“Surviving the tuberculosis (TB) I contracted in medical school was the most important and valuable experience of my life,” pulmonologist and Distinguished Professor Emeritus Ben V. Branscomb, MD, says. Dr. Branscomb’s medical practice spanned almost 60 years — more than 50 of them spent at UAB teaching and cultivating the developing field of pulmonology. His early lessons resonate deeply with him and undoubtedly with the scores of medical students he has guided through second-year physical diagnosis, a class Tinsley Harrison, MD, then chair of the Department of Medicine, first put under his direction in 1955.

Dr. Branscomb credits his battle with TB and his 2-year stay at the Trudeau Sanatorium in Saranac Lake, New York, with allowing him at a relatively young age to consider life’s fundamental issues.

“I had to adapt to a threat over which neither I nor anyone else had any control,” he says. “It was just myself versus the disease, and I had no idea how long I was going to live. It caused me to think about the important things in life and what I wanted in my life."

Those important things included playing a pioneering role in pulmonary medicine — a field he saw evolve from one focused almost exclusively on tuberculosis to a comprehensive medical specialty encompassing a spectrum of lung diseases and breaking new ground in research and technological development. In addition to his notable contributions to pulmonary research and clinical practice, teaching several generations of physicians is high on his list of accomplishments.

Physician to Patient to Pulmonologist

After completing his undergraduate and MD degrees at Duke University, Dr. Branscomb did an internship at the University of Chicago. When the internship ended, he applied for a residency in orthopaedics, although he still was unsure about his ultimate direction — surgery or internal medicine. “That problem became moot when I came down with tuberculosis,” he says.

During the preantibiotic era, many physicians and nurses contracted TB while caring for infected patients. When Dr. Branscomb began Duke medical school in 1941, the dean told his entering class that within 4 years, 2 of the 70 students would contract tuberculosis and one would die of the disease.

His illness led Dr. Branscomb to Trudeau Sanatorium to “take the cure,” which in the period before antibiotics included bed rest continued page 2
"Since CSI hit the airwaves, attendance at our high school tours has shot up," says Diane D. Hendricks, UAB Hospital Specimen Receiving Laboratory supervisor.

Along with UAB Hospital employees, some 75 teenagers from Hewitt Trussville High School attended this year’s mock criminal trials, complete with judge and prosecuting and defense attorneys. The trials were facilitated by Professor of Pathology C. Andrew Robinson, MD, and Associate Professor of Pathology Gregory G. Davis, MD, who is associate medical examiner for Jefferson County.

The teens also toured the autopsy rooms. "Using cadaver organs, UAB pathologists demonstrated, for example, what happens to a smoker’s lungs or to those of someone who hangs around friends who smoke," says Hendricks. Due to the students’ apparent interest and enthusiasm, the high school is developing a forensics lesson plan in conjunction with UAB, she says.


Ben Branscomb

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and breathing the cold Adirondack air. TB was still a major cause of death in the United States, striking both the unknown and the famous with deadly regularity, and filling the sanatorium with an interesting cross-section of patients, including physician and novelist Walker Percy, singer Kate Smith, actress Rosalind Russell, and many other young physicians.

Trudeau also offered another factor that would figure prominently in Dr. Branscomb’s life — 1 of only 3 pulmonary function laboratories in the United States. Like many physician-patients at Trudeau, Dr. Branscomb recognized the extraordinary research opportunity, noting, “I got the richest, most intense indoctrination into lung disease available at the time. I had a full-time job in the pulmonary function lab, and numerous important discoveries emerged during my time there.”

More Research

When Dr. Branscomb left Trudeau in 1950, the era of TB sanitoriums was almost over. The institution discharged its

Boulware Elected MASA Vice President

UAB School of Medicine Senior Associate Dean for Education Dennis Boulware, MD, has been elected vice president of the Medical Association of the State of Alabama (MASA) for 2006-2007. Called upon by governmental and private sector agencies and organizations for advice concerning medical policy issues, MASA presents the views of practicing physicians to the state legislature and state boards and agencies and offers an avenue to affect federal legislation.

Dr. Boulware serves on MASA’s Subcommittee on Association Affairs, which provides input on federal health matters to the American Medical Association, nominates and appoints physicians to state agencies including the Department of Public Health, Medicaid, Workers Compensation, and the Statewide Health Coordinating Council of the State Health Planning Development Agency.

In addition, Dr. Boulware serves on MASA’s Third Party Task Force, which addresses third-party payment policies and medical practice initiatives. He also chairs MASA’s Board of Directors Membership Committee. Seventy percent of practicing Alabama physicians belong to MASA.

"By joining MASA, UAB physicians can have an impact on state health legislation and regulations that affect how we practice medicine, the environment in which we treat our patients, and medical education. Only as participating members do we have the opportunity to drive MASA policy,” Dr. Boulware says.

Pence Wins Pellegrino Medal

UAB philosopher and pioneering bioethicist Gregory E. Pence, PhD, recently was awarded a Pellegrino Medal from the Health Ethics and Law Institute of Samford University. The Pellegrino Medal, first established in 2001, honors individuals recognized nationally “for contributions to health care ethics in the selfless spirit of Edmund D. Pellegrino.”

The John Carroll Professor of Medicine and director of the Center for Advanced Study of Ethics at Georgetown University, Dr. Pellegrino was the first recipient of the medal. In 1998, the American Society for Bioethics and Humanities presented him its first lifetime achievement award, recognizing him as “father of the American bioethics movement.”

Dr. Pence has taught in the UAB Philosophy Department since 1976, and since 1977 he has taught medical ethics to first-year medical students. He also directs the UAB School of Medicine’s Early Medical School Acceptance Program. This fall he will deliver five invited lectures to University of Texas Medical System students and faculty.
last patient 4 years later. “The advent of antibiotics marked the beginning of pulmonary medicine as something other than tuberculosis care,” he says. Dr. Branscomb left Trudeau for Vanderbilt University, where he became chief resident.

When the Korean War started, the government notified Dr. Branscomb that he had not completed his active duty obligations during World War II, when he was briefly assigned to destroyer duty. He recalls, “I went to the chair of medicine at Vanderbilt and told him I was about to be drafted, and he said, ‘Well, don’t worry about that, my good man, we’ll volunteer.’ The last thing I wanted to do was volunteer.”

Dr. Branscomb had just received one of the earliest Howard Hughes Fellowships in Medicine and was preparing to embark on pulmonary physiology and function research. But the draft board sent him down another path. “I went to Washington, DC, searching for a way to complete my duty in a scientific position,” he explains. He was recruited into the National Institutes of Health’s (NIH) US Public Health Service — a uniformed, commissioned service and became the first pulmonary physician at the National Heart Institute. “I spent 2 years doing pure research and helped establish pulmonary physiology laboratories at the National Heart Institute.”

Modern Pulmonary Medicine

With his research now supported by government funds, Dr. Branscomb returned the Howard Hughes fellowship, a gesture that would have important consequences for one of his future patients.

“Many years later, I had a polio patient in an iron lung who wanted to move to California to be with her sister,” he says. “But the logistics were difficult. We had to find a plane that could carry an iron lung and accommodate a medical team. Then I remembered Howard Hughes and his aviation company. I called and explained who I was and what I needed. I was shocked when Howard Hughes himself called back. He said, ‘Aren’t you the fellow who sent my money back?’ And I said yes, and he sent me a plane.”

His experiences with iron lung patients and expertise in pulmonary physiology provided Dr. Branscomb with the means to develop and teach early external ventilation techniques, which contributed significantly to the establishment of modern intensive care medicine.

Pulmonary Medicine Pioneer

In 1955, Dr. Branscomb accepted a position as assistant professor at UAB (then the Medical College of Alabama), prompted in large part by the opportunity to work with Dr. Harrison.

Applications for pulmonary medicine grew along with increasing understanding of pulmonary physiology and disease. Dr. Branscomb helped guide the new field, setting up the first pulmonary physiology labs at UAB Hospital, Birmingham’s Veterans Affairs Hospital, and various locations around the nation. He designed novel pulmonary laboratory equipment, including the first flow-volume loop.

In the late 1950s, Dr. Branscomb served on the British-American Committee on Bronchitis, an international group of experts charged with characterizing common lung diseases, including emphysema, which was then called “chronic bronchitis.”

“The most important advance in medicine I’ve ever been associated with was identification of emphysema as a distinct disease and the recognition that you could characterize it by measuring air flow during breathing,” he says. In 1963, Dr. Branscomb’s ground-breaking work in emphysema led to an invitation to Washington, DC to test members of the US Congress for the condition. Dr. Branscomb packed a bus with his unique pulmonary testing equipment and drove to Capitol Hill, where he tested more than 200 congressmen and senators. In the emphysema project’s wake, NIH dramatically increased research funding for pulmonary diseases and the National Heart Institute became the National Heart, Lung, and Blood Institute.

In recognition of his work, UAB appointed Dr. Branscomb to one of the university’s first endowed chairs — the Alabama Professor of Medicine in Emphysema and Respiratory Diseases. He has held numerous leadership positions at UAB during his 50-year tenure, including director of the Division of Pulmonary Diseases (1955-1970), clinical director of the Spain Rehabilitation Center (1970-1977), and medical director of the Spain Respiratory Care Unit (1966-1989). He is a member of many professional organizations, including the American Association of Respiratory Therapists, a field he helped establish.

In 1989, Dr. Branscomb retired from clinical practice, but continued to teach and serve on UAB committees until January 2006.

“It was lucky to have been a part of the beginning and flourishing of pulmonary medicine,” he says. “But people starting in the field now also will experience extraordinary changes. New knowledge in genetics and immunology are providing the means for the next big steps in pulmonary medicine. I’m not afraid to die, but I sure do like it here.”
UAB'S nonfaculty employee grievance procedure has been revised and renamed “Problem Resolution Procedure for Non-faculty Employees,” and encourages management and employees to work together to resolve work-related issues.

“Our goal is to create a positive, supportive, and diverse work environment in which faculty and staff can excel,” Chief Human Resources Officer Cheryl Locke says. “UAB’s Human Resources Department fosters a workplace that promotes fairness and promptly and impartially addresses employee work concerns.”

Employees now are asked to begin by attempting to resolve work-related issues at the department level with their supervisor, working with a Human Resources Management (HRM) consultant or HRM Relations representative. Employees with qualifying complaints then have access to an impartial review by the Problem Resolution Committee, consisting of three members drawn randomly from a pool of 50 to 60 eligible employees who are trained in the procedure. “We think these changes will go a long way toward building trust and fostering open dialogue,” Locke says.

To view the full revised policy, go to http://main.uab.edu/show.asp?durki=42603.

Accolades
Flannery Book Wins Award

Michael A. Flannery, MA, MLS, associate director for historical collections, Lister Hill Library, received the publications award from the Archivists and Librarians in the History of the Health Sciences for his 2004 book Civil War Pharmacy: A History of Drugs, Drug Supply and Provision, and Therapeutics for the Union and Confederacy. Flannery’s other books include: John Uri Lloyd: The Great American Eclectic; Pharmaceutical Education in Queen City: 150 Years of Service; and The American Botanico-Medical Movement: Vox Populi.