Stewart’s Jefferson Tower Drawing Raises Funds for Harrison Chair

Artist Donald B. Stewart, MD (School of Medicine ‘85), incorporates more than 300 images into his intricate composite rendering of the landmark Jefferson Tower. Built in 1932, the tower and adjacent Hillman Hospital were home to the Medical College of Alabama after its move from Tuscaloosa in 1944, playing an historic role in medical training in Birmingham.

Dr. Stewart’s unique chronological diagram depicts medical education in Alabama from its earliest beginnings to present day. From the Native American medicine stick at its base to the DNA molecule at its pinnacle, Dr. Stewart’s intricate collection of iconographic images represents a series of historic events and individuals who contributed to the medical center’s development.

Many of those symbolically depicted or their surviving family members came together in a rare reunion at the Medical Alumni Building in August to reminisce and sign a series of artist proofs, 3 of which were archived, and the 12 others are being sold in a sealed-bid auction through October. Proceeds will help endow the proposed Tinsley R. Harrison Chair in Internal Medicine.

Three generations of Dr. Harrison’s family attended. David R. Baker, JD, signed on behalf of his father, Roger D. Baker, MD, first chair of Pathology and the first recruit of Dean Roy R. Kracke in 1944. Alabama Supreme Court Associate Justice Champ Lyons, Jr, signed for his father, former surgery chair Champ Lyons, MD.

XVI International AIDS Conference

The International AIDS Society held the 16th AIDS conference in Toronto this August. UAB infectious diseases expert and Assistant Professor of Medicine Michael J. Mugavero, MD, was a rapporteur and offers highlights from the meeting, which was attended by a mix of scientists, AIDS advocates, and political and philanthropic figures including former President Bill Clinton and Bill and Melinda Gates.

Synopsis: What were the attention-getting issues at the conference?

Dr. Mugavero: With acknowledgment that an effective vaccine is still a long way off, the dominant theme at this year’s meeting was increased emphasis on prevention. In this context, discussions centered around replacing current HIV testing strategies with opt-out testing, where people are routinely tested unless they decline, and 2 new prevention tools: microbicides and male circumcision, which some studies in Africa show dramatically reduces HIV transmission.

Opt-out testing was advocated by many public health officials, but others raised concerns about potential human rights violations, noting not all patients may feel free to “opt out,” and that such programs were unethical unless those testing positive were guaranteed access to care, including antiretroviral treatment. This was particularly raised as a concern for patients in developing countries, where, despite scale-up of

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Heimburger Receives Fulbright Grant for Research in Zambia

Douglas C. Heimburger, MD, MS, professor of nutrition sciences and medicine, has received a Fulbright Scholar grant to lecture and conduct research at the University of Zambia, Lusaka. He will investigate nutritional factors influencing HIV/AIDS patients’ response to therapies.

Dr. Heimburger is among some 800 faculty and professionals who will travel on the Fulbright Program to 150 countries this coming academic year. Established in 1946 under legislation sponsored by the late Sen J. William Fulbright of Arkansas, and sponsored today by the US Bureau of Educational and Cultural Affairs of the Department of State, the program aims to build international understanding through exchange of ideas and joint ventures.

“The Fulbright Program aims to bring a little more knowledge, a little more reason, and a little more compassion into world affairs and thereby to increase the chance that nations will learn at last to live in peace and friendship.”

Sen J. William Fulbright

Fulbright scholars are chosen for academic and professional achievement, and for extraordinary leadership potential in their fields. Dr. Heimburger is director of medical nutrition services for UAB Hospital. He is also senior scientist in the UAB Clinical Nutrition Research Center and UAB Comprehensive Cancer Center, director of the UAB Clinical Nutrition Fellowship Program, and director of the Cancer Prevention and Control Training Program, funded by the National Institutes of Health (NIH).

Dr. Heimburger serves on the US Food and Drug Administration’s Food Advisory Committee and on the advisory board of the NIH Fogarty International Center. His principal research interests are nutritional factors associated with cancer prevention, obesity treatment, nutritional support of cancer patients, medical nutrition education, and nutritional aspects of treatment for HIV disease in developing countries.

AIDS Conference

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antiretroviral medications, demand greatly outweighs supply. Stigma and discrimination remain significant barriers to effective prevention and treatment, especially in hard-hit developing countries, but also here in the US.

Synopsis: One of the most-quoted statistics from the conference was that fewer than 1 in 5 people worldwide at high risk for HIV infection have access to existing prevention practices.

Dr. Mugavero: The Gates Foundation pledged $500 million to support microbicide research. Bill and Melinda Gates explained that one of the major reasons for this emphasis is that microbicides could potentially empower women — whose partners may refuse to use condoms — to protect themselves from acquiring HIV. Effective microbicides may have greatest benefit in developing countries with a high prevalence of both HIV infection and gender inequality and violence that contributes to the growth of the epidemic. A large NIH-sponsored proof-of-concept microbicide trial was just initiated at UAB, which is 1 of 4 US research sites.

Another much-discussed issue was harm reduction versus other forms of prevention for injection drug users. Studies show needle exchange programs and other harm-reduction strategies are effective in reducing HIV transmission. Authorities who preach abstinence and education over harm-reduction strategies, including the current US administration, came under fire from various groups, notably those from Eastern Europe, which is in the midst of an emerging AIDS epidemic largely driven by IV drug use.

Synopsis: What about treatment advances?

Dr. Mugavero: Investigators presented promising findings from a study of an integrase inhibitor, a class of drugs with a novel target that might be an effective option for treatment-naïve patients as well as those who have developed resistance to other drug classes. Results showed the drug worked as well as efavirenz, a commonly used “anchor drug” in the current standard of care, when paired with the same NRTI [nucleoside and nucleotide reverse transcriptase inhibitor] backbone, with 80% of patients achieving undetectable viral loads within 24 weeks of starting therapy.

Synopsis: Any final thoughts?

Dr. Mugavero: HAART [highly active antiretroviral therapy] has proven exceptionally effective for those with access to these life-saving medications. We need to continue to expand the scale-up of antiretroviral therapy to resource-limited settings worldwide. Some individuals have expressed concerns that adherence to multidrug regimens might be a problem in developing nations, and that provision of antiretroviral medications should therefore be undertaken with caution. Research presented at the conference, however, showed adherence in African nations was better than in North America and Europe, refuting these concerns, and supporting ongoing efforts by governments and non-government organizations [NGOs] to provide more drugs to those hardest hit by the HIV epidemic. UAB’s group in Zambia is a leading NGO in this global effort.

During the conference, Dr. Mugavero, who recently joined UAB’s Division of Infectious Diseases from Duke University, presented findings from his research, which centers on the role of behavioral health issues on patient outcomes, and improving access to care for HIV-infected persons. Complete summaries from conference sessions are available at www.aids2006.org.
Two Department of Medicine Divisions Merge

The Division of Geographic Medicine is merging with the Division of Infectious Diseases for purposes of programmatic development and growth. The merger enhances the division’s academic and patient care missions for a wide range of emerging infections such as tuberculosis, malaria, cryptococcosis, sexually transmitted diseases (STDs), and HIV, and will encourage collaborative research among the faculty across multiple disciplines. No name change will occur for the Division of Infectious Diseases; however, a new section, the Gorgas Center for Geographical Medicine, will be created.

“We are pleased to be part of the formal merger of two outstanding divisions,” Peter Pappas, MD, the interim director of Infectious Diseases, says. “Our mutual interests in HIV, tuberculosis, invasive fungal infections, and STDs on an international scale make this a particularly attractive move. We will create new synergies in these areas of mutual interest, and hope to explore new areas of fundamental scientific and clinical collaboration.”

School of Public Health Founding Dean Leaves a Rich Legacy

William F. Bridgers, MD, founding dean of the UAB School of Public Health, died August 24, 2006. A native of Asheville, North Carolina, Dr. Bridgers received his MD degree and training in preventive medicine and public health from Washington University in St. Louis. Former Vice President for Health Affairs S. Richardson Hill, MD, recruited him from the University of Miami Medical School in 1968 to head an interdepartmental program in neurosciences at UAB.

In 1976, Dean of the School of Medicine James A. Pittman, MD, asked Dr. Bridgers to chair the school’s department of public health at a time when there were only 19 accredited schools of public health in the nation and none in the southern United States. Beginning with 10,000 square feet of office space and one faculty member, Dr. Bridgers began creating a school of public health. By 1978, he had recruited 14 faculty members and achieved accreditation as the 20th school of public health in the nation.

In 1981, he was named first dean of the school and served through 1989 in that position, retiring from the university in 1992 as university scholar emeritus and professor emeritus.

Throughout the years, he continued to be involved with the School of Public Health, and in 1999, the University of Alabama Board of Trustees established the Bill and Judy Bridgers Endowed Scholarship, which provides funding for promising public health students at UAB. In 2005, the UAB National Alumni Association named him honorary alumnus of the year.

In 1982, his peers elected him to serve 4 years as president of the US Association of Schools of Public Health. Dr. Bridgers lobbied Congress for federal funds for prevention and by the end of his tenure, a nationwide network of prevention research centers was under way. He was instrumental in establishing two federally funded centers at UAB, the John J. Sparkman Center for International Public Health Education and the Lister Hill Center for Health Policy, which he headed until his retirement.

In 1999, Dr. Bridgers received a Founder’s Award at the ninth Annual Centers of Disease Control and Prevention Research Center Conference in recognition of his role in securing legislation and funding for the prevention research center program, which today consists of 33 centers associated with schools of public health or medicine throughout the country.

UAB School of Health Professions

The former UAB School of Health Related Professions is now the UAB School of Health Professions. Approved by the University of Alabama System Board of Trustees and formally endorsed by the Alabama Commission on Higher Education, the change reflects the school’s move from basic health professions technical training at the associate or certificate level toward providing more baccalaureate and graduate degree programs.

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CMS Hospital Volumes and County Costs

As part of the Health Care Consumer Initiative to assure quality health care for all Americans through public reporting and accountability, the Department of Health and Human Services through its Centers for Medicare & Medicaid Services (CMS) now posts information on what Medicare pays for 30 common elective procedures and other hospital admissions. Based on diagnostic related groups, the Web site shows range of payments by county and number of seniors and people with disabilities treated at each US hospital in FY 2005. Quality measures and patient satisfaction data will follow.

www.cms.hhs.gov/HealthCareConInit/01_Overview.asp#TopOfPage

To access a Synopsis article, visit our Web site at www.uabhealth.org/synopsis.
SICK LEAVE DONATION POLICY
CHANGES OCTOBER 1

As of October 1, according to changes in UAB Sick Leave Donation Policy, retiring employees can donate up to 80 hours to fellow employees with any documented medical condition that requires official medical leave.

The change, approved by the President’s Cabinet and endorsed by the Fringe Benefits Committee, requires a review of such donations by the UAB Benefits Office and the Teachers’ Retirement System (TRS); donations must be made in conjunction with application for retirement or at the end of participation in the Deferred Retirement Option Program to ensure accurate sick leave credit with TRS for the retiring employee.

In a related change, hours donated by retiring employees may be used by active employees who meet the requirements of both the UAB Faculty and Staff Benevolent Fund Employee Emergency Assistance Program (EEAP) and the Sick Leave Donation Policy. For added flexibility for the donor, the hours do not have to be directed to a specific employee at the time the donor retires — instead, they can be contributed to the EEAP.

In other changes to the policy:

• The grade restriction on staff-staff and faculty-staff donations was removed, except in the case of direct reporting situations.

• The language specifying the policy only applied in cases of “catastrophic illness or injury” was replaced by “any documented medical condition that requires an official medical leave.”

• The number of hours donors must maintain for themselves before being eligible to donate was increased from 80 to 160 hours for full-time employees and 40 to 80 hours for part-time employees.

The policy has also been clarified to state that to be eligible to donate sick leave, employees must have completed their initial probationary period. Further, sick leave donation is not available to supplement on-the-job injury pay, and hours cannot be donated to employees electing to take Intermittent Family Medical Leave.

The full Sick Leave Donation Policy can be found online by going to the Human Resource Management site (www.uab.edu) and clicking on the Policy and Procedures Manual link in the left column. Click on Policy 303.