

NOVEMBER 2023

Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary



November 23rd

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The Beginning

Dr. Arthur W. Weaver is a native Michigianian and was the proud product of Michigianian parents on both sides. He was born in Arpin, Wisconsin on Thanksgiving Day, November 29, 1923. Prior to Dr. Weaver's birth, his father was the Dean of Boys at the Bethel Academy, which was a Seventh-Day Adventist boarding secondary school in Wisconsin; his mother, Olive, served as the school nurse at that institution. They later moved to the Fox River Academy in Seridan, Illinois where his father served as principal. Art remembers the many pleasant things that happened in Fox River up until the time that he went with his father to Chicago on October 29, 1929 to purchase some construction materials; he recalls to this day the newsboy shouting, "Stock Market Crash! Stock Market Crash!" He soon learned that this was the beginning of a financial hardship known to this day as the Great Depression. Many people became unemployed or changed jobs as a result of the Great Depression. His father began to go to summer school, taking classes in the daytime and working at the College Wood Products as a night shift supervisor. This resulted in the children taking on increased responsibility and Art, as a seven-year-old, learned how to milk the cow each morning and evening. Art learned from his father's activities that, in times of hardship, there are many ways to make a living and keep the family well fed. His dad finished his B.A. degree in secondary education in January, 1933. Despite his education, jobs at that time were difficult and returning to teaching was not an option. Parenthetically, during these years, the editor's immigrant farmer dad worked two half-days a week in the factory; the only other person on his block who was working was the postman who worked five half-days per week; times were tough. During the latter part of the Great Depression, Art's father was offered the job as principle of the Adelpian Academy in Holly, Michigan. This boarding school, like all schools at the time, was in desperate financial straits so that other sources of income, through hard work, continued to be needed.



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During his developmental years, Dr. Weaver had the privilege of working with his grandparents on their farm. This allowed him to learn many things about farms and about working at many different jobs and being self-sufficient as farmers must be. He was given many jobs and learned many lessons, such as the role of an ice-house which would be an earth-insulated structure where large chunks of ice were placed in order to help keep the milk and cream cool during the summertime. He learned many practical things during this period; for example, an umbrella does not serve as a functional parachute when jumping off of the hay loft. Fortunately, the floor of the barn was covered with hay which protected him from sustaining multiple fractures when the umbrella failed in its function as a parachute. He learned that using a B.B. gun to shoot chickens resulted in money that had to be paid to reimburse the next door neighbor and that this money provided by his grandma to the next door neighbor resulted in Art having to shuck corn at the rate of one nickel per bushel until the money was reimbursed for grandma. Grandma never chastised him, a lesson that stayed with him during his later teaching years. There were many other practical lessons learned from the devilish things that young boys did on the farm. Survival while working at the Adelpian Mill was made possible by multiple small jobs making products which were in short supply so that the institution could pay the bills during the war years and continue their education of children.

During his high school years, Art learned many practical things, including carpentry, as he worked with his father in order to refurbish an old house. Learning the trades related to refurbishing an old house stayed with him for the rest of his life as he used these skills in some of his later missionary activities following his attainment of his medical degree. As the allies became more involved in the war against Hitler's Germany, jobs became more available, and wages gradually increased. Art remembers how the cost of a double dip ice cream cone rose from one nickel to 15 cents. Besides studies and part-time jobs, Art was also involved in athletics during his high school years, and like all teenagers, began to think about dating. He remembers his father's teasing him about one of the girls he dated, "How can you date her? She starts her mouth going and goes off and leaves it." During these high school years, he met a new student, Ms. Natalie Wheeker, who came to Adelpian Academy for her senior year after her mother was widowed and could no longer support private education at the Adventist Church in Imlay City. Following graduation from high school, Art and Natalie began to date.

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On his 18th birthday, Art was required to register for the draft shortly before December 7, 1941, when Japan bombed Pearl Harbor, followed shortly thereafter by the declaration of war by Germany on the United States. This was a terrible mistake by Hitler since it allowed Congress to reciprocate by declaring war on Germany and re-direct our production activities to a full-time war economy. The country rapidly moved from the “Land Lease” program whereby the U.S.A. provided England with arms versus all-out war across both oceans with Japan and Germany.

Following completion of high school and the summer thereafter, Art enrolled at the Emmanuel Missionary College (now Andrews University) and took pre-medical classes since he wanted to be a physician. He had read the experiences of Dr. Albert Schweitzer in Africa and became enamored with his activities. Dr. Schweitzer was recognized as the most distinguished person of the first half of the 19th century and had doctorate degrees in music, philosophy, divinity, and, last of all, medicine. Dr. Schweitzer was the stimulus for many individuals going on to higher education, particularly, in the field of medicine. This idyllic existence for the future soldier Weaver came to an abrupt end when he received “greetings” from the President of the United States, Franklin Delano Roosevelt, requesting his appearance for a physical examination at the Fort Shelby Hotel in Detroit in preparation for becoming a member of the armed forces. One of his favorite teachers, Mrs. Edwards, told him that, “You have one more semester of French to complete your pre-med requirements. I am afraid you might have trouble getting back into the study of French if you are gone very long. I would like to create a special correspondence course for you so that you may complete this necessary requirement. I will petition the faculty and, I am sure, they will let me do this.” Art completed this correspondence course and met the Language requirements for acceptance into medical school.

The Soldier

Soldier Weaver began his military career by taking a train from Holly, Michigan to Battle Creek, Michigan where there was a truck labelled “Camp Custer,” named after the famous Civil War cavalry leader, General George Custer, who prevented the Rebel Cavalry under the leadership of General John McGruder, from getting reinforcements to General Lee at Gettysburg and thus secured the victory for General Grant over General Lee in that crucial battle of our Civil War. Once arriving in Camp Custer, he requested of the authorities that he not be required to bear arms and was, therefore, assigned to the “Medical Corps.”

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Almost all of his fellow recruits came from the hills of North Carolina, resulting in Art quickly developing a dislike for “country western music.” He and his other colleagues in basic training learned that they were not in excellent physical condition as their leader, a Corporal, put them through all sorts of punishing physical activities as part of routine basic training. He describes how he did so many push ups, his belly hurt whenever he tried to laugh.

One day while in the latrine, he overheard staff sergeants complaining that these are the “worst recruits we ever had,” and in the process, they were using many words not present in the Oxford English Dictionary. Soldier Weaver was so distressed by their language that he suggested that “they look in the mirror.” This resulted in his receiving a special assignment to the KP (Kitchen Police). Art became an expert at loading and unloading trucks, scrubbing the cement floor until it was more than perfectly clean, and peeling potatoes. After he had spent some time in KP, the sergeant in charge of education wondered what happened to his prize student and quickly arranged to get him back into the education program; this education sergeant outranked the staff sergeant who had put him on KP. Because soldier Weaver had scored well on his tests and was in the Medical Corps, he was transferred to Fitzsimmons General Hospital (FGH) in Denver in order to be trained as an Army pharmacist. FGH was a large hospital dedicated to the military training of nurses, surgical assistants, med techs, x-ray techs, physiotherapists, and pharmacists. All of these programs were condensed into three months of intense training. Soldier Weaver met with the captain in charge of the pharmacy program and explained his desire not to have formal classes on Saturdays, because of his religious beliefs. When told that this is a six-day program, Art explained that he would study hard in order to do well on the test. Soldier Weaver gave it a try and, true to his word, did well on the test, but on Sundays when the others had a day off, he would mix the various medicinal compounds in the pharmacy needed for patients.

After completing his training as an Army pharmacist, he was transferred to Fort Mason in San Francisco and was assigned to quarters in what had been the warehouse of the Ghirardelli Chocolate factory; this had been converted into a large military barracks which was used to make critical materials for Army transport ships. He was assigned to the “Cape Flannery” which, because of the war, had been converted from a large cargo ship into a troop transport ship. Appropriate armament was added, along with anti-submarine

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capabilities in order to protect the troops as they crossed the ocean. The ship had been modified in order to accommodate all of the medical needs, including pharmacy, that the large number of troops might need. Those running the ship were the Merchant Marines, which would be the same people who were in charge of the ship prior to conversion to a troop transport ship. This was all part of the conversion from a powerful industrial nation to a powerful military nation requiring transport of armaments and troops to the other side of the world. The troops were being transferred to Australia and made a stop in Honolulu which had recovered from the dastardly attack by the Japanese when Pearl Harbor was severely injured on December 7, 1941. While in Hawaii, soldier Weaver had his first taste of tropical fruit and has been a fan of such ever since. The Japanese at the time had occupied part of New Guinea so that the transport of troops in this area was quite dangerous as the waterways were contested by U.S. and Japanese submarines and overhead planes. Many U.S. territories had already been overwhelmed by the Japanese forces. This activity occurred shortly after the Japanese conquered Corregidor, which was followed by the forced march of captured U.S. soldiers of the Bataan Peninsula which led to over 14,000 U.S. military casualties. About the time General MacArthur made his famous statement, "I will return," Soldier Weaver was fortunate in that the U.S. had already won the Battle of Midway and now had better control of transport following the Battle of the Coral Sea. During June of 1942, the famous Battle of Midway took place as the Japanese hoped to conquer Midway and prevent the U.S. from using this strategic island to support their battle for the Pacific. Many soldiers, planes, and ships were sunk on both sides, but the U.S. was victorious in protecting Midway, which continued to be a strategic support base for the remainder of the Pacific war.

Communications between family members and his future wife, Natalie, were by U.S. mail. Occasionally, they would get into port in order to replace their supplies in San Francisco, and soldier Weaver was amused by the fact that he would go out to have dinner with one of his friends, whereas his young colleagues would go out drinking. They would come back and tell soldier Weaver what a great time they had, to which soldier Weaver would ask, "What did you do?" The response would often be, "I don't know, but we must have had a great time because I have such a horrendous headache." Later they would say, "Weaver, could you lend me some money until next pay day?" Obviously, they had spent several months pay in one drinking night. During one of these stays in San Francisco, the Master Sergeant told soldier Weaver on a Friday of the first weekend he was there that the schedule called for a six-day work week. When soldier Weaver explained to



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him that Saturday was the Seventh-Day Adventist day which precluded work, the sergeant responded, "No, I expect you here tomorrow, and the Colonel is responsible for this order." Disobeying a superior's order almost routinely resulted in spending some time in the brig. That Sabbath morning, Art put on his dress duds rather than working duds and was questioned by the sergeant, "Weaver, where are you going?", to which soldier Weaver responded, "Sergeant, I'm going to see the Colonel." The sergeant was obviously intimidated by his response, and he said, "Well, if that's the way you feel about it, here, I'll give you a pass." Of course, that meant that soldier Weaver had to work in the pharmacy on Sunday when the other troops had the day off.

One of the first islands, Bora Bora, was not occupied by the Japanese, and there was a small U.S. defense core there. There were several soldiers who had to be brought on board because they had contracted Leishmaniasis, a tropical protozoan disease that was common in that part of the world. Following this escapade at Bora Bora, the ships moved up the Solomon Islands which were chosen for the first counterattack against the Japanese. This was the beginning of many battles between the Navy, Marines, and Army against their counterparts in the Japanese military. The Americans at that time learned that the Japanese were tenacious fighters and would rather die than be taken captive. One of the crucial areas for both sides was the area around Guadalcanal and San Isabel Island, which was sometimes referred to as "the slot," due to the heavy movement of ships bringing soldiers and supplies for the Japanese defense of these islands. So many ships on each side were sunk that the area became known as "iron bottom sea." The casualties were tremendous. The Japanese had 36,000 troops who occupied Guadalcanal. During the ensuing battle, 15,000 were killed, 10,000 died of sickness and injuries, and 1,000 were captured. The U.S. sent in 60,000 men, of whom 1,600 were killed. When soldier Weaver's ship arrived at Tulagi, both Tulagi and Guadalcanal were in U.S. hands, which provided an opportunity for the U.S. to move westward toward the Japanese homeland and the Philippines. Soldier Weaver remembers the different accents used by the Australian colleagues; when they were in shallow water, one hollered out, "I sai thar, you are in dangerously shallow water." About that time, they felt the crunch as the ship came over the reef. Fortunately, the incident only caused a dent in the ship and when they were pulled off the reef by a tug, they were able to continue in their regular activities.

Soldier Weaver's ship was also involved in the transport of Australian troops. One time

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when they transported these troops from Brisbane to Port Moresby, he took advantage to go to the Army Field Hospital located there in order to meet one of his grade school friends. When he arrived, he found out that his good buddy was in the hospital as a patient with severe weeping dermatitis, which is called “jungle crud.” This dermatitis was thought to be of fungus origin at the time, but it was later identified as a complication of the Atabrin therapy that was being dispensed as an anti-malarial drug. They had a great reunion, and soldier Weaver brought him to the ship after telling the ship’s cook to prepare all the good things that his good friend liked to eat, after which they opened up the freezer so that his friend could enjoy many different types of ice cream. By this time, the U.S. had cleared the area around Australia which was no longer in danger from the Japanese forces.

The next assignment for soldier Weaver and his crew members was initially not made known to the crew as they continued their westward journey. They were a single ship initially so that it was clear that they were not going to soon be in a large naval battle, so that the crew was surprised to hear an announcement, “Everyone must stay away from the gunnels of the ship. We are in dangerously hot water (enemy submarines likely), and if anyone should fall overboard, we could not risk stopping to pick him up.” As soldier Weaver continued his pharmacy duties, the ship’s horn, which sends out messages, sounded different from what he had ever heard before, and his thinking was, “This must be a submarine attack, and they are trying to avoid torpedoes.” It turned out that one of the marines had fallen into the water and could be seen yelling “Help!” as the distance from the marine and the ship rapidly increased. Soldier Weaver thought that the marine was surely going to drown, but shortly after, another ship could be seen heading toward the marine, and they were able to witness the marine being pulled aboard. There were many cheers.

Not long at that event, they arrived at the coast of Okinawa and were part of a huge armada of ships. Okinawa is only 350 miles south of Kyushu, which is Japan’s southernmost large island. Formosa was 330 miles to the southeast. Both of these islands supported the very active Japanese air fields and thus were very important in preventing the continued advancement of the American fleet. They had to be taken.

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The first invasion of Okinawa began on Easter Sunday, April 1, 1945 when 172,000 fighting marines and army soldiers, in addition to 115,000 support troops under the command of Lt General Simon Bolivar Buckner whose father was a Confederate officer who fought against General Grant during our Civil War. Although the initial assault and the establishment of a beachhead went well, the island could not be secured for another eight weeks because the Japanese were well entrenched in caves, tunnels, and mountainous areas, which resulted in many Americans being killed. General Buckner was killed by a Japanese shell shortly after the beachhead was obtained. The Americans had 7,700 killed and over 30,000 wounded, in addition to another 25,000 who came up with some type of illness. The Japanese suffered over 100,000 killed, and the native Okinawans had over 150,000 deaths, which was about one out of every three citizens. Part of the frustrating adversity that had to be overcome during this battle included the many kamikaze bombers who would crash their planes in a suicidal mission, causing huge explosions. The sailors would be ordered to their battle stations each time that the kamikazes attacked. The Japanese also used suicide PT boats, so that the ship gunners had to eye the waters very carefully in order to try to blow up the PT boat before the suicide boat hit the ship and caused huge explosions. The Japanese also sent out a battleship, "Yamato," which was on a suicide mission to reach the beach where active fighting was taking place and do their best to kill Americans until they themselves were killed. Fortunately, American planes spotted the Yamato not long after it left the Japanese mainland and sunk the ship before it reached its destination. After Okinawa was secured and their ship was going back to Guam, soldier Weaver met an officer from the ship that picked up the marine who had fallen overboard; he asked, "What did you do with the fellow who you rescued from the sea?" He was told the answer was, "We put him to peeling potatoes; he was the best potato peeler the Navy ever had." Soldier Weaver also learned that the marine fell into the sea because he was breaking rules and doing things that he should not have been doing. That is one of the reasons that he became an expert potato peeler. During the return trip from Okinawa, the crew members were informed that President Franklin Delano Roosevelt had died on April 12 of a cerebral hemorrhage, and Harry S. Truman was now President and Commander of the Armed Forces. Later in April, the crew learned that Adolf Hitler had committed suicide on April 30 and that on May 8, Germany had surrendered unconditionally. One half of the battle to defeat the Germans and the Japanese was now over.

Soldier Weaver has a special remembrance of one of the heroes of Okinawa. This was

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Trooper Desmond T. Doss who was a non-combatant medic of Company Bin the 77th Infantry Division. As a Seventh-Day Adventist, he often was criticized by his colleagues for not being armed and participating in killing the enemy. This infantry division served during the battles on Guam, Leyte, and Okinawa. During these battles, the Japanese who were hidden in caves, would come out at night and kill American soldiers by throwing hand grenades into their protected positions. At one time, four of Doss' teammates were wounded close to the Japanese caves and were in a precarious position. Doss managed to carry each of them on four separate trips in order to bring them back to a safe position. The Japanese counterattack was so effective that orders were made to retreat. Unfortunately, 55 of the soldiers who were on the high embankment could not get down. Doss was one of those left on top with this contingent. Using a rope wrapped around each wounded soldier and a tree stump for assistance, Doss began lowering the wounded troops one-by-one to safety below while under constant enemy fire. He is credited with saving 75 of his fellow soldiers as he himself was wounded by both an exploding grenade and armor fire. When he was finally in a safe position and being taken to the field hospital, he realized that his favorite Bible was not with him. His fellow soldiers recognized that importance of this Bible to him, and a small contingent returned to the dangerous area in order to get the Bible back to Doss. This beautiful story is nicely summarized in one of the Hollywood movies dedicated to Corporal Doss who was later honored by President Truman who bestowed upon him the Medal of Honor, which is America's highest award for bravery.

Following the unconditional surrender of Germany, soldier Weaver was assigned to transfer soldiers from the European campaign to engage in the invasion of Japan with a short furlough in California. This allowed soldier Weaver to get back to Michigan. Arthur and Natalie were married on June 26, 1945 at the Holly Seventh-Day Adventist Church. Natalie borrowed a wedding dress from her Adelpian Academy roommate. Their sisters served as bridesmaids, each wearing a dress from their closet. Since soldiers could not be out of uniform during the war, Dr. Weaver wore his dress uniform. This was a simple wedding, without the need for tuxedo and fancy gowns. Dr. Weaver has often instructed his children, "The cost of the wedding does not determine the success of the marriage. Put your emphasis on the marriage rather than the wedding."

This horrible conflict resulted in almost 300,000 American deaths and over 50 million

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deaths worldwide, with the majority of these deaths being civilian. Russia alone suffered more than 20 million deaths. The real turning of the war occurred in 1944 when Eisenhower led an assault on Normandy with over 130,000 troops and, nine days later, the U.S. forces invaded Saipan to begin the gradual assault through the Pacific Islands toward Hawaii with over 100,000 U.S. troops. All of these troops on both sides of the world were fully supported by air coverage, and all movement of troops was carried by ship. This demonstrated a huge commitment that the U.S. made when they changed from a commercial economy to a military footing to fight a huge war on both sides of the world. Admiral Nimetz planned to re-take Guam and occupy Saipan and Tinian which would allow for new air bases to bring Japan within reach of the new B-29 "Super Fortress" bombers. The Japanese were well prepared for these attacks in that there were many under water demolition units which had to be deactivated by Frog men as the offshore battleships raised havoc on the Japanese occupied islands prior to the onslaught of the marines coming ashore under extensive machine gun fire provided by the Japanese defenders. Soldier Weaver describes one comment made by a wounded marine, "All hell was breaking loose, shells were hitting all around our landing craft." One of the veteran marines told his wounded colleague, "It looks like this will be a tough one, fellas," as the Japanese peppered them with shells while the marines got out of their landing crafts and walked through the water to the shore. Ten percent of these attacking marines were either wounded or killed during the capture of the beaches on this island. Soldier Weaver foolishly decided to go ashore where he picked up a helmet with a bullet hole and a gas mask as souvenirs. As he walked towards where the action was taking place, he suddenly realized how foolish he was, being an unarmed Medical Corps person, and returned to the ship where he and his colleagues could see the ongoing havoc being raised by the two fighting forces. During this time, there was intense naval warfare by large Japanese and American fleets, supported by aircraft carriers and many planes. Fortunately, the U.S. forces were able to prevent the Japanese planes from getting through to the U.S. aircraft carriers. U.S. submarines were very helpful in destroying two of the Japanese fleet carriers, which severely compromised their efforts to wipe out the American carriers. Soldier Weaver's ship was rapidly filled with injured marines who overwhelmed their 12-bed hospital ward as the ship with over 100 "walking wounded" requiring care. Soldier Weaver described how the awful challenges faced by the medical personnel resulted in him having his first bout of terrible nausea while on the seas. This was at the time when the Japanese, as part of their defense, had special dedicated kamikaze pilots who would dive their planes, which were loaded with explosives, onto the American ships, hollering, "Bonsai,"

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indicating “10,000 years” as the soldier was ready to die for the Emperor and be assured of eternal life hereafter. Kamikaze means “divine wind” and is a reference to the 13th century fleet of Kublai Kahn that was driven away from Japan by two severe storms. Soldier Weaver humorously describes how one soldier related his encounter as the Japanese were throwing our grenades back at us; he was in a fox hole, shaking like a leaf, and was hit by shrapnel in his left shoulder. He also had a bayonet thrust through him. He thought he was going to die, and he promised the Lord that, “If He would get me out of this alive, he would never drink another drop of whiskey in his life.” Soldier Weaver inquired as to whether he was going to keep his promise, and the soldier replied, “Nah, I think I was just scared.”

The conquering of Saipan took 18 days. The Americans had over 3,000 killed and 13,000 wounded, whereas the Japanese lost over 24,000 men with 1,700 taken prisoner. This highlighted the fact that the Japanese soldiers were dedicated to continuing the fight without surrendering. Near the end of the campaign when the remaining Japanese soldiers and civilians were surrounded, General Saiton and Admiral Naguma committed suicide in their command bunker caves. Many of the remaining thousands of Japanese soldiers committed suicide by plunging off the cliffs onto the rocks and surf below while they encouraged the civilians to do the same, which included hooting at them. The Isle of Tinian is located five miles south of Saipan, and it was attacked by a separate force a few days later and was secured by August 2, after which a B-29 air base was quickly established. By securing Guam and Tinian, the U.S. now had the ability to directly attack the Japanese homeland with their fleet of B-29 bombers.

After securing these islands, the U.S., under the leadership of General MacArthur, to re-take the Philippines, he led a huge force which was even greater than the force that Eisenhower led when he invaded Normandy. This resulted in the largest naval battle ever seen in the world as the U.S. forces invaded at the Gulf of Leyte and subsequently re-took Luzon. During this huge naval battle, the Americans lost one light carrier and two escort carriers, three destroyers, three submarines, and several planes. The Japanese, meanwhile, lost four carriers, three battleships, ten cruisers, 11 destroyers, 4 submarines, and over 100 aircraft. Over a quarter of a million land troops were involved in these operations, and it took to the end of December of 1944 for the Philippines to be secured. The huge loss of Japanese armament and soldiers pretty much determined the end result of

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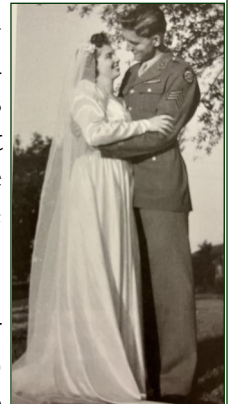
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the war in that the Japanese really did not have the troops and armaments to defend their homeland after this huge naval battle.

While these military activities were taking place, Dr. Weaver and his colleagues were making the trip back to San Francisco so that the wounded marines could get definitive care. Upon arriving in San Francisco, he was given a year-end furlough and finally came to his senses and realized that Natalie was the girl that he wanted to marry. On New Year's Eve, while he was at this parents' home, he proposed marriage, and she accepted. The furlough was quite short, and soon thereafter he was back in San Francisco, assigned to another army transport ship, the "Exchange." This, of course, meant a new group of Merchant Marine crew with new naval gunmen, new medics, and a new medical officer in charge. Now it was time to get back to the war zone and help injured marines. One of the chores that he had to perform as the ship pharmacist was to create mixtures, which included "Terpinhydrate with codeine," along with "tincture of Sweet Orange Peel."

When he was preparing this compound, he was suspicious that the proper mixture was incorrect. He checked the liquid with a hygrometer, and it had the same density as water rather than alcohol. He then noticed that one of his medical crewmen often had an alcohol aroma on his breath. When this crewman was asleep, he removed the keys from his pants pocket and checked his locker; there he found many bottles of ethyl alcohol. When soldier Weaver confronted him in the morning, the crewman responded, "I was reared as a Mormon and am not supposed to drink alcohol. Unfortunately, I began drinking which makes me feel guilty. I can only get rid of the guilt by drowning the guilt with more alcohol." Following that episode, soldier Weaver took better care of the keys to the pharmacy.



Soldier Arthur Weaver and his bride, Natalie

Following the control of this part of the Pacific, plans were being made for the invasion of the Japanese homeland. The number of American and Allied casualties in such an invasion was thought by military personnel to exceed over a quarter of a million soldiers with even more casualties suffered by the Japanese. Throughout the war, efforts were being made around the country to develop atomic warfare, and this was achieved in the Spring of 1945. Soldier Weaver's Merchant Marine ship sailed for Cherbourg, France in order to transport European soldiers to the Pacific War in order to complete the efforts to conquer Japan. Just as they were leaving France, they learned that the B-29 bomber #82 flown by Colonel Paul Tibbets had made arrangements to the first of two atomic bombs. He named



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“Little Boy” on Hiroshima, followed on August 9 when they dropped “Fat Boy” on Nagasaki. The results were devastating and when soldier Weaver arrived in Marseilles on August 15, the Japanese had already surrendered. This process was confirmed in writing on the Missouri, which had been severely damaged at Pearl Harbor, on September 3, 1945. The second half of the German/Japanese armed forces had been defeated, and soldier Weaver could now be brought back to the States with his soldiering days a matter of history. A very happy date for soldier Weaver occurred on November 20, 1945, when he arrived at Camp Atterbury, Indiana and received his Honorable Discharge.

The Surgeon

Following the completion of World War II, Arthur and Natalie returned to civilian life. Natalie was in her first year of nursing school at the St. Helena Sanatorium and Hospital, and Arthur was able to attend the Pacific Union College in the nearby mountainous area. The fiscal status for both was not perfect but fortunately, the United States Congress had passed the GI Bill of Rights, which supported education for millions of ex-servicemen based upon the number of years that they had contributed their efforts in the military. During his third college year in the pre-medical curriculum, Dr. Weaver applied to the College of Medical Evangelists (which I now know as Loma Linda University) for medical school admission. He was one of the few third year pre-medical applicants to be accepted. Each year, the two of them and their young family would take the train to Michigan to visit family, buy a used car while in Michigan, and drive it back to California at the end of the summer in order to sell the car since used cars were much more expensive in California. This helped to pay for the tuition and medical expenses.

Following his discharge from the military, Dr. Weaver re-focused his education and completed his BA degree at the Pacific Union College in Angwin, California in 1948 and then entered the Loma Linda University, where he graduated from medical school with High Honors in 1952.

The Federal GI Bill of Rights program only covered part of the medical school expenses, so the two of them learned to be quite frugal in their daily activities. He also supplemented his income by performing anatomical dissections for his anatomy professor, Dr. Sammy Crooks, who was in the process of publishing Anatomical Dissection. Arthur and Natalie

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

continued to be prolific, and child #2, Donald Willard Weaver, was born on June 26, 1949.

Following the two basic science years at Loma Linda University, Arthur and his classmates were able to experience the clinical years at the Los Angeles County Hospital (LACH). Like all city and county hospitals, LACH provided him and his medical student colleagues the opportunity to be exposed to many challenges which fall within the category of many different specialties.

Following medical school, Dr. Weaver had to make a decision regarding his internship and residency. He found all of the specialties interesting with the one exception of Psychiatry. He points out that at the time, Freudian concepts of mental illness always had something related to some sort of sexual problem. He recalls how one psychiatric patient that he presented on clinical round did not appear to have any sexual association with his illness. The attending psychiatrist began questioning the patient and became quite excited when he found out that the man worked in a nut and bolt factory. This association somehow convinced the psychiatric attending physician that this employment related to “nuts” was the sexual connection.

The next choice was where to work. He considered both the Detroit Receiving Hospital and the Pontiac General Hospital (PGH) as good opportunities. Because the PGH had an association with the University of Michigan and it was close to Holly, Michigan where his family lived, he chose PGH. During his internship, Arthur and Natalie were again blessed by the birth of Sharon Ann on November 20, 1952. PGH had an active trauma service at the time, and general surgery did much of the orthopaedic surgery; he had the opportunity to nail 30 fractured hips. He also received extensive experience with pulmonary lobectomies and pneumonectomies for smoking-related lung cancer. The two of them continued to be prolific, and on November 9, 1954, Robert Ernest was born. Later during his residency, Susan Lynn was born on September 11, 1957. After the completion of his General Surgery training, he did a two-year Cardiothoracic Fellowship under the tutelage of Dr. Arnold Brow, a well-known general and thoracic surgeon.

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

Following completion of his training, he continued to work at PGH and was always the individual who would cover the Emergency Department on New Year's Eve when others might be out celebrating. He recalls one New Year's Eve when he treated a patient who had multiple fractures and abdominal injuries after driving home from the bar when he struck a large tree next to his home. Dr. Weaver encouraged him to quit drinking, but his advice was not accepted as two years later on New Year's Eve, he again was brought into the Emergency Department with multiple injuries and after recovery related the same story that when he was driving home following a long New Year's Day celebration at the bar, he hit the same large tree near his home. Dr. Weaver tried to convince him that he should give up diving while drunk or else the same misfortune might re-occur. The man responded, "You don't need to worry, doc, as soon as I am able, I will cut that tree down." Meanwhile, Arthur and Natalie continued to be productive, and Ellen Jean was born on November 28, 2959.

While enjoying life as a private practicing surgeon at PGH, Dr. Weaver received a call from the Southern Asia Division of the General Conference of Seventh-Day Adventists, asking him whether he would be willing to accept a call to serve as the Chief of Surgery for the Karachi Adventist Hospital in Pakistan. Dr. Weaver admitted to himself that he had always had an interest in being a missionary surgeon, but now with six children and a busy surgical practice, he did not think this was such a great idea. He responded to his caller, "I think we will have to pray about this." Dr. Weaver was familiar with this hospital since his sister and her physician husband had served several years there. His financial considerations were overwhelmed by his inner need to serve other so that on Thanksgiving Day of 1961, the Weaver clan boarded the "Steel Fabricator," a C-3 type freighter similar to those that he had been on during the Pacific Campaign.

The Karachi Adventist Hospital was located on the main thoroughfare in Karachi and was considered to be the best hospital in the area. The basic medical specialties, such as Internal Medicine, Anesthesiology, and General Practice were represented, whereas Dr. Weaver was "The Surgeon." As might be expected, the physicians there were faced with different challenges than those which are seen in the western world. The three most common causes of fever were typhoid, malaria, and hepatic amoebic abscess. The amoeba would sometimes track up through the diaphragm into the lung where they would be coughed up. He recalls at one time that he had three patients on the ward who were

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

coughing “anchovies sauce” sputum, which were amoeba. The most common cause of “acute abdomen” was a perforated ileum due to typhoid. Intestinal obstruction would often be caused by a bolus of ascaris worms or tuberculous peritonitis. The ascaris would sometimes find their way into the biliary system and cause common bile duct obstruction. Tuberculosis was everywhere. Tuberculosis of the spine (Pott’s Disease) would often lead to paralysis. These patients would be given Streptomycin prior to operation when the tuberculous abscess would be drained and a bone graft placed into the vertebra with bone harvested from the iliac crest. Sometimes the paralysis would disappear following operation. Colon cancer was rare and, during his stay there, he only treated one patient for colon malignancy although amoebomas could sometimes mimic colon cancer. Kidney, bladder, and ureteral stones were common, and Dr. Weaver became an expert at basketing ureteral calculi. The operating team was very efficient with dedicated personnel, providing everything that is necessary in order to make sure that the patients got the best care.

A common problem for Dr. Weaver was the frequency with which he saw patients with congenital heart disease. Unfortunately, no open heart surgery was done in Pakistan. On one occasion, Vice-President Lyndon Johnson was visiting Pakistan and had made friends with a camel cart driver. This individual, Bashire, received an invitation from the Vice-President to visit the United States. Since Vice-President Johnson had expressed an interest in Pakistan, Dr. Weaver thought that he might try to inspire the Vice-President to help arrange treatment for the many patients with congenital heart disease. He wrote to his classmate, Dr. Joan Coggin, a cardiologist at Loma Linda University with the instruction, “If I could arrange for your team to come to Pakistan, would you folks consider such an adventure?” She responded in the affirmative so that Dr. Weaver was able to write to Vice-President Lyndon Johnson, suggesting that the United States government support sending the Loma Linda Heart Team to Pakistan. He pointed out that such a mission would help many who desperately needed heart surgery and would hopefully help to solidify relationships between the U.S.A. and Pakistan. Shortly thereafter, Dr. Weaver received a call from the American Embassy in Karachi asking how to proceed with this adventure and that U.S. AID would pay to ship the team and all of the necessary equipment. The venture was carried out in May of 1963, and the team was able to operate upon 50 patients within a one month period. This Pakistan adventure led to the Loma Linda Heart Team performing many missionary trips to Greece, Vietnam, Saudi Arabia, Honh Kong, and China in order to correct cardiac defects and also to establish cardiac surgery programs in some of these countries.



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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

Although the Weaver clan had only planned to spend two years at the Karachi Adventist Hospital, the tour eventually extended to five years, and the time had come to restore his savings account and provide the proper milieu for the Weaver clan to receive their appropriate education. They flew from Karachi to Tehran, Iran and then to Baghdad, Iraq and enjoyed the visitation of the typical points of interest in each of these cities. From Iraq, they traveled to Jerusalem, where they visited many sites in the Holy Land, and the young ones had the opportunity to practice their swimming in the Dead Sea where nobody sunk because of the buoyancy of the salt water.

Once back in southeast Michigan, Dr. Weaver needed to find a job. He met success when he had an appointment with Dr. Alexander Walt, the Acting Chairman of the Department of Surgery at Wayne State University (WSU). He identified Dr. Walt as somebody who was very interested in teaching students and residents about surgery. He also met with Dr. Ernest Berkas at the Veterans Administration Hospital (VAH) in Allen Park. Dr. Berkas, the editor's favorite teaching surgeon, had just left the VAH to enter into private practice, and he had been actively involved and even responsible for treating all of the patients with head and neck cancer at the VAH. Dr. Weaver was queried by Dr. Berkas, "Have you any experience in surgical care for head and neck cancer," to which Dr. Weaver replied, "Head and neck cancer was very common in Pakistan, and I have done several quite complicated surgical procedures for this condition." Dr. Berkas responded, "Good, then you will be my head and neck surgeon. When can you start?" Dr. Weaver started immediately and was also involved in general surgery where he worked closely with Dr. Zwi Steiger, an extraordinarily well-trained general and thoracic surgeon with a tremendous congeniality. They formed a great team; both were surgeons who knew no anatomic boundaries beyond which they could not go.

During these years, he was involved in several locations, including the Veterans Administration Hospital, where he served as Chief of the Surgery from 1970-1973. He was also Chief of the Head and Neck Section of the Surgical Services at the VA Hospital from 1973-1993. Throughout these years, Dr. Weaver exhibited the qualities of a broad based general and thoracic surgeon who performed many operations outside the field of classical General and Thoracic Surgery. During his missionary activities when multiple other surgical specialists were not readily available, he developed specialized skills which resulted in him being asked to provide help at the old Detroit General Hospital, the Hutzel

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

Hospital, the Harper Hospital, and the Grace Hospital. All of those who were associated with Dr. Weaver recognized his technical skills, his knowledge of anatomy, and the intense care that he brought to his patients, particularly those with head and neck surgical problems. When Dr. Weaver was put up for promotion to full Professor, Dr. Walt, the Chairman of the Department of Surgery, wrote, "Surgically, Dr. Weaver has concentrated on surgery of cancer of head and neck, and in my view, is as great an expert in this field as virtually anyone in the country - in essence, Dr. Weaver was also the first to resect the mandible in patients, freeze it, and re-insert the bone as a strut." Dr. Walt also pointed out that Dr. Weaver had the largest pool of head and neck cancer work in Michigan and that he has become a leader in identifying and treating the problem of deglutition in patients who have had radical dissection of the tongue, floor of the mouth, or the larynx. At this time, Dr. Walt also highlighted the many contributions that Dr. Weaver has made to citizen health outside of the operating room. Dr. Weaver carried his medical skills outside of the operating room as he gave hundreds of lectures in Michigan and elsewhere about the problems with cigarette smoking and provided hundreds of clinics designed to help people enjoy healthier eating and a healthier lifestyle. He belonged to many local and national surgical societies and served on the Executive Committee of the National Society for Head and Neck Surgeons. He received several awards, including the Michigan Cancer Foundation "Man of the Year" Award, the General Conference of Seventh-Day Adventists "Distinguished Service" Award, the Michigan Conference of Seventh-Day Adventists "Layman of the Year" Award, the Veterans Administration "National Directors Commendation" Award, and was chosen by the Detroit News' "Michigan Magazine" as the Michiganian of the Year. He also served on many committees dealing with smoking and health, including the Michigan Governors Committee dedicated to this issue.

On January 11, 1964, the Surgeon General Luther Terry reported that, "Tobacco causes lung cancer." This proclamation was made against the many efforts by the tobacco industry to prevent what they knew to be true and did not want conveyed to the American public. Despite Terry's report in 1964, it was not until the early 1980s that smoking was banned during medical meetings even though advertising about smoking was banned on television on January 2, 1971. By the summer of 1966, the risk of smoking was now getting media attention, but there was little help for the addicted smoker.

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

Working with several southeast Michigan pastors, Dr. Weaver began utilizing the 5-Day Plan in an effort to help addicted people break the habit of cigarette smoking. Their efforts were recognized by the Michigan Cancer Foundation who requested that Dr. Weaver make a radio presentation on WJR during the “Focus” program which is hosted by Joseph Priestly McCarthy (J.P. McCarthy) who was a heavy smoker, Detroit’s most popular radio personality, and a fellow DeLaSalle alumnus with the editor. Their program was very successful and drew extensive attention. They were requested to provide 10,000 booklets which could be appropriately distributed, and they were very successful in getting many addicted smokers to break the habit.

Subsequent to the success with the smoking clinics, they decided that they should add seminars related to healthy habits related to nutrition, smoking, exercise, weight control, alcohol consumption, and stress management. Courses and seminars were developed in these areas and proved quite successful. They also utilized the services of the Michigan Conference of Seventh-Day Adventists which operates a youth camp near Grayling, Michigan called Camp Au Sable. The committee working on health habits would rent this facility for one week each year in order to provide a “live-in program” for addicted smokers.

As Dr. Weaver became renowned for his health seminars, including the problems with alcohol abuse, Dr. Charlie Lucas (WSU/GS 1962/67) would suggest that there was a conflict with what is in the Bible since Jesus converted the water into wine at the wedding feast in Cana. Dr. Weaver patiently responded that this was freshly crushed grape juice and not wine, to which Dr. Lucas responded incredulously as to what evidence there might be for that statement. After putting up with Dr. Lucas’ annoying pestering for some time, Dr. Weaver provided him a book which deals specifically with this topic and identifies many credible references that indeed this was freshly pressed ripe grapes that led to this delicious “wine.”

Dr. Weaver and Dr. Charlie Lucas are about the same height, the same weight, and have white hair. This often led to the misidentification of one of the two, as Dr. Weaver was frequently greeted as Dr. Lucas and Dr. Lucas was frequently greeted as Dr. Weaver. Dr. Weaver made it a great point to instruct Dr. Lucas that he better be behaving himself since he was being confused for Dr. Lucas. Subsequent to that admonition, Dr. Lucas

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

would stop the person who had called him Dr. Weaver and point out that he (Dr. Lucas) drinks fermented wine for dinner each evening.

Dr. Weaver was also an important contributor to the surgical literature, having published over 100 peer-reviewed manuscripts, abstracts, and book chapters. He made many presentations locally, regionally, nationally, and internationally as it relates to his surgical experiences and his many symposia designed to help people with a safer and healthier lifestyle.

The Teacher

During his many years on the faculty and staffs of many southeast Michigan hospitals, Dr. Weaver extended his natural need to be helpful to others to the surgical residents and medical students with whom he come into contact. His knowledge of anatomy and his innate desire to be helpful to others created an environment which was ideal for the surgical residents. The evaluations of Dr. Weaver by the surgical residents are exceptional, and he is frequently described as an “exceptionally gifted physician, teacher, and human being.” An example evaluation by one of the senior residents reads: “Dr. Weaver is nothing but an asset to the Department of Surgery and likely everything else. He is involved with the patients. His clarity of thought and willingness to take time to teach are appreciated by everybody. This is all done with great patience on his part.”

The editor recalls the time that Dr. Weaver was helping him do a radical neck dissection. The editor was ignorant as to the name of an artery that was encountered during the dissection and asked Dr. Weaver the name of the artery; Dr. Weaver responded that he’s not good at names, but it’s a branch of this artery and it passes under that nerve and over this muscle and then heads out laterally where we see it now. Needless to say, the editor reviewed Gray’s Anatomy text that evening and identified that everything Dr. Weaver had said was true. The editor also recognized that Dr. Weaver knew the name of the artery but did not want to embarrass the editor in the middle of the operation.

The editor also remembers when Dr. Weaver was helping him do a gastrectomy for severe benign ulcer disease. When the upper midline incision was being made, the editor

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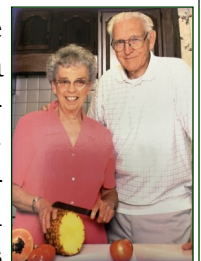
Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

asked for two Crile clamps in order to grab the peritoneum on each side and cut through the midline of the peritoneum. Dr. Weaver suggested that if you just take a scalpel and cut the peritoneum, it will avoid injuring anything deep to the peritoneum. The ego strong, sophomoric senior resident editor showed his immaturity by saying that he likes to grab it at each side and then make the cut, which he proceeded to do and made a 3 mm hole in the anterior wall of the transverse colon. The editor then took a 3-0 chromic to close the inner layer, followed by 4-0 silk to close the other layer, and proceeded with the gastrectomy. Just as Dr. Weaver learned that you should not be killing chickens with a BB gun but was never chastised for this event, he never said a word during operation about this ego strong, foolish activity by the editor. Of course, his inner humor never prevented him from describing that case many years later whenever there is a gathering of the surgical alumni! Many of the surgical residents have described similar examples of his patience when trying to help surgical residents through complicated cases.

The Missionary

Dr. Weaver, in essence, has always been a missionary. When he finished his surgical training, he dedicated the next phase of his life to numerous mission activities, including in Karachi, Pakistan, where he had served as the Chief of surgery at the Karachi Seventh-Day Adventists Hospital. Over the years, he has relayed how there would often be difficulties related to conflicting opinions by the citizens living in different parts of the world. The respect by the citizens who might disagree with each other was uniform for Dr. Weaver and his teammates so that they were often able to adjudicate conflicts between citizens of different opinions.

The same need to provide for others was present when he returned to the United States as is evidenced by the many lectures, seminars, and symposia that he provided for people who had problems with eating, drinking, or smoking. All of these activities reflected his missionary zeal, and he was quite successful in these endeavors as evidenced by the many awards that he has received. Following his retirement from the University and southeast Michigan hospitals' staffs, he returned to his missionary activities which began with his assistance in building a Seventh-Day Adventist Church in Panama, not far from the canal. This was part of a long-term effort when he and his wife, Natalie, worked with Maranatha Volunteers International, which is a large organization



Dr. Arthur Weaver and his bride, Natalie

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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

dedicated to building, remodeling, and revising Seventh-Day Adventist churches around the world. He and Natalie worked together with this group dedicated to missionary activity. The name Maranatha is Aramaic, which may be translated into “Our Lord has come.” The carpentry skills that he learned in his younger years were put to use as Natalie was of tremendous support in helping to organize the food chain and other non-carpentry activities. The two of them continued in these activities for many years.

Throughout these activities, he worked with his bride, Natalie, as he provided the lectures, and she looked after make sure that administrative details, such as food and other jobs necessary for a successful symposium were carried out. Throughout these many years, they functioned as a partnership in these missionary activities. After 72 years of happy, blissful wedded life, Natalie died on February 2, 2017. They were blessed with six children, including Donald, Sharon, Robert, Susan, Alan, and Karen. These offspring resulted in 17 grandchildren and 31 great-grandchildren.

Approximately 18 months after losing Natalie, Dr. Weaver saw that the daughter of one of his classmates during medical school years had notified the medical school alumni services about the passing of her mother. This was Mary Lou Steinweig, to whom Art sent his condolences. This led to further communications between the two as their friendship became closer, and they married in late 2018. Art and Mary Lou recently celebrated their fifth wedding anniversary. Mary Lou is a skilled musician and is most famous for her love of bird watching, an activity which Arthur also enjoys.



Dr. Weaver and Mrs. Mary Lou Weaver

Many of the materials appearing herein were plagiarized from, “My Cup Runneth Over” by Dr. Arthur Weaver.





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Dr. Arthur W. Weaver: Centurion Soldier, Surgeon, Teacher, and Missionary, cont..

Dr. Simon Kovalik (WSUGS 1981) shares some thoughts on Dr. Arthur Weaver:

I was on the head and neck service at the Dearborn VA when I met Dr. Arthur Weaver. He was tall and lean, truly an imposing figure. The residents called him A. Weaver distinguishing him from D. Weaver, his son who was a chief resident at the time.



Dr. Simon Kovalik

In the clinic he would perform oral examinations on the Veterans, often extending their tongues out manually! He would note the red color and scold the Vet, “Up to your old habits again, drinking”. The Veteran would respond adamantly, “I am quitting today, Doc.” Respect such as this, he inspired.

As a junior resident, I scrubbed with him on a radical neck dissection for some sort of cancer. I had reviewed the anatomy the night before. Performing the operation was above my skill, but I expected to tie a few knots. “What is this muscle?”, he asked his two assisting residents. There was silence from the other side of the table. Then my side blurted out, “splenius capitus”. “That is right my boy,” said Dr. Weaver. I tied a few more knots, all of them square, feeling proud that I had answered a great surgeon. Happy birthday, Dr. A. Weaver.

Dr. Anna Ledgerwood (WSUGS 1972) shares some thoughts on Dr. Arthur Weaver:

Dr. Arthur Weaver was the Chief of Surgery at the VA when I rotated as a surgical resident. Dr. Weaver could manage any surgical problem from the top of the head to the tip of the toes. He was an expert in the management of head and neck cancer and was devoted to his patients.

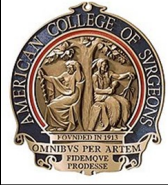


Dr. Anna Ledgerwood

Dr. Weaver was a great resource for any surgical problem. I recall the night that I called him for a 42-year-old gentleman with what I described as left-sided appendicitis. This patient had presented with a classic history for appendicitis and was exquisitely tender in the left lower quadrant. Of course, this was before we had CT scan availability, and we relied on a history and physical examination. Dr. Weaver asked me, “Is the patient chubby?” I confirmed that the patient was a bit overweight. Dr. Weaver informed me that he has a twisted appendix epiploica and that the patient probably did not need an operation. I was not entirely convinced, and we did an exploratory laparotomy, which showed a twisted appendix epiploica which was necrotic. The patient did well, and I was reminded that he really did not need a laparotomy.



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CLINICAL CONGRESS 2023

OCTOBER 22-25 / BOSTON, MA

113th Meeting of the American College of Surgeons

The annual meeting of the ACS occurred in Boston, Massachusetts from October 22-25. Many of the Wayne State University alumni and residents participated in the meeting which provided, as usual, educational activities in many different areas. During the meeting on Tuesday evening, the Wayne State Surgical Society (WSSS) met as part of the annual department reunion. Over 50 people attended this reunion and revitalized old friendships and relationships. During the reception/dinner, a report was provided to the WSSS membership.

Part of this report was that the WSSS remains financially viable with the assets decreasing from last year from \$319,000 to currently this year at \$306,000. All of the contributions that are made to the WSSS go for resident education and support. The membership was encouraged to continue their support and increase it a tiny bit in order to keep the WSSS viable for the next year.

Dr. David Edelman (WSU/GS 2002/09), our program director, introduced all of the senior graduating residents in General Surgery. Each resident identified their background and their current plans for when they finish their general surgical training this next June. Dr. James Tyburski (WSUGS 1992), the Vice-Chairman of the department, gave an update on departmental activities. Dr. Donald Weaver (WSUGS 1979), is recovering from an operation and should be back to full activity shortly. Following the business activities of the WSSS, the membership enjoyed the typical camaraderie which is seen each year at this meeting.



Dr. David Edelman and his bride, Nicole



Dr. Michael Malian with Dr. and Mrs. David Fromm



Drs. David Bouman, Mike White and Jim Tyburski

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**CLINICAL
 CONGRESS 2023**

OCTOBER 22-25 / BOSTON, MA

113th Meeting of the American College of Surgeons



Drs. Felix Shun, Awni Shahait and Johnny Martin with his bride, Amarilis Andrea Cornejo



Chief residents (left to right): Drs. Anastasia Chuchulo, Felix Shun, Alison Karadjoff, Molly Belisle, Puneet Bhakti, Jock Thacker and Paige Aiello



Drs. Charles Lucas and Mallory Williams



Dr. Keith Hinshaw, his bride, Diane, their son, Donald, and his bride, Kathy



Dr. David Bouwman and Dr. Randy Smith



Ms. Dana Cooley, Ms. Janet Damm and her husband, Ed



(Left to right) Mrs. Chris Dente, Drs. Chris Dente, Dan Sullivan, Roy Golden, Dorene Zerfas and Heather Dolman



Dr. Michael Malian and Dr. Daniel Sullivan

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**CLINICAL
 CONGRESS 2023**

OCTOBER 22-25 / BOSTON, MA

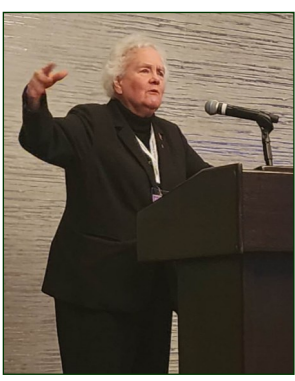
113th Meeting of the American College of Surgeons



Dr. Charlie Lucas



(Left to right) Drs. Jim Tyburski, Anastasya Chuchulo, Felix Chun, Alison Karadjoff, Charles Lucas, Molly Belisle, Puneet Bhakti, Jock Thacker, Paige Aiello, and David Edelman



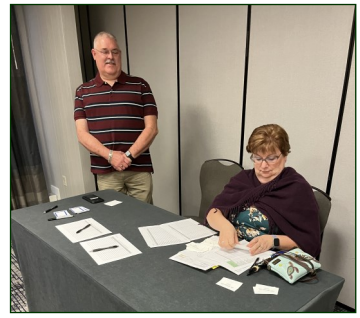
Dr. Anna Ledgerwood



(Left to right) Dr. Anastasya Chuchulo and her husband, Jeff Anastasya with Dr. Paige Aiello and her husband Dr. Miguel Tobon



Drs. Mallory Williams, Charlie Lucas, and Anna Ledgerwood



Mrs. Janet Damm and her husband Mr. Edward Damm



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CLINICAL CONGRESS 2023

OCTOBER 22-25 / BOSTON, MA

American College of Surgeons Committee on Trauma: SCUDDER ORATORS

Each year, the American College of Surgeons (ACS) has a meeting of the Committee on Trauma (COT) and at that meeting, there is always a photograph taken of the prior Scudder orators. This is the most important oration that occurs in the trauma domain and is given once a year.



TOP ROW (left to right): Dr. Charles Lucas, Dr. David Feliciano, Dr. Ron Maier, Dr. Anna Marie Ledgerwood, Dr. Ron Stewart, and Dr. William Schwab.

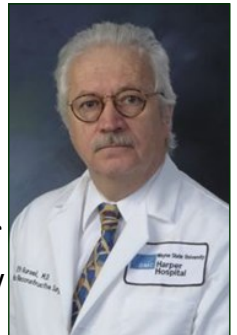
BOTTOM ROW (left to right): Dr. M. Margaret Knudson, Dr. Wayne Meredith, Dr. David Hoyt, Dr. Susan Briggs, Dr. Demetrios Demetriades, Dr. Edward Cornwell III.



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THOUGHTS ON DR. ETI GURSEL, M.D.

Dr. Anna Ledgerwood (WSUGS 1972) shares some thoughts on Dr. Eti Gursel:



Dr. Eti Gursel

Dr. Eti Gursel was a first-year surgical resident who started his career on July 1, 1971 on my service at the VA Hospital in Allen Park. He and his wife, who was pregnant (with Tolga), were living in Downtown Detroit. He did not have a car, and he stood on the freeway while one of his co-interns would pick him up and take him to the Allen Park VA. He not only stayed at the VA the night that he was on call, but also the night that his co-intern was on call since Eti had no means of transportation. Dr. Gursel got into difficulty at the VA because he did not understand why these Veterans needed sleep medicine and pain medicine and nerve medicine, and he did not write prescriptions for these medications. The Veterans were unhappy and were contacting their senators and representatives, which led to the Chief of the VA telling me to inform Dr. Gursel that he needed to provide these medications.

Dr. Gursel was one of the hardest working residents in the program. He also taught me about the effects of sepsis on platelet function. I recall him telling me about a patient in the Critical Care Unit who was severely septic and developed thrombocytopenia. He informed me, "The platelets are gone today, and the patient will leave tomorrow." In fact, the patient expired the following day.

Dr. Gursel entered the Plastic Surgery program and was really a self-taught plastic surgeon. He would never shy away from a problem and always wanted to help the patient and the referring physician. He took responsibility for providing Plastic, Facial, and Hand Surgery call, and if no one was available, he took the call; this included Thanksgiving, Christmas, and any other holiday.

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Surgery Department Cheers Detroit Tigers To Victory

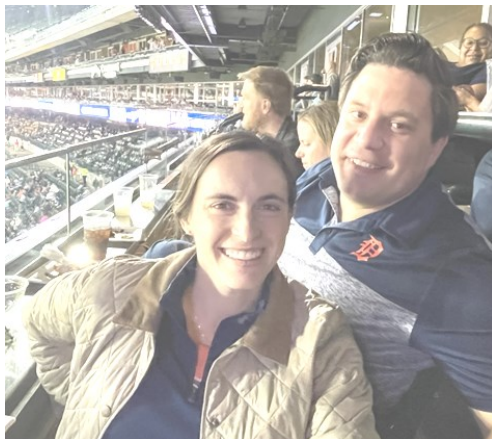
Each year the Detroit Tigers, through the Ilitch family who has significantly helped the Department of Surgery, provides a suite for faculty members to cheer on their local baseball team. This year, the game was against the Kansas City Royals, and a number of our department members and friends cheered the Tigers and enjoyed the good food provided in the suite. The home team teased the audience for the first seven innings and were behind by one run, but in the eighth inning, they opened up with two home runs and four runs to lift the Tigers to a 6-3 victory. The Surgery Department members cheered on our home team and had a very good time. Also, this was the last week of play before retirement for the great Miguel Cabrera, who was one of the most famous Tigers to entertain the local fans in Detroit and southeast Michigan.



Drs. Charlie Lucas and Anna Ledgerwood



Drs. Keiva Bland and Heather Dolman



(Front) Drs. Paige Aiello and Miguel Tobon; (Back) Dr. Madyson Riddell and her guest, Stephen Ladd



Dr. Jessica McGee and her husband, Mr. Patrick McGee

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NOVEMBER 2023



Surgery Department Cheers Detroit Tigers To Victory



Right to left: Patrick Beal (brother of Dr. Eliza Beal); Dr. Eliza Beal; Nicholas Whalen (guest of Dr. Molly Belisle); Dr. Molly Belisle; Dr. Paige Aiello; Dr. Miguel Tobon; Dr. Madyson Riddell; Stephen Ladd (guest of Dr. Madyson Riddell)



Dr. Heather Dolman, Mr. Patrick McGee, and Dr. Jessica McGee



Dr. Steve Kim and his son, Mark



Dr. David Edelman and his brother, Anthony Edelman



Dr. Keiva Bland and Dr. Guillermina Nava



Dr. Choichi Sugawa and Dr. Miguel Tobon





NOVEMBER 2023

SURGICAL GRAND ROUNDS

The Surgical Grand Rounds on 10/04/2023 was conducted by Dr. Anastasia Stevens-Chase (WSUGS 2020), who grew up in Michigan, finished her medical school training at the University of Toledo, after which she did her General Surgery training and Minimally Invasive Surgical Fellowship at WSU. She then joined the surgical group at the Troy-Beaumont Hospital, which includes Dr. Mark Herman (WSU/GS 1994/2001) and Dr. Bruce McIntosh (WSU/GS 1989/94) in the practice of general Surgery and Minimally Invasive surgery. The title of her presentation was “Anti-Obesity Medications (AOM) for the General Surgeon: What You Need to Know”. She emphasized how obesity has become epidemic in the United States and that up to 70% of our citizens are overweight. Dr. Stevens-Chase described some of the historical medicines that have been used, including the Benzphetamine, which was introduced over half a century ago, followed by Kenfluramine, introduced in 1973 and more recently, the Semaglutide, introduced in 2021. She also discussed the short-term vs. long-term AOMs and some of the cost factors. One of the medicines would be Orlistat, which may cost almost \$2000/year for regular usage and Tirzepatide, which was introduced more recently and may cost as much as \$20,000/year. The latter drug is covered by Medicare and Medicaid and some of the Blue Cross/Blue Shield insurances.



Dr. Anastasia Stevens-Chase

Dr. Stevens-Chase described both the peptides and non-peptides medicines. The peptide agents are designed as antagonists for the glucose-like peptide-1 (GLP-1). One of the peptide medicines would be Liraglutide, which is administered by a daily injection and has been associated with a 7% weight loss in one year, in comparison to patients who only have a behavioral modification which is associated in many studies with about a 2% excess weight loss in one year. Another drug, Semaglutide, is administered by a weekly injection and, therefore, works for a long time and is associated with a 14% weight loss in one year. A more recent medication, Tirzepatide is also taken by weekly injection and has been associated with a 22% weight loss in one year. This latter drug is awaiting FDA approval, which will probably come shortly. Some of the non-peptide AOMs include Orlistat, which is associated with a 5% weight loss at one year, the Phostermive, which is associated with a similar one-year weight loss. Again, the patients receiving a placebo plus behavioral modification averaged a 2% weight loss.

These AOM results can be compared to surgical weight loss after Roux-en-Y gastric bypass, which is about 32% at one year, and the sleeve gastrectomy, which is associated with about a 30% weight loss in one year.

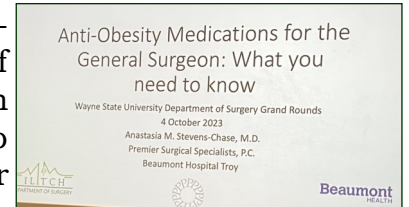
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SURGICAL GRAND ROUNDS, cont.

The GLP-1 drugs stimulate the pancreatic cells and are associated with decreased gastric emptying, so that there is a sense of fullness for a long time after eating. These AOM drugs are given in conjunction with intensive behavioral modification in order to help patients with bad eating habits. There have been a number of studies comparing different drugs to each other and comparing drugs to the behavioral modification alone.



The GLP-1 drugs are effective at weight loss but are associated with a number of complications, including nausea, vomiting, constipation, and pancreatitis. Semaglutide affects the C-cells of the pancreas and has been associated with thyroid tumors. It is contraindicated in patients with MEN2 Syndrome, and it may be wise to measure calcitonin before initiating this medicine. There have also been some unusual reports of “suicidal ideation” following usage of this group of medicines. Along with the problem with the pancreas, there may be decreased emptying of the gallbladder, which is associated with cholelithiasis.

Dr. Stevens-Chase presented a chart showing the different medicines and how they should be gradually increased over time in order to achieve the desired results. Because the AOM medicines cause delayed gastric emptying and last for up to one week in time, it is recommended that a patient who is to undergo a general anesthetic for operative intervention be off of these medicines for at least one week in order to prevent aspiration of the retained gastric substances at the time of the general anesthesia. Sometimes the GLP-1 medications may be given prior to gastric bypass, and they may be beneficial after gastric bypass when the patient has lost significant weight related to the gastric bypass but then wishes to lose additional weight. Her presentation was followed by an active question-and-answer session.

The Surgical Grand Rounds on Wednesday, 10/11/2023 was titled “Abdominal Wall Reconstruction” and was presented by Dr. Roozbeh Mansour (WSUGS 2015), Assistant professor of Surgery at Wayne State University.

Dr. Mansour began his lecture by talking about the makeup of tissue fluid. He discussed the Type I and Type III collagen, pointing out that the strength of tissue is related to the Type I/Type III ratio. He also talked about the other cellular elements which are involved in wound healing and wound strength. Dr. Mansour also talked about some of the

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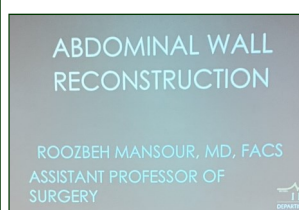
SURGICAL GRAND ROUNDS, cont.

congenital defects, such as the Arlos Danlose Syndrome and other factors which may interfere with normal wound healing.

He then went on and spent some time reviewing the anatomy of the abdominal wall, including the different muscle layers and neurovascular bundles. He spent some time emphasizing the importance of knowing the boundaries of the semicircularis and the semilunaris and the relationship to the arc line. He reviewed the relationships between the muscles and their attachments to the ligamentous and bony structures throughout the abdomen and pelvis.



Dr. Roozbeh Mansour



Dr. Mansour described the different types of ventral hernias and the positioning of mesh when doing hernia repairs. He described the inlay or spanning mesh which joins the two ends of the hernia, which is no longer a popular technique. He then went into the overlay mesh which is placed on top of the anterior rectus sheath and external oblique fascia after the hernia has been closed, the underlay mesh which goes underneath the hernia repair in a retrorectus manner, the pre-peritoneal mesh or sublay mesh which is placed anterior to the peritoneum, and the underlay mesh which is placed intraperitoneally. He emphasized how the type of hernia repair relates to the rectus width and the hernia width; when the rectus width/hernia width ratio is more than 2, one can typically get a good approximation of the two sides of the hernia defect without a more complicated repair. Thus, a hernia which is no greater than 10 cm in width can usually be primarily repaired with the addition of mesh without doing component separation or release of abdominal muscle. When the rectus width/hernia width is less than 2 and the hernia is quite wide, some type of added procedure is necessary. He described the transversalis abdominal release (TAR) procedure, whereby a posterior approach to the abdominal wall allows for the peritoneum and the transversalis muscle to be divided out laterally so that the more medial structures can be mobilized in order to get a tension-free closure of the hernia. He then showed a movie of his performance of the robotic TAR, and he was able to identify the dissection in the retrorectus muscle plane laterally to the point where the transversalis muscle could be released somewhere between the anterior axillary line and the lateral position. He showed how the mesh is placed on one side first in order to support the subsequent hernia repair and then how the ports are re-positioned in order that the mesh can be placed on the contralateral side. All of this was presented using the robotic technique.

There was an active question-and-answer session regarding some of the anatomic details and robotic findings of his presentation.



ONE OF OUR FAVORATE NURSES MOVES ON

Lynda Lee Pasqual, longtime resident of Fraser, died unexpectedly October 31, 2023. She was 69 years of age. Lynda is now wearing the robe of righteousness with her Lord and Savior.



Lynda Lee Pasqual
1954-2023

Lynda's journey of life began on February 12, 1954, in Detroit, Michigan, a beautiful daughter of the late James and Anne (Lafferty) Clark. She was united in marriage to her beloved husband, Dennis Harold Pasqual on August 4, 1978, at St. Angela Catholic Church of Roseville. The couple made their home in Fraser. Lynda had a kindred spirit and a heart of gold. She enjoyed helping others and put her passion to work, by receiving her degree in nursing from Harper Hospital. This is where she would continue her career for 45 dedicated years. Lynda was a big Red Wings fan and enjoyed doing ceramics. In the warm summer months, she loved being out in the yard tending to her most beautiful gardens. Being a Vegetarian, she was an excellent cook, always preparing unique and delicious meals. Lynda lived life with love and purpose. She understood the value of friendship and was there for anyone who needed her. Lynda touched many people along her journey and the love and compassion she extended to others was a blessing. She will be deeply missed, and her light will continue to glow in our hearts forever.

Lynda is the loving wife of Dennis; dearest sister of James (Cathey) Clark, and the late Anne Theissen; beloved aunt to many nieces and nephews; and cherished friends, too many to count.





1/3/72 - Staff: Dr. Y. Silva; Chief Resident: Dr. F. Irani

1. JD#7: SGW left femoral vessels, pupils fixed and dilated on arrival. Resuscitated and taken to O.R., but expired on way to O.R.
2. JD: 18yo with meat cleaver to left forearm, 3" above wrist. Repair of ulnar nerve and flexor carpi ulnaris.
3. WL: SGW abdomen. Two holes in stomach were closed and two holes in transverse colon treated with loop colostomy.
4. SM: 15yo male with GSW left back which exited ninth intercostal space anteriorly. Left partial nephrectomy, splenectomy, closure holes in small bowel and stomach, a shattered transverse colon was treated with end colostomy and mucous fistula, and a hole in diaphragm was closed.
5. MT: 34yo with 44 Magnum GSW x2. Large holes in small bowel treated with small bowel resection and anastomosis. There was a large hole in medial aspect of right thigh that was explored and debrided, "hectic night."



Dr. Anna Ledgerwood

1/4/72 - Staff: Dr. Zwi Steiger

1. RP: GSW back. Exploratory laparotomy with left nephrectomy, splenectomy, and closure holes in stomach.
2. WM: GSW neck with bleeding. Arterial subcutaneous bleeders treated with ligation and exploration (Dr. Fernando ill with the flu).

1/5/72 - Staff: Dr. R. Wilson

1. WI: GSW left back with evisceration and stab left chest with hemopneumothorax. Treated with left chest tube and laparotomy and resection of 6" of jejunum.
2. RW: 18yo with GSW abdomen, treated with laparotomy and closure of holes third part duodenum and small bowel. Patient had injury to inferior vena cava, treated with primary closure.
3. EK: 22yo with preoperative diagnosis of ruptured appendicitis. Laparotomy showed ileus and treated with incidental appendectomy.

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"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE, cont...

1/6/72 - Staff: Dr. G. Hill

1. LP: 22yo with SGW left thigh, treated with debridement and exploration of femoral vessels with repair of femoral artery.

1/7/72 - Staff: J.C. Rosenberg

1. VW: GSW abdomen with multiple small bowel holes, treated with small bowel resection.
2. GM: GSW abdomen, treated with laparotomy and repair of holes in stomach (Drs. Fernando and Causwai both ill with the flu).

1/8/72 - Staff: Dr. J. Plant

1. TF: 38yo with MVC with widened mediastinum, treated with laparotomy and found to have large laceration right lobe of liver; expired in O.R.
2. WM: GSW left leg with injury to femoral artery and vein, treated with repair of artery and ligation of vein.
3. TE: Had diagnosis of Ca of esophagus and was one year post radiation. Presented with bowel obstruction. Exploratory laparotomy showed severe and diffuse carcinomatosis, treated with jejunostomy.

1/9/72 - Staff: Dr. Kuntzman

1. MP: GSW chest with AV fistula between left innominate vein and innominate artery on angiogram. Exploration done with median sternotomy staffed by Dr. Thoms. Innominate artery repaired and left innominate vein ligated.



WSU MONTHLY CONFERENCES 2023

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

The weblink for the New WebEx Room:
<https://davidedelman.my.webex.com/meet/dedelman>

Wednesday, November 1

Death & Complications Conference

“Primer of Liver Transplant”

Miguel Tobon, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, November 8

Death & Complications Conference

Wayne State Surgical Society Lecturer

“A Small Cemetery”

Scott A. Dulchavsky, MD, PhD

Surgeon in Chief, Henry Ford Hospital
Roy D. McClure Chair of Surgery

Wednesday, November 15

Death & Complications Conference

Mihaela Rapolti, MD

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, November 29

Death & Complications Conference

American College of Surgeons Presentations/October 2023 Annual Meeting

“What I Learned?”

Paige Aiello, MD; Molly Belisle, MD; Puneet Bhatti, DO; Anastsya Chuchulo, MD; Alison Karadjoff, DO; Felix Shun, MD; Jock Thacker, MD

WSU Michael & Marian Ilitch Department of Surgery

RESGE AUDITORIUM – SECOND FLOOR WEBBER BLDG

HARPER UNIVERSITY HOSPITAL, 3990 JOHN R.

7:00 Conference: Approved for 1 Hour – Category 1 Credit

8:00 Conference: Approved for 1 Hour – Category 1 Credit

For further information call (313) 993-2745

The Wayne State University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Wayne State University School of Medicine designates this live activity for a maximum of 2 hours **AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.”

EVALUATIONS

Surgical Death and Complications Rounds #2023321125, Sept-Dec 2023 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/ME9Y17M>

Surgery Grand Rounds #2023321064, Sept-Dec 2023 CME Reflective Evaluation:

<https://www.surveymonkey.com/r/MNZD2V2>



Wayne State Surgical Society
2023 Donation

Name: _____

Address: _____

City/State/Zip: _____

Service Description	Amount
2021 Dues Payment _____ \$200	_____
My contribution for "An Operation A Year for WSU" _____	_____
*Charter Life Member _____ \$1000	_____
Total Paid _____	_____

Payment by Credit Card

Include your credit card information below and mail it or fax it to 313-993-7729.

Credit Card Number: _____

Type: MasterCard Visa Expiration Date: (MM/YY) _____ Code _____

Name as it appears on card: _____

Signature: _____

Billing address of card (if different from above):

Street Address _____

City _____ State _____ Zip Code _____

*I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201

MARK YOUR CALENDARS

*71st Annual Detroit Trauma Symposium
November 9-10, 2023
MSM Grand Hotel
Detroit, Michigan*



*Please Update Your
Information*

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at clucas@med.wayne.edu to update your contact information.



Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at clucas@med.wayne.edu with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Aletta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)

Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander J. Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Scott Davidson (WSU/GS 1990/96) passed the baton of presidency to Dr. Larry Narkiewicz (WSU/GS 2004/09) at the WSSS gathering during the American College of Surgeons meeting in October 2022. Members of the WSSS are listed on the next page. Dr. Narkiewicz continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.



*Members of the Wayne State Surgical Society
Charter Life Members*

Ahn, Dean	Clink, Douglas	Gerrick Stanley	Lucas, Charles E.	Ramnauth, Subhash	vonBerg, Vollrad J. (Deceased)
Albaran, Renato G	Chmielewski, Gary W.	Grifka Thomas J. (Deceased 2022)	Malian, Michael S.	Rector, Frederick	Washington, Bruce C.
Allaben, Robert D. (Deceased)	Colon, Fernando I.	Gutowski, Tomasz D.	Marquez, JoFrances	Rose, Alexander	Walt, Alexander (Deceased)
Ames, Elliot L.	Conway, William Charles	Herman, Mark A.	Martin, Donald J., Jr.	Rosenberg, Jerry C.	Weaver, Donald
Amirikia, Kathryn C.	Davidson, Scott B.	Hinshaw, Keith A.	Maxwell, Nicholas	Sankaran, Surya	Whittle, Thomas J.
Anslow, Richard D.	Dente, Christopher	Holmes, Robert J.	McGuire, Timothy	Sarin, Susan	Williams, Mallory
Antonioli, Anita L.	Dujon, Jay	Huebl, Herbert C.	McIntosh, Bruce	Sferra, Joseph	Wills, Hale
Auer, George	Edelman, David A.	Johnson, Jeffrey R.	Missavage, Anne	Shapiro, Brian	Wilson, Robert F.
Babel, James B.	Engwall, Sandra	Johnson, Pamela D.	Montenegro, Carlos E.	Silbergleit, Allen	Wood, Michael H.
Bassett, Joseph (Deceased)	Francis, Wesley	Kline, Gary	Narkiewicz, Lawrence	Smith, Daniel	Zahriya, Karim
Baylor, Alfred	Flynn, Lisa M.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	
Bouwman, David	Fromm, Stefan H.	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	
Bradley, Jennifer	Fromm, David G	Lau, David	Perrone, Erin	Sullivan, Daniel M.	
Busuito, Christina	Galpin, Peter A.	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	
Crocco, William C.	Gayer, Christopher P.	Lim, John J.	Prendergast, Michael	Tuma, Martin	

Members of the Wayne State Surgical Society—2023-24 Dues

Alpendre, Cristiano V.	Goltz, Christopher J.	Marquez, JoFrances	Siegel, Thomas S.
Bambach, Gregory A.	Gutowski, Tomasz	Martin, Jonathon	Tarras, Samantha
Carlin, Arthur	Hall, Jeffrey	McGee, Jessica D.	Taylor, Michael G.
Chmielewski, Gary	Hollenbeck, Andrew	Mostafa, Gamal	Tennenberg, Steven
Dawson, Konrad L.	Joseph, Anthony	Nevonen, Marvin G.	Thoms, Norman W.
Dolman, Heather	Klein, Michael D.	Paley, Daniel S.	Vasquez, Julio
Dulchavsky, Scott A.	Kline, Gary	Park, David	Ziegler, Daniel W.
Fernandez-Gerena, Jose	Kosir, Mary Ann	Porterfield, Lee	
Field, Erin	Lloyd, Larry	Shanti, Christina	



*Operation-A-Year
January 1—December 31, 2024*



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send you donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Dittinbir, Mark	Holmes, Robert J.	McGuire, Timothy	Sullivan, Daniel M.
Antonioli, Anita L.	Engwall, Sandra	Johnson, Jeffrey R.	McIntosh, Bruce	Wood, Michael H.
Bambach, Gregory A.	Fernandez-Gerena, Jose	Johnson, Pamela D.	Porter, Donald	Ziegler, Daniel
Bradley, Jennifer	Gutowski, Tomasz	Joseph, Anthony	Prendergast, Michael	
Busuito, Christina	Gayer, Christopher P.	Lim, John J.	Siegel, Thomas S.	
Chmielewski, Gary W.	Herman, Mark A.	Malian, Michael	Smith, Daniel	
Dente, Christopher	Hinshaw, Keith A.	Marquez, JoFrances	Smith, Randall	

WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the “Dr. John Smith Endowment Fund”, he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM> She can be reached by email at lrobitai@med.wayne.edu.