



Dr. Dave Byer reads a children's book to a rapt audience.

are handled at the community center⁴. The internet cafe staff is especially helpful. They soon realized I was going to be a heavy user and suggested I purchase a discount card!

Jeannie and I decided to observe the reaction of Zambian children to illustrated children's books. Their intense interest in *Sense Pass King - A Story from Cameroon* is obvious. Now we are developing a small collection of illustrated children's books to add to the Vision Community Center library. We look forward to gifting these books to the community. Such books, if available at all in Zambia, would be extremely expensive.

Here at home a number of activities keep us busy. When we settled in Rochester we wanted to be able to provide accommodations to people in need. The first project for our "open house-open home" was a guest room. Later we finished the basement for our growing family. We have had as many as 80 visitors in the course of a year. Jeannie tells me that all except four would be welcomed back. We have accommodated students from Poland, Japan, Laos, Thailand, Ghana, Zambia, and Canada. Just now our usual guests are our children who return fairly frequently. Our Thanksgiving and Christmas dinners are attended by some 25 to 30 children, relatives, and friends.

All of these adventures are enabled by the satisfying professional life we enjoy at Mayo. Development of the total joint multi-modal perioperative orthopedic analgesia program

has added a special dimension to our practice. I especially appreciate the patience of Drs. Jim Hebl and Sandy Kopp in teaching this old dog the new tricks of peripheral nerve blockade. I am pleased and proud to be part of this endeavor.

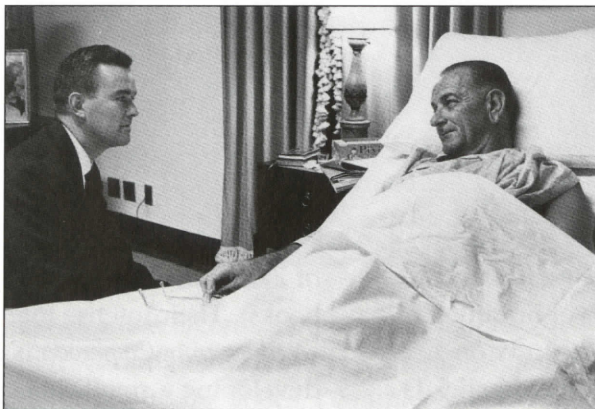
1. From the Vision Statement of MMRI. "As long as malaria causes millions of people in this world to suffer, and especially the children of Africa, the Institute will strive to help them overcome this disease through its efforts at improving prevention and establishing appropriate treatment of the infection."
2. <http://www.mmri.net>
3. <http://www.jhsph.edu/Malaria>
4. <http://abfa.macha.org.zm>
5. <http://vision.macha.org.zm>
6. <http://www.vanstam.net>

President's Photos

Peter Southorn, M.D.

We all respect our patient's privacy. Nevertheless, on occasion our national leaders will publicly recognize and honor their physicians after a successful medical outcome. These photographs show two such historic

instances with President Lyndon Johnson thanking Dr. Paul Didier and President Ronald Reagan thanking Dr. Steven Rettke for their care.



To Dr. Edward P. Didier
with best wishes —
Lyndon Johnson



To Dr. Steven Rettke - With Very Best Wishes & Regards,
Ronald Reagan

Anesthesiology Residency News

Steven Rose, M.D.

National Resident Matching Program

I am pleased to inform you of the results of the 2005 National Resident Matching Program (NRMP "match").

Eighteen outstanding candidates for residency training matched with our program and will initiate their anesthesiology training Summer Quarter 2006. This group includes one Mayo Medical School student, one Ph.D., and six women. Their mean score on Step 1 of the USMLE was 233. The visiting medical student clerkship again appeared to be a successful tool in helping recruit high-quality applicants. Thanks to everyone for their efforts in recruitment this year.

The residents who "matched" with our program are: Michael Angel (University of Iowa), Fawn Atchison (Duke), Anne Baetzel (University of Louisville), James Gephart (University of Michigan), Richard Glines (University of Iowa), Marshall Holifield (Creighton), Travis Jacobs (University of Missouri), Stephania Knight (Rush), Susan Laabs (Mayo), Susan Moeschler (Creighton), Jose Ossa (Pontificia Universidad Juveriana, Columbia), Jennifer Rabbitts (University of Stellenbosch, South Africa), Brian Richardson (Loyola), Lyle Stefanich (Chicago Medical

School), Brady Stocklin (University of South Dakota), Matthew Ulrich (University of Washington), Robert Webb (University of Minnesota).

Chief Residents

The chief residents for the 2005-2006 academic year have been announced. We congratulate Adam Jacob and Juan Pulido who will hold this honor from July-December and Hugh Smith, Jr., and Tom Sanneman who will take on the roles from January-June.

Midwest Anesthesiology Residents Conference

Our residents again represented the department superbly at the Midwest Anesthesiology Residents Conference (MARC) 2005 held recently in Madison, Wisconsin. The following residents participated: Joel Ackerman, Katie Arendt, Mike Bengough, Tim Curry, Craig Donelan, Bill Hartman, Mike Hogan, Adam Jacob, Jeff Jensen, Chris Monson, Juan Pulido, Anne Ptaszynski, Tom Sanneman, Hugh Smith, Ryan Smith, Matt Sunderlin, Toby Weingarten, Kimberly Wynd, and Kellie Hancock (Mayo Medical Student). Dr. William Hartman received first prize for his presentation. The entire department wishes to congratulate everyone involved in this important endeavor.



Some of our resident participants accompanied by Drs. Walsh and Burkle at the MARC in Madison. From left to right: Drs. Tom Sanneman, Mike Walsh, Ryan Smith, Jeff Jensen, Joel Ackerman, Juan Pulido, and Chris Burkle.

News About People

Peter Southorn, M.D.



Dr. Leslie Milde

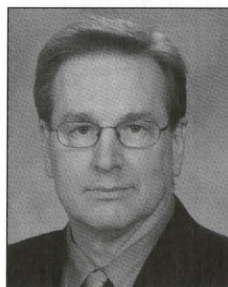
We would like to congratulate **Dr. Leslie Milde**, immediate past chair of our department in Scottsdale and member of the Board of Governors of Mayo Clinic Scottsdale, on her appointment to the Board of Trustees of the Mayo Foundation. This is wonderful news and brings credit to our specialty.

Dr. William Perkins recently had an article entitled "Ask the Experts – Medicine: How Does Anesthesia Work" published on Scientific American.com (http://www.sciam.com/askexpert_directory.cfm, March, 2005).

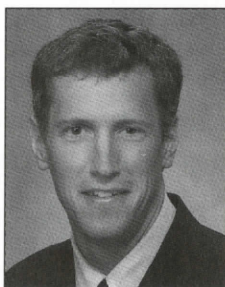
The residents and fellows have given the 2004-2005 Teachers of the Year Award from the Mayo Fellows' Association to **Drs. Christopher Burkle** and **Richard Rho**. Both are heavily involved in department education programs, and we congratulate them on this recognition of their effort.

After being the Chair of the Central Division at Saint Marys for many years, **Dr. Beth Elliott** has decided to step down.

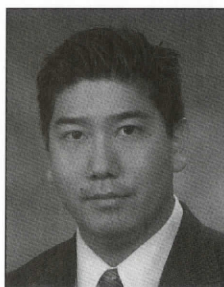
Dr. Michael Brown has been named her successor. We sincerely thank Beth for her years of service.



Dr. William Perkins



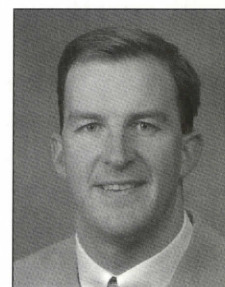
Dr. Christopher Burkle



Dr. Richard Rho



Dr. Beth Elliott



Dr. Michael Brown



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