Faculty of Medicine

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2006-2007 Annual Report
Editor’s Note: Kimberley Corneillie

Medicine with a difference – This year’s annual report, “The Faces of Medicine with a Difference” focuses on the people who make a difference in the lives of our students and patients because they know that education, compassion, research, financial support and team work are essential components in quality health care delivery and instruction.

Medicine with a difference is about those who come to work daily and contribute in the Dean’s office, the research lab, the community, or inside the classroom. It’s about our alumni and donors who support new initiatives such as the Centre for Aboriginal Health Education, read more on page nine, and the Clinical Learning Simulation Facility, opening in December 2007. Each face of the Faculty of Medicine is an essential link to our success in continuing to deliver ground breaking research, quality patient care and delivering new initiatives to train our current medical students in hopes of improving health care delivery in our community and beyond.

Medicine with a difference – it takes all of us.

Table of Contents

2 Dean’s message
3 Associate Dean’s messages
   Dr. Heather Dean
   Dr. Wil Fleisher and Dr. Ira Ripstein
5 Students Making a Difference
   Message from Dr. Bruce Martin, Dr. Fred Aoki, and Dr. Emily Etcheverry
   Students Donate Leadership Gift
   Convocation Highlights
   Medical Art Show
   Inaugural Day & Centre for Aboriginal Health
   Penelope Rampersad – Med student
11 External Relations
   The Faces of Giving
   Dr. Ruth Grahame - Ribbon Cutting
   Alumni Affairs
   Honour Roll of Donors
   Dr. Ken Kliewar – Top 10 Family Doctors Recipient – Rural
14 Faculty and Support Staff Who Make a Difference
   Dr. Ted Cuddy and Dr. Naranjan Dhalla – Lifetime Achievement Awards
   Susan Bethune – A Day in the Life
   Dr. Henry Friesen – CMA Award Recipient
   Mary Hill – A Face That Makes a Difference
   Dr. Allan Ronald - Wightman Award
23 Research – Making an Impact
   Message from Dr. Patrick Choy
   Dr. Stephan Moses – Male Circumcision
   Dr. Michael Czubryt Receives the 2006 Young Investigator Award
   Biology Lab Opens in Winnipeg - New Possibilities, New Research
   Dr. Reeni Soni – Helping Babies with Congenital Heart Disease
   Drs Cindy Ellison, Kent Hayglass and John Gartner
30 Operations and Financial Report
Dean’s Message:

*Dr. J. Dean Sandham -
Dean, Faculty of Medicine*

“*Medicine with a difference*” is about renewal and change. It is about the people who work and study at the Faculty of Medicine to make a difference in our community.

As a Faculty, our first task is to provide an education that draws the essence of all possibilities into a coherent whole that offers our students the opportunity to be complete in their profession. In December 2007, our Clinical Learning and Simulation Facility, developed in partnership with the Winnipeg Regional Health Authority, will become operational. Our renewed Department of Medical Education will support this new style of learning to develop cognitive and technical skills using haptic and high fidelity patient simulators.

Intrinsic to our mandate is the search for new knowledge. The first of three annual Dean’s Strategic Research Initiatives is designed to provide the technical infrastructure to support a wide variety of scientists. This initiative is already bringing new research activity to Manitoba.

“*Medicine with a difference*” implies responsive program development to improve learning opportunities designed to graduate health professionals who will meet the needs of our growing and changing society. The long-standing commitment of our Faculty, the Northern Medical Unit, the Centre for Aboriginal Health Research, and the recently opened Centre For Aboriginal Health Education are focused on some of the most important health needs in Manitoba.

“*Medicine with a difference*” is about our staff, faculty, students and partners continuing to make a difference, to improve, renew, grow and change.
Associate Dean’s Message:

Dr. Heather Dean – Associate Dean, Academic

Faces of Medicine

Our academic clinical faculty in Medicine and Medical Rehabilitation serve as leaders of health care in Manitoba and they also teach and train the clinical and academic leaders of the future. Along with their partners in biomedical research in the basic science departments, the faculty represent the health of the academic biomedical enterprise.

In 2006/07, there were 89 new faculty “Faces” including two new department heads, Drs Louise Simard in Genetics and Eric Jacobsohn in Anesthesia. We successfully obtained five new basic science (UMFA) faculty, 25 full time clinical faculty (GFT) and 59 part time (PT) clinical faculty to add to our total academic human resource pool of approximately 1400. We rewarded 24 faculty with academic promotion and three for tenured positions in the basic sciences at the University of Manitoba, all remarkable individual achievements.

Our Faculty is involved in exciting new initiatives that include: the review of provincial legislation for licensure of foreign medical graduates for clinical positions in our academic health centres, the creation of synergy between inter-professional undergraduate and postgraduate education initiatives such as collaborative patient-centred care and simulation, and new web-based methods for tracking faculty development and rewarding faculty success. Each of these initiatives and our the faculty who work here are making a difference on campus and in their communities.
Associate Dean’s Messages:

Dr. Ira Ripstein – Associate Dean, Post Graduate Medical Education
and Dr. Wil Fleisher – Associate Dean, Medical Education

The Division of Postgraduate Medical Education (PGME) is currently involved in preparing for the accreditation visits in early 2008 of the Royal College and the College of Family Physicians of Canada. PGME has organized internal reviews of all residency programs to be accredited, and we hope this will be a useful and educational process for all involved in order to enhance the educational strengths and address any weaknesses identified. We acknowledge the committed effort many programs and departments have put into the preparation for their accreditation.

In recognition of the fact that International Medical Graduates (IMGs) are also Permanent Residents of Canada, PGME now accepts IMG applications to participate in the first iteration of the CaRMS Match for residency training. Our Faculty is proud to be the only Faculty in Canada at present to take this position to promote full equitable access. Through active faculty development, the process went very smoothly, with hopefully the best results for the University of Manitoba.

PGME, in collaboration with the IMG Program, Manitoba Health and the College of Physicians and Surgeons of Manitoba has participated in the development of an assessment process for IMGs seeking conditional Medical Licensure, and who previously would have entered directly into practice. The first group of candidates will be completing this assessment in 2007.

For the 2006-2007 academic year, PGME has 460 residents registered in 47 programs, including newly developed programs in Pediatric Infectious Diseases, Pediatric Respiratory Medicine, Developmental Pediatrics and Pediatric Nephrology.

This year we look forward to the introduction of an automated registration process, introduction of division wide faculty development in quality and evaluation, and further preparation for our 2008 accreditation.
Drs. Bruce Martin, Fred Aoki and Emily Etcheverry Message

Admissions processes and practices in medicine and medical rehabilitation schools across Canada are changing the Faces of Medicine to make a difference both in the numbers of students being admitted as well as the background they bring to the classroom and ultimately to physician and rehabilitation therapists resources in Canada. Specifically, across Canada, Faculties of Medicine and Schools of Medical Rehabilitation are intensifying efforts to increase the number of Aboriginal students entering medical school. Nationally, the impetus for this initiative is the intention to be socially accountable which the WHO defines as meeting “the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve.”

At the University of Manitoba this effort is building upon long standing commitments to Aboriginal students that began formally with the ACCESS Program in 1975. As part of the ACCESS Program, the Special Pre-Medical Studies Program (SPSP) was established in 1975 to specifically support students interested in a career in the Professional Health Faculties (Dentistry, Dental Hygiene, Medicine, Medical Rehabilitation and Pharmacy). Renamed the Professional Health Programs (PHP) in 1984 the SPSP/PHP has contributed to the success of 41 self-declared Aboriginals who have graduated from medical school.

Complementing the university’s initiatives to increase the number of Aboriginal students admitted to Medicine is the development of new resources to enhance their retention and the quality of their cultural experience as students in the Faculty. In September 2006, a new Centre for Aboriginal Health Education opened under the leadership of Dr. Catherine Cook, its current Acting Director. The Centre aims to enhance cultural life of Aboriginal students in the Health Sciences at the Bannatyne campus while maintaining an open door policy for all students.

Collectively, these efforts and resources will hopefully catalyze the university’s efforts to increase the number of Aboriginal students admitted to Medicine.
Med Students Donate Leadership Gifts to the Faculty of Medicine

Medical students demonstrated leadership and enthusiasm when they initiated and voted in favour of contributing $100 per student annually over the next four years to the Faculty of Medicine. School of Medical Rehabilitation occupational therapy students voted to donate $200 per student annually. Physiotherapy and respiratory therapy students continue to give $300 per student annually.

The Manitoba Medical Student Association held a referendum on March 1, 2007 asking students if they were in favour of a $100 annual donation to support three individual Awards for Leadership, Citizenship and Community Service, the Clinical Learning and Simulation Facility and to support a student-run clinic still under development.

“Students have demonstrated their strong support for the Clinical Learning and Simulation Facility and a new student-run inner-city clinic. The former will position our Faculty as a leader in high-tech teaching excellence and the latter will help facilitate significant expansion of programs and opportunities in health equity education and community service.”

*Dale Wiebe*
*MMSA Senior Stick*
*Class of 2008*
Mental Illness Examined Through Art

This year marked the sixth annual University of Manitoba Medical Art Show. Medical students showcased their exploratory art talents to deliver a message on Mental Illness: Perception versus Reality. The show opened on February 12, 2007 at Bannatyne Campus.

Committee members coordinated the event for several months and were excited about the exhibit. “This year’s exhibit delivered new perspectives about mental illness and how it affects those living with the disease,” said Maxim Choptiany, Med II, senior coordinator.

The goal of the art show is to blend two unrelated disciplines: art and medicine; using a new medium so that medical students and health care professionals can see that providing health care requires more than knowledge and understanding of the science of the disease alone.
With family and friends looking on, 101 first-year medical students celebrated their first official day at the Faculty of Medicine by reciting the Hippocratic Oath and accepting their official white coats.

The event, which was held on August 23, 2006, was part of the inaugural exercises designed to welcome the Class of 2010 into the Faculty and into the medical profession.

This year marks the first year where 101 medical students are enrolled in Medicine. As part of the agreement between the Province of Manitoba and The University of Manitoba – class sizes have been gradually increasing over the past four years.

“The Class of 2010 represents several years of effort to restore medical school enrollment from decreases in the early 1990s. Today’s graduates will revitalize and help sustain the province’s supply of health care professionals,” said Healthy Living Minister Theresa Oswald.
Centre Supports Aboriginal Students

The new Centre for Aboriginal Health Education celebrated its opening on September 20, 2006 with bright colors and music with traditional singers and dancers representing Inuit, Métis and First Nations cultures. The facility offers dedicated support to Aboriginal students enrolled in health education degree programs at the University of Manitoba – Bannatyne Campus.

Dean Sandham, Dean of the Faculty of Medicine, said, “This new home for students in health professions of Aboriginal origin is an essential element of a comprehensive program designed to assure education for Aboriginal health.”

The Centre is the result of a unique partnership led by the Faculty of Medicine and includes the faculties of Dentistry, Nursing, Pharmacy, Science, School of Medical Rehabilitation and Dental Hygiene, and the Winnipeg Regional Health Authority.

Convocation 2006

Eighty-eight medical graduates were part of University of Manitoba history on May 12, 2006 when they received their medical degrees at the university’s first-ever convocation at Bannatyne Campus. “It is meaningful to all faculty, staff, and particularly our students and their families for the convocation to be located in what has become the centre of our academic and professional lives,” said Dr. Sandham, Dean, Faculty of Medicine.

In addition, School of Medical Rehabilitation students in Occupational Therapy, Physical Therapy, and Respiratory Therapy convocated in October 2006. This year, 97 graduates attended an awards luncheon held at Bannatyne Campus and then participated in convocation exercises at Fort Garry that afternoon.

Above Right: Dr. Cooke and Courtney Leary, Med III student.
Photo courtesy of the Winnipeg Free Press
Right: School of Medical Rehabilitation students celebrate their graduation at an awards luncheon
Bright Futures:
Penelope Rampersad,
Med III Student

Contributed by On Manitoba – April Issue, 2007

Hometown: Winnipeg

Program of Study: Third year in Medicine.

Favourite tv show: I don’t have a lot of time to watch tv. When I do, I tend to watch something like the National.

Favorite movie: An art teacher, Mr. Olafson, in junior high exposed us to a movie called “The Power of One” about an orphan growing up under apartheid and eventually joining the fight against it.

Favourite artists: I like something I can dance to and also enjoy jazz and classical music. My parents are from the Caribbean so I gravitate towards music influenced by that region.

What do you think you’ll miss from university days? The camaraderie with classmates.

What do you do when you’re not studying? I enjoy going to the theatre, listening to live jazz music, leisurely reading, exploring New York, and spending time with my family. Last year, I took a year off from medicine to dance professionally in New York. Now I occasionally teach and perform on a freelance basis.

What’s the best advice you’ve received? My mother wrote it to me in a letter when I was studying Pharmacology at the University of Alberta in Edmonton: “Above all to thy own self be true.” It’s always been good advice.

Why did you select the University of Manitoba? Some of my professors at the University of Alberta recommended some contacts at the University of Manitoba for doing my Masters in Physiology. My thesis was on the role of Omega 3 fatty-acids in preventing arrhythmias. I decided to go into medicine after taking a cardiovascular pathophysiology course in which I had a chance to observe open heart surgery and see the clinical application of basic science. I heard a lot of good things about the Faculty of Medicine and decided to stay here.

In 10 years, I see myself... finished my residency program and practicing somewhere. Hopefully, I will be involved in the community as an artist and an advocate.
What does the face of a Faculty of Medicine supporter look like? It may be a student wandering our halls, a faculty member committed to our vision, a graduate grateful for their education, or a community leader who believes in the value of our research.

This year, our medical students voted to donate $100 annually per student to support the Clinical Learning & Simulation Facility, three student bursaries, and a proposed student run clinic.

The faces of the Department of Internal Medicine have committed the initial one million needed to create an Endowed Chair in Health Services Design and Quality Improvement. This research will improve treatment possibilities for patients and ultimately save more lives.

Many classes held reunions over this past year and many initiated class gifts for their alma mater. The Class of ’56 celebrated their 50th reunion and launched a class campaign to support the Clinical Learning & Simulation Facility to show their gratitude for their education. The Class of 1960 celebrated their 46th this year and Dr. George Yee matched all his classmates gifts to support an entrance scholarship that

*continued on p12*
was initiated by their class in 2000. The Class of 1966 launched their campaign supporting both the Clinical Learning & Simulation Facility as well as establishing a scholarship. The Class of 1961 celebrated their 45th reunion and launched the idea to leave a legacy for the Faculty of Medicine during their 50th reunion.

We have many friends of the Faculty of Medicine. They continue to support our research and initiatives to provide an optimum medical education. They stand behind us believing in our mission to provide an exceptional education, to conduct ground breaking research, and to deliver patient care.

Dr. Ruth Grahame Tutorial Room
Ribbon Cutting Ceremony

In honour of Dr. Ruth Grahame’s dedication to teaching Human Anatomy and Cell Science at the Faculty of Medicine and School of Medical Rehabilitation for 27 years, on November 14, 2006, a ribbon cutting ceremony was held to open the Dr. Ruth Grahame Tutorial Room. Dr. Ruth Grahame and members of her family, support staff and faculty were in attendance as she cut the ribbon and welcomed everyone inside for a tour.

The room, a result of $25,000 in donations to the School of Medical Rehabilitation capital campaign, will support small group tutorial sessions and seminars. The room offers a two sided mirror to another tutorial room where students can observe sessions such as simulated group therapy or practice communication skills. The room offers a white board, computer connected camera and sound system to the adjacent seminar room, wireless and hard wire internet. The tutorial room was made possible because of the significant donations made by Dr. Ruth Grahame and her family.
Alumni Affairs

Homecoming & Reunions

Dr. J. Dean Sandham celebrated Homecoming 2006 by inviting alumni from the 30s, 40s, and all the reunion years to a Faculty of Medicine Breakfast held on September 16, 2006 where more than 200 guests reunited with former classmates and faculty.


The Medicine Class of 1956 held their 50th reunion in Winnipeg and Gimli and had outstanding attendance. The reunion organizers also established a class gift of nearly $25,000 to support the Clinical Learning and Simulation Facility.

The Medicine Class of 1966 also held their 40th reunion during Homecoming and organized a gift of $150,000 for the Faculty of Medicine to support two initiatives: the Clinical Learning and Simulation Facility and a bursary for Aboriginal students in memory of their classmate Dr. Jack Armstrong.

If your class would like to organize a reunion, please contact Faculty of Medicine Alumni & Advancement Events Officer at 204-977-5615 or via email at Ext_Rel_bannatyne@umanitoba.ca.
Lastly, the Medicine Class of 1981 held their 25th reunion during Homecoming with more than 90 attendees. Our sincere thanks to the class leaders for initiating a Reunion Class Gift!

**School of Medical Rehabilitation Homecoming 2006**

The School of Medical Rehabilitation (SMR) welcomed back more than 100 graduates of 1966, 1971, 1976, 1981, 1986, 1991, 1996, and 2001 to a Homecoming reception held on September 15, 2006, Bannatyne Campus. It was a night of memories, sharing stories and catching up with old friends. Proceeds raised through the Rainbow Auction went towards the Physical Therapy Memorial Bursary Fund.
External Relations

Honour Roll of Donors

The Faculty of Medicine gratefully acknowledges the generosity and support of alumni, faculty, staff, corporate partners and friends who made new pledges and continue to contribute to existing pledges during the period of April 1, 2006 – March 31, 2007.

$1,000,000+
Dr. John R. Bingham
Gates Foundation
Department of Internal Medicine

$500,000+
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Every effort has been made to ensure that this donor list is accurate. If there are any errors or omissions please contact the Office of External Relations, Bannatyne Campus at (204)977-5615.
Altona MD gets national recognition -  
‘Dedicated to lifelong learning’

Longtime Altona family physician Dr. Ken Kliewer was named one of the country’s “Top 10 Family Doctors of the Year” by the College of Family Physicians of Canada. Kliewer received his award along with other national recipients on November 1, 2006 in Quebec City. Kliewer also received the 2006 Manitoba Family Physician of the Year in April 2007. Kliewer was born in Steinbach and finished his medical degree at the University of Manitoba in 1973. He started practising in Altona in 1974 -- largely because of the need for another physician at the local clinic.

Kliewer said the award is a nice way to honour the 32 years he has worked in rural Manitoba. “It was partially a surprise,” he said, noting his previous award gave him a heads-up he might be a national winner. “That was a special thrill.”

Award candidates are nominated by their colleagues or patients, and are selected based on their contribution to health and their communities.
Faculty and Staff Who Make a Difference

Heart & Stroke Lifetime Achievement Award

Winners: Dr. Ted Cuddy and Dr. Naranjan Dhalla

Dr. Ted Cuddy (Class of 1954), accomplished clinical cardiologist and Professor Emeritus, serving as Head of Cardiology at Health Sciences Centre and as a professor at the Faculty of Medicine for several years was awarded the Heart and Stroke Lifetime Achievement Award in November 2006.

He was a pioneer in research and contributed significantly in the early years on the impact of exercise on heart disease at the Faculty of Medicine. Dr. Cuddy has been the principal investigator and remains one of the primary organizers of a multi-decade follow-up trials for heart disease in patients in the Manitoba area. This trial ran for more than 30 years and is one of the longest lasting follow-up trials in the world.

Dr. Naranjan Dhalla, distinguished professor of Physiology, Faculty of Medicine, also was awarded the Heart and Stroke Lifetime Achievement Award in November 2006. His valuable research has advanced knowledge in the area of cardiovascular pathophysiology and therapy of heart disease. He has published 670 full-length research papers during his professional career and given 179 invited talks at various conferences and symposia. He has received 97 honours and awards including the Order of Canada and Order of Manitoba and was inducted in the Winnipeg Citizens Hall of Fame.
Susan Bethune – A Day in a Life of an archivist/accountant

Susan Bethune’s head is filled with numbers, but her heart is in the archives. At the Faculty of Medicine, Bethune wears two hats as she is both the office assistant of archives and administration.

On the administration side, Bethune has about 550 academics under her watchful eye. Clinical faculty members are typically employed jointly by the University of Manitoba and groups like the Winnipeg Regional Health Authority. They juggle teaching, research and administrative obligations at the university with work in the medical field as doctors and psychologists. It’s Bethune’s job to ensure their contracts are in order.

But down the hall from the Faculty of Medicine dean office’s and tucked in the Neil John Maclean Library is Bethune’s passion, her second job with the university – the archivist for the Faculty of Medicine.

“Mainly I’m looking after the cataloguing for the incoming material that we want to put in the archive and entering it into data bases so we can find things later on,” Bethune said. It’s not unlike accounting work and indeed Bethune had an accounting background when she was hired part time in 1994 by the dean’s office under the direction of professor Audrey Kerr (who still comes in two days a week to work in the Archives) to put the archives back into a searchable order.

“The medical archives contain biographical information on faculty members and alumni as well as the administrative and historical record of the faculty, the Manitoba Medical College, and a photographic collection,” Bethune said. While the Faculty of Medicine didn’t become part of the university until 1919, its own history as a medical college dates back to 1883 and all of that information is contained in the archives. It includes everything from day to day records of the faculty to more exotic items such as glass eyes from the turn of the century to antique microscopes that were used by staff members.

Along with managing the archive, Bethune also fields calls from researchers interested in everything from searching for historical information of a disease such as tuberculosis or getting information about members of the faculty’s alumni.

continued on p20
In one case – the first successful brain operation in 1889 – researchers could even trace the treatment and commentary that surrounded it from the initial entry of a patient to the patient’s release.

The joy of working in the archives, and the reason why it steals Bethune’s heart is the vast number of stories that can be found within the files.

CMA honours Dr. Henry Friesen

On August 23, 2006 the Canadian Medical Association (CMA) presented the 2006 F.N.G. Starr Award to University of Manitoba Distinguished Professor Emeritus Henry Friesen in Charlottetown, PEI.

With this award, the CMA expresses its recognition for his exceptional devotion for the betterment of mankind which has made a difference in health care.

Named for Frederic Newton Gisborne Starr (1867-1934), a former Secretary General of the CMA, the F.N.G. Starr Award has been described as the “Victoria Cross of Canadian Medicine.”

“It is humbling to be recognized in this way especially when I see the list of outstanding individuals previously honored by this award,” said Friesen. “I feel truly blessed and deeply grateful for the variety of opportunities I have had in medicine and science as a teacher clinician, researcher and administrator.”
Dr. Allan Ronald Receives Wightman Award

Dr. Allan R. Ronald, a pioneer of the University of Manitoba’s world-renowned infectious disease research program in Africa, has been named the recipient of the 2006 Wightman Award.

The prestigious award, which is given by the Gairdner Foundation, recognizes Canadians who have demonstrated outstanding leadership in medicine and medical science.

The announcement was made on June 22, 2006 by Dr. John Dirks, president of the Gairdner Foundation. The Gairdner Medical Advisory Board cited Ronald “for his leadership in developing the specialty of clinical infectious disease in Canada and for his exceptional international contribution in Africa.”

“We are most pleased that Dr. Ronald was chosen from a group of outstanding Canadians for his special achievement in medicine, not only in Canada, but the world,” said Dirks. “An extraordinarily modest man, he has quietly and determinedly pushed for improvements for those afflicted with infectious disease, including HIV/AIDS, without fanfare or desiring public acclaim. He is there simply to help and to lead.”

Ronald has spent the better part of three decades studying infectious diseases in Africa including helping to establish one of the first clinical investigation units studying HIV/AIDS in Africa in 1978.

In 2002, Ronald retired from a distinguished 35-year career as a professor and medical researcher but has kept busy fostering the HIV/AIDS Care and Prevention Program in Uganda.
Mary Hill –
A Face that Makes a Difference

Mary Hill. There are simply not enough words to describe her or her contributions to the Faculty of Medicine over the past 23 years. She began work with the University of Manitoba, at the Faculty of Law from 1969-1973, then joined the Faculty of Medicine in 1984, to continue to work along with Dr. Bryan Kirk, Associate Dean (Academic). She and Dr. Kirk had worked at Health Sciences together from 1974 to 1983.

Since this time, she has continued her career inside the Dean’s Office providing valuable administrative support, extensive knowledge, a bright smile, and endless planning and coordination of activities for the Dean and the Associate Dean (Academic). Some of her daily activities included: managing the human resources portfolio and special projects, accreditations, and serving as the primary contact for both internal and external constituencies.

Despite her challenging and heavy workload, Mary volunteered for the Christmas Cheer Board and served as a member of the Support Staff Endowment Fund Advisory Committee which sends support staff to other universities to learn how their jobs are done elsewhere.

Mary, a woman of many talents and a valuable employee has worked along with four different Deans of Medicine and four different Associate Deans (Academic). She has seen the raising of the Canadian Blood Services Building, the demolition of the Pincock Building and the closing of Emily Street to make way for the Brodie Centre, where the Dean’s Office is now found. Mary is one of the many valuable faces that make a difference each and every day at the Faculty of Medicine and will continue to do so in her retirement.
Our vision in research is to be one of Canada’s outstanding medical faculties, with world class leadership in selected areas of particular competence, respected for our capacity in health research and innovation, as well as, for advancing and disseminating biomedical knowledge.

Our success in grant competitions is a testament of the high quality of work conducted here. In 2006-07, our highly talented faculty attracted over $94 million in research support. To enhance the research intensiveness of the Faculty, the Dean of Medicine, in collaboration with the Office of the Vice-President (Research), developed the Dean’s Strategic Research Fund of $425,000 per year for the next three years.

The purpose of the Fund is to support the development of a Faculty centrally located research infrastructure at Bannatyne campus. The Fund’s objective is to build capacity and enhance the productivity of researchers in the Faculty through collaboration.

I am pleased to report that the Fund was awarded to Dr. Sam Kung for the establishment of the “Biomedical Functionality Resource”. This resource will acquire, maintain RNAi libraries of human and mouse genomes, and a collection of human genes for expression studies. Collectively these will provide faculty members a consolidated, cost-effective access to the resource that can be used to turn on or off any specific gene product of interest. The latter will allow us to define function or distribution of the target gene in the context of the human cellular environment. The establishment of this capability will promote targeted as well as genome-wide gene discovery/validation in disease models, and multiple human diseases.

continued on p24
In August 2006, Genome Canada announced that a project led by Dr. Geoff Hicks, Canada Research Chair in Functional Genomics, was awarded $22.6 million to identify and characterize the functions of mouse genes. Since human and mouse genes are very similar, the project will provide important new information about the role of genetic changes in the development of human diseases. We are also pleased that another project, led by Dr. Stephen Moses, was awarded $22 million in November 2006 by the United States Agency for International Development to fight AIDS in India. The award will allow faculty members and graduate students to travel to regions in southern India to develop HIV prevention, education and treatment programs.

It is the exceptional research conducted on our campus by our talented faculty, our devoted clinician-scientists, the high quality of research trainees, and the unwavering loyalty of our support staff that lead to our success in our research enterprise. Our contribution to knowledge, especially in medicine, has been recognized and highly respected by the international scientific community. It is clear that our research continues to make a significant impact towards our goal to demonstrate that Medicine in Manitoba is making a difference.

Dr. Geoff Hicks

China TV visited the Bannatyne Campus on May 31, 2006 and filmed our faculty, researchers and students in action for a national documentary on international universities. The University of Manitoba was one of four selected for this special coverage.
Male Circumcision Story

by Dr. Stephen Moses

The University of Manitoba/University of Nairobi collaborative research group in Kenya was among the first to identify the association between lack of male circumcision and risk for HIV infection. In a landmark study led by Frank Plummer and Bill Cameron in the mid 1980s, it was noted that uncircumcised men attending an STD clinic in Nairobi had much higher HIV infection rates than men who were circumcised. This was compounded if genital ulcer disease (GUD) was present. These findings were met with considerable skepticism. However, work in this area continued, and these preliminary findings were confirmed by additional studies in different populations and settings, and were also confirmed by other groups, working in other African countries, as well as in India and the USA.

Despite all of the observational evidence that was accumulating, by the late 1990s, it was clear that the international community would not accept that male circumcision reduced risk for HIV acquisition unless the findings from observational studies were confirmed by randomized, controlled trials. As it is difficult in observational studies to adequately control for sexual behaviour and other potential confounders, the ability to draw definitive conclusions is compromised. An additional concern was the potential for believing that male circumcision might protect absolutely against HIV infection, and that this could lead to an increase in risky sexual behaviour among circumcised men, negating any protective effect conferred by circumcision.

In the late 1990s therefore, we decided to plan to conduct a randomized trial. Male circumcision, or lack thereof, is an ingrained cultural practice in African societies, and we were uncertain whether it would be acceptable to the community or even feasible to undertake a randomized trial. With the collaboration of Dr. Robert Bailey, an anthropologist from the University of Illinois at Chicago who had been working in this area for some time, and Dr. J.O. Ndinya-Achola, a long time colleague from the University of Nairobi who is from the main ethnic group in Kenya which does not traditionally practise circumcision, we undertook some feasibility studies, and the response from the community was very positive.

continued on p26
Men indicated that they were willing to participate in a randomized trial, and to be circumcised if randomized to the treatment group, provided that the procedure could be performed safely and without too much pain or inconvenience, and if there was a possibility that it might reduce risk for acquiring HIV infection. After enlisting the support of community political, religious and cultural leaders, we were fortunate to obtain funding support from CIHR, and subsequently, additional needed support from NIH. Our first participant was enrolled in February 2002, we reached our recruitment target in September 2005, and the planned completion of the trial was September 2007. However, the trial ended early, on December 12, 2006, when the Data Safety and Monitoring Board determined that the observed protective effect of circumcision against HIV infection at that point was so strong, that it would be unethical to continue the trial, and the Board asked us to immediately start offering circumcision to the control group.

This trial has been a complex undertaking, requiring expertise in a variety of different disciplines, including epidemiology, medicine, social sciences and immunology. The trial confirmed an important new modality for HIV. The success of the trial is a tribute to the excellent study team which had been assembled, and the long history of successful collaboration on research and prevention program delivery in Kenya between the University of Manitoba, and its Kenyan and international partners.
One of Canada’s First Systems Biology Labs Opens In Winnipeg

New Possibilities, New Research, New Hope

In June 2006, Winnipeg researchers proudly presented their new laboratory space as they officially opened the doors to the Manitoba Centre for Proteomics and Systems Biology. Located on the seventh floor of the John Buhler Research Centre at the Health Sciences Centre, this 10,000 square foot facility will now be home to a multi-disciplinary team of University of Manitoba scientists in systems biology research.

The program, led by project leader Dr. John Wilkins, received $7.2 million in grants that included over $3 million from the Canada Foundation for Innovation (CFI) that was matched by $3 million from Manitoba Energy, Science and Technology as well as close to $800,000 in funding and 10,000 square feet of research space from the Health Sciences Centre Foundation – making this one of the largest research grants ever received in Manitoba.

“The Manitoba Centre for Proteomics and Systems Biology – one of the first of its kind in Canada -- will support basic biological and biomedical research relevant to transplants, autoimmunity, cancer detection and treatment, as well as viral infections,” said Manitoba Energy, Science and Technology Minister Dave Chomiak. “This will help Manitoba’s research institutes attract and retain world-class researchers and assist Manitoba in becoming an internationally recognized centre of excellence in biomedical research and systems biology.”

Federal Minister of Health, the Honourable Tony Clement, spoke to medical students on January 5, 2007, about health care in Canada. Special guests included Steven Fletcher, Parliamentary Secretary to the Minister of Health and the event was hosted by Dr. Wil Fleisher.
Dr. Michael Czubryt Receives the 2006 Young Investigator Award

Written by: Frank Nolan

Heart researcher, Michael Czubryt, (Class of 2000) won the 2006 Young Investigator Award from the Canadian Cardiovascular Society. Each year one award is given to an outstanding cardiovascular researcher who has been working at a Canadian university or hospital for less than three years.

Czubryt works in the Institute of Cardiovascular Sciences located at the St. Boniface General Hospital Research Centre. His lab works with transcription factors – proteins that activate or repress genes. A major part of his focus is on a particular family of transcription factors called MEF2.

Czubryt’s team is working to identify the genes that are regulated by MEF2, as well how it is regulated itself, and what other transcription factors it interacts with in heart muscle cells. They already know that MEF2 controls the proteins that cause heart muscle cells to contract, and that it regulates some of the important processes involved in energy production and energy usage in the cell.

The ultimate goal of his research is to create a better understanding of how energy metabolism is controlled in heart muscle cells, both in health and disease.

“We really need to understand how this works, and why diseases occur the way they do,” says Czubryt. “Why do some people who develop hypertrophy go on to develop failing hearts, while others live out their days relatively normally? We don’t know that, and it’s something I’m interested in learning.”
Dr. Reeni Soni - Helping babies with congenital heart disease

Dr. Reeni Soni, Section Head, Pediatric Cardiology, provides outstanding pediatric cardiology services to all the children of Manitoba, northwest Ontario and western Nunavut. Dr. Reeni Soni won the 2006 YM-YWCA Women of Distinction Award in the category of “Health and Wellness”. The award recognized the instrumental role she has played in the transformation of the Pediatric Cardiology program in Winnipeg beginning in the late 1990s. Most noted recent accomplishment of Dr. Soni has been the development of a province-wide multi-disciplinary approach to fetal cardiac screening and care coordination during pregnancy. This program already has had a very positive impact on the well-being of babies born with congenital heart disease.

“The identification of serious heart problems before a baby is born helps prevent newborn cardiac deaths and severe cardiac illnesses. Early detection also gives families the chance to make decisions regarding the cardiac care of their babies before they are born.”
Bone marrow transplants can be a life-saving treatment for certain hematological malignancies, immune deficiency diseases and inborn errors of metabolism, but they carry a potentially fatal risk of graft-versus-host disease (GVHD), a complication in which the immune cells of the donor’s bone marrow attack the host’s body.

John Gartner, pathology/immunology, Cindy Ellison, pathology, and Kent HayGlass, immunology, are studying the effect of both naturally occurring keratinocyte growth factor (KGF) and its synthetic form, recombinant human KGF (rHuKGF, also known as palifermin) in mouse models of GVHD. Their research was awarded $106,643 per annum for five years.

In addition to protecting mice from developing graft-versus-host disease, palifermin, which was developed by Amgen Inc., can also regulate immune responses. This research will investigate the mechanism through which this occurs and determine whether naturally occurring KGF might have a role in the development and progression of other immunologically-mediated diseases.
Financial and Operational Report – 2007

Keith McConnell, Director of Operations

Faculty of Medicine
Gross operating Budget March 31, 2007

Donor Pledges by Type of Gift 2006 - 2007
TOTAL $4.2 M

Donor Pledges by Constituency 2006 - 2007
TOTAL $4.2 M

Faculty & Department Support $.4
Capital Projects $.3
Student Support $.9
Research $1.0
Chairs/ Professorships/ Lectureships $2.1
NET Baseline Main Operating Budget 25%
Sales and Service Other Revenue 4%

Corporations $.5
Facility & Staff $.1
Foundations & Organizations $2.3
Alumni & Friends $1.3