Planners of the Mind Body Spirit Clinic toast its opening with cups of chamomile tea. From left to right are Elaine Anderson, Sharon Norling, Pam Weiss, and Mary Jo Kreitzer.

New Mind Body Spirit Clinic integrates conventional medicine with complementary healing practices such as acupuncture, herbal remedies, and spiritual counseling. Page 14
Millard Hall, built in 1912, was one of three buildings torn down this summer to make way for the new Molecular and Cellular Biology Building. It was named after Perry Millard, the first dean of the Medical School. See story page 6.
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AIDS research and the School of Public Health got a $43 million shot in the arm from the National Institutes of Health in September. The grant, the largest in the school’s history, will fund a five-year research project to be conducted at 210 sites in 18 countries. SPH Professor James Neaton will lead the study, which will seek to determine whether Interleukin-2, a biological agent used in cancer therapy, can help strengthen immunity in HIV patients. More than 30 million people worldwide are infected with HIV.

Edwin Haller, School of Medicine-Duluth, led a group of five medical students to Petrozavodsk State University in Russia to deliver $27,000 worth of donated medical supplies. The visit, which the students helped pay for with their own money, grew out of a 10-year exchange program between the two schools. Haller plans to return to Russia soon, he said, because of the desperate need for even the most basic supplies.

Donna Hecker, School of Dentistry, spent her summer vacation providing dentures for members of the Blackfeet Indian Reservation in Browning, Montana. Hecker is one of a number of prosthodontists sponsored by the Academy of Prosthodontics to deliver care to reservations in Montana, Oklahoma, and Alaska.

Minneapolis school children weighed more and had higher blood pressure in 1996 than they did in 1986, according to research conducted by Russell Luepker, School of Public Health. Luepker says these increases are because children watch more TV, play more video games, and get less exercise than they did in 1986.

It’s official. Whole grain consumption, as part of a low-fat diet, reduces cancer and heart disease risk. Labels on whole-grain bread and cereals may now carry that claim thanks to research by School of Public Health Professor David Jacobs. The study was recently published in the American Journal of Public Health.

The Minnesota Rural Health School received a three-year, $500,000 grant from the Department of Health and Human Services. Headquartered at the School of Medicine-Duluth, the Rural Health School trains and recruits health professional students to practice in Minnesota’s small towns and rural communities. Byron Crouse, associate professor and head of the Department of Family Medicine, is director.
When sequencing of the human genome is completed in three years, it will fill the equivalent of thousands of Minneapolis phone directories. And scientists in the University’s new Molecular and Cellular Biology Building will be poised to begin making calls on its 100,000 genes.

Research focus will switch from structure to function—learning how genes work, what happens when they don’t, and how to fix them to prevent or cure serious diseases. Functional genomics is expected to revolutionize medicine.

“The health and economic benefits will be tremendous,” says Charles Moldow, senior associate dean for research in the Medical School. “That’s why it’s so important to invest human and financial resources in functional genomics now.”

The 1999 Minnesota Legislature provided the University with $35 million for construction of the $70 million Molecular and Cellular Biology Building, which will be the center of functional genomics research. Next year the University will go back to the Legislature to ask for the remaining $35 million needed to complete construction.

“Thirty-five million for a new building is a very good and generous start,” Moldow says. “But we need to be aware that all around the country, universities are making huge investments in molecular and cellular biology. Not just the Harvards and Stanfords, but large public universities such as Michigan, Wisconsin, and Iowa.”

For example, last May, the University of Michigan’s Board of Regents committed $200 million to a new genomics institute. The Michigan Legislature followed that with a $50 million allocation.

In a Chronicle of Higher Education article, Michigan President Lee Bolinger commented that the biological revolution triggered by the completion of the human genome project will equal the revolution in physics during the first half of the 20th century, when Einstein formulated the theory of relativity, and quantum and particle physics were explored.

The University of Minnesota’s new building is the centerpiece of President Mark Yudof’s molecular and cellular biology initiative, which involves scientists on the Minneapolis, St. Paul, and Duluth campuses. The 230,000-square-foot, eight-level building...
will be located in the Academic Health Center. Situated on Washington Avenue between Church and Harvard streets, it will provide a literal and figurative entryway to the University’s health sciences schools and programs. Ground was broken this fall, and construction is scheduled to be completed by Dec. 31, 2001.

Planning for the building has been accompanied by a U-wide reorganization of basic sciences departments to support molecular and cellular biology and make more effective use of human and physical resources. Scientists who will occupy the building will come from three new departments that grew out of the reorganization: Biochemistry, Molecular Biology, and Biophysics; Genetics, Cell Biology, and Development; and Neuroscience. Additionally, new faculty with expertise in functional genomics will be recruited.

Research programs will likely focus on existing strengths, such as neuroscience and neurodegenerative diseases, immunology, cancer, and diabetes, Moldow says. Scientists also will be linked by interests in developing and using common bio-techniques to probe the underlying molecular basis of diseases.

**Founding fathers**

*Medical School and School of Dentistry leaders who ushered in the last century will be memorialized in a history corridor planned for the new Molecular and Cellular Biology Building.*

The buildings named in their honor have housed generations of scientists, including two Nobel-prize winners, and witnessed nearly a century of advances in biomedical research. But memories of Perry Millard, Elias Lyon, Alfred Owre, and Clarence Jackson—early leaders of the Medical School and School of Dentistry—have faded with time.

This summer, Millard Hall, Owre Hall, and Lyon Laboratories were torn down to make room for the new Molecular and Cellular Biology Building. Jackson Hall was completely renovated. The demolition and reconstruction created a revival of interest in the buildings and their namesakes, who will be honored in a history corridor in the new building. Fixtures and design motifs from the old complex will be incorporated into the new building as another means of recognizing their heritage.

Here’s a glimpse of who these men were and what they accomplished.

**Perry Millard** (1848-1897) moved to Stillwater, Minnesota in 1872 after losing everything he owned in the great Chicago fire. Often summoned to logging camps to treat injuries, he soon established a thriving practice. When he became president of the Minnesota Medical Association in 1882, he lobbied to create a medical school in the state. In 1887 the regents named him dean, and in only three months he had appointed a faculty, established a three-year curriculum, and set admissions and graduation requirements and fees.

**Elias Lyon** (1867-1937), dean of the Medical School from 1913 until his retirement in 1927, was considered one of the chief engineers of the school and “a sincere, modest intellectual with a humorous expression and a kindly glance.” He was devoted to medical students, and advocated applying research to clinical problems. He also helped advance education for nurses. Early in his career, Lyon was an instructor at Woods Hole Marine Biology Institute and served as biologist on a scientific expedition to Greenland.

**Alfred Owre** (1870-1935), School of Dentistry dean from 1905 to 1927, had degrees in both medicine and dentistry. His mission was to unify the two fields, believing that physical and dental health were inseparable. Owre was noted for his research on tooth decay, and he was president of the Minnesota Dental Association. A man of eclectic interests, he authored a book on diet called “Prunes and Pancakes,” collected cloisonné artifacts, and was a tireless hiker. His obituary in the New York Times says that he had hiked the U.S. from coast to coast.

**Clarence Jackson** (1875-1947) became dean of the University of Missouri Medical School at the age of 34. In 1913 he gave up the job and took a pay cut to head anatomy at the University of Minnesota, where he became one of the school’s most popular teachers and administrators. A colleague wrote that he was “tall and handsome with a splendid physique,” and that “his voice inspired confidence.” He won many professional honors, and served as acting dean of the Graduate School twice before retiring in 1941.

“Biomedical scientists today are working with about 1% of the information they will have after the function of human genes is fully understood,” Moldow says. “It’s really a miracle that we can treat illness as well as we can, given how little we know about the underlying molecular basis of diseases.”

**Peggy Rinard**
New Psychiatry
Department Head Charles Schulz is widely known for his research on schizophrenia in teenagers.

Charles Schulz often cites Charlie Brown, Snoopy, Linus, and Lucy during his lectures. Duh, you say? After all, Schulz, the St. Paul native, created the popular “Peanuts” comic strip. True enough, but we refer to another Charles Schulz—not the cartoonist, the psychiatrist.

“Yes, I use copies of his cartoons to pep up my lectures—it’s a lot of fun,” says S. Charles Schulz, an Illinois native, who on July 15 became the head of the Medical School’s Department of Psychiatry.

Along with his appreciation for the Peanuts creator, Schulz comes to Minnesota with an admiration for the University. And the U of M is delighted to have him.

“Dr. Schulz is an internationally recognized psychiatrist who has made important contributions to mental health in general and schizophrenia in particular,” says Alfred Michael, Medical School dean.

Before coming to Minnesota, Schulz served 10 years as chair of Case Western Reserve University’s psychiatry department and director of University Hospitals psychiatry department in Cleveland. Prior to that, he conducted schizophrenia research at the National Institute of Mental Health in Maryland and started the schizophrenia program at the Medical College of Virginia in the early 1980s. He holds a B.A. in history from the University of Southern California and an M.D. from the UCLA Medical School.

His most significant work has been research on schizophrenia, which is characterized by hallucinations, delusions, disorganized thinking, and/or apathy. About 2.5 million—or one in 100—Americans suffer from schizophrenia, which strikes males and females equally. Typically, it first is noticeable by the age of 19 or 20. There’s no known cause or cure, although it is treatable with medication and counseling.

Through his research, Schulz discovered that youth who suffer from schizophrenia have a structural brain defect. Previous studies by other scientists using CT scanners indicated that adult schizophrenics had enlarged ventricles in the brain, providing the first evidence that schizophrenia was not merely a psychological response to stress.

“At the start of my career, the question that remained was ‘were enlarged ventricles a characteristic of the illness and did they become enlarged from being treated with medications, or was it a degenerative illness,’” Schulz explains. In 1980, he and his colleagues at the Medical College of Virginia set out to find out. They performed CT scans on teen-agers, at about the onset of the illness, and found that those suffering from schizophrenia already had enlarged ventricles. They also found that as the size of the ventricles increased, the effectiveness of medication decreased.

A follow-up study by Schulz at Case Western using MRI scanners showed that teenagers with schizophrenia and those suffering from bi-polar psychosis not only had enlarged ventricles, but that spaces on the brain’s cortex were also wider than on brains of teens without the illness. A separate study by the National Institute of Mental Health (NIMH) came to similar conclusions.

“I think our group and the NIMH group demonstrated that teen-age schizophrenia and teen-age psychosis are really very serious business,” Schulz said.

At the University of Minnesota, Schulz will continue his research using the University’s world-class MRI facilities, but he has broader goals for the department. These include establishing a formal clinical trials division; coordinating the research and education efforts of the Twin Cities campus with the Veterans Administration Hospital; and working more closely with the state hospital system to help treat the state’s most seriously ill patients.

Mark Engebretson
Can your mind make you feel better? And if it can, how can people who are seriously ill tap that capability to improve their quality of life and perhaps even their chances of survival? Janice Post-White hopes to find the answers to those questions.

“There is a great deal of anecdotal evidence that techniques such as imagery help people survive cancer longer,” says Post-White, American Cancer Society Professor of Oncology in the School of Nursing. “As a scientist, I want to know how it works. How do these activities affect the immune system?”

Post-White has been studying this link since 1981, while working on her master’s degree. “I didn’t know anything about this field,” she says. “In fact, it didn’t even have a name yet. Today we call it psychoneuroimmunology, but at the time I was just interested in why cancer patients on high doses of steroids got depressed when they stopped taking the medication.”

Since then, she has done several studies, mostly with cancer patients, to determine what happens to their bodies when they imagine being in a place that brings comfort and peace, when they are treated with healing touch or massage therapy, or when they simply have hope.

In one clinical study she compared the effects of imagery and support on coping, attitude, immune function, quality of life, and emotional well-being after breast cancer. Compared with patients on standard care, patients using both imagery and attending support groups improved their coping skills. Imagery participants, however, tended to have less stress, increased vigor, and improved functional and social quality of life.

The study also examined biological markers for immune function. Interestingly, there was very little difference between the three groups’ physical immune responses. “It would have been wonderful to find a clear-cut answer,” Post-White says. “We do know that stress reduces immune function, so perhaps these methods work by increasing relaxation or because people are more involved in caring for themselves, which reduces stress.”

In another study, Post-White explored how different patients define and sustain hope. She also looked at the relationship between hope, spiritual beliefs, and quality of life.

Patients’ responses to the question “What gives you hope?” generally fell into five categories: finding meaning, relying on inner resources, having affirming relationships, living in the present, and anticipating survival.

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A North Woods camp for children with disfiguring skin diseases helps them discover the beauty of their own natures.

Sitting across the lake from Mark Dahl’s summer cottage 30 miles north of Brainerd sits Camp Knutson, a camp for youth with special needs. In 1992, Dahl discovered that several weeks on the camp schedule were open. A light bulb came on. Camp Discovery was born.

Beginning in 1993, for one week in July each year Camp Knutson becomes Camp Discovery, a summer camp for children ages 10 to 13 with severe skin diseases. Dahl, head of the Medical School’s dermatology department, was president of the American Academy of Dermatology (AAD) when he developed the idea.

The goals of the camp, Dahl says, are to help the children have fun, build their self-esteem, and show them that they’re not the only people with skin disorders.

“It’s really an awakening for the children,” Dahl says. “They go back home with more confidence.”

“Nobody is excluded at the camp,” says Julie Winfield, a pediatric dermatologist at the University of Minnesota and chair of AAD’s Camp Discovery committee. “The kids feel accepted. They feel that people are not going to judge them based on how they look. People are going to allow them to just be kids.”

The AAD was instrumental in providing start-up funds, which were repaid through donations from AAD members, dermatological societies, allied health groups, industry groups, corporations, and individuals.

About 50 youth from 27 states attended the first Camp Discovery. All expenses for the youth—including airfare—are paid from contributions. For many of the campers, it marks the first time they’ve ventured from home.

The experience creates both opportunities and challenges.

Each camper has the opportunity to shed inhibitions, meet others with similar skin disorders—campers and counselors—and experience camaraderie while roasting marshmallows around a campfire. Activities include horseback riding, swimming, boating, arts and crafts, archery, and dancing.

Meanwhile, the staff—counselors, nurses, and dermatologists—has the challenge of making sure that each camper’s special needs are met. For example, the children with epidermolysis bullosa, one of the most severe skin diseases, require daily dressing changes. Epidermolysis bullosa, which ranges in severity, causes painful blisters that leave large raw patches on the skin. Some other campers require special diets or extensive medical care regimens, while others need to avoid the sun or heat.

By the end of the first Camp Discovery, it was clear that the opportunities were realized and the challenges met.

“It’s absolutely empowering for the kids,” Dahl says. “And it’s empowering for the parents, too. They see that their children are going to be able to grow up and cope.”

Although at week’s end, the campers return to their harsher world—one of teasing and exclusion—Winfield notes that the Camp Discovery experience builds within them a lasting self-confidence.

“It gives them inner strength,” she says. “Partly because they meet counselors who have some of the same challenges and skin diseases that they have.”

The success of the first Camp Discovery, held the second week of July, prompted the creation of a second camp in Pennsylvania, Camp Horizon, which runs the second week of August each year.

In addition, Winfield was instrumental in organizing a third camp for teens ages 14 to 16 with skin diseases. That camp is held in June each year at Camp Knutson in Minnesota. All told, the three camps host a total of about 165 youth each year. A fourth camp may open next year in California.

All in all, the camping experience helps kids realize that they can develop friendships, belong to a group, and grow up to have a fulfilling life.

For more information about Camp Discovery, contact Debbie Kroncke or Julie Winfield at the American Academy of Dermatology at 847-330-0230.

Morgan Tapp, 13, had never touched lake water before visiting Camp Discovery this summer. Tapp, above with the University’s Julie Winfield, has junctional epidermolysis bullosa, a painful skin disease that requires lengthy daily dressing changes.

“IT’S REALLY AN AWAKENING FOR THE CHILDREN,” Dahl says. “THEY GO BACK HOME WITH MORE CONFIDENCE.”
As the number of children surviving cancer grows, so does the need to identify and address their special health needs.

About all Jessie Middendorf remembers about being five years old is feeling, in her words, “like a garbage can.”

Middendorf, of rural Browerville, Minn., was just days away from starting kindergarten in 1988 when she was diagnosed with non-Hodgkin’s lymphoma. Weeks of radiation and chemotherapy at the University of Minnesota left her bald, sore, and sicker than any little kid ever ought to be. But it also did the job: Today the busy 16-year-old cheerleader is a member of the growing group of individuals who have conquered childhood cancer.

Making it possible for kids like Jessie Middendorf to beat cancer is one of modern medicine’s brightest success stories. Thanks to research, the long-term survival rate for children with cancer has risen from one out of three in the 1960s to three out of four today.

Heartwarming as this success story is, it has a sobering sequel. As the number of survivors has grown, it’s become clear that many have increased risk of other health problems, according to Les Robison, professor of pediatrics and associate director for prevention and etiology with the University of Minnesota Cancer Center.

Robison is working to minimize such effects by learning more about them. He and colleagues at the U and around the U.S. are gathering data from some 20,000 childhood cancer survivors on deaths, second cancers, heart and lung complications, reproductive problems, genetics, and behavioral issues.

Though the decade-long study is only about half complete, information gathered to date confirms the suspicions that prompted Robison to undertake it.

“We’re finding, as we expected, that there is mortality associated with the long-term complications of treatment patients received as well as the cancer.”

The researchers hope the study will allow them to make specific connections among cancer type, treatment type, and health effects. For example, they have found an elevated risk for second cancers among survivors of Hodgkin’s disease. While it is clear that radiation treatment contributes substantially, other factors, such as genetics, may also determine risk.

“It’s a very complex picture,” Robison says. “It takes a large and varied population of patients” to be able to draw specific conclusions about cause and effect.

How will the information Robison and colleagues are gathering help childhood cancer survivors?

For those who have already undergone cancer treatment, “it tells us who’s at greater risk so we can recommend follow-up screening and so forth,” Robison says. Middendorf, for example, returns to the University every other year for a checkup. Results from this study can give her doctors a better idea of specific late effects associated with her cancer and the treatments she received, so they can more quickly recognize and resolve problems when and if they do occur.

In addition to providing a “heads up” on potential health repercussions, the study also will help strike the optimum balance between effectiveness and negative effects of treatment.

“For a newly diagnosed patient, it will help researchers fine-tune treatment to minimize long-term complications while still providing a cure,” Robison says.

A second phase of the study is looking at the relationship between specific information—for example, radiation dose—and health risks. Researchers are also collecting cells from the inside of the mouths of survivors as a source of genetic information. This information, Robison says, could help guide development of cancer treatments customized to individual needs.

Mary K. Hoff
Nicole Lurie has always considered herself a community doctor. In September of last year her community grew—by about 200 million people.

Currently on a leave of absence from the University as professor of medicine and public health, Lurie is the principal deputy assistant secretary for health in the Office of Public Health and Science in the U.S. Department of Health and Human Services.

There, Lurie works directly with Surgeon General David Satcher, who “out of the blue” recruited her for the position last year. Together, they oversee the following divisions under the Office of Public Health and Sciences: Disease Prevention and Health Promotion, Emergency Preparedness, HIV/AIDS policy, International and Refugee Health, Minority Health, Women’s Health, Population Affairs, Research Integrity, the President’s Council on Physical Fitness and Sports, and Veterans Affairs.

Last spring, Lurie returned to the U to deliver the commencement address for the School of Public Health. Speaking to about 75 graduates, she urged them to learn by doing and to keep learning. She also spoke about the goals of her office, which are, “to move toward a balanced community health system, to eliminate ethnic and racial disparities in health, and as we live increasingly in a global community, to improve global health.”

To that end, Lurie is working with Satcher and others to “remove racial and ethnic disparities while continuing the progress we have made in improving the overall health of the American people” by 2010. Areas of emphasis include infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunizations.

In an interview, Lurie said the biggest difference between her new position and her position at the U “is clearly both the range of issues that I’m dealing with and the difference of opportunity. I can have an impact on a large population—the health of a country.”

And after a year on the job, Lurie has become keenly aware of how political Washington can be.

“You have to deal with it,” she said. “If everybody agreed on what to do and how to do it, it would be done. The differences of opinion stand in your way.”

Despite all of the time devoted to her administrative responsibilities, Lurie still spends every Thursday morning practicing medicine in a clinic for people without health insurance.

“Never again will I take for granted the safety net in Minnesota,” she said of her D.C. experience. “I very much appreciate what a leader Minnesota has been in taking care of its underprivileged. I also appreciate the creativity and willingness to do things differently to solve social problems.”

And Lurie always keeps space open in her date book for her husband, Jesse Goodman, a professor of medicine at the U, and their three children. “In the final analysis, my family comes first,” Lurie said. “I try to structure my day so that I can have quality time with them. When other things come up and they need me I have to make time to be with them. Fortunately that’s been totally possible.”

Goodman currently is a senior advisor to the commissioner at the U.S. Food and Drug Administration. He is also continuing to run his research lab at the University of Minnesota.

Washington D.C. has at least one drawback from the U for the doctors. “This is the first time in our professional lives that we have not worked in the same building,” she said. “I miss that.”

Bethany Johnston
In most of the United States, physicians and practitioners of alternative medicine essentially work in parallel universes. Though both pursue the same goal—to heal patients—they rarely communicate, let alone cooperate.

In the Mind Body Spirit Clinic, which opened Sept. 27 at Fairview-Riverside Medical Center in Minneapolis, they not only work under the same roof, they actually work together, practicing what has become known as “integrative” medicine. Even the appearance of the 12th-floor clinic reflects this unusual marriage: Though located in a hospital, the rooms, which were designed with the aid of a Feng-shui consultant (Feng-shui is the Taoist discipline of living in harmony with the environment), have carpeted floors, gurgling fountains, and art intended to help patients relax.

The clinic, a partnership between the University Academic Health Center and Fairview Health Services, provides a wide array of alternative health care services, including meditation, support groups, clinical hypnosis, acupuncture, massage, nutrition counseling, herbal remedies, dietary supplements, and nondirective spiritual counseling. Faculty from the School of Nursing and Medical School serve on the clinic staff, assuring that patients receive conventional treatment when necessary.

“I firmly believe in all the benefits of conventional medicine, especially in the area of acute care,” says clinic medical director Sharon Norling, M.D., an assistant professor in the department of obstetrics and gynecology. “We have the best medicine in the world, in many ways. This isn’t about a negative. It’s about taking that medicine and expanding healing options for patients. A principle of the clinic is that patients are partners in their care and they have choices.”
The Mind Body Spirit Clinic operates as the clinical arm of the Center for Spirituality and Healing, providing medical students, residents, and students in the University’s new interdisciplinary minor, Complementary Therapies and Healing Practices, a place to gain hands-on experience and do research. “We want to have a place where we can provide care, but also where students can integrate these complementary therapies along with more conventional practices. It’s also important to have a site for research,” says Mary Jo Kreitzer, RN, Ph.D., the Director of the Center for Spirituality and Healing.

Another of the clinic’s key roles is to provide the public with reliable information about alternative treatments. “There is a lot of information out there that isn’t accurate,” Kreitzer says. “If people are going to make the choice to seek out complementary therapies, they need accurate, reliable information. We will be offering a class each week called Exploring Choices in Healing at the Mind Body Spirit Clinic. In this class, we will talk about becoming informed consumers and active participants in our own care,” Kreitzer says.

Clinic practitioners and physicians will continue to take a scholarly, evidence-based approach to treatment, Norling and Kreitzer say. Thus the initial complementary services were chosen because there is evidence of their safety and effectiveness. New services will be added as demand and evidence grows.

To some extent, Fairview and the University are simply responding to consumer demand. According to recent research, nearly half of all Americans have tried complementary medicine. But the research also raises an important concern, since herbs and other alternative remedies may conflict with conventional medicines: 70 percent of Americans did not tell their doctors about the complementary treatment.

With physicians and alternative practitioners cooperating, clinic administrators believe they can provide better care. “I think every physician can identify a dozen patients for whom conventional medical care has not adequately addressed their needs,” says clinic staff member Greg Plotnikoff, M.D. “It’s those types of patients for whom this clinic will be an important resource.”

“I think every physician can identify a dozen patients for whom conventional medical care has not adequately addressed their needs,” says clinic staff member Greg Plotnikoff, M.D. “It’s those types of patients for whom this clinic will be an important resource.”

The clinic staff communicates and works with the patient’s primary physician.

“We think it’s important that people be tied into a primary care provider and have a very thorough evaluation to rule out any disease that would be more effectively treated with conventional medicine,” Kreitzer says. “We don’t want people to delay seeking conventional treatment when that may be most appropriate.”

Many of the clinic’s practitioners have training in both conventional and and complementary medicine. Lead acupuncturist Pamela Weiss, for example, has an R.N. degree and a Ph.D. in nursing as well as an acupuncture license.

Norling says the Mind Body Spirit Clinic should be operating at full capacity by the end of the year. She expects it to expand by the year 2001—even though most patients pay for alternative treatments out of their own pockets.

The long-term goal, Kreitzer says, is for the University to weave the principles of the Center for Spirituality and Healing and the Mind Body Spirit Clinic into the education, research, and clinical care programs of the Academic Health Center. “It’s a bold initiative for the University of Minnesota, for the Academic Health Center, to say we are committed to being a national leader in this field,” she says.

For more information about the Mind Body Spirit Clinic, call 612-672-5595.

Frank Clancy
One of the University’s newest Regents’ Professors is by his own description a “lab rat” with a nearly life-long affinity for chemistry. Yet, his introduction to the work that brought him this, the highest recognition the University bestows on its faculty members, was entirely serendipitous.

Ashley Haase, professor and head of the Medical School’s Department of Microbiology, first stumbled upon a passion for viruses more than 30 years ago, when as a medical resident at Johns Hopkins Hospital in Baltimore, he attended a lecture about the work of Carlton Gajdusek on so-called “slow” viruses. It was, Haase remembers, “the most interesting thing I’d ever heard about.” (Slow viruses infect human beings or animals but appear to lie dormant for years before producing often-devastating symptoms. Gajdusek later won a Nobel Prize for this work.)

Haase began his own research on slow viruses in the early 1970s, after he became an assistant professor of medicine at the University of California, San Francisco and chief of the Infectious Disease Section in San Francisco’s VA hospital. Much of his early research focused on the visna virus, which infects sheep and causes symptoms similar to multiple sclerosis in human beings.

A decade later, AIDS began to ravage San Francisco. “It was truly appalling and frightening, because nobody knew what was going on,” Haase recalls. “Increasing numbers of patients were appearing in hospitals, dying of infections and rare diseases. All we knew was that it was related to the immune system and infectious in nature. People were extremely afraid. No one knew how it was transmitted.”

Haase quickly saw parallels between the visna virus and HIV, the human immunodeficiency virus. As it turned out, his early research was like basic training for work on one of the most devastating epidemics of the 20th Century.

Haase, a native of the Chicago area, came to Minnesota in 1984 to head the Department of Microbiology. Since then, his research has focused mainly on understanding the dynamics of the AIDS virus. In the early 1990s, he and his colleagues developed a technique, known as polymerase chain reaction in situ, that allowed them to peer into cells and see the virus lurking in lymphoid tissues long before the symptoms of AIDS appeared. This work provided insight to how HIV is stored, how it reproduces in the body, and how it begins to wreak havoc on the immune system soon after infection occurs. Using the same methods, Haase and his colleagues showed last spring that the immune system of a person with AIDS can actually rejuvenate itself if the underlying infection is controlled.

Haase was named Regents’ Professor in June along with two others—Thomas Clayton, a professor of English and Near Eastern studies, and John Sullivan, a professor of political science. There are just 20 Regents’ Professors, who retain the title for as long as they remain at the University.

Colleague Patrick Cleary, a professor of microbiology, was the one who nominated Haase. “I thought he was doing fantastic work,” Cleary explains. “I thought the University should recognize what a star we have.”

“He’s certainly one of the outstanding investigators in the field of AIDS research,” says Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases. “His work has had a profound impact on treatment.” Haase’s discovery that HIV replicates in lymphoid tissue, Fauci explains, set the stage for the current practice of treating persons infected with HIV very early, even if there are no symptoms.
Community partnerships

The Wilder Senior Health Clinic in St. Paul is a model for training students in the community, which is where 75 percent of patient care is now delivered.

In 1985, Gordon Diedrich had extensive dental work at the University of Minnesota School of Dentistry. Diedrich was pleased with the work, which took more time but cost much less than if he’d gone to a private practice. But when it came time for his next check-up, he went elsewhere.

“Down at the University, I had to park two or three blocks away from the building where I go for treatment. It was inconvenient,” said the 87-year-old.

So, instead, Diedrich took his dentist’s advice and visited the Wilder Senior Dental Clinic near his home in West St. Paul. The clinic is staffed by University faculty and residents under a contract with Wilder that dates to 1981.

“We know that despite efforts to improve access to our clinics, some people want and need the kind of care we provide in their own communities,” says Steve Shuman, associate professor in the University’s School of Dentistry and director of the Wilder Senior Dental Program.

Like Diedrich, many other older people are taking advantage of the opportunity to see faculty physicians and other health care professionals at the Wilder Senior Health Clinic. The Wilder Foundation leases space to the Medical School’s Department of Family Practice and Community Health, and contracts for services with the School of Dentistry, College of Pharmacy, and School of Nursing. In addition, HealthEast funds the University’s fellowship program and owns three on-site nursing homes that are managed by University faculty physicians.

“The Wilder Senior Health Clinic is one of our models for community training,” says Frank Cerra, senior vice president for health sciences at the University of Minnesota Academic Health Center. “Right now we train 75 percent of the students in hospitals when 75 percent of the care is being delivered in the community. What we’re trying to do is reconnect education with the care delivery system.”

William Jacott, chair of the Medical School’s Department of Family Practice and Community Health, credits the clinic with strengthening the University’s geriatric programs while providing quality care to St. Paul’s elderly population. “We’re very pleased with the partnership,” he says. “And we anticipate that some of our geriatric fellows will choose to practice in the St. Paul area.”

Ken Hepburn, director of geriatrics programs in the Department of Family Practice and Community Health, points out that the site also offers interdisciplinary training opportunities. “It’s not just a partnership between the University, Wilder, and HealthEast,” he says. “It’s a partnership within the University—it’s really an AHC-wide clinic.” He adds that it also provides research opportunities.

“The University affiliation stands for quality,” Cerra adds. “As we expand our community-based education program, more and more Minnesotans—both in the Twin Cities and greater Minnesota—will have greater access to health care provided by University physicians, dentists, nurses, and pharmacists.”

Mark Engerbretson

Gordon Diedrich now sees University dentists at the Wilder Senior Health Clinic, which is closer to his home.

When James Pacala, family practice and community health, moved his practice to the Wilder Senior Center, patients Cornelius and Edith Bothof moved with him. Cornelius has Parkinson’s disease and Edith has diabetes.

When he’s not traveling, Haase, who turns 60 in December, can often be found in his lab on the 14th floor of the Mayo Building, working alongside students and assistants. In recent years, he’s devoted much of his time to developing and refining a technique known as quantitative image analysis, which allows researchers to measure the amount of HIV that is present in tissue samples.

In an age when many scientists function as lab managers and administrators, it’s rare for someone of his stature to spend so much time in the lab, but Haase says it’s crucial to the way he works. “It’s probably not the most efficient way to work,” he concedes, “but it enables me to see things and interact with students and colleagues much more... You partially think through your fingers and hands and eyes. At least in my case, it’s essential.”

Frank Clancy

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Mark Engerbretson
The bond that forms between person and pet can be a wonderful thing. But even the closest of these relationships can be threatened by mysterious, frustrating behaviors. What can a pet owner do when Fido is wracked by fear, when Polly pulls her feathers out, or when little Lulu seems to have forgotten the meaning “litterbox?”

A lot more than most think they can, says Petra Mertens, the new animal behavior expert at the Veterinary Teaching Hospitals. “Whatever the animal, whatever the behavior problem, we try to help people understand the behavior and hopefully modify it,” Mertens says. Far too often, people don’t realize there is something they can do. Consequently, undesirable behavior is a top reason pets are put to sleep.

When a pet owner approaches her for assistance, Mertens’ first step is to give the animal a checkup to eliminate physical causes. Then she puts on her detective hat.

Take the Newfoundland a frustrated client brought to her a couple of years ago because he refused to go outdoors. After making sure there was no physical problem, Mertens started asking questions. Eventually she discovered that the dog was terrified of flying insects because it had been bitten by bees as a pup.

The solution? Patience, loads of attention—and a jar of flies. Mertens had the owner place a couple of insects in a jar, then keep it nearby when she was playing with or feeding her dog. Gradually, she was to move the jar closer to her pet. It took close to a year, but “she got to the point where he was walkable outside, and that’s all she wanted,” Mertens relates.

In addition to her work at the University, Mertens spends two days each week at the Animal Humane Society in Golden Valley, one of the handful of animal shelters in the nation that offer formal behavioral advising and rehabilitation services.

As intent as she is on solving pet behavior problems, Mertens is even more intent on preventing them. She advises people to evaluate pet traits carefully and choose a species and breed that fits their lifestyle. She also urges learning about the animal’s health and nutrition needs, beginning training on day one, and exposing the pet to a variety of people and places early on.

Finally, if a person does find themself with a pet with problems, Merten recommends getting help as soon as possible.

“It’s not wise to wait,” she says. “It’s not going to go away. And the longer it goes on, the harder it is to treat.”

■ Mary Hoff