Dr. Roser has been donating his time and surgical skills to help others since 1992, when he became a team leader for the Missions Abroad Program of Healing The Children-NE Inc. He has made many trips to Central and South America to provide cleft lip and cleft palate repair to disadvantaged children.

Upon hearing of Haiti’s devastating earthquake, I applied for opportunities to volunteer. Through MedicalMissions, I joined a Rescue Haiti mission slotted to leave Miami for Port-au-Prince on January 24, returning on January 31. I canceled all work obligations for that week (everyone understood) and prepped, i.e. updated vaccinations, packed surgical supplies and packaged food, and filled a Cipro script.

While most of our 30-member group of orthopedic surgeons, general surgeons, internists, nurses, EMTs, and an anesthesiologist had never been to Haiti, the team leader and two Haitian American physicians on the team were regular visitors and had connections that became essential. When we arrived at Port-au-Prince via an American Airlines-donated 737 charter, the people designated to meet us were missing. While waiting, we watched the US Army constructing a base, cargo helicopters routinely taking off with supplies, and planes from other countries unloading, all on one very hectic runway. When transportation was finally arranged, we divided into two groups. One left for a small hospital at the settlement of
Titanyen north of Port-au-Prince while mine set off for a mission south of the capital. Upon finding that another US medical team was already in place there, we drove to the Community Hospital in Port-au-Prince, one of the few medical facilities in the city still standing. It was staffed by a number of US and international medical teams and we were told we could replace a surgical group from Cleveland that was leaving the next day.

Setting up a base camp was problematic. There were issues of safety, no electricity, and not having enough tents to sleep everyone. One of our Haitian-American team members contacted a cousin that owned a small bakery near the hospital that was surrounded by a wall, had a guard and working generators. The cousin allowed us to use both the yard and, for those without tents, the bakery floor.

When we returned to the hospital the next morning we were integrated into either the triage, wound debridement, or OR teams. Many of the patients had orthopedic crush injuries. Because of limited supplies and the inability to achieve a sterile environment, these injuries were often treated by amputating the crushed extremity, debridement, external fixation, and casting. The hospital was over-crowded, requiring patients to be taken to another facility — not the simplest option since communication with other facilities was unreliable — or housed in tents outside the building. Transporting patients was very difficult, with many having to be carried in chairs or on makeshift stretchers. There were shortages of critical supplies including oxygen, blood, and antibiotics as well as significant problems with sanitation. Perhaps because the suffering of the victims and their families was so profound, infrastructure deficiencies seemed secondary and everyone worked as hard as they could to conquer obstacles. I was very impressed with the preparedness of many of the volunteers, particularly the French and Israeli teams.

In the two days I was at the Community Hospital, the only facial injuries I treated were soft tissue. Otherwise I was busy helping with everything from locating extension cords to wound care to assisting with amputations, a procedure I hadn’t seen since my residency. After inquiring about sites that could better use our services, I accompanied two neurosurgeons to the University of Miami/Project Medishare Hospital located at Port au Prince Airport. Comprised of four very large tents and several smaller ones, it was the largest operating hospital in Haiti at the time. There had been an OMS at the hospital, but a moratorium had been imposed on all open reductions of any fractures due to the very high infection rate. Critically injured patients and those needing open and/or extensive surgery were transferred to the USNS Comfort.

My main assignment was in triage. After learning to operate the hospital’s only x-ray machine, a very ingenious, portable digital device, it became my primary job. I also did wound debridement, changed dressings, and closed reductions of mandible fractures that were two weeks old. Each new day brought major improvements. Supplies were arriving and there were plenty of volunteers. Quake-related orthopedic injuries remained most common, though wound infections, diarrhea, and dehydration were becoming more prevalent. The flow of patients appeared endless.

Wanting to stay longer, I had to return home after six days. There was so much more to do, and sadness overtook me. Back at Emory, I kept hearing the sounds and seeing the sights of the people that came for care and had lost so much. Despite progress in the relief effort at all levels, there are still hundreds of thousands of people in Haiti without clean water, adequate sanitary facilities, and shelter.

I also returned inspired by the courage of the Haitian people, by the commitment of the many people I had met who had gone to a place they had never been to help people they did not know, and by the number of organizations and countries that quickly responded to bring hospitals back on line and establish outreach medical facilities. Yet I worry that interest in Haiti’s plight will diminish and commitment of
resources will subside. The emergency response needs to be replaced by sustainable, ongoing services at all levels. While many good minds are working on the challenges of rebuilding Haiti, the tasks ahead are daunting.

IN THE NEWS

**Belatacept progress, Dr. Vinten-Johansen's work with induced ischemia, VAD program's success story**

BusinessWeek, World Pharma News, Health News Digest, ScienceDaily, Genetic Engineering & Biotechnology News and others reported that an outside committee of U.S. regulatory advisers recommended to the FDA that belatacept be approved for the prevention of kidney transplant rejection. The FDA is scheduled to make a decision May 1. Detailed mentions were also made of data from two international phase III clinical trials of belatacept published by Dr. Chris Larsen, Dr. Tom Pearson and their colleagues in the March 2010 issue of *American Journal of Transplantation*. The data concluded that the experimental drug can prevent graft rejection in kidney transplant recipients while better preserving kidney function and maintaining lower blood pressure and cholesterol when compared to standard immunosuppressive drugs. Dr. Larsen and Dr. Pearson began significantly contributing to the development of belatacept in collaboration with other investigators at Emory University and researchers at Bristol Myers Squibb in the 1990s.

Reports by USA News and World Report, HealthDay, Medline Plus and other news sources on a Danish study of induced ischemia published in the February 27 issue of *Lancet* included descriptions of Dr. Jakob Vinten-Johansen's important work with the technique. Induced ischemia involves cutting off the flow of blood to the heart to reduce the amount of tissue damaged during a heart attack. In addition to acknowledging that Dr. Johansen's group was one of the few in the U.S. doing such work, dating back to 2003, the coverage discussed his pioneering application of a variation to the method via inflating the balloon on a catheter to interrupt the blood flow.

On March 3, Fox 5 News aired a feature on a 72-year old patient who received a Heartmate II ventricular assist device over a year ago from the Emory Transplant Center's Ventricular Assist Device (VAD) program. See the story here. The patient had suffered congestive heart failure for ten years, was too old for a heart transplant, and was implanted with the device by Dr. David Vega and his team. The patient has been doing well ever since. In the feature, Dr. Andrew Smith, director of the Center for Heart Failure Therapy and Transplantation, described how the Heartmate II pump works and said that it could potentially save 10,000 lives per year. In 2006, Dr. Vega and
his team implanted the first VAD in Georgia to provide permanent or "destination" therapy for heart failure rather than as a bridge to transplant.

SPOTLIGHT

Grady Breast Center receives national accreditation

The Avon Foundation Comprehensive Breast Center at Grady Memorial Hospital has been granted a full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. According to the NAPBC, accreditation is granted only to those centers that have voluntarily committed to provide the highest level of breast care and undergo a rigorous evaluation and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of center leadership, clinical management, research, community outreach, professional education, and quality improvement. A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

“The team at the Avon Breast Center works tirelessly to ensure our patients obtain the best possible care and services,” said Dr. Sheryl Gabram, director of the Center. “It is because of their dedication and hard work the Center was awarded this recognition. The accreditation will benefit our patients, our community and our collaborative efforts in the future.”

The Avon Foundation Comprehensive Breast Center, a key component of the Georgia Cancer Center for Excellence at Grady Health System, is a multi-disciplinary breast care program, offering a full spectrum of clinical and support services, from screening and diagnosis to treatment and survivor care. The patient care team, comprised of Emory and Morehouse physicians and Grady personnel, include specialists in medical, radiation and surgical oncology, breast imaging, pathology, nursing, pharmacy, social work, mental health services, nutrition, community outreach and navigation, palliative care and other specialties. The Center has treated more than 1,000 newly diagnosed women since opening in 2003 and has increased its mammography services by more than 60 percent.

The American Cancer Society estimates that 5,370 women in Georgia were diagnosed with breast cancer in 2009. Receiving care at an NAPBC-accredited center ensures that a patient will have access to comprehensive care, including a full range of state-of-the-art services; a multidisciplinary team approach to coordinate the best treatment options; information about ongoing clinical trials and new treatment options; and quality breast health care close to home.

“The Avon Breast Center at Grady provides cutting edge care and as a result has decreased breast cancer outcome disparities for women treated at Grady,” Dr. Gabram added. “It is because of the extensive support from The Avon Foundation that we are able to accomplish this and make a significant difference in the lives of thousands of women.”
CONGRATULATIONS

Faculty awards

Dr. Joseph Miller, Jr., a cardiothoracic surgeon at Emory since 1974, was one of four distinguished health care leaders to receive Emory Healthcare's 2010 Second Century Award. The honorees were selected for their significant impact on the care of countless Atlanta citizens, as nominated by Emory University Hospital and Emory University Hospital Midtown supporters and previous award recipients. Dr. Miller has helped thousands of people with heart disease, emphysema, cancers and other serious illnesses regain their health and lead better lives. A leader in his field, Miller has been named one of the Ten Outstanding Thoracic Surgeons in the nation and one of the Best Doctors in America 10 consecutive times. Chief of general thoracic surgery at Emory University Hospital Midtown, his talent and dedication have helped build the Carlyle Fraser Heart Center into one of the nation's most progressive and comprehensive heart centers.

In addition to recently receiving a Presidential Leadership Award from the National Association of Emergency Medical Technicians (NAEMT) in appreciation for outstanding service, Dr. Jeffrey Salomone was presented with the Commander's Award for Public Service by the Department of the Army. The award recognized Dr. Salomone for his superior volunteer service as the director of the 75th Ranger Regiment Trauma Center Rotation at Grady Memorial Hospital for the past four years. An excerpt from the award stated that his training of Ranger medics "has been a combat multiplier, translating directly to numerous Ranger lives saved on the battlefields of both Afghanistan and Iraq."

A RESIDENT'S PERSPECTIVE
by Denis A. Foretia, MD, General Surgery, PGY-2

The General Surgery Match

For senior medical students, March and its associated Match Day is arguably the single-most important and defining period in their medical school years. Match Day, falling this year on March 18, is the culmination of months of preparation, a 24-hour time-span of nervous anticipation in which they will finally learn where they will spend the next three years or more doing their residencies. At Emory Surgery, the match whirlwind officially began on September 15th, 2009, the date senior medical students began submitting applications through the Electronic Residency Application Service (ERAS). Like previous years, the applicant pool was extremely competitive and diverse for the 2010-2011 academic year, with a total of 1214 applications being received for the nine categorical general surgery positions. Remarkably, the applicants – 367 of which were female (30%) – hailed from 414
medical schools throughout the world. Upon review, only 105 applicants (8.6%) were interviewed, out of whom 100 ranked for the match.

While the match’s highways and byways can be confusing to the uninitiated and applicants often have to find creative ways to meet such requirements as funding travel to interviews, the rewards can be illuminating. The interviews themselves offer excellent opportunities for medical students to visit many hospitals nationwide and to gain a sense the widely variable cultural principles and systems components that define these institutions. From that developing understanding, they can make considered, informed decisions on the best personality fit.

“The match is filled with a blend of excitement, apprehension and underlying stress,” says Olivier Deigni, an Emory senior medical student applying for a categorical general surgery position this year. “Nevertheless, it represents a transition in one’s career from the mostly didactic setting of medical school to the more practical and applied setting of internship and residency.”

A recent antitrust lawsuit against the match process was dismissed in 2004 by Paul L. Friedman, a Federal Judge in the District of Columbia, Washington D.C. The plaintiffs (Jung et al), who had instigated the first litigation against the graduate medical educational system in the United States, contended that the process was unfair in hiring physicians and negotiating contracts. Despite such challenges, the match process has remained stable, vigorous, and continually adaptable to changing times. It is worth noting that the match is managed by the National Residency Matching Program (NRMP), a non-profit, tax-exempt corporation that was chartered in Illinois in 1953.

“The most difficult aspect of the match is trying to determine whose personality and learning style best matches Emory’s educational structure and opportunities during a very brief interview session,” says Dr. Keith Delman, associate program director of the general surgery residency. “After all, a perfect match is just that, a perfect match.”

ANNOUNCEMENT

Call for surgery trainee abstracts

All students, postdocs, residents, and fellows in the Department of Surgery, especially those in a dedicated laboratory rotation, are encouraged to submit abstracts for the 9th Annual Emory University Department of Surgery Research Symposium, scheduled for Thursday, May 20, 2010. Since the symposium is not a national or regional meeting, previously presented talks are admissible, though the work must have been done in the past two years, and any new presentations can be resubmitted for consideration at other, future national/regional meetings. There will be cash awards for first and second place in both the clinical and basic science categories.

Submission Specifics

- Only one abstract per trainee.
- Abstracts must be double-spaced in 11 point font, limited to one page with 1.5 inch margins, and list the title and author in single-spacing in the header.
- Submissions must be emailed to lisa.carlson@emory.edu by March 22, 2010, and notification of selection for presentation will be emailed prior to April 19, 2010.
- A separate document must be included that contains the abstract title; the authors’ names; the presenter's name, title, position (i.e. postdoctoral fellow, resident, or student [students must specify program]), email address, and
UPCOMING

Events calendar

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<tr>
<th>EVENT</th>
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<td><strong>SURGICAL GRAND ROUNDS</strong>&lt;br&gt;34th Annual J. D. Martin Visiting Professorship&lt;br&gt;The New Faces of Pancreatic Cancer Surgery&lt;br&gt;Presented by Charles J. Yeo, MD&lt;br&gt;– Samuel D. Gross Professor and Chairman, Department of Surgery, Jefferson Medical College, Thomas Jefferson University</td>
<td>7:00-8:00 am, March 18, 2010</td>
<td>Auditorium, Emory University Hospital</td>
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<td><strong>SURGICAL GRAND ROUNDS</strong>&lt;br&gt;Robert B. Smith, III, Visiting Professorship&lt;br&gt;Can Endovascular Surgery Compete with Open Repair for Aortic Disease? Let’s Consider Long-term Outcomes&lt;br&gt;Presented by William D. Jordan, MD&lt;br&gt;– Professor of Surgery and Chief, Section of Vascular Surgery and Endovascular Therapy, University of Alabama at Birmingham</td>
<td>7:00-8:00 am, March 25, 2010</td>
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<td><strong>SURGICAL GRAND ROUNDS</strong>&lt;br&gt;3rd Annual Ira Ferguson Visiting Professorship&lt;br&gt;Teaching in the OR… $1000 per hour… or Priceless?&lt;br&gt;Presented by John Tarpley, MD&lt;br&gt;– Professor of Surgery, Department of Surgery, Vanderbilt School of Medicine&lt;br&gt;– Assistant Chief of Surgical Service, Nashville Department of Veterans Affairs Medical Center&lt;br&gt;– Program Director, General Surgery Residency, Vanderbilt Medical Center</td>
<td>7:00-8:00 am, April 1, 2010</td>
<td>Auditorium, Emory University Hospital</td>
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<td><strong>SURGICAL GRAND ROUNDS</strong>&lt;br&gt;Molecular Biomarkers in Hepatobiliary and Pancreatic Oncology: The Quest for Personalized Cancer Care&lt;br&gt;Presented by Shishir K. Maithel, MD&lt;br&gt;– Assistant Professor of Surgery, Division of Surgical Oncology, Department of Surgery, Emory University School of Medicine</td>
<td>7:00-8:00 am, April 8, 2010</td>
<td>Auditorium, Emory University Hospital</td>
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<td>Emory Surgery Resident/Faculty Picnic and Softball Game</td>
<td>12:00-4:00 pm, April 10, 2010</td>
<td>WD Thompson Park</td>
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<td><strong>SURGICAL GRAND ROUNDS</strong></td>
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<td>9th Annual Gerald Zwiren Visiting Professor in Pediatric Surgery</td>
<td>April 15, 2010</td>
<td>Presented by Hanmin Lee, MD – Associate Professor of Surgery and Director, Fetal Treatment Center, University of California, San Francisco</td>
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<td>Mock Oral Exams</td>
<td>April 17, 2010</td>
<td>8:00 am</td>
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<td>SURGICAL GRAND ROUNDS</td>
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<td>Surgery Division Chiefs Meeting</td>
<td>April 27, 2010</td>
<td>5:30-7:00 pm</td>
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<td>EUH Surgical Services Performance Day</td>
<td>April 29, 2010</td>
<td>7:00-8:00 am</td>
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<td>Annual Chiefs Banquet</td>
<td>May 22, 2010</td>
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