

VANDERBILT UNIVERSITY MEDICAL CENTER

HOUSE ORGAN

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April 2010



Savannah Williams:
Research Assistant
Cellist
Marine Biologist

Perfect day and starting a Blog

BY WAYNE WOOD

It was a perfect spring day. A hint of coolness in the air, but with a warm sun beaming down to awaken the earth after winter, and to remind us that summer does come.

I had some errands to run, and when I got in the car I opened the sunroof.

This is the first (and only) car I've ever had with a sunroof, and I have to say I don't use it as much as I thought I would. The main reason for this is that there is a dirty little secret about the sunroof: it lets the sun in. I found I usually don't like to drive around with the sun beating in on me.

I have no idea why this drawback didn't occur to me before I got a car with a sunroof.

But, anyway, on this day the sunroof was nice.

The radio was on, and a good song came on. I turned up the radio, and, because the sun was beating in on me, I put on some shades.

So there I was, driving along, wearing shades, singing along with the radio, feeling cool. There was no doubt in my mind that anybody seeing me at that moment would think, almost reflexively, "That guy is cool."

Some things began to occur to me.

- The shades were allowing me to see everything really clearly, and I realized this was because they are prescription progressive bifocal sunglasses.

- The song I was enjoying on the radio was an Al Stewart number dating from the Carter Administration.

- My car with the seldom-used sunroof is a decade-old Volvo wagon.

- The shopping list in my pocket, the reason behind the errands, was that I needed to buy some items related to an upcoming colonoscopy.

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A Youth's Perspective on the Making of a World-Class Scientist

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Call for Entries: *House Organ* Writing Contest

26th Annual *House Organ* Writing Contest Deadline May 10

■ For the 26th year, the July *House Organ* will be the Summer Reading Issue, filled with the winners of the *House Organ* Writing Contest—poems, short stories and nonfiction pieces contributed by Vanderbilt staff, faculty and students.

Every year demonstrates that Vanderbilt has a lot of people with literary talent walking around disguised as regular people, and the *House Organ* Writing Contest is a chance to show everybody what you can do.

The rules are pretty simple.

There are three categories: poetry, fiction and nonfiction.

There are no length restrictions in the poetry category.

The fiction category is limited to 4,000 words.

The nonfiction category, which

encompasses journalistic writing, memoirs, feature stories, historical pieces, profiles of interesting people, or anything else that's true, also has a 4,000-word limit.

Please indicate the category of your entry; sometimes it's a little hard for the judges to figure out what is fiction and what is nonfiction.

All Vanderbilt staff and faculty, except those who work in News and Communications, are eligible. Medical, nursing and graduate students are also eligible.

Submissions are limited to three per category. Each entry must be submitted online as an attachment in Microsoft Word (or other compatible format), and have the author's name, place of employment or school, and a phone number at the top of the first page. Entries may be

sent to wayne.wood@vanderbilt.edu. Please put "writing contest entry" in the subject line.

Entries may be edited for space, clarity or style before publication.

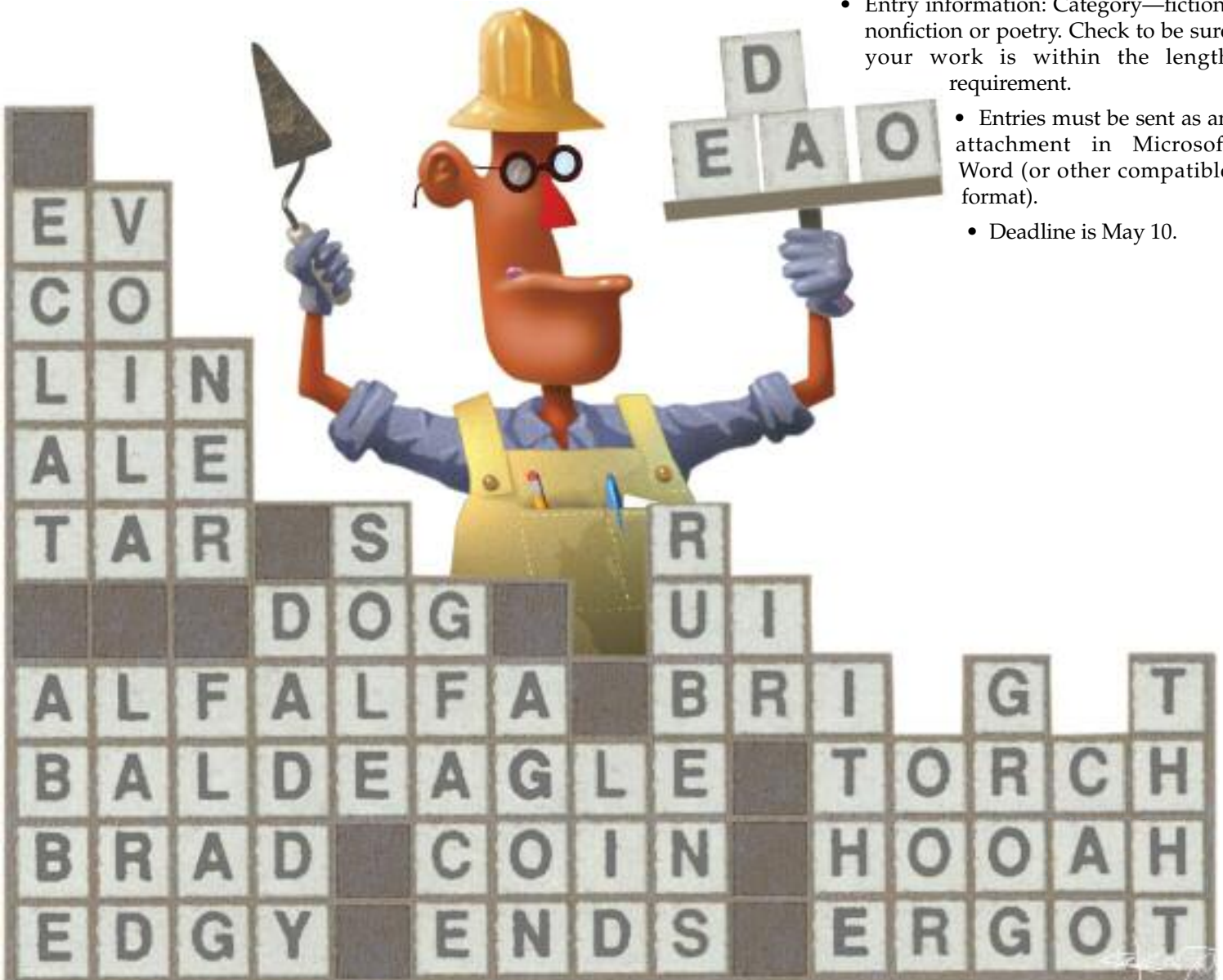
Deadline for entry is Monday, May 10. Please push the send button before midnight on that day.

The winners will be published in *House Organ*. In past years, it has also been possible to publish some honorable mentions.

Address any questions to the editor, Wayne Wood, at 322-4747, or at the e-mail address above.

Checklist for entries:

- Author information: Name, department or school, address and phone number on first page.
- Entry information: Category—fiction, nonfiction or poetry. Check to be sure your work is within the length requirement.
- Entries must be sent as an attachment in Microsoft Word (or other compatible format).
- Deadline is May 10.



A strange series of coincidences brought Bill Obremsky to death's door. Then another series of coincidences saved his life.

A surgeon on the BRINK

BY LESLIE HAST

There's no way to ever really know what put Bill Obremsky, M.D., on his deathbed last summer, but the prevailing theory is a 30-year case of athlete's foot.

The tiny cracks between his toes allowed a potent bacterium known as Group A Streptococcus to enter his body and resulted in a harrowing case of necrotizing fasciitis, more commonly—and dramatically—referred to as the disease caused by “flesh-eating bacteria.”

Necrotizing fasciitis is deadly in 20 percent of patients, and those who do survive are often missing limbs or chunks of flesh and muscle where the infection has invaded and killed tissue. When the patient also develops toxic shock syndrome, as Obremsky did, mortality rates shoot to 50 percent and amputation rates to 80 percent.

But he emerged from the ordeal in a miniscule minority, those with no lasting effects—no pain, no weakness and certainly no missing limbs.

Obremsky said it is unheard-of to contract the infection from a patient, but that is exactly what happened to him last June. Addison May, M.D., medical director of the Surgical Intensive Care Unit, was trying to save a patient, a construction worker who had presented with necrotizing fasciitis after concrete bricks fell on the back of his legs on the job. He determined that one of the man's legs needed to be amputated and called in Obremsky, an orthopaedic trauma surgeon.

“The infection had begun in one area and just spread, spread, spread...much quicker and more aggressively than usual,” Obremsky recalled. “In my brain I thought ‘This is like ‘The Andromeda Strain.’ How does bacteria not take over the world if it's this virulent?’”

(right) Bill Obremsky, M.D., MPH, and wife Jill Obremsky, M.D., in the SICU- Critical Care Tower



"I don't think I ever thought he would die. I knew it was a possibility, but I never allowed myself to think that during the acute illness." – Jill Obremsky



Addison K. May, M.D., professor of Surgery, Division of Trauma SICU

Severe Fatigue

But it would be another week before Obremskey experienced just how virulent it could be. He believes he became an asymptomatic carrier of the bacteria in his throat and eventually transferred it to his feet. A later DNA test matched Obremskey's infection to the construction worker's, who died a week after the surgery.

A week later, following a day of waterskiing to celebrate his daughter's birthday, Obremskey felt extremely tired but thought he had just had a big day on the lake. He talked with his wife, Jill Obremskey, M.D., director of the Pediatric Emergency Department Fast Track, about canceling the next day's cases, which she joked would be a first for her normally high-energy husband.

He decided to go in anyway, and his nurses found him before his first case sleeping in a chair, mouth wide open, and snapped a photo because it was so unusual.

The next day, he woke up feeling even worse and noticed some redness on his right thigh. Because he has an artificial hip on the right side, Obremskey is hyper vigilant about infection and asked a resident to order some bloodwork and an MRI. His fears had now gone from flu to hip infection, but he still hadn't made the connection with the previous week's surgery.

The orthopaedic physicians consulted with infectious disease physicians and decided to admit Obremskey to Medical Center North's Round Wing that night.

"I remember getting an IV, and that's the last conscious memory I have," he said. "Apparently, the next day I called my friend Addison May and said 'I don't feel well. Something's not right.'"

May went by to see him, realized how

very sick he was and arranged for a transfer to the SICU. In the process, he began showing signs of toxic shock syndrome.

"At that point, it wasn't clear he was going to survive," May said.

Jill Obremskey said that many family and friends looked to her to explain things, but she tried to be the wife, not the doctor.

"I don't think I ever thought he would die. I knew it was a possibility, but I never allowed myself to think that during the acute illness," she said.

Obremskey rallied overnight and looked better the next morning, but went downhill again. He had to be intubated, and they took him into surgery to open up his foot and thigh and try to clean out the infection. The operation was repeated the following day, but his liver, kidneys and lungs were failing. The incisions were left open because the surgeons expected to go in again for more cleaning.

Wisdom from the '70s

That's when VUH Chief of Staff Allen Kaiser, M.D., learned about the case.

To properly tell this story, we have to rewind to the 1970s, to a time when patients were not routinely given prophylactic antibiotics during surgery—a time when Group A Strep outbreaks were much more common.

"Back when we were still in Vietnam, I was drafted, and I was fortunate enough to end up not in Saigon but Atlanta, Ga., in the Epidemic Intelligence Service," Kaiser said. "I became experienced in both hospital-acquired infections and patients sick with infection, and I had seen six or seven cases very similar to Dr. Obremskey's. Few people have that kind of experience today because it predated the routine antibiotics we give now."

Kaiser says Group A *Streptococcus* is an exquisitely sensitive bacterium, one of the few that hasn't become resistant since the introduction of penicillin.

"With the introduction of prophylactic antibiotics, it virtually disappeared from surgical room spread. The fact that one occurred in 2009 is highly unusual," he said.

In Kaiser's first case in the late 1970s, the patient received massive amounts of penicillin, but his muscle continued to necrose. Knowing the bacteria had to be dead from the antibiotics, he wondered what was still harming the tissue. The culprit was, ironically, the patient's immune system.

"The immune system comes to kill the germs and in the process can hurt surrounding tissues. Inflammation can be so intense, and the immune system can be so aggressive," he explained.

The solution was steroids, which act like a "shotgun" to the immune system by blunting its undirected response.

"The next half-dozen cases I saw, where I recognized it was necrotizing fasciitis, I began using steroids right after I gave the antibiotics, and I never had a case like that first one again," Kaiser said. "Antibiotics do their job very well; *Streptococci* are just not that hard to kill. The steroids get the immune system to quiet down and let the antibiotics do their work."

But Kaiser is quick to caution that there have been no scientific studies to test the effects of steroids. There are simply too few cases to do a proper trial.

"You want to believe it worked, but you can't oversell this. I cannot tell you with any certainty the steroids made any difference. But in my personal experience—non-prospective, non-randomized, non-blind—I'm convinced steroids work."

Despite this conviction, Kaiser still hesitated to get involved in Obremskey's case. He knew there were other infectious disease experts onboard, but he also realized a generation of experience had passed and maybe he had something to offer.

"At the time, I didn't even know about Dr. Kaiser's past life in infectious disease," May said. "I had never considered steroids, and if Dr. Kaiser hadn't said that, I'm sure [Obremskey's] soft tissue loss would have been markedly greater and he may have ended up like the other gentleman."

Administering the steroids was like flipping a light switch, May said.

“When I could button my right shirtsleeve was a really good day in my life, because before I hadn’t had enough sensation and tactile ability.

Then it was time [for me] to operate again.”

“Sure enough, when we gave him steroids, the progression of the erythema—the redness—went away. The warmth went away. No more tissue loss, and in fact we closed his wounds within 48 hours of that.”

Back in the Saddle

Obremskey’s next memory is a room full of people telling him to spit as they removed his breathing tube. He was in the hospital for two weeks, then headed home to recuperate for the rest of the summer. His time in the SICU had damaged his median nerve, which gives sensation to the palm and motor function to the thumb, and there was no chance he could operate until that healed. While waiting, he regained his energy and wrote two grants.

“When I could button my right shirt-sleeve was a really good day in my life, because before I hadn’t had enough sensation and tactile ability. Then it was time to operate again,” he said.

“It was surprisingly easy to step back into the OR. I had no anxiety about it. It wasn’t like I was excited to do it. It wasn’t like I was worried to do it. I was just ready. I needed to do it, and the team needed me to do it because they had worked very hard for the last six months to pick up the load.”

Obremskey was put through a battery of psychological and functional testing to ensure he was mentally and physically ready to operate again. He said the nerve injury was a blessing because it gave him plenty of time to heal without the pressure to get back to work.

About one patient each year is admitted to VUMC with necrotizing fasciitis and Obremskey said he won’t do anything different the next time one rolls in.

“Am I afraid? No. Will I be cautious? I’m always cautious. Every day we see people with communicable diseases in our trauma population.”

Kaiser said hospital leadership looked into changing safety practices but determined there was nothing to change.

“This was such a fluke. There’s no report of anyone who has developed necrotizing fasciitis from operating on a patient with necrotizing fasciitis. The spread of infection in the hospital setting

has been known for centuries, and it’s something we deal with every day. But we have systems in place to prevent it.”

The “what ifs” of this story are staggering. What if Obremskey had stayed in bed and never come into the hospital for testing? What if May hadn’t taken him onto his service and called for a quick transfer to the SICU? What if Kaiser never told May about his personal experience treating Group A Strep infections?

patient with my kids and less frustrated about things because they don’t matter in the big picture.”

One day in his recovery room, the note on his white board asked, “What are your three goals today?” Obremskey took that question much further and thought of the three things he wanted to take away from his illness. And then he added a fourth—because he’s an overachiever like that.



Allen Kaiser, M.D., interim chair of the Department of Medicine.

“It could easily have been quite different,” Obremskey said. “I haven’t really asked why this happened to me. It happened. Bad things happen. The perfect storm aligned for me in a good way. There’s no doubt in my mind that at a lot of other institutions in this country I would not have survived. Vanderbilt has a good system of teamwork and communication, and we’ve just got some smart people. Everything just lined up for me.”

A Better Person

Obremskey said this ordeal hasn’t made him a better physician, but a better person.

“I always got how to be a good doctor. It has made me a better husband, father, friend, son, brother. I’m more

- Stay healthy, have a strong heart and stay alive. There is no doubt in my mind that my body would not have survived this without being in pretty good physical condition and having a strong heart. It is too easy to get out of shape, and the long-term consequences of that can be deadly.
- Hug your spouse, children and loved ones daily because you never know when you may not see them again. Love everyone like your dog because they love you even when we forget to feed them or give them water and are never grumpy or cross with us.
- Try to do a little good in the world every day, one person or patient at a time. Whatever you do in life, do it well and make sure it matters.
- Enjoy the journey. Try to look at life as half full because it can always get worse.

Savannah Williams

**Marine biologist,
molecular scientist,
accomplished cellist,
and more**



JOE HOWELL

BY LURMA RACKLEY

Savannah Williams, a research assistant in VUMC's Department of Molecular Physiology and Biophysics, never behaved like the typical little girls in her neighborhood in Nashville. As a result, she's a 26-year-old marine biologist who plays the cello.

She didn't find her inspiration from anyone she knew in her lower-income community. Instead, her favorite pastime as a kid was sitting alone watching arts and sciences programs on public television.

"One day I was watching a program on PBS that introduced young artists, and a boy was playing the cello so beautifully. I said if I ever get the chance to learn to play a musical instrument, that's what I'm going to do," Williams recalled.

In 5th grade, she saw her chance. With a determination that has stayed with her, she took advantage of the W.O. Smith/Nashville Community Music School, a local music school program that provides financially disadvantaged students with free musical instruments and low-cost lessons from area volunteer musicians and teachers.

After a couple of years, she entered a program called the Nashville Career Advancement Center's (NCAC) Summer Youth Employment that gave young teens jobs. Hers was with the Development and Housing Agency (MDHA). She saved up and found a great deal to buy her own cello for \$500—a lot of money for anybody, but certainly for a teen whose single mom was raising seven children.

Williams has been playing cello ever since.

"No one from my neighborhood was in the same music program. But I was doing something I liked. I was keeping out of trouble and having great experiences in the process. Being there opened a lot of doors for me. I played at different events and met people who would ask me about my career endeavors. I got to travel with the ensemble and see new venues," Williams said.

One of the doors that opened as a result of the career advancement program led to her next atypical move—learning to swim and scuba dive, which gave her a running start on her ultimate career path. No one in her family or community, she says, had ever been near an ocean.

As part of the program, every Friday a professional would come speak to the students about career paths. One such person was Kenneth Stewart, co-founder of the Tennessee Aquatic Project and Development Group Inc (TAP).

"Ken and his son, Kye, came in and spoke to us about their recent trip to Egypt. Kye was my age, about 12 or 13, and he told us about his first big dive. He was doing something most of us would not do," Williams said. The idea of expanding her knowledge of the world through travel grabbed her imagination. She approached Ken at the end of his presentation.

"I relentlessly called him throughout the summer. He later said I was the only student in his three years of presenting to this group to ever take him up on his offer and to bug him about wanting to join the program. I did not know how to swim, had never been near a large body of water. But I wanted to see the world. I knew there was more out there than what's in my neighborhood. When he said I could travel and only learn to dive if I wanted to, I said 'That's for me.' I got the call from him at the end of the summer when school started."

On the Ocean

This is where Williams' two passions took a dual track. As a first-year student at the Nashville School of the Arts, she played in her school's orchestra and choir and continued to play with the W.O. Smith String Ensemble.

But on weekends, and eventually weekdays after school, she devoted herself to the aquatic program. It wasn't easy at first. The other students knew how to swim already and had parents who could drive them to and from the lessons.

Williams' first trip to the program was alone by bus. Thereafter, Ken Stewart volunteered to pick her up because he was so impressed by her dedication.

"At first, it was difficult. I had never put my head in the water, so I'd sit on the side of the pool. What got me was I saw all those kids having so much fun. They'd get out there and I'd be on the edge of the pool. They were learning snorkeling and dive techniques. I said, 'Maybe I can learn how to snorkel,' and I thought I was ready.

"Then I went to the National Association of Black SCUBA Divers (NABS) Youth Educational Summit, where we had the opportunity to snorkel in the middle of the Atlantic Ocean from a beautiful boat. I stepped to the edge of the boat and looked up at Mr. Stewart and said 'You told me you'd never make me do anything I didn't want to do. I don't want to get in the water.' That first time on the open ocean terrified me. I stayed on the boat the entire time, watching everyone else have fun," Williams said.

"I told myself 'You didn't come this far to let fear keep you from enjoying this experience.' When we got back to Nashville, we worked on me being more comfortable in the water and becoming a stronger swimmer. The next time we went out on a boat I got in the water, snorkeled, and saw everything there was to see."

It took her a little longer to want to dive, but her natural tendency toward advancing herself clinched the deal. Her high school counselor knew Williams liked science. So she introduced Williams to the Earthwatch/Durfee Foundation Student Challenge Award, an opportunity for high school students to do research around North America. Williams won entry into a program that attracts thousands of applicants but accepts only 75. To boost her potential for acceptance, she went after her scuba diving certificate. She thinks that gave her the edge.

"I actually got to go to Mexico for eight weeks to study an endemic fish there," she said, still awed by the experience and the beauty of the surroundings.

From the Lab to the Great American Outdoors

By the time Williams became the first person in her family to go to college, she had \$100,000 in scholarship offers and was a certified scuba diver. She chose Alabama State University. There, she pursued a degree in marine biology, taking classes on campus and at the Dauphin Island Research Lab. She continued to play the cello in the school's small string ensemble, and participated in every program—often at the leadership level—that would advance her career and teach her new skills.

"I am a program person. We should not let the money go to waste; we should step up and take those opportunities," she explained.

Right out of college, Williams worked as an instructor at Dauphin Island Research Lab and then as a research assistant. There, she met international scientists and collaborated on research projects that studied various deep water fish.

"There is nothing like being in the middle of a beautiful seagrass bed. I could say, 'This is my office. This is where I work.' It's a great feeling," Williams said.

In September 2008, she joined the Department of Molecular Physiology and Biophysics.

"I was excited to come back to Nashville, and I've always wanted to work at Vanderbilt. This university has award-winning scientists researching molecular techniques to study gene-gene and gene-environment interactions." She said working at Vanderbilt is an opportunity to gain more skills in the molecular field and to add to what she's learned about ecology.

"You see some fields come and go, but environmental science we can't get away from," Williams said. "We need to know how what we are doing affects the ecosystem. We need to change people's behavior by getting them to understand why scientists are trying to restore the environment."

Public outreach is critical, Williams said. That's why she is working with the National Park Service to go out and teach people the importance of her work. She encourages young people to consider careers as wildlife biologists and other fields in the "green" economy. Organizers invited her to speak at a first-of-its-kind conference last September, "Breaking the Color Barrier in the Great American Outdoors," designed to showcase and promote people of color in outdoor activity and the environmental movement.

"At Dauphin Island, I have watched a natural marsh that helps filter out pollution begin to erode. Chunks of marsh are gone," Williams said. "Scientists are building oyster reefs to counteract wave action and to provide a habitat for animals. They're studying how the makeup of the fish population is changing due to the loss of seagrass beds. If the babies don't have a place to live, where will the adult fish come from?"

While her accomplishments and publications up to this point are impressive, Williams said her next goal is to complete her master's and doctorate degrees within the next five years, and to involve herself in research that melds the skills she has learned in the water and in the labs.

That's not all. She plans to keep playing the cello.

(Rackley is a writer who lives in Atlanta)



Despite having never seen the ocean, Williams was drawn to scuba diving and marine biology.



Williams keeps a watchful eye on student Harmoni Woods at the W.O. Smith School in downtown Nashville.

A Youth's Perspective on the Making of a World-Class Scientist



A 13-year-old gets life lessons from Mildred Stahlman, M.D.

BY ANJULI YOUNG

Author's note: My heart pounded as I first walked into Light Hall to meet Mildred Stahlman, M.D. I went over again in my mind what I was to do and say while talking to such a distinguished scientist. When I reached Stahlman's office, timidly walked in and introduced myself, there began the first of two meetings in which I strove to learn as much as I could about Stahlman's childhood, her education, and her legacy.

I am a 13-year-old student at Brentwood Middle School, and my meetings with Stahlman were facilitated by my mother, Pampee P. Young, M.D., Ph.D., a faculty member in Pathology and Internal Medicine and Medical Director of Transfusion Medicine, and Robert Collins, M.D., who has been on the Pathology faculty since 1957.

Even before my second meeting with Stahlman, I was still a little intimidated. I was trying to create a mindset in which I would be confident enough to make intelligent conversation, when I remembered her reference in our first meeting to how women were treated in a medical school environment at a time when they were extremely rare. She said, "You are treated the way you expect to be treated. I expected to be treated as an equal, and I was." This reminded me that if I tried to be myself, while respectfully asking my questions, I shouldn't have a problem.

Since she grew up in Middle Tennessee, Mildred Stahlman, M.D., knows much about the area. Her father was the owner of the *Nashville Banner*, the longtime afternoon newspaper. His hobbies included raising pheasants, doves, ducks and geese; her mother raised chickens. Together they owned a parrot, ponies for the kids, horses, rabbits, guinea pigs, rats, dogs, cats, and a baby groundhog. Caring for all of these animals taught Stahlman and her sister responsibility and the value of hard work. Ann Stahlman Hill, her sister, was a year older, which meant that each year a new set of teachers expected younger sister Mildred to live up to her older sister's high standards. Mildred

Stahlman excelled in school not only because she was being compared to her extremely smart sister, but also because her father simply expected it of her. She was also strong in the arts and athletics as well as academics. She took ballet and acrobatic dance as a child and studied piano for seven years. She attended a summer camp for five years in a row, learning to fence and jump horses exceedingly well. Raised in an environment of high expectations, Stahlman excelled inside and outside of the classroom.

World War II raged just as she entered college. Stahlman, by going to school year round, completed both college and medical school in just five and

a half years. This shortened schooling made it harder to learn the essentials. The compressed schedule was made easier by the very complete education she had received in high school.

"You don't educate yourself in medicine, you educate yourself for the kind of life you want to lead," she said. "The more broadly you educate yourself, the more successful you will be." Stahlman said she grew up reading books very advanced for her age merely because they were available to her, and she encourages a very "classical" education. She took three years of French, five years of Latin, three years of German, and learned some Swedish when she studied the care of newborns in Sweden. Stahlman believes that especially in the field of academic medicine you can never stop learning. She makes a point to read science journals and to work with people in newer areas such as molecular biology, so she can adapt to the changes. The fact that her research has saved the lives of thousands of babies is proof that Stahlman's rigorous training paid off.

Stahlman's views on education really make me value the education I am receiving. At my school one has a choice of several languages and we can focus on one, or choose two to study for shorter periods. Our school allows access to the library throughout the school day, and the library offers many books well above the average eighth-grade level. Also, our more advanced students are encouraged to teach the students having trouble, which is something Stahlman encourages. It is a great comfort to know that my schooling at least begins to meet her standards.

Why can't we save these babies?

When Stahlman began working, reliable technology for the ventilation of newborns was not available, so she sought out and improved the best ventilators she could find. She ended up making it possible for babies to survive at younger and younger ages. Not only did Stahlman do innovative research, but she also trained a huge number of residents and fellows. To show their gratitude to Stahlman, various groups have arranged her birthday parties over the years. Her 60th birthday was held in Nashville, and was celebrated with many fellows from across the nation as well as those from abroad. Her 70th birthday was celebrated in Sweden with 50 or 60 fellows and colleagues attending, while her 80th birthday was held in France, in the valley of the Loire River. Her 85th birthday party was held in Sweden and was thrown by her Swedish fellows. All of these parties included numerous people and fine food. Obviously, Stahlman must have made quite an impression on people for them to organize such extravagant parties for her.

I think that something that contributed to Dr. Mildred Stahlman's success was her spirit. She was innovative enough to say, "Why can't we save the babies born too early?" in a time when it was just accepted that they would die. She was confident enough to learn all she could in the area of neonatology, and then to start making changes. And most of all she had enough perseverance to do whatever it took to make sure things were done right, be it coming in to personally see every child who needed to be ventilated for the first couple years at Vanderbilt, or setting

up a transport service that still brings babies to Vanderbilt from hospitals that are not able to save them. I hope that I am able to emulate these qualities as I grow older, because it seems that they have served Stahlman very well.

Scholarship help

Stahlman has not only done great things in science but has also helped others by providing scholarships for worthy students from Humphreys County, where she has a farm. Soon after I met Stahlman, I was able to interview two of the people who have received her scholarships.

Mallory Phillips, a native of Waverly, Tenn., is now a senior at Middle Tennessee State University, where she is extremely involved in the university community. Motivated by pride and a competitive nature, she was valedictorian in her high school, making straight A's. She was the president of the BETA club, and a sports writer for the local newspaper. Phillips was also the only person under 40 on the Drug Alliance team in her county and she sat on the health council. In college her schedule became even more demanding. She is currently homecoming director and vice-president of recruitment for her sorority. She gives tours, helps in orientation, and advises transfer students. Phillips has also received scholarships from MTSU and a lottery scholarship, but without Stahlman's support she would have had to take a job off campus. After college Phillips wants to combine her public relations major with her love of sports and charity by either being a sports marketer for the Titans or

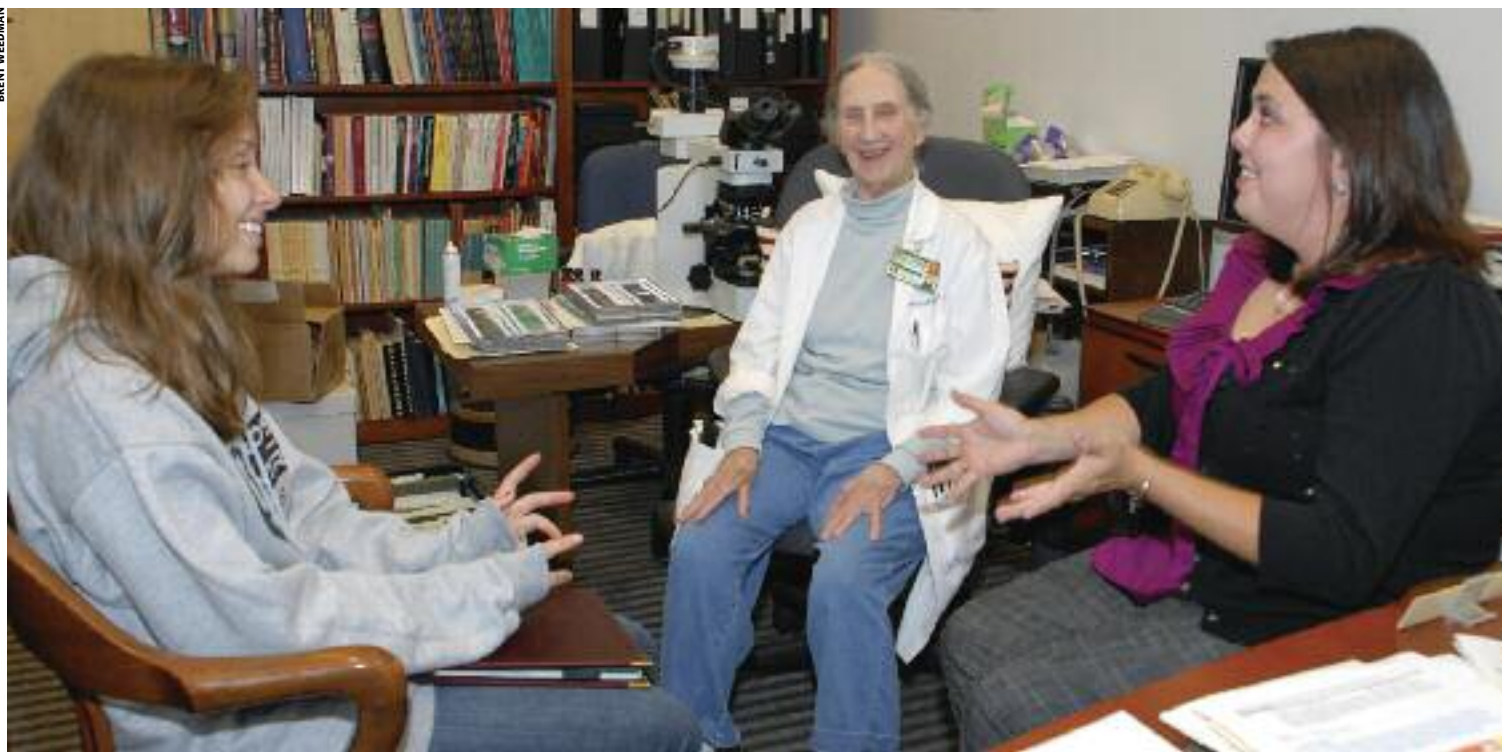
working for a nonprofit organization.

Kerry Ross, M.D., the first recipient of one of Stahlman's scholarships, is in private practice in internal medicine and pediatrics in Dickson, Tenn. While in high school in McEwen, Tenn., Ross played basketball and football, participated in science club, and, like Phillips, was in the BETA club. After receiving the Stahlman scholarship, Ross chose Union University for college. In many of his classes he realized he was just as smart as the pre-med students; with Stahlman's influence and encouragement, he decided to go into medicine. After medical school at the University of Tennessee, he completed a residency in Medicine/Pediatrics at Vanderbilt.

When I asked why he had been successful, he said, "The biggest thing I've found out in life is that, life is not about how intelligent you are, it is about motivation." This quote seems to be right in line with Stahlman's strong work ethic.

While many might see Mildred Stahlman as just another scientist, I've had a glimpse of something more. If you look a little closer you can see that she is an extraordinary person with a wide spectrum of talents. After hearing about her childhood filled with exceptional and varied experiences and expectations, her classical education, and her extraordinary medical experiences, it is not hard to believe that she has made the most of life's opportunities. She is willing to challenge traditional practices and to commit herself to moving the field forward. Vanderbilt is truly lucky to have such an esteemed doctor as Dr. Mildred Stahlman working on its campus.

Anjuli Young, left, with Mildred Stahlman, M.D., and Mallory Phillips, a student helped by a scholarship founded by Stahlman.



And so I drove along on this perfect spring day, the sun glinting on my shades, singing along to "Time Passages" on the radio, I smiled a little to myself. One more delusional middle-aged guy, trying to cling to lost youth.

Then I had a second thought: "I don't care. I'm *still* cool."

Get the NAC

Several writers from VUMC's office of News and Communications (NAC) have started a blog, called "Get the NAC."

The blog will be updated several times weekly, and will contain comments on the news and behind-the-scenes information about upcoming stories. We plan to stop short of libel, slander or obscenity, but anything else is fair game.

The blog can be found at <http://getthenac.wordpress.com/>

A few of my sample entries from the past few weeks:

(Jan. 29) Song on the Radio

NPR news had an item this week on the Haiti earthquake that profiled the only Haitian radio station that was undamaged enough to remain on the air during and after the earthquake.

The report focused on the importance of the station in reuniting missing relatives and providing news to residents, but I was fascinated by a relatively trivial fact in the story. It seems that when the quake hit, the song that was playing was the Eagles' "Hotel California." When the building began to shake, the DJ ran for his life into the street, but had the presence of mind to hit the "repeat" button on the control board. So, as the world shook, buildings collapsed, and one of the worst disasters of the past 100 years unfolded, for a half hour people all over Haiti, wherever a radio was playing, heard Don Henley sing the song that concludes, "You can check out any time you like/But you can never leave," over and over and over.

(Feb. 18) Where You Found Me

I am about to send to press only the second issue of *House Organ* ever to be online only, with no print edition. We did that with one issue last year, and we'll do it with two this year. In this, *House Organ* is following in the steps of our sister publication the *VUMC Reporter*, which published eight online-only issues last year. Some readers are perfectly OK with

this, of course, and others hate it. "How am I supposed to take an issue to lunch with me?" was one lament somebody sent me.

I cannot believe the flexibility and power of online publishing—the ability to enrich a story with more pictures, video, links, and to allow readers to debate a story. But I also value the feel and power of a newspaper or magazine in my hand.

I knew early in my life I wanted to be a writer, and I've been lucky to earn my living that way for most of my life. I'm grateful for stories to tell and readers to tell them to, wherever they find me.

(Feb. 23) Clowns without Borders?

So, I'm reading along in this article from *Foreign Policy* that was recommended by the Vanderbilt Institute for Global Health, and I find a sentence that begins: "When Clowns Without Borders, an NGO that provides free clown-based services to the poor, lands in Port-au-Prince, the main concern is ..." Wait a minute. "Clowns Without Borders?" Yep: <http://clownswithoutborders.org/> This world is stranger than we can know.

VUnetID passwords now must be changed each year

■ In order to enhance security and comply with federal audit requirements, Vanderbilt is now requiring all VUnetID holders to change their ePassword each year.

The deadline this year is June 15.

To change your ePassword, please go to www.vanderbilt.edu/passwordchange and follow the instructions.

Your ePassword pairs with your VUnetID, which grants you access to many online systems at Vanderbilt. For faculty and staff, systems include C2HR, e-mail, the Vanderbilt directory, online Library resources, online storage and many other systems in your department and across Vanderbilt. For students those systems include VU Gmail, YES (Your Enrollment Services), OAK and others.

Employees are encouraged to change passwords right away and not wait for the June 15 deadline. Password changes sometimes take up to 15 minutes to propagate to all systems.

If you have problems or need assistance, please contact your local technology support provider or the Help Desk.

Contacts: VUMC Help Desk, 343-HELP; ITS Help Desk, 343-3999.

Shade Tree Trot to benefit clinic

■ The Shade Tree Trot, a 5K charity race benefiting the student-run Shade Tree Clinic, will be held May 1 starting at 11 a.m. at Vanderbilt's football stadium.

Registration fee is \$20 for students and \$25 for others. Participants will receive a T-shirt with registration.

The Shade Tree Family Clinic is operated by medical students under the supervision of Vanderbilt physicians. It provides health care free of cost to more than 1,300 patients, with volume increasing every year and yearly expenses approaching \$150,000. The clinic has traditionally relied on a combination of grants and private donors to maintain its operating budget, and is seeking support from the greater Nashville community.

The inaugural Trot last spring brought together more than 300 participants and raised more than \$30,000. The event is sponsored by Vanderbilt University School of Medicine Advisory College Program. More information is at www.shadetreeclinic.org/trot.