Dr. Hefelfinger Honored
David C. Hefelfinger, M.D. (left) Professor Emeritus and former Chair of Pediatrics, was honored by the Alabama Chapter, American Academy of Pediatrics, at its Winter Symposium in January. He received the "Pediatrician of the Year Award, Child Life Advocate."

Many Supporters Help Celebrate 30th Anniversary and Groundbreaking
A groundbreaking ceremony on a warm and sunny Sunday afternoon, November 24, 2002, drew a large crowd of friends and supporters of the college as Dean Curry, elected leaders, and UA officials turned the first dirt at the site of building that will house CCHS when it is completed in 2004. The site is at the corner of University Boulevard and 5th Avenue across the street from the Stallings Building which houses the R.I.S.E program. It is between the Student Recreation Center complex and University Blvd. It will also be close to the retirement community which will be located on land behind the current Capstone Medical Center and convenient to DCH. Football fans with RV's will recognize their former parking area in the field across from Arby's.

John England, UA Trustee; Senator Richard Shelby; UASOM Dean William Deal; Dr. Mack Porter, UA Chancellor; Dean Bill Curry; Interim UA President Barry Mason, contractor Gary Wyatt; and UA Provost Nancy Barrett begin construction for the new home of CCHS. U.S. Senator Richard Shelby, who helped to establish the college thirty years ago while serving in the state legislature made special arrangements to be present, even though he was interviewed in a live TV broadcast (for "Face the Nation") in Washington on that Sunday morning.

Later, the Lister Hill Society sponsored the Thirtieth Anniversary celebration in conjunction with its annual reception for donors who support medical education at CCHS through the annual fund. Hosts for the event, held at the Chancellor's guest house in Pinehurst, were Tuscaloosa businessman and philanthropist Jack Warner and UA Systems Chancellor Dr. Mack Portera. The house, furnished with art and antiques from the Warner collection was a gift to The University from the Warner family.

The foundation was prepared and framework for the new building went up in February. The construction site is seen through the fence along 5th Avenue. Bryant Denny Stadium is in the background behind the crane, and the tall building behind on the left is Tutwiler Dormitory.
Throughout this issue of OnRounds, there are images of our new building—groundbreaking, initial construction, and fundraising. There can be few more powerful symbols of the energy and consequence of our programs than this beautiful structure. Why are we building it? Not for symbolism alone, but because it is essential to our future: for can be no more powerful symbol of the energy and consequence of our programs than this beautiful structure. Why are we building it?

How are we doing it? Not without a struggle. Our “down payment” comes from the sale of our educational tower to DCH Regional Medical Center and from University funds. Long-term financing includes a UA bond issue and our very own mortgage. To repay the University for the bonds and to pay the mortgage, we have two sources: our own clinical practice income and fundraising.

How important is fundraising? Critical. Without it, our clinical practice is the only source for the mortgage, let alone for improving and expanding programs. The pressure for clinical income is no stranger to our faculty. Shrinking state support of higher education that the portion of medical school budgets produced by clinical practice has risen from about $400,000 to about $800,000. We received a letter of commendation in psychiatry and was elected to Alpha Omega Alpha, the national honorary medical fraternity. He did residency training at East Carolina University and completed his residency at St. Louis University. Dr. Hasik joins Dwight E. Hooper, MD, (Univ. of Maryland School of Medicine) who is serving as Chair of OBGYN. Dr. Hooper completed internships in general surgery and internal medicine before he went into his OBGYN residency at Baltimore’s Harbor Hospital Center. He is a Diplomate, American Board of Obstetrics and Gynecology, and a Fellow, American College of Obstetricians and Gynecologists. Dr. Marcia Brand, who directs the 4th Annual Rural Health Conference held in Tuscaloosa, Alabama, in 2000.

To contact Dr. Curry: William A. Curry, MD, FACP, Dean, College of Community Health Sciences, University of Alabama, Box 803036, Tuscaloosa, AL 35487-0306

Dr. Hasik Returns to OB/GYN Faculty

Karl J. Hasik, MD, Fellow of the American College of Obstetrics and Gynecology, has rejoined the OB/GYN Department's faculty. He first came to CCHS in 1996 from Quincy, Illinois, where he was in a private specialty clinic and also worked with family practice residents in training at the hospital where he was on staff. He was appointed Interim Chair of the department in 1999 when Dr. Paul Mozley announced his retirement after serving as Professor and Chair of the department since 1987. Dr. Hasik had spent ten years in private practice including directing four rural clinics in Texas, working with rural and indigent patients in Nevada, and delivering OB/GYN care in small towns around St. Louis when he was recruited to CCHS by Dr. Mozley. He left CCHS for private practice in Sylacauga, Alabama, in 2001.

Residency Director Dr. Sam Gitikian, Dr. Russ Anderson & Dr. Bill DeShazo (with whom deShazo formerly directed)

College Co-Hosts Fourth Annual Alabama Rural Health Conference

Dr. Marcia Brand, who directs the U.S. Office of Rural Health Policy, was keynote speaker for the 4th Annual Rural Health Conference held April 3-4, 2003, at the Bryant Conference Center in Tuscaloosa.

Culturally Competent Health Care in Rural Alabama: Overcoming the Invisible Barriers was the conference theme, and more than 200 people attended, bringing together voices of healthcare providers, state agencies, and rural communities, other professionals from a number of fields with an interest in rural health, and academic researchers.

The Annual Rural Health Conference, coordinated by the UA Institute for Rural Health Research, is a joint project of CCHS, Capstone College of Nursing, School of Social Work, College of Human Environmental Sciences, College of Commerce and Business Administration, and College of Arts & Sciences at UA and other supporters from throughout the state.

The 2002 University of Alabama Rural Medical Scholars were honored at the Seventh Annual Rural Medical Scholars' Convocation on the evening of April 3. RAHA (Rural Alabama Health Alliance) scholarships were presented to Clarissa Parker, a Minority Rural Health Pipeline scholar, and Arriece Patil, a 1999 Rural Health Scholar. Dr. Bill DeShazo, of the Institute for Rural Health Research, was named to the newly established position of Professor of OB/GYN.

For more information or conference reports, contact: ncrollett@cchs.ua.edu
CCHS donor Beverly Phifer greets UA Trustee, Judge John England before he takes his ceremonial shovel at the groundbreaking event.

TV camera captures Dean Cuttriss as he hands out shovels to dignitaries who will help turn ground for the new building for CCHS, the University of Alabama School of Medicine, Tuscaloosa.

Senator Richard Shelby (right) pauses for a picture with clinic administrator John Maxwell and his wife Alice, a Lister Hill Board member, in front of the tent before he helps break ground.

Bob Shaw (right) snaps a picture of Dr. Barry Mant, legislator Robert Bentley, and Family Medicine faculty member Margaret Garner as the afternoon light faded.

Betty Shirley, for whom the psychiatry clinic is named, Dean William Curry, MD, and Anne Moman, who chaired the campaign to raise funds for completion of the Betty Shirley Clinic in the new building; Dr. William W. Wintersmith (right) observes the presentation of a thank you gift to Moman. His wife, Madeline Hill will chair the committee raising funds for completing the new building.

Dr. Dick Rutland is seen behind John.

Anne Moman, chair of the Betty Shirley Clinic fund drive.

Judy Suther, a member of the Betty Shirley Clinic campaign steering committee, with her husband, David.

Bob Shaw (right) snaps a picture of Dr. Barry Mant, legislator Robert Bentley, and Family Medicine faculty member Margaret Garner as the afternoon light faded.

Dr. Mack Portera, UA Systems Chancellor, addressed the guests in the courtyard at the Lister Hill celebration of the college's thirty years of medical education.

Family Practice residents, Dr. Cathy Skinner (left) and Dr. Beverly Jordan, charm our host Jack Warner and guest Sam Jackson (right) at the Lister Hill reception.

Karl Elebash (right) and Camille Elebash Mary and Tommy Hester are in the background.

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LISTER HILL SOCIETY

The Annual Fund
of the
College of Community Health Sciences at The University of Alabama University of Alabama School of Medicine, Tuscaloosa

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RMS Students Go with MASA Physicians to Washington, D.C.

Rural Medical Scholars Meet Congressional Delegation

The trip to Washington allowed us to see a different side of medicine and health care. We were introduced to the policy and decision-making aspects of medicine and learned a great deal about the most pressing issues facing health care in our state.

-Ray Stewart, Phenix City 2002 Rural Medical Scholar

The 2002 class of UA's Rural Medical Scholars Program (RMS) joined more than eighty physician leaders from Alabama including the MASA Board of Censors in Washington, D.C., on February 9-11 for the 26th Annual Governmental Affairs Conference. The students -- in their premed year of study at CCHS before they enter medical school in Birmingham this summer -- were accompanied by RMS Medical Director John Brandon, MD, a family physician in Gordo and MASA member.

Students attended a forum on proposed Alabama office-based surgery guidelines, loss of medical liability coverage for many Alabama physicians and hospitals, the Medicaid funding crisis, and state legislative issues; AMA briefings; and a reception and dinner with members of the Alabama delegation and their staff. They participated in the Congressional office visits with MASA members who were explaining the impact of federal policy on Alabama's medical care to senators and representatives from the state.

Tatum McArthur, RMS from Greeneville, said the trip allowed her to better understand the overall picture of how policy and politics affect the medical care she and her classmates will be providing. Ashley Coleman from Jackson was also impressed with how much Washington politics affects a physician's practice and said he and the others were fortunate to have gotten a better understanding of some very critical problems facing the medical profession. Jon Binkerd of Shelby was glad for the chance to see the political process in action and the effect that informed citizens can have. Carrie Freeman, a Tuscaloosa County RMS from Summerville, was in the group who met with her district's representative, Spencer Baxley, who said he understood the very complicated issues related to Medicaid and Medicare funding, and he found that very encouraging. Tatum McArthur added that she was very impressed with how attentive Senator Jeff Sessions was to concerns being expressed. He really listened, she said, especially when Wilcox County physician Sumpter Blackmon explained how malpractice insurance loss could force doctors out of medicine and cause hospitals to close.

Dr. Brandon commented that the Rural Medical Scholars are always popular with Alabama's elected officials when they visit Washington. Prior RMS classes have had the same warm reception. “Meeting constituents who will be Alabama’s doctors and community health leaders in the future is a very positive experience for both elected leaders and students,” he said.

CCHS Dean William Curry, a past MASA President, is pleased that the Rural Medical Scholars could go. “It’s important for our students and residents to understand that effective professional societies serve an essential role in supporting our care of patients. Our state medical association is one of the best run and most productive in the nation, and it’s great to see our rural scholars participating in such events as the MASA annual Washington trip,” said Dr. Curry.
I am a family doctor.

I tell my patients that I take care of people 6 months before they are born to 2 minutes after they die, and everything in between.

I have been privileged to share a family's joy as they first hear their baby's heartbeat (or newborn's cry), to share a father's anxiety while I take care of his child's asthma attack, and to share a wife's grief as we sit at the bedside of her husband, holding hands with each other and with him, and telling stories about their life together as he passes on.

Yes, there are still doctors out there like me. But there are not enough.

Alabama is privileged to have UAB, one of the world's leading medical centers. The US News and World Report lists UAB year after year in their "Best Hospitals" and "Best Medical Schools" issues. But it is not enough.

In Alabama, 62 of our 67 counties are listed as "Health Professional Shortage Areas" (PCHPSA). 28 of those counties are designated as "whole county PCHPSAs." That means that the people living in those counties have no nearby doctor to take care of their pregnancy, their children, their parents, or themselves. If all of the family doctors left Alabama (and many doctors in these underserved areas are older and close to retirement), that number would jump from 28 to 44 counties out of 67 that would not have enough doctors. Some people can afford to travel 20, 50, or 100 miles to get medical care, but many cannot. All of these counties need more doctors, and there are not enough doctors like me.

UAB's media rankings are not enough because Alabama continues to rank near the bottom in deaths from preventable causes and infant mortality. The people in underserved areas need a nearby doctor who can provide the initial, early, and rapid care that could make the difference between life, disability, and death.

They need someone in their area who can take care of basic health needs before they are harmed or killed by medical problems. Studies show that the farther people have to travel for medical care, the worse they do. More mothers and babies become sick and die during pregnancy, more children die of asthma, poisonings, or injuries, more adults die of strokes, heart attacks, or cancer. They need someone like me.

Unfortunately UAB is not producing people like me. Our other medical school at the University of South Alabama (USA) is doing only slightly better. Even if UAB's graduating medical students select training in other primary care fields (Internal Medicine, Pediatrics, or Obstetrics & Gynecology), most will go on to fellowship training in a specialized field, such as cardiology or neonatology. In general, these subspecialists don't go to underserved counties and provide basic medical care. They won't be there to take care of these patients. They won't be like me.

There are lots of reasons for this, but certainly one reason is that our medical students are spending most of their training seeing and working with sub specialists. They only spend 1-2 months with family doctors out of 48 months of school. Therefore, students don't get a sense of what we primary care doctors can do. They don't think anyone can do what we do on a daily basis. And teaching is a lot like parenting-you secretly want your students to grow up to be just like you. If medical students' teachers are sub specialists, they are going to be encouraged to become sub specialists, too. At UAB, they are becoming sub specialists, not family physicians.

I do what I can to change this. I have worked in a rural area and routinely hosted medical students in my practice so they could see what I did. Now I teach at UAB's Regional Medical Campus in Huntsville, passing on my skills, knowledge, and love of my calling to medical students and residents. I encourage them to go back to these underserved areas to provide good quality basic health care (and over 70% of those leaving training here go to towns of less than 20,000 people). But it is not enough.

UAB cannot correct many of the issues discouraging family doctors, such as low payments from insurance companies or the medical liability crisis. However, it can affect the way medical students are selected and trained. For example, UAB has a special program for students who want to get a PhD as well as an MD, who want to be researchers at major medical centers—and that program is highly competitive. These are usually the top students from outside Alabama, and their tuition, books & fees, and living expenses are paid for them.

In contrast, there is a small program in Tuscaloosa that looks for people (as early as high school) willing to go into primary care and practice in a rural area. Each year it has to lobby the legislature to get a meager amount of funding (not through UAB) just to find and recruit these students—not to provide student financial support. Each year the physicians who run that program hold their breath, hoping someone in the Legislature will fight to continue their funding. We may or may not need more researchers, but we know we need more family physicians. UAB could secure and expand the funding for primary care and rural training in the same way it has shown a commitment to the MD/PhD program.

It also makes much more sense to have the majority of medical students' patient care training take place outside the academic medical centers and in physicians' offices. Most of a physician's work these days is done in the office, not in the hospital. Why should 90% of medical training take place where doctors will be spending only 10% of their practice time? Many studies show that medical students who do more training in a community (instead of a university) are more likely to choose to practice in rural and other medically underserved areas.

All of these changes require a commitment to the health of the people of Alabama—one that needs to start at the leadership of the medical schools. If UAB decides to focus more attention on Alabama's health problems, it may slip a bit in the US News and World Report rankings. But if more UAB and USA medical students go into family medicine, stay in the state, and go to underserved areas, maybe Alabama won't score so poorly on basic health issues, such as infant mortality, asthma, heart disease, diabetes, and cancer. Perhaps, at least in health issues, Alabama can move up the state rankings lists and provide the badly needed basic care that its citizens deserve.

I am proud to be a family doctor, but I am only one. And one is not enough.
The Rural Alabama Area Health Education Center (RAAHEC) and its parent, RAHA and Rural Alabama, reimburse for doctors in low-income areas should be comparable to those in high-income areas to make rural medicine an attractive profession, saying, "A two-tier health care system of funding is wrong."

State representatives Gerald Allen, Robert Bentley, and Allen Layson, several community leaders and physicians from West Alabama, and Rural Medical Scholars at the meeting shared their perspectives. Representative Robert Bentley pointed out that 40 percent of Alabama's residents live in rural areas and said that keeping Alabama students in Alabama's medical schools was essential. He also said that medical schools should make sure that the rural students they admit understand the demand for healthcare in rural areas.

CCHS Dean William Curry, MD, reiterated the importance of reaching out to students in rural communities with programs like the Rural Health Scholars (RHSP) and Rural Medical Scholars programs (RMSP). He said there is a void in rural Alabama's healthcare system that the rural scholar programs, RAHA, and RAAHEC can fill.

RAHA President Willie Dunn spoke with pride about his county's efforts to insulate all children. He also reviewed the mission of RAHA, quoting from a 1992 letter by Dr. William Curry, the first chairman of RAHA, to provide medical education in primary care for medical students, residents, and other health personnel in rural clinics; to increase numbers of rural and minority students applying to medical school; to recruit and retain health care professionals in rural areas; to develop an agrimedicine program of education, service, and research, and to study and evaluate rural health and development needs and interventions.

Dr. Judy Taylor outlined RAAHEC's goals: plan health programs, build coalitions, encourage students to pursue health careers, and facilitate collaborations with educational partners. "Alabama's rural districts need 300 more physicians than they have today, and that's why we need to change this," she said. Dr. John Wheat

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For more information: contact Dr. Taylor at (205) 348-1017

Dr. Taylor

Dr. Clyde Bargainer, Director, State Office of Rural Health, and UA researcher Dr. Briggsen share thoughts after the meeting.

Robert Beard, Sumter County, speaks along with other students.

Art Davis, Congressman Davis said, "With exception of the clergy, your profession is the only one that believes people deserve service even if they can't pay for it. And for that ethic to sustain itself, Medicaid has got to work." He stressed that reimbursements for doctors in low-income areas should be comparable to those in high-income areas in order to make rural medicine an attractive profession, saying, "A two-tier health care system of funding is wrong."

DCH on February 21, 1995, hosted the meeting. Neither is a healthcare professional, but both Travis, who is an agricultural economist, and Dunn, who is a bank president, emphasized the importance of keeping the healthcare system in rural regions and to the local economy.

"There are people in rural communities who have to decide whether to buy their heart medicine or pay to heat their home, and there is something terribly wrong with that," said Congressman Art Davis who was keynote speaker at the meeting. Davis also stressed the importance of making rural healthcare equal to that of urban areas. "Where you are born should not affect how healthy you will be," he added.

Addressing health professionals in the room, Congressman Davis said, "With exception of the clergy, your profession is the only one that believes people deserve service even if they can't pay for it. And for that ethic to sustain itself, Medicaid has got to work." He stressed that reimbursements for doctors in low-income areas should be comparable to those in high-income areas in order to make rural medicine an attractive profession, saying, "A two-tier health care system of funding is wrong."

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