Finding the desire to hear again

Throughout Nathalie Carrigan’s childhood, she struggled to hear. Clinicians detected her hearing deficits in first grade and they continued to slowly worsen, first in one ear than the other. Carrigan wore a hearing aid, then relied completely on lip reading in college when she became profoundly deaf from sensorineural hearing loss. Though Carrigan was a candidate for cochlear implants for years, she declined the option, not wanting to fully admit that she needed them. But over time she had stronger and stronger reasons to hear. The mother of 1- and 3-year-old girls, Carrigan knew she was missing out on those sweet baby sounds, first words, and the chit-chat of preschoolers.

“I started to think that maybe I would consider cochlear implants. I wanted to give myself an opportunity to hear if there was one,” says Carrigan, 31, a real estate appraiser in the Twin Cities.

She joined a Facebook group called Cochlear Implant Experiences, seeking advice and perspective from other people with implants. Through a friend she met a woman from a nearby suburb who has two children about the same age as Carrigan’s kids, and Carrigan knew she was missing out on those sweet baby sounds, first words, and the chit-chat of preschoolers.

“I was blown away by everybody I met there. I felt very comfortable with Dr. Adams, Dianna Hart the audiologist, and nurses were amazing,” she says. “It was just what I needed.”

After three weeks of recovery, Carrigan’s implants were activated on live television. This Is Life Live showed the moment live when her husband, mother, and older daughter, Maeve, see and talk to Nathalie for the first time in an emotional reunion. It was an out-of-body experience for Carrigan, both to be on camera and to be able to hear again.

Carrigan initially heard people talking in sounds instead of actual words. But over time, those strange noises evolved into words with meaning. “I was happy I was hearing and I knew the implants were working,” she says. “That alone was enough—it was more than I could hear before.”

A few weeks after the surgery, University audiologists found that Carrigan could understand 40 percent of words and 60 percent of sentences—a dramatic difference from when she understood zero pre-implants. Her hearing will continue to improve for six months or more after surgery.

Already Carrigan delights in hearing her daughters talking and laughing, and she enjoys listening to birds chirping, cars on the road, and music. She couldn’t be happier that she went through with the procedure. “It’s super exciting. People ask if I wish I would have done it sooner, and I honestly feel like I did it at the right time,” Carrigan says. “It’s been one month and it’s completely changed my life.”
NOTES FROM THE CHAIR - MEET THE FACULTY

Notes From the Chair

We are delighted to welcome four new residents and two fellows this academic year. Dr. Doug Chiefffe hails from Vermont, completing his undergraduate degree and medical school from the University of Vermont. Dr. Curtis Hanba is from Michigan, completing his undergraduate work at Michigan State and medical school at Wayne State. Dr. Ethan Kraft will love the warmer weather here, after completing his undergraduate work at the University of North Dakota and medical school at the University of North Dakota-Bismarck. And we are sure that Dr. Nick Orobello will love the crisper weather, after finishing his undergraduate career at Davidson College and medical school at the University of Florida.

Dr. Christine Taylor will be under taking her one year fellowship in Facial Plastic and Reconstructive Surgery, after medical school at the University of Texas-San Antonio and her residency at University of Texas Health Science Center, also in San Antonio. Dr. William Carroll is our new Pediatric Otolaryngology fellow, and he recently completed medical school and his residency at the Medical University of South Carolina. We welcome all six of these outstanding individuals and their families to the Twin Cities.

William Walsh, MD
Solving health problems upstream

It’s a major source of frustration for Assistant Professor William Walsh, M.D., a facial plastic and reconstructive surgeon at Hennepin County Medical Center: after repairing a patient’s broken jaw or other trauma, the person often goes back out into the world without a place to rest, recuperate, and live. This happens regularly to the hospital’s medically complex patients, who typically have multiple conditions paired with mental illness and chemical dependency.

Walsh spends a quarter of his work time seeking innovative solutions to complicated problems related to the social determinants of health, or the conditions in which people are born, grow, live, work, and age. Walsh, who also treats patients at University of Minnesota Health in Maple Grove, is deputy chief innovation officer of Upstream Health Innovations. It’s an HCMC initiative to use human-centered design to address concerns that impact patients’ health.

Experiencing unstable housing and homelessness creates a significant negative impact on health. That led Walsh to join Upstream in 2015 and search for answers to such housing challenges. Upstream’s methodology involves developing prototypes based on observations of users, then getting feedback about the model from them and reshaping and fine-tuning it until it’s effective.

He’s working with others like Thomas Fisher, professor and director of the University of Minnesota Design Center, and public health graduate student Sarah Lahr. They are developing a new payment model for affordable, supportive housing—an often extremely expensive proposition. The overall goal is to spread Upstream’s solutions to other similar safety-net hospitals with medically complex patients.

“We don’t do medical devices, new treatments, or best practices. We’re looking at the upstream determinants of health: what would allow a person to stay healthy and not necessarily need the acute medical care we’re used to providing?” Walsh says. “We have a huge number of patients who are housing unstable or homeless. For us at Hennepin to be able to figure out housing solutions for patients would be far upstream and really address some of the health issues they have.”

Walsh’s background in design comes into play at Upstream. A studio art and design major at University of Notre Dame, Walsh became a certified medical illustrator before attending medical school at Northwestern University. He completed his residency in otolaryngology–head and neck surgery there and a fellowship at Louisiana State University in facial plastic and reconstructive surgery. He was eager to return to his native Minnesota, landing jobs at HCMC and the University.

In his clinical work, Walsh mainly does reconstructive surgery after trauma, cancer, and to correct congenital deformities. He found a great fit in this corner of the surgical world, blending art and science with his ability to rebuild patients’ noses, ears, and faces through surgery.

“When I found out that there were doctors who just worked on faces, I knew that’s what I really wanted to do. I’ve been really happy ever since because my patients are great,” says Walsh. “I’m fortunate that I’ve chosen to spend my life with patients. Each person is interesting and unique and it’s a wonderful way to serve people.”

Walsh views his work to make the health care system better another way of serving people, and he also enjoys teaching residents at HCMC about his area of expertise. It’s the combination of all these roles—micro and macro, personal and systemic—that make for a satisfying career. With the addition of his family, including his wife and four children, Walsh’s plate and heart are full.

“There are a number of ways to serve people. I’m trying to make a better system that impacts hundreds or thousands of patients, and I’m having an impact on individual patients, going on a journey together towards restoring their face and their lives, Walsh says. “It’s really special.”
Melvin Sigel, MD, FACS
A well-rounded career

For Melvin Sigel, M.D., FACS, being an otolaryngologist and physician always involved multiple tracks. He treated patients at the clinic he co-founded and served as a leader on state and national medical boards, while also teaching at the University of Minnesota Medical School. His work in all areas combined to create a fruitful and fulfilling 44-year medical career.

Sigel got introduced to otolaryngology while serving in the U.S. Army, and he never looked back. After graduating from University of Minnesota Medical School in 1956 and completing his internship, he was offered a six-month training stint in otolaryngology. Sigel jumped at the chance, serving as an Army ENT specialist for two years on active duty and four years in the reserves.

Eager to build on this training and experience, Sigel returned to Minnesota after the Army. He sought an otolaryngology residency and got the thumbs’ up from department chair Lawrence Boies Sr., M.D., completing it in 1963. Considering a career in academic medicine, Sigel spent a year at University of Zurich doing research on head and neck cancer that was funded by the National Institutes of Health.

When he returned, Sigel dove right into clinical work, joining Hyman Paisner, M.D., in his small private practice in downtown Minneapolis. At the same time, he served as Chief of Otolaryngology at Hennepin County Medical Center until 1971, as well as Chief of Staff at Mount Sinai Hospital in Minneapolis.

The partners built their Minneapolis ENT Clinic—then a small outfit serving most of the hospitals in the Twin Cities—into a local powerhouse in otolaryngology. Now called ENT Specialty Care, it has nine locations and about 20 physicians. “There were only a few ENT doctors in Minneapolis at the time, and the University was very important to us,” says Sigel. “We voluntarily taught at the University and Dr. Boies was helpful in getting our small practice established.”

In the mid-1980s, Sigel got involved in government service when Governor Rudy Perpich (a fellow northern Minnesotan) asked Sigel to serve on the Minnesota Board of Medical Practice. He agreed and served for eight years, including two terms as president. Sigel also was president of the Federation of State Medical Boards of the United States, helped develop the U.S. Medical Licensing Exam, and served on committees for the National Board of Medical Examiners. Being a leader always has come natural to Sigel, and he enjoyed giving back to the community and his profession. During his career, he became a Fellow of the Triological Society, AAFPRS, Sigma Xi National Scientific Society, and served nationally on the Educational Commission of Foreign Medical Graduates.

“Board service was fascinating. We worked on licensing and discipline issues for the whole state and rewrote the Medical Practice Act,” Sigel says. “Governor Perpich got me started and I found it interesting. It was something I enjoyed doing”—even though he was busy with his own practice and teaching at the U, where he became a Clinical Professor.

Sigel retired in 2008, but he’s stayed active with his family and music. Once a professional musician, he still plays trumpet in the Minnesota State Band and University Health Sciences Orchestra, performing concerts and at University events. Thankful for his medical training and opportunities to teach, Sigel created two annual awards at the Medical School: one for an outstanding teacher of residents and another for a medical student interested in otolaryngology research.

“The University gave me excellent preparation,” he says. “It was one of the best medical schools and residencies in the country—and I was very pleased with the training I got there.”

That training gave him the skills and experience to help build ENT Specialty Care into a thriving practice. It’s one of Sigel’s proudest accomplishments. He also was honored to receive the Harold S. Diehl Award in 1995, a recognition for individuals who made outstanding professional contributions to the Medical School, the University, and the community. For Sigel, it was a capstone on a career dedicated to patient care, teaching the next generation of otolaryngologists, and serving his profession and community.

Correction: The article on Dr. John F. Fulton in the Spring 2017 Correspondent was written by Dr. Thomas Christiansen.

The editor regrets the omission.
MEET THE FACULTY

Meredith Adams, MD: For the love of doctoring

Meredith Adams, MD, is passionate about treating patients with ear and hearing disorders, imbalance, and skull base tumors. She also conducts multi-disciplinary research to help improve the diagnosis and care of people with such disorders. Being able to engage in both was a significant draw for her to join the University of Minnesota in 2010.

An Assistant Professor of Otolaryngology, Adams completed her training at the University of Michigan from medical school through residency and a Neurotology fellowship. The specialty addresses disorders of the ear, including hearing and balance issues, and skull base tumors like acoustic neuromas—benign tumors affecting the balance nerves as they travel from the inner ear to the brainstem.

Adams treats patients, does research, and teaches residents and fellows in the University’s Neurotology program. “It is a privilege to be part of an academic department that is growing and that gives opportunities to serve our specialty by providing excellent clinical care and through research,” says Adams. “Minnesota has very strong programs in ear and skull base surgery, and also in health services and public health research. It’s great to be here and to leverage those strengths to improve care for patients in our field.”

To further her knowledge, Adams pursued a master’s degree in clinical research from the University. She currently collaborates with members of the School of Public Health, audiologists, and additional specialists to investigate how to improve the way we deliver care to people with dizziness. Often, patients will see several physicians and undergo expensive tests before the cause of their symptoms is determined.

Adams and her research partners are using large complex datasets to learn how to make the process more efficient and accurate. They aim to use this knowledge to develop guidelines that will help physicians to be more effective in their approach. It could help many—in fact one-third of all people will experience dizziness during their life, putting them at risk for falls. “People with dizziness are suffering,” she says. “If we can come up with a way to send them to the right physician at the right time and to get the correct tests, we can make diagnoses with greater efficiency and start treatment sooner.”

Adams also collaborates with investigators in the University’s Otopathology Lab. It’s only one of three active collections of human temporal bones in the country, and the team is using them to answer questions about skull base tumors and other ear diseases.

Adams enjoys applying her varied clinical and research experience in her role as an Associate Editor for Otolaryngology – Head and Neck Surgery, the official journal of our specialty’s academy. This allows her to keep up to date with medical developments as she referees submissions throughout the year.

Another favorite part of Adams’ job is teaching, both here and abroad. She has traveled to Ghana with otolaryngologists from her alma mater, where she taught physicians in the clinic and operating room. This fall, she is excited to interact with learners from all over the world right here on campus. She will serve as the associate course director for the International Symposium on Endoscopic Ear Surgery and Current Advances in Otology, the department’s inaugural CME course devoted to this topic. In 2018, she will join other University faculty in the Center for Applied and Translational Sensory Science to teach an undergraduate and graduate student course on equitable solutions for sensory deficits, including imbalance and hearing loss.

At the University, Adams enjoys sharing her knowledge with residents and fellows while digging into cases together. In addition to teaching the necessary medical knowledge to residents, Adams wants to impart the importance of paying attention to detail and building relationships with patients.

“I absolutely love being a physician and I want that to rub off on the residents. I strive to be excellent at each thing I’m doing and I want them to be excellent, too,” she says. “This is an amazing thing we get to do. I hope they come away with some of my excitement for learning and taking care of patients so that they also want to keep learning and striving to get better and better at what they’re doing.”

International Symposium: Endoscopic Ear Surgery and Current Advances in Otology

Date: September 14-15, 2017
Location: DoubleTree, 511 Huron Boulevard, Minneapolis, MN 55414
For more information and registration: http://z.umn.edu/otology

Endoscopic Ear Surgery, Eustachian tube dilation procedures and new imaging modalities are changing the way we treat patients with ear disease. With enriched knowledge and improved surgical access, we are moving to the New Era of “functional ear surgery” with focus on structure preservation and decreased rate of invasive approaches.

The most prominent international experts and researchers in the field of endoscopic ear surgery and contemporary otology are gathering to present, discuss and explore the current dilemmas in treating ear disease through focused lectures, mini-seminars and interactive round table discussions.
Welcome to the graduating Medical School Class of 2017, and my new colleagues. Thank you, President Kaler, Dean Brooks, distinguished faculty, graduating doctors, family and friends.

It is my privilege to briefly address you with optimism for your future, 50 years after my own graduation from the same wonderful and warm institution, still led by many caring, supportive and wise faculty. I have interacted with many of you on clinical rotations at UMH and at HCMC. And today I have the chance to compare and contrast 2017 with what I experienced in 1967. I hope to impart to you the hope and enthusiasm I received, as you start the 50 year career you worked so hard to reach. Medicine has changed for the better and so have I.

I came to Minnesota in 1963 from Brooklyn, New York, not even realizing the Mississippi River originated in Minnesota. I had dark brown hair and a crew cut. Now look at me. My 153 student colleagues included one black man, Peter Kitundu and though he went to college at Macalester in St. Paul, he was from Tanzania. Women comprised only 10% of our graduating class in 1967. Today over 50% of our otolaryngology residency group is female and among them are our best doctors and most facile surgeons. The Twins were in the World Series in 1965 and our senator, not our airport was named Humphrey.

Much of open heart surgery originated at the University of Minnesota Medical School at that time in the operating room and animal laboratories, including heart lung bypass, implantable pacemakers and heart transplantation. While I was a student on rotation in Cardiac Surgery almost all procedures were performed for congenital heart disease or rheumatic valvular damage. Half the patients I looked after died within 30 days. Now surgery in most specialties includes endoscopic, minimally invasive choices using telescopes, microscopes and high definition imaging. Robotic surgery using large consoles is frequent and soon surgeons will be able to direct the work from their home office or garage, and maybe drones will bring the patient to the operating suite. In contrast to the lifelong handicap of children with Tetralogy of Fallot in 1967, presently people like Shawn White can be Olympic gold medal winners after treatment for this complex anatomic birth defect. Gordon Moore’s Law states efficiency in computer chips and computer power doubles every two years. Ideas, inventions and system improvements occur almost that quickly and powerfully in medical science. Patient data is accessible immediately and at your fingertips. Lab results, images, consultations, even when they want you in the operating room — instantaneous! Remarkable progress in understanding disease and how to offer relief and cure is more and more at hand. However, we spend time looking at the flat screen, reading data and not looking at the patient and reading emotion and need. As you begin your life’s work, remember the patient and family need to communicate with you and you with them directly and not coldly by email and twitter, to keep a doctor-patient relationship.

Let us remember that both the world around us and medical science always changes, and ever more rapidly, but basic tenets and ethics remain the same. You need to intercede for your patient in this increasingly complex, confusing and maddening system and get involved in organized medicine locally, and with success and experience in that environment, elevate your visibility as a patient advocate/physician. The degree you will be awarded today includes a sacred trust and awesome responsibility. Patients will empower you to hold their beating heart, touch their brain and will share their deepest, darkest secrets with you alone. Protect that trust.

The basis of being a physician has not changed in 50 years. It can be a tougher battle with fixed 20 minute visits, insurance intermediaries and government regulations. However, the essence of sitting patient-like, while giving those who seek your advice and experience a chance to speak, to understand and to be guided remains. Your patients will need a person, a friend, a sympathetic ear, someone who NOSE them and their life, and can give VOICE to their concerns.

I am very optimistic and excited at the practice of medicine in the coming years and I think your work and your life will be a joy always and I envy your future. I am happy to welcome the Class of 2017, and remember: be skilled, be kind, and be patient, because not only will you be doctors; you will be my doctors.

You have deep roots at the University of Minnesota Department of Otolaryngology. You can continue to nurture your area of interest at the U far into the future with a planned gift:

- Naming the department as a beneficiary of retirement assets or life insurance
- Gifts that provide an income to you or others
- Bequest in a will or trust

For more information, contact U of M Foundation development officer Sarah Barsness: 612 625 5976 or sbarsnes@umn.edu

Dr. Robert Maisel ready to give his commencement speech during the 2017 Medical School Graduation Ceremony.
MEREDITH ADAMS, MD
ASSISTANT PROFESSOR
FOCUS: OTOLARYNGOLOGY, SKULL BASE SURGERY

MERRILL BIEL, MD
ASSISTANT PROFESSOR
FOCUS: GENERAL OTOLARYNGOLOGY

HOLLY BOYER, MD
ASSOCIATE PROFESSOR
FOCUS: RINHOLOGY AND ALLERGIC DISEASES, ENDOSCOPIC SKULL BASE SURGERY

EMIRO CAICEDO-GRANADOS, MD
ASSISTANT PROFESSOR
FOCUS: OTOLARYNGOLOGY, SKULL BASE AND HEAD & NECK SURGERY

HENRY CHANG, MD
ASSISTANT PROFESSOR
FOCUS: GENERAL OTOLARYNGOLOGY

SEBABATTIN CUREOGLU, MD
ASSOCIATE PROFESSOR
FOCUS: TEMPORAL BONE HISTOPATHOLOGY

HARLEY DRESNER, MD
ASSISTANT PROFESSOR
FOCUS: FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

MANUELA FINA, MD
ASSISTANT PROFESSOR
FOCUS: OTOLARYNGOLOGY

MARKUS GAPANY, MD
ASSOCIATE PROFESSOR
FOCUS: HEAD & NECK SURGERY AND VASCULAR RECONSTRUCTION

GEORGE “SHEP” GODING, JR, MD
PROFESSOR
FOCUS: LARYNGEAL AND VOICE DISORDERS, SINUS DISEASE

DAVID HAMLAR JR, MD, DDS
ASSISTANT PROFESSOR
FOCUS: CRANIOFACIAL & SKULL BASE, TRAUMA, H&N RECONSTRUCTION

PETER HILGER, MD
PROFESSOR
FOCUS: AESTHETIC & FACIAL RECONSTRUCTION SURGERY

JENNIFER HSIA, MD
ASSISTANT PROFESSOR
FOCUS: SLEEP SURGERY

CHRISTOPHER HILTON, MD
ASSISTANT PROFESSOR
FOCUS: GENERAL OTOLARYNGOLOGY

TINA HUANG, MD
ASSISTANT PROFESSOR
FOCUS: NEUROTOLOGY, COCHLEAR IMPLANTS

LUKE JAKUBOWSKI, MD
ASSISTANT PROFESSOR
FOCUS: PEDIATRIC OTOLARYNGOLOGY

SETH JANUS, MD
ASSISTANT PROFESSOR
FOCUS: GENERAL OTOLARYNGOLOGY, SINUS SURGERY

STEVEN JUHN, MD
PROFESSOR EMERITUS
FOCUS: MIDDLE EAR INFLAMMATION AND MANAGEMENT

SOBIA KHAJA, MD
ASSISTANT PROFESSOR
FOCUS: HEAD & NECK CANCER, MICROVASCULAR RECONSTRUCTION

SAMIR KARIWALA, MD
ASSOCIATE PROFESSOR
FOCUS: HEAD & NECK CANCER, MICROVASCULAR RECONSTRUCTION

NICOLE KWON, PHD
ASSISTANT PROFESSOR
FOCUS: OTOPATHOLOGY

TIM LANDER, MD
ASSISTANT PROFESSOR
FOCUS: PEDIATRIC OTOLARYNGOLOGY

AMY ANNE LASSIG, MD
ASSISTANT PROFESSOR
FOCUS: HEAD & NECK CANCER, MICROVASCULAR RECONSTRUCTION

SAMUEL LEVINE, MD
PROFESSOR
FOCUS: NEUROTOLOGY, STAPES PROCEDURES, ACoustic NEUroma

HUBERT LIM, PHD
ASSOCIATE PROFESSOR
FOCUS: NEURAL PROSTHESIS, AUDITORY NEUROSCIENCE, NEURAL PLASTICITY

JIZHEN LIN, MD
ASSOCIATE PROFESSOR
FOCUS: OTITIS MEDIA, MUCOUS CELL METAPLASIA

SOFIA LYFORD-PIKE, MD
ASSISTANT PROFESSOR
FOCUS: FACIAL PLASTIC & RECONSTRUCTIVE SURGERY, FACIAL PARALYSIS

ROBERT MAISEL, MD
PROFESSOR
FOCUS: HEAD & NECK CANCER, AGE RELATED HEARING LOSS

ABBY MEYER, MD
ASSISTANT PROFESSOR
FOCUS: PEDIATRIC OTOLARYNGOLOGY

VLADIMIR TSUPRUN, PHD
ASSISTANT PROFESSOR
FOCUS: TEMPORAL BONE ANATOMY & PATHOLOGY

WILLIAM WALSH, MD
ASSISTANT PROFESSOR
FOCUS: FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

BEVAN YUEH, MD, MPH
PROFESSOR & CHAIR
FOCUS: HEAD & NECK CANCER, AGE RELATED HEARING LOSS
Amongst the joy and celebration at the Otolaryngology Class of 2017 resident and fellow graduation ceremony, students, faculty, and special guests took a reflective pause to honor alum Dr. Joseph Carter (1980), who passed unexpectedly in August of 2016. A pillar in his community and the field of Otolaryngology, Dr. Carter was known for his compassion, sense of humor, and genuine concern for his patients. His impact resonated beyond his practice. Following news of his death, classmate Dr. Timothy Jung (1980) collaborated with the University of Minnesota Foundation to establish a memorial fund aimed at paying homage to the qualities his friend and former fellow-resident was known for, while providing financial awards to worthy residents following in Dr. Carter’s footsteps. Along with his own generous gift, Dr. Jung developed an appeal to Otolaryngology alums, encouraging them to make a 100% tax-deductible gift in Dr. Carter’s honor. The multifaceted Dr. Joseph Carter Award in Otolaryngology was presented for the first time during the June ceremony. The goal of the fund is to exceed $25,000, to ensure Dr. Carter’s memory persists in perpetuity, and that students present and future are recognized who passionately and compassionately shape their field and communities, the same way Dr. Carter did for over 35 years.

The first award, The Dr. Joseph Carter Award for Humanism, is for a senior resident—this year, Dr. Jeffrey Dorrity—who exemplifies strong moral fiber, including empathy and understanding for patients and colleagues, one who represents the type of cross-collaboration Dr. Carter was known for, which is crucial in residency and beyond. The second award, The Dr. Joseph Carter Award for Clinical Excellence, honors a Chief Resident—this year, Dr. Nicholas Wirtz—who is nominated by her or his peers for outstanding clinical and surgical care.

The evening concluded with a tribute from Dr. Carter’s wife and daughter—Allison and Sasha Carter—who attended the event to speak about Joe, and to wish the newly awarded residents well. Dr. Timothy Jung gave a warm remembrance and Dr. Craig Foster also attended to honor Dr. Carter.

Heartfelt comments from a few of Dr. Carter’s patients:

“My daughter hears because of Dr. Carter. He performed her first surgery at the age of two and performed four others after that. She is now 17. We have never met a more compassionate, funny, happy, concerned person or doctor ever until him.”

“Dr. Carter made such a difference in our son’s life when he performed four ear tube surgeries; we have photos of him at the hospital. A truly caring man, we are devastated to hear of his sudden death.”

“Dr. Carter was the best doctor. He was my third opinion. After everyone else gave up on my ears and hearing, he never did. He performed several procedures, and now I have Baha implants and can hear. He will truly be missed.”

Excerpts of the letter sent by Dr. Jung to Dr. Carter’s classmates below is below; for questions or inquiries regarding supporting the memorial fund, please contact Sarah Barsness, Development Office at the UMN Foundation, at 612-625-5976 or sbarsnes@umn.edu.

In honor of Dr. Carter, I have partnered with the Department of Otolaryngology to create an award which will be presented each year to a resident during graduation ceremonies. This letter is an invitation to you to join me in contributing to this fund. To date, we have raised $10,000 and once we reach $25,000, this fund will be considered an endowment. An endowment is important, because it means the fund will live on in perpetuity and will annually produce the dollars needed for the award (University of Minnesota Foundation policy allow 4.5% of any endowed fund to be made available).

Again, thank you for your time and consideration to this request; I hope you join me in honoring our friend’s memory by supporting the next generation of talented and exceptional otolaryngologists.
Mark Your Calendar

Monday, August 28, 2017
Adams Lecture
Ashok Shaha, MD, FACS
PWB 8-335

April 18-22, 2018
COSM
National Harbor, Maryland

Monday, September 11, 2017
Boies Alumni Reception
Hub 51
Chicago, IL

Saturday, June 2, 2018
Lions D-Feet Walk
MN Landscape Arboretum
Chaska, MN

Friday, January 5, 2018
John Young Lecture
Tucker Woodson, MD
PWB 8-335

Friday, June 15, 2018
Department Graduation