

# weillcornellmedicine

SUMMER 2008

THE MAGAZINE OF WEILL CORNELL MEDICAL COLLEGE AND WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES



INAUGURAL QATAR COMMENCEMENT

# When Dr. Charles Rupert Stockard died in 1939, an anonymous friend established a scholarship to honor his memory...

## In 2004, Dr. Stockard was again honored— this time, through his daughter's estate.

Dr. Charles R. Stockard's love of science began in his youth. He was fascinated with birds and fish. He joined Cornell Medical College in 1906 as an assistant professor in Embryology and Histology. In 1908, he became an instructor in Comparative Morphology and quickly rose to the appointment of Professor of Anatomy in 1911. He served as one of the most distinguished faculty members at the Medical College, where he focused his studies on the biological development of the human body. Known for his humor and the clarity in his lectures, every student who walked through the doors of his classroom was infused with his love for science.



*The Stockard family in Germany in 1930.  
(L to R) Marie Louise, two cousins,  
Mrs. and Dr. Stockard.*

In 1939, an anonymous gift was made to honor Dr. Stockard's legacy, and the interest from this gift provides scholarship support for a student at the Medical College. Marie Louise Cullinan, as a loving tribute to her father, created a bequest in 1995 that would extend the opportunity for more students to study at Weill Cornell. In 2004, Weill Cornell received the funds enabling four additional students to receive scholarships. This gift will help to ensure the education of the best and the brightest for future generations to come.

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Vikki Jones at 646-962-8510 or  
vej2003@med.cornell.edu

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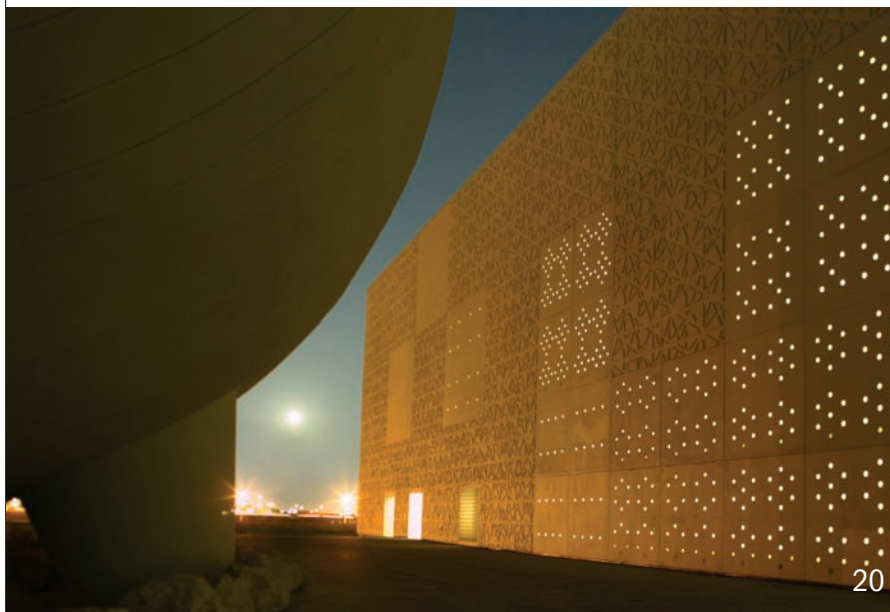
Weill Cornell Medical College

**DISCOVERIES**  
THAT MAKE A DIFFERENCE

THE CAMPAIGN FOR WEILL CORNELL MEDICAL COLLEGE

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## 20 SPECIAL SECTION



### WCMC-Q INAUGURAL COMMENCEMENT

Eight years ago, even the most devoted supporters of Weill Cornell Medical College in Qatar had to ask themselves a hard question: would their experiment in international education really work? With the Class of 2008, they have their answer.

In May, Weill Cornell became the first U.S. medical school to grant its MD degree on foreign soil. The fifteen graduates of WCMC-Q didn't just achieve their personal goals of becoming physicians. They proved that American-style medical education is viable in the Middle East—and that future doctors studying 8,000 miles from New York can still feel they're part of Weill Cornell. "At a time of ongoing and even escalating world tensions," President David Skorton said in his Commencement address, "Weill Cornell Medical College in Qatar is a most positive achievement far beyond the world of medical education."

*Weill Cornell Medicine* offers an extended look at the Commencement festivities in Doha and beyond—from coverage of the gala Education City convocation ceremony (where tenor Andrea Bocelli was the evening's entertainment) to a poem about the Doha *souk* by a WCMC-Q professor. The special section includes profiles of each graduate, a peek at Skorton's Arabic studies, a profile of Her Highness Sheikha Mozah, news of what's next for the Qatar branch, coverage of the joint Medical College Commencement in Carnegie Hall, and more.

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Thanks to Her Highness Sheikha Mozah, in English and Arabic

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Stephen Weiss, 1935–2008



Cover photograph by Martin Marion

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# Proclamation



## Whereas,

*Her Highness Sheikha Mozah Bint Nasser Al-Missned*  
has shared her profound vision for education for all people  
through the creation of Education City in the State of Qatar, and

## Whereas,

The founding of Weill Cornell Medical College in Qatar  
would not have been possible without Her Highness' foresight,  
graciousness and steadfast support, and

## Whereas,

Her Highness' commitment to education beyond geographic boundaries  
truly embodies the spirit of Ezra Cornell: "I would found an institution where  
any person can find instruction in any study," and Weill Cornell Medical College's  
tripartite mission of education, research and patient care.

## Now therefore,

On this Eighth day of May in the year Two Thousand and Eight,  
the leaders of Cornell University and its Medical College gratefully acknowledge  
*Her Highness Sheikha Mozah Bint Nasser Al-Missned*  
as we celebrate the Commencement of the first graduating class  
of Weill Cornell Medical College in Qatar.

*Sanford I. Weill*  
Sanford I. Weill  
Chairman, Board of Overseers  
Weill Cornell Medical College

*Antonio M. Gotto*  
Antonio M. Gotto Jr., M.D., D. Phil.  
Dean, Weill Cornell Medical College  
Provost of Medical Affairs, Cornell University

*Peter C. Meinig*  
Peter C. Meinig  
Chairman, Board of Trustees  
Cornell University

*David J. Skorton*  
David J. Skorton  
President,  
Cornell University

*Daniel R. Alonso*  
Daniel R. Alonso, M.D.  
Dean, Weill Cornell  
Medical College in Qatar



# شكر وتقدير

## نظراً للدور الفعال الذي لعبته وتلقبه صاحبة السمو الشيخة موزة بنت ناصر المسند

في نشر العلم للجميع من خلال تأسيس المدينة العلمية في دولة قطر

وحيث أنه ما كان من الممكن تأسيس كلية طبّ وايل كورنيل في قطر دون بعد نظر سموها وكرمها ودعمها المتواصل

ونظراً لالتزام سموها بتوفير الفرص التعليمية للجميع بصرف النظر عن الحواجز الجغرافية بما يتطابق مع الهدف الذي وضعه "عزرا كورنيل" في قوله "هدفي بناء مؤسسة يمكن لأيّ كان أن يدرس فيها أيّ موضوع أراد"، ومع رسالة كلية طبّ وايل كورنيل بأهدافها الثلاثة، وهي التعليم والبحث والعناية الطبيّة،

نودّ نحن المسؤولين في جامعة كورنيل وكلّيّتها الطبيّة تقديم جزيل الشكر والعرفان في هذا اليوم، الثامن من شهر أيار من السنة الثامنة بعد الألفين،

الى

## صاحبة السمو الشيخة موزة بنت ناصر المسند

إذ نحتفل بتخريج أوّل دفعة من طلابّ كلية طبّ وايل كورنيل في قطر

*Samuel R. Abner*

د. دانييل الونسو

عميد كلية طبّ وايل

كورنيل في قطر

*David J. Euston*

د. دافد سكورتون

الرئيس

جامعة كورنيل

*Peter C. Meunier*

بيتر ماننغ

رئيس مجلس الأمناء

جامعة كورنيل

*Antonino M. Gatto*

د. أنطونيو غوتو جونير

عميد كلية طبّ وايل كورنيل

مدير الشؤون الطبيّة

جامعة كورنيل

*Joseph A. Klein*

سانفور وايل

مدير مجلس المشرفين

كلية طبّ وايل كورنيل



POLSHEK PARTNERSHIP ARCHITECTS LLP

**Science Center: The Biomedical Research Building on East 69th Street, currently in the planning stages, will more than double Weill Cornell's research space and allow for the recruitment of fifty new scientists in such areas as cancer biology, obesity, diabetes, and cardiovascular disease.**

### Dean Gotto Assesses the State of the Medical College

**I**N HIS ANNUAL MID-JUNE ADDRESS TO FACULTY AND STAFF ON THE status of the Medical College and Graduate School, Dean Antonio Gotto Jr., MD, lauded the accomplishments of the past year—including the inaugural graduation for the Qatar branch—while outlining future challenges. In his speech, Gotto noted that more than 5,000 students applied for the Class of 2011; 101 were admitted. In funding news, he reported that nearly \$800 million has been raised toward the capital campaign's goal of \$1.3 billion. Continuing efforts to expand and improve the physical plant include construction of a 400,000-square-foot research building on East 69th Street.

In terms of challenges, Gotto cited the average debt of a Weill Cornell graduate: \$114,000. While that is below the national average of \$160,000, the dean said that the College must increase scholarship aid. "We are not alone with regard to this problem," he said, "and we are addressing it through our fundraising efforts which, to date, have allowed us to offer more financial aid to stu-

dents." Another of Gotto's key goals is expanding opportunities for female faculty. Although women are well represented at Weill Cornell as instructors and assistant professors, they lag behind in associate and full professorships; in the latter category, they number 37 compared with 154 men. "We will be vigilant in finding ways to increase the promotion of women to associate professor and tenured professor," he said. "This is a top priority in the coming year."

### Min Tapped for Top Radiology Post

A 1990 GRADUATE OF THE MEDICAL COLLEGE has been named radiologist-in-chief at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Robert Min, a pioneer in the field of interventional radiology, has been on the faculty since 1999. The inventor of a minimally inva-

sive laser therapy for treating venous insufficiency that has been used around the world for the past decade, he did a fellowship in cardiovascular interventional radiology at Stanford and earned an MBA from Columbia. NewYork-Presbyterian CEO Herbert Pardes, MD, calls Min "a remarkably adept physician and a leading light in his field." Min is president of the board of the American College of Phlebology and a member of numerous professional societies; he has published more than fifty scientific articles.



Robert Min, MD

WCMC ART AND PHOTOGRAPHY

### Weill Hall Nears Completion

ALTHOUGH WEILL HALL WON'T OFFICIALLY OPEN UNTIL OCTOBER, FACULTY and support staff have already started to move into the Ithaca campus's landmark life sciences building. Named for University

benefactors Sanford and Joan Weill, the \$162 million facility was designed by renowned architect Richard Meier, who graduated from Cornell in 1957. (Sanford Weill, chairman of Weill Cornell's Board of Overseers, earned a bachelor's degree in government from the Ithaca campus in 1955.) The 263,000-square-foot building, the centerpiece of Cornell's New Life Sciences Initiative, will house a variety of disciplines in the biological, physical, engineering, computational, and social sciences. As the home of the Weill Institute for Cell and Molecular Biology and the Department of Biomedical Engineering, it will nurture collaborative efforts among scientists based in Ithaca and Manhattan.

Like many of Meier's creations—which include the Getty Center in Los Angeles and Spain's Barcelona Museum of Contemporary Art—Weill Hall features a great deal of open space, vast expanses of white both inside and out, and copious natural light. It will house 400 to 500 people in its facilities, from offices to laboratories to videoconferencing rooms; a business-incubation center on the fourth floor is designed to nurture Cornell startups. Even the building's basement is high-tech: measuring two acres, it features \$3 million in controlled-environment chambers for plant research, as well as tunnels leading to the plant science and biotechnology buildings. Weill Hall has received a silver rating from the Leadership in Energy and Environmental Design (LEED) Green Building Rating System for its eco-friendly features, including the use of recycled materials, green living roofs, and energy-saving measures in lighting control and ventilation.

### New Craniofacial Program for Children

ONE OF EVERY 200 AMERICAN BABIES REQUIRES SPECIALIZED CRANIOFACIAL care for congenital conditions such as cleft lip or palate, or to repair damage after traumatic injury or disease. Thanks to a gift from David and Phyllis Komansky, a new surgical program dedicated to treating facial and skull malformations in children has been established at NYPH/WCMC. It will be directed by Samuel Rhee, MD, formerly head of craniofacial surgery at New Jersey Medical School. "Children with these abnormalities suffer both physically and psychologically," Rhee says. "Together with colleagues in surgery and other departments, I look forward to developing new procedures to improve the way these children look and feel."

### Pomp Is Chief of Laparoscopy

ALFONS POMP, MD, HAS BEEN NAMED CHIEF OF LAPAROSCOPY AND bariatric surgery at NYPH/WCMC and the Hirsch Professor of Surgery at the Medical College. An international authority on advanced laparoscopic techniques, he is currently pioneering research on ways to maximize the safety and effectiveness of weight-loss surgery. Pomp, who has been at NYPH/WCMC since 2003, is co-director of the Columbia/Cornell Minimally Invasive Surgery Fellowship. He has published dozens of scientific articles in such fields as hernia repair, splenectomy, and surgical robotics. In 2002, he was named one of *New York* magazine's top 100 minimally invasive surgeons.

### First-Years Honor Gross Anatomy Donors

THE CLASS OF 2011 MARKED A MILESTONE IN APRIL WITH A MEMORIAL service honoring the people whose bodies they dissected in their gross anatomy course. "It wasn't until we started this course that the enormity of the responsibility of being a physician was appreciated and realized by our group," said William Gordon '11. "We are truly humbled by our donors' gifts." Family members of some of the twenty-six men and women who donated their bodies to science also attended the service, which featured music by the AneuRhythms *a capella* group. Said Heather Player '11 to her group's donor, known only as Helen J.: "We'd like to thank you for taking us away from figures, charts, and diagrams, and bringing us back to the humanity of medicine."

### Neurologist Named to *Time's* Top 100

WHEN *TIME* PUBLISHED ITS LIST OF THE 100 MOST INFLUENTIAL PEOPLE in the world this spring, the honorees included such notables as the Dalai Lama, New York Mayor Michael Bloomberg—and Weill Cornell neurologist Nicholas Schiff, MD '92. Schiff was lauded for his pioneering work in deep brain stimulation (DBS), a procedure used in 2007 to restore function to a man who had been in a six-year coma after sustaining head injuries in a mugging. DBS has also been used to treat such conditions as Parkinson's, obsessive-compulsive disorder, and severe depression. *Time* columnist Michael Kinsley, who has undergone DBS treatment for Parkinson's, wrote the piece on Schiff for the special issue. "As battlefield medical care gets increasingly sophisticated, more and more soldiers with catastrophic head injuries are surviving combat zones like Iraq, only to come home and find that little can be done to restore their minds," Kinsley wrote. "Now, thanks to Schiff and his colleagues, that is changing."



### Matching Up Researchers in Ithaca and NYC

WEILL CORNELL SCIENTISTS SEEKING TO COLLABORATE WITH COLLEAGUES on the Ithaca campus—and vice versa—have a new online "matchmaking" tool. Researchers can go to a website ([intercampusaffairs.cornell.edu](http://intercampusaffairs.cornell.edu)) to enter information about their expertise and what they're seeking in a collaborator. Administrators on both campuses—Weill Cornell assistant dean for intercampus initiatives Caren Heller, MD, and Stephen Kresovich, PhD, Ithaca's vice provost for life sciences—will then consult with colleagues and brainstorm potential matches. The website also includes information on ongoing intercampus initiatives, research facilities, and data archives, as well as logistical tips on transportation, accommodations, video conferencing, and more.

## from the bench

### Researchers Track Nursing Home Violence

This spring, gerontologist Mark Lachs, MD, and two colleagues—Karl Pillemer, PhD, director of the Ithaca campus's Institute for Translational Research on Aging, and medical student Tony Rosen '10—released the results of their latest work on elder abuse, focusing on “resident-to-resident” mistreatment in nursing homes. Studying a large urban facility, they found that over a two-week period, 2.4 percent of residents experienced physical aggression from other seniors, while 7.3 percent experienced verbal aggression. “At present, staff have few solutions available to them and typical interventions in the nursing home may have negative consequences for aggressive residents, including the use of psychotropic medications or isolation of the resident,” Lachs says. “We hope our work will help inspire a vigorous search for programs that work to prevent aggression and violence among residents in long-term care.” Their work was published in *Aggressive and Violent Behavior* and the *Journal of the American Geriatrics Society*.



JOHN ABBOTT

### In Combating Kids' Drinking, Knowledge Is Power

Children can learn to say no to alcohol by recognizing influences from the media and their peers. The results of a three-year study

of inner-city middle schoolers, published in the April issue of *Addictive Behaviors*, show that if seventh graders are able to identify advertising techniques, they're significantly less likely to consume alcohol than their peers when they reach ninth grade. The researchers surveyed more than 2,000 adolescents, predominantly African Americans. “Our findings point to the need for prevention programs that teach adolescents media resistance skills and peer refusal skills to reduce the likelihood that they will succumb to the powerful dual influences of alcohol advertising and peer pressure,” says psychology professor Gilbert Botvin, PhD, the study's senior author.

### Questionnaire Can Diagnose Kidney Disease

A simple questionnaire has proven more accurate in predicting and identifying chronic kidney disease than the current clinical practice guidelines. Screening for Occult Renal Disease (SCORED) consists of eleven yes-or-no questions; each answer is worth a certain number of points, which responders total to derive their calculated risk. Criteria include gender, age, and history of such conditions as anemia, high blood pressure, diabetes, heart failure, and stroke. Researchers demonstrated that the test is slightly better than the guidelines at identifying people who have kidney disease—and significantly better at identifying those who *don't* suffer from it, eliminating unnecessary follow-ups. Public health professor Heejung Bang, PhD, points to recent statistics as the motivation for the new test. “About 13 percent of the U.S. population has chronic kidney disease, while awareness of kidney disease among the general public remains very low,” she says. “This information underscores the need to be more vigilant in detecting those at risk.”

### Battling TB on a New Front

“With each new case of antibiotic resistance, doctors are losing ground against *Mycobacterium tuberculosis* and other infectious diseases,” says Carl Nathan, MD, chairman of microbiology and immunology. Nathan's research team is taking a new approach to combating TB by attempting to eliminate the bacterium in its latent form—for the first time, targeting it in its non-dividing, non-replicating state. They have been studying new compounds, known as DiaT inhibitors, which they believe target mechanisms that latent TB needs to survive. “Antibiotic research has typically focused on killing rapidly dividing bacteria,” Nathan says. “But with antibiotic resistance rising, that no longer seems like a winning strategy.” The new compounds could also lead to quicker treatments for patients diagnosed with active TB, as well as avenues for treating other bacterial infections such as pneumonia. The findings were published in *Cell Host & Microbe*.



College kudos: In May, psychiatry chairman Jack Barchas, MD, was honored at the Plaza Hotel with the Medical College's Greenberg Distinguished Service Award. Pictured are (standing, left to right) Dean Antonio Gotto Jr., MD, Barchas, Arthur Mahon, Maurice Greenberg, Herbert Pardes, MD, Peter Guida, MD. Seated: Rosemary Stevens, PhD, Myra Mahon, Corinne Greenberg, Bernadette Castro.



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## New Hope for Deadly Neurological Disorder

Gene therapy is safe and effective at slowing the progression of Batten disease, a Weill Cornell clinical trial has found. The results, published in *Human Gene Therapy*, offer the first promising treatment for the neurological disorder, whose sufferers generally die between the ages of eight and twelve. Batten patients have a mutated version of the CLN2 gene, which causes a deficiency in the enzyme responsible for ridding the central nervous system of waste products. "It's as if the garbage man of the cell is not able to do its job," says Ronald Crystal, MD, chairman of the Department of Genetic Medicine and the study's lead author. "The trash keeps getting backed up inside the cell until the cells can no longer function properly and then eventually die throughout the entire brain." The disease is rare, with only about 200 patients in the world at any given time. Researchers injected a harmless virus with the healthy CLN2 gene into six places in the brains of patients with Batten, also known as late infantile neuronal ceroid lipofuscinosis. "Before now, we had no hope of a therapy for Batten disease," Crystal says. "But today we can say that there is some hope."



Ronald Crystal, MD

## tip of the cap to...

**Philip Barie, MD**, professor of surgery and public health and chief of the Division of Critical Care and Trauma, named president of the Society of Critical Care Medicine.

**Lewis Drusin, MD '64**, professor of clinical public health and clinical medicine, inducted into the Delta Omega Honorary Society in Public Health.

**Jamshid Ghajar, MD '81, PhD '83**, clinical professor of neurological surgery and head of the Brain Trauma Foundation. The foundation has been awarded a \$4.6 million grant from the Department of Defense to develop a battlefield-ready brain diagnosis device.

**Sibel Klimstra, MD**, associate professor of clinical psychiatry, named Educator of the Year by the American Association for Geriatric Psychiatry.

**Francis Lee, MD, PhD**, associate professor of psychiatry and pharmacology, one of thirteen recipients of Clinical Scientist Awards in Translational Research from the Burroughs Wellcome Fund.

**Min Lu, PhD**, professor of biochemistry, awarded part of a \$15.6 million grant from the National Institute of Allergy and Infectious Diseases to support a program that will expand HIV vaccine research.

**Susan Pannullo '83, MD '87**, assistant professor of neurological surgery, winner of the Gary Lichtenstein Humanitarian Award from Voices Against Brain Cancer.

**Marcus Reidenberg, MD**, professor of pharmacology, public health, and medicine, given the Hunter Memorial Award by the American Society for Clinical Pharmacology and Therapeutics.

**Samuel Selesnick, MD**, vice chairman of the Department of Otorhinolaryngology, named president of the American Neurotology Society.

**Wayne Tam, PhD '95, MD '96**, assistant professor of pathology, named Eminent Scientist of the Year by the International Research Promotion Council for work on the pathogenesis of lymphomas and leukemias.

# Tribal Wisdom

A handful of Native American students are working to improve health-care access, on the reservation and beyond

**W**HEN AIMEE ANGLE-ZAHN WAS GROWING UP in Detroit, medicine wasn't just low on her list of possible professions—it wasn't even in the running. Now a Weill Cornell third-year student planning to specialize in rheumatology, Angle-Zahn credits a local program that targeted economically disadvantaged, inner-city kids with introducing the idea that she could thrive in a science-based career. "Every day during high school, I went to the Wayne County morgue and did tissue sections," says Angle-Zahn, now thirty-one. "I had a family with no science education, no college background, and I thought, That's pretty neat. Lo and behold: someone with no mentors is going down the path of medicine."

Angle-Zahn wasn't a long shot to become a doctor just because of her family's economic status, but also because of her ethnic background. She's Native American, part of a group that comprises 2 percent of the population but makes up just one-third of 1 percent of U.S. medical students—and suffers the worst health outcomes in the nation. Of the 17,759 students who entered medical school in the fall of 2007, sixty-one self-identified as American Indian or Alaska Native. A lack of role models only perpetuates the problem, says Angle-Zahn. Native kids—whether growing up in urban, rural, or reservation communities—see soaring rates of diabetes, alcoholism, and heart disease among their people, but rarely a physician who shares their cultural heritage. "There's no one in these communities giving advice about how to become a physician, the application process, the requirements," says Angle-Zahn, whose roots include ties to the Eastern Band of Cherokees and the Bay Mills Indian Community.

This past year, Angle-Zahn served as president of Weill Cornell's Latino and Native American Club, a group whose numbers are growing in large part because outreach by current students has increased the total number of Native Americans in the medical student body. In 2007–08, there were six Native American students, including three in the second-year class. "Others from our communities have started to notice that we're here, and it's bringing interest," says Angle-Zahn. Among their efforts: increasing the visibility of Native American health-care issues by hosting visiting speakers, holding social events to build community among Native students, and actively recruiting prospective applicants.

Dakotah Lane, an aspiring primary care physician, grew up splitting his time between the Lummi Reservation in northwest Washington and the affluent white hamlet of Bellingham. After stints as an electrical engineer and a Peace Corps volunteer in Malawi, the twenty-seven-year-old decided to apply to medical school. "I always had this goal of going back to my tribe and contributing," says the incoming first-year student. "That has shaped my decisions." While his cousins attended high school on the reservation, Lane and his sister went to the public school across town; the siblings are the only ones of their generation to earn undergraduate degrees. Lane chose Weill Cornell in part because of the connection he made with Angle-Zahn when he visited the College. Later, her regular e-mails kept him engaged in the effort to forge ties between Weill Cornell and reservations around the nation; in 2006, she helped launch the Choctaw Scleroderma Foundation, an advocacy group for families battling the rheumatological disease that disproportionately affects descendants of the Oklahoma Choctaws. "While each tribe has its own culture and traditions, a reservation is a reservation whether you have family there or not," says Lane. "When I met Aimee, it was nice to have that shared experience, and to know that she's been working with faculty, talking about her goals to address the health disparity that's particularly high on her reservation."

Increasing the number of Native Americans pursuing medical training has critical implications for addressing such disparities nationwide, says psychiatrist D. Daniel Hunt, MD '73, who spent the first twenty-seven years of his career at the University of Washington medical school, where he made recruitment and retention of Native students an institutional priority. That meant tackling a variety of issues—from differences in cultural approaches to health care to the effects of poverty and insufficient access to science courses in high school. But perhaps the biggest challenge, says Hunt, is honoring the close ties among extended family and the tug Native students feel when academic demands collide with filial responsibilities. "The priority will be family," he says. "It's a strength because of the support, but it's also a vulnerability. The student who's more mainstream will have a better ability to compartmentalize that stress, stay focused on studying." When a relative becomes ill or a crisis emerges back home, a Native student may simply leave school, he says, and having local role models



JOHN ABBOTT

Native networking: Aimee Angle-Zahn (left) and Nancy Heavilin, both medical students of American Indian descent, have done research projects on Native American topics and tried to help recruit future doctors of similar backgrounds to Weill Cornell.

and peers who can support a student facing such competing demands can make an enormous difference. “The importance of community for retention just cannot be overemphasized.”

Now co-secretary of the liaison committee on medical education of the Association of American Medical Colleges, Hunt also sees a value for non-Native students in fostering higher Native American enrollments: a rich array of student backgrounds adds to the learning environment, yielding physicians who are informed by the myriad values and cultural heritages of Americans. Last year, Hunt helped draft new diversity standards for all medical schools. “It’s not about numbers,” he says. “We will require schools to tell us how diversity—spiritual, cultural, gender—is affecting the learning environment.”

This spring, both Angle-Zahn and classmate Nancy Heavilin, whose Navajo grandparents lived on an Arizona reservation, chose topics in Native American communities for their presentations in a public health class. Angle-Zahn focused on substance abuse, while Heavilin looked at sex education in Native American high schools. “Rates of sexually transmitted diseases and unplanned pregnancies are high and increasing in Native American communities even while they’re dropping in the U.S. as a whole,” says Heavilin. “I wanted to see why that was happening and whether sex ed programs needed to be better tailored.” The project served as both an introduction to the issue for classmates and, for

Heavilin, a painful reminder of the dearth of public-health data about Native Americans. “When you do find an article, it’s hard to make it population specific,” says the twenty-four-year-old. “There’s a group of urban teens in Milwaukee, and a group of teens in Arizona on a reservation, but the researchers have to lump them together to meet that Native American designation. There’s a lot of mish-mashing of information.”

For Heavilin, the politics of identity looms large not only in research but also in her own life. Her mother, a registered nurse who served in the U.S. Air Force, was among the generation of Native Americans removed from their extended families and educated at distant, government-run boarding schools. Growing up in a small farming community in Ohio took Heavilin even farther afield from her extended family’s southwestern roots. “Here in New York City, I definitely identify as Native American,” she says. “Throughout my life, I’ve often been the only Native American that people have met. But when I’m on the reservation, I’m the little white girl and don’t fit in.” Having had access to educational opportunities in her small high school rarely available to her peers at reservation schools, Heavilin is still sorting out how her obligation to give back will mesh with her own professional interests and family aspirations. “It’s an internal struggle,” she admits. “It haunts me.”

— Sharon Tregaskis

# Salzburg Serenade

Seminars educate MDs from the former U.S.S.R. and beyond

**S**ALZBURG'S PRESENT-DAY ARENBERGSTRASSE was once a Roman highway, the north-south route through the Alps to the Adriatic Sea. An estate was established there as early as the fourteenth century, eventually comprising the elegant chateau known as Schloss Arenberg. Today, the land is nurturing a different kind of trade, as a nexus for medical knowledge: the chateau is home to the Salzburg Weill Cornell Seminars, which bring hundreds of physicians from former Eastern Bloc countries to Austria each year to absorb the latest in patient care and research.

Founded in 1995, the seminars are a joint effort of Weill Cornell and the American Austrian Foundation, a nonprofit that fosters relations between the two nations in the sciences, media, and arts. "Not everybody can come to the United States," notes Wolfgang Aulitzky, MD, the Foundation's medical program director and assistant dean for international education development at Weill Cornell, where he holds a professorship in clinical neurology. "Therefore, we thought we'd bring American faculty to the center of Europe and have them meet with doctors from formerly Communist nations in a neutral, well-equipped country where the teachers and fellows feel comfortable." Since the program's inception, it has trained more than 8,000 fellows from some ninety countries, originally focusing on former Soviet republics but now expanded to Africa and the Middle East. The fellows attend on full scholarship, and faculty—about 700 to date—teach *pro bono*.

Candidates for the weeklong sessions must be mid-career—aged thirty to forty-five—and speak fluent English, the seminars' *lingua franca*. They should also be "multipliers," Aulitzky says—practicing in teaching hospitals or other public institutions where they can spread their newfound knowledge to improve care in their home nations, many of which saw their social-welfare safety nets collapse after the fall of the Soviet Union. "This program makes them hungry to get involved in the improvement of their local health-care system," Aulitzky says. "That's the only way to change things. Nobody can do this from the outside. It has to happen from the inside."

In March, the Austrian government recognized Weill Cornell Dean Antonio Gotto Jr., MD, and NewYork-Presbyterian Hospital CEO Herbert Pardes, MD, for their work with the seminars, awarding them the nation's Cross of Honor for Science and Art,



COURTESY OF AAF

Home is a castle: Schloss Arenberg, the chateau that plays host to the Salzburg Weill Cornell Seminars. More than 8,000 fellows have participated since the program began.

presented at the Austrian consulate in New York. "Working together as colleagues, freely sharing ideas and developing professional relationships, allows all participants to return to their home countries better prepared to treat their patients," says Gotto, who calls leading the seminars "a stimulating and enriching experience." Aulitzky notes that the faculty also learn from the fellows, often in the form of case studies rarely seen in the U.S., such as untreated coronary malformations or tuberculosis that has spread to the kidneys and bladder. "The doctors in these countries have to be innovative," Aulitzky says. "The bottom line is, they have to treat patients. If you don't have the proper medication and technology, you have to find other ways. So this gives them interesting insights into alternative treatment modalities."

The seminars are overseen by the foundation's Open Medical Institute, which also offers sessions taught by faculty affiliated with Columbia, Duke, the Cleveland Clinic, and the Children's Hospital of Philadelphia. Held thirty-two weeks a year, they aim to bring American-style pedagogy—with its more open and informal atmosphere—to Europe. "It's friendlier," Aulitzky says of the American system. "Learning and studying is more collegial. There is a completely different dynamic between an American educator and a group of students. In Europe, we have a much stiffer, more strict, hierarchical system; the professor tells the students what

they have to learn. In the American system, there is much more questioning—and there's no such thing as a stupid question."

Key to the seminars' easygoing mood is the atmosphere at the *schloss*, a 200-year-old palace once owned by Princess Sophie of Arenberg. Renovated in 2005 as a conference center, the chateau—home to the Vienna Philharmonic Orchestra during the Salzburg festival season—counts among its amenities housing for faculty and fellows, parkland, and a sculpture garden. "You get up in the morning and have breakfast together, and then you have formal lectures with lots of time for discussion," says E. Darracott Vaughan, MD, a urologist and Weill Cornell senior associate dean for clinical affairs who has been involved since the seminars' early days. "You have lunch together, sitting around the table, asking questions. In the afternoon, we generally share cases, problems, or other interesting things, and again there is incredible interaction. Then we socialize—have cocktails and dinner, stand around outside the beautiful *schloss*, sit and chat in the garden." The seminars, Vaughan notes, give the fellows up-close access to some of the top names in their fields, a unique opportunity for students anywhere on the globe. "If you think about it," he says, "they're meeting the people who write the textbooks."

Although the seminars last only a week, they're designed to be a continuing resource. The fellows go home with the entire session on CD-ROM, and they're encouraged to develop satellite education programs in their native countries based on what they've learned. They also forge professional connections that may bear fruit years later. "These people make friends, not only with the faculty but with the other fellows," Aulitzky says. "So we are introducing them to the global medical establishment."

When the foundation was created in 1984, Aulitzky notes, it was with the hope that Austria could serve as a bridge between Eastern and Western Europe—"a role that it also offered after World War II, when it was the most eastern location of the free world." And as Vaughan points out, the seminars themselves began during the unrest in the former Yugoslavia—but physicians from Bosnia, Croatia, and other war-torn regions came together at the *schloss* in a spirit of collegiality. "At a time when terrible things were happening in that part of the world, these people were sitting together, having a beer, talking science," he says. "The common denominator of helping people does as much for spreading peace around the world as anything I can think of."

— Beth Saulnier

## Wii-habilitation

Video game is the latest thing in burn rehab

**P**HYSICAL THERAPIST HOPE Hunter admits that, at first, it felt odd to ask her patients, "Have you played your video games today?" But these days it's a valid question. Hunter, supervisor of rehabilitation at the William Randolph Hearst Burn Center, has been using Nintendo's Wii game system to help speed rehabilitation. "With burns, our concern is that the skin is going to tighten up," says Hunter. "The joint can tighten up as well, and either can affect function. The Wii is a good way to keep patients moving."

In contrast to conventional video games—with players lounging on the couch, controller in hand, getting no exercise—the Wii makes you get up and move around. Its Wii-Mote controller operates via a motion sensor; instead of pushing a button to swing a baseball bat, for instance, players actually swing the Wii-Mote.

The idea of using the Wii for PT came



JOHN ABBOTT

Got game: Physical therapists Hope Hunter (left) and Michelle Dwertman watch as patient Marlan Jackson uses the Nintendo Wii as part of his rehabilitation regimen.

to Hunter when she watched some young relatives playing Wii Sports, a game that simulates real-life movements in tennis, bowling, baseball, golf, and boxing. She saw it as a fun way to practice range-of-motion exercises with her patients, improving their coordination and balance while giving them a cardio workout. "Patients are working up a sweat playing Wii Tennis," says Hunter. "And with Wii Baseball, you can really simulate a pitcher's throw." Hunter has also been using Guitar Hero—where participants use a mock guitar to "play" popular

songs—to improve dexterity and flexibility.

The Burn Center is just one of a growing number of facilities using the Wii in physical therapy, says Denise Kaigler, vice president of corporate affairs for Nintendo of America, adding that the company has donated the game console to military hospitals. Says Kaigler: "Medical professionals from all over the country have contacted us with anecdotes about how the Wii system has caused visible, positive change in their patients."

— Nick Corasaniti

# Take Two Aspirin (and a Pair of Socks)

Student volunteers offer basic aid to homeless shelter residents

**S**ARAH FREEMAN CAN'T HELP but get excited when her first patient of the night at the Grand Central Neighborhood Shelter comes to her complaining about a swollen ankle. Not that the Weill Cornell first-year student takes joy in anyone's pain, but at least she can put her classroom studies in kidney and heart problems—possible root causes of the swelling—to some real-life use. "Even though we don't know that much as first-year medical students, we still can offer people a lot," she says during a late-March trip to the shelter. "It's a great system because we get to practice."

Many medical students, particularly

first-years, can't wait to break free from the books and treat some flesh-and-blood patients. And the residents of the Grand Central Neighborhood Shelter need help with everything from aching feet to complicated cardio problems. So every Monday night, those needs come together when a five-student team—four first-years and one third- or fourth-year—visits the Midtown Manhattan facility to provide free basic medical advice, as well as referrals to the shelter's biweekly clinic staffed by doctors from St. Vincent's Catholic Medical Centers. The students come stocked with staples such as vitamins, over-the-counter medications, condoms, and (most popular

of all) new socks. They stay for about two hours, seeing up to two dozen patients—swapping jokes and listening to colorful life stories along with dispensing medical information.

Many shelter residents come to the weekly sessions just for the socks—and, on Freeman's night, are delighted to find a wider selection of colors than usual, from hot pink to aqua to burgundy. Ziploc bags full of multi-vitamins go fast as well. And they joke—a lot. "Doc, you gotta loosen up," one jolly older man chides a nervous student. Another resident spends more time bragging about his days as a bodyguard for rockers Rick Springfield and Rick James

FOTORESEARCH



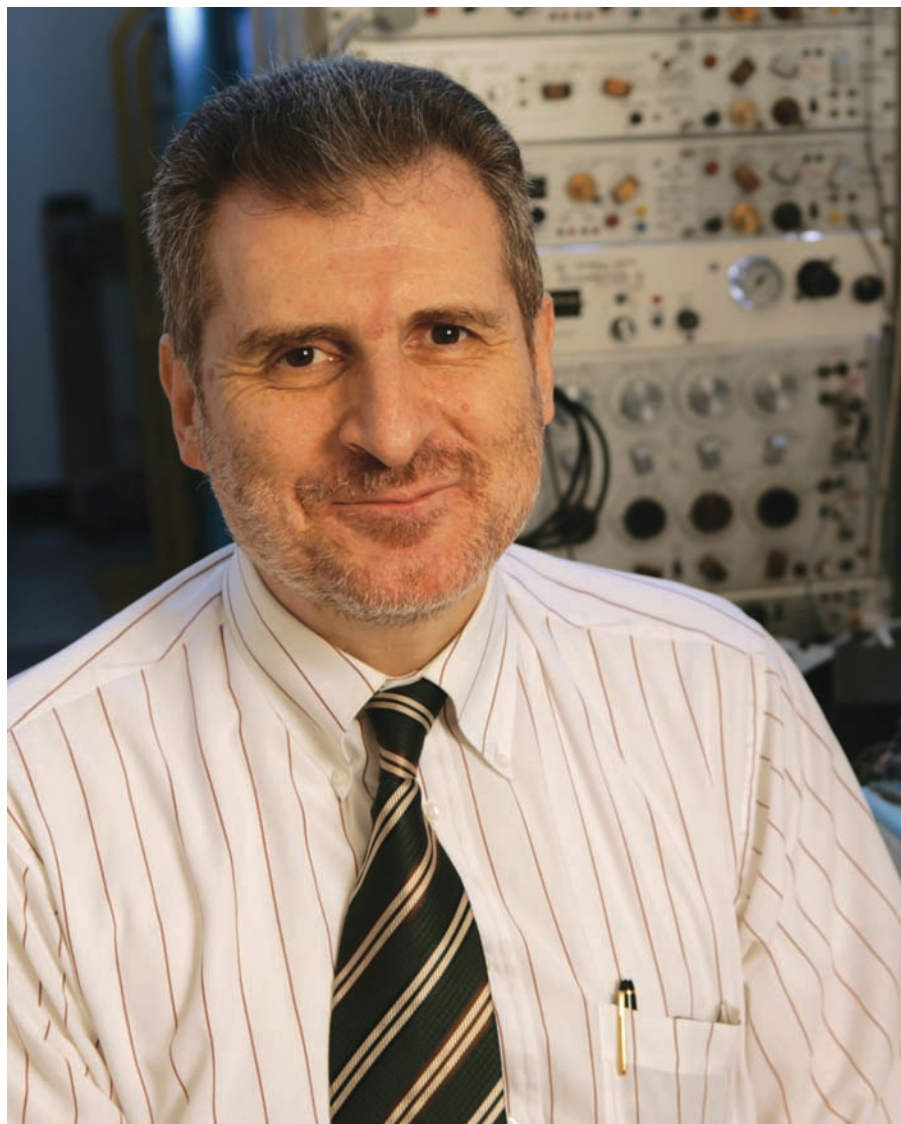
than he does seeking any actual treatment. "Every week I have a new favorite patient," says first-year Brandon Greene, one of the program's five student coordinators. "Last week I had a guy who was a cook and I got a recipe for plantains. Another guy invited me to a CD release party."

But some shelter residents have serious problems that warrant referral to the St. Vincent's clinic. One man reports shooting ear pains; one is having trouble balancing his blood-thinning medication and an ulcer; another says he hasn't had a physical for fifteen years. "At least I have a pulse," he chuckles when a student checks his vital signs. Lucindy Edwards, a case manager at the shelter, underscores the importance of getting even this brief kind of medical attention. "It's good to have this on-site," she says, "because if you try to send them out to the doctor, a lot of people won't make it."

The program has become a hot ticket with first-year students itching to help real patients. "It's tough to get a spot unless there's a big exam coming up," Greene says. Third- and fourth-year volunteers are slightly harder to come by because of their packed schedules, but they're a crucial part of the mission: they supervise each consultation and dispense medical advice after the first-years take histories. "Usually I'm quite busy with rotations, but this week it worked out," says third-year volunteer Julie Yang, on a brief break between patients. But she admits that, earlier in the evening, she panicked a little as she made her way to the shelter: "I thought, 'What am I going to do? Is there a real doctor there?'" Answer: No, but not to worry—her team is there only to provide basic guidance and steer more serious cases to the St. Vincent's physicians.

The first-years are often nervous on their initial visit to the shelter—but are usually relieved to find that most residents are understanding of their inexperience. "These people are cool to talk to, and they know we're here to learn from them," says first-year Jessica Yee. "They're patient with me." Just as valuable, students say, is the simple act of getting off campus and out into the world. "You get kind of bogged down in the science, but this is energizing," Greene says. "This makes me think I'm actually going to be a doctor instead of just a student for the rest of my life."

— Jennifer Armstrong



ABBOTT

Costantino Iadecola, MD

## Head & Heart

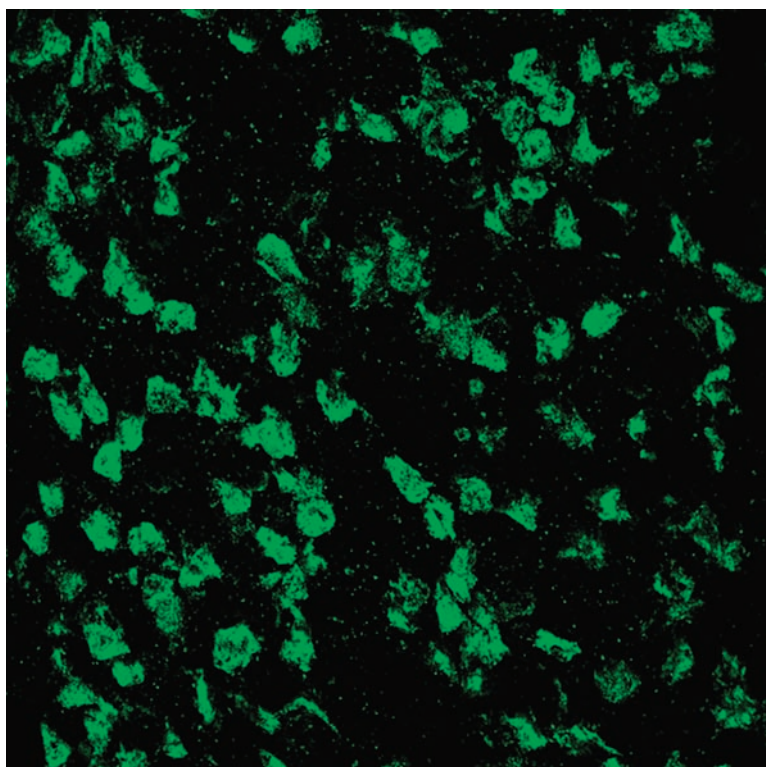
Exploring the link between vascular health and the brain

**T**O THE WORLD'S CLASSIC CHICKEN-AND-EGG PROBLEMS, ADD THE BLOOD vessel and the neuron. "What comes first?" asks Weill Cornell neurologist Costantino Iadecola, MD. "Because neurons have so much to relay to blood vessels, people always thought that they were the king and blood vessels were the subjects." But today, he says, scientists know that blood vessels are sometimes in the driver's seat; during brain development, for example, vessels are in the vanguard, telling neuronal precursor cells what to do. "So there's an interesting revolution going on," Iadecola says. "The world is kind of turning upside down."

The Italian-born Iadecola, the Cotzias Distinguished Professor of Neurology and Neuroscience and chief of neurobiology at NewYork-Presbyterian Hospital/Weill Cornell Medical Center, has been a key player in that revolution, studying the role of the vascular system in such disorders as Alzheimer's, stroke, and hypertension. As the aging of the American population makes dementia and other neurological diseases increasingly common—and their treatment and prevention ever more urgent—Iadecola's approach could

have broad impact. "His work underscores the fact that whenever something threatens the cerebral blood supply, such as brain injury or hypertension, it increases the susceptibility of the brain to neural diseases such as Alzheimer's—and that is a profound finding," says longtime colleague Robin Davisson, PhD. "He has been investigating how changes in cerebral blood vessels and the mechanisms that regulate them can lead to cognitive effects. He hasn't figured all that out yet, but just the idea that those things are linked is novel."

Davisson, a professor of molecular physiology who splits her time between Weill Cornell and the Ithaca campus, began collaborating with Iadecola because of their common interest in the central nervous system's role in vascular regulation. They've merged their research teams to study such molecules as NADPH-oxidase, an enzyme that is responsible for the production of free radicals and plays a key role in hypertension—a focus of her work—as well as Alzheimer's and stroke. "He is uniquely positioned," says Davisson. "He is an expert on the central nervous system, on cerebral vascular function and dysfunction, and the pathology of stroke, and he is



COURTESY OF COSTANTINO IADECOLA, MD

Tiny mind: Iadecola studies how neurons in a mouse's somatosensory cortex are activated when its whiskers are stroked, leading to increased blood flow. The work could lead to new ways of improving blood supply to the brain.

increasingly interested in how the brain is involved in hypertension. So he is at the interface of all of these areas that we now are beginning to appreciate are coming together."

In 2004, Iadecola published a paper in *Nature Reviews/Neuroscience* that examined more than 150 studies of vascular changes linked to Alzheimer's, concluding that subtle shifts in cerebral blood flow detected via fMRI could offer an "early detection system" for the disease. In his own lab, he has been studying blood flow in the brains of mice genetically engineered to have an

Alzheimer's-like disorder; the animals suffer from memory loss and an impaired ability to explore their surroundings. In a 2008 paper published in the *Proceedings of the National Academy of Sciences*, Iadecola found that blocking the toxic-free radicals produced by NADPH-oxidase in these mice improves their blood circulation to the brain and restores their normal tendency to explore. "In many conditions where the brain is not working properly, people thought it was due to neuronal problems, in that the neuron is affected and ends up not working correctly, and that's where dementia comes from," he says. "But we found that even before the neurons start to suffer in these mice models with Alzheimer's, the blood vessels of the brain stopped working correctly. So this suggests that the blood vessels play a role in Alzheimer's—not as a consequence of neuronal problems, but as a primary event. It's the blood flow that comes first, especially at the onset of the disease, when treatments have the greatest chance of success."

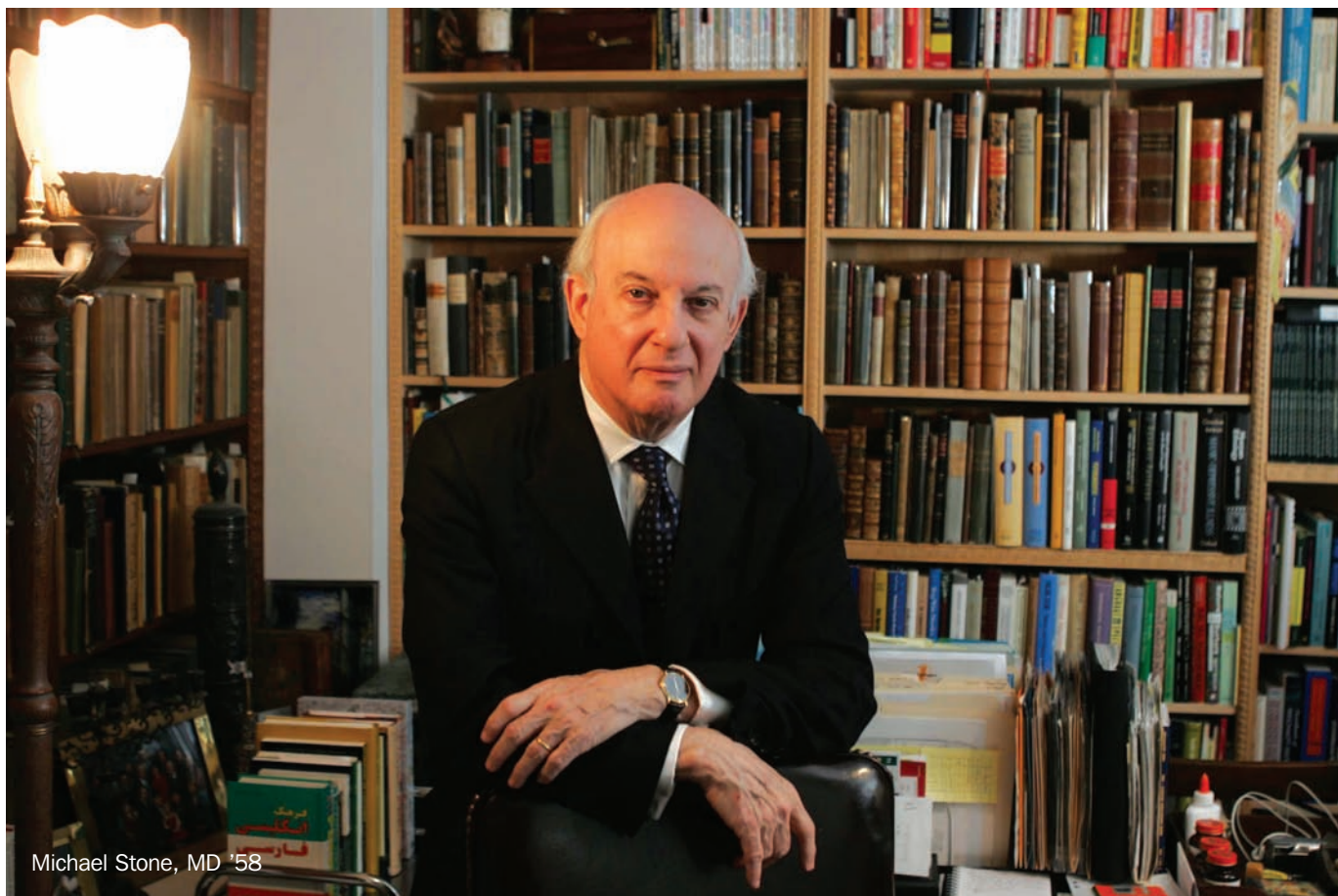
Iadecola has also published on the phenomena of "preconditioning," in which blood vessels in the brain are protected from future stroke damage by small amounts of a noxious substance—along the lines, he says, of "what doesn't kill me makes me stronger." His experiments involved mice given the inflammatory toxin LPS twenty-four hours before an induced stroke; he found they had a 68 percent reduction in stroke intensity. Although LPS is too toxic for use in human patients, Iadecola's lab has been studying how the preconditioning process works—nitric oxide plays a vital role—in the hope of developing new stroke-prevention drugs.

Using brain slices from genetically engineered knock-out mice, Iadecola has also been studying the processes of cell death, mimicking stroke damage by depriving the samples of necessary nutrients like oxygen and glucose. In a 2006 paper published in *Nature Medicine*, he found that prostaglandins—lipid mediators essential for the normal functioning of many organs—turn against the brain and contribute to the damage produced by a stroke. And in early 2008, the *Proceedings of the National Academy of Sciences* published his work on how the "clot-busting" drug tPA, in its natural form in the brain, regulates blood flow to neurons. The findings came from a study of mice engineered to lack neuronal tPA; researchers stimulated them by tweaking their whiskers and observing blood flow to regions of their brains linked to whisker sensitivity.

The common denominator of Iadecola's work is that cardiovascular health and neurological health are intimately intertwined. In addition to providing new treatment avenues, such findings could offer physicians a powerfully persuasive argument for convincing their patients to eat well, exercise, and watch their blood pressure and cholesterol: by taking care of their blood vessels, they could help maintain their cognitive health into old age. "People are already taking notice of the major implication of our work—that Alzheimer's is not just a disease of neurons," he says. "So if you want to prevent it, you need also to prevent blood vessel problems, because that's part of the cause."

— Beth Saulnier





OZIER MUHAMMAD / THE NEW YORK TIMES / REDUX

## 'Evil' Incarnate

On his true-crime show, psychiatrist Michael Stone, MD '58, rates the world's most infamous killers

**O**MINOUS WORDS SLITHER across the TV screen in undulating black-and-red letters: "Traumatized." "Psychopathic." "Power Hungry." "Sexually Perverse." The soundtrack is spooky, an array of piercing, discordant notes. When the narrator speaks, his inflection is both creepy and grave. "A scale exists to measure the darkest corners of human behavior: acts of evil. It weighs the criminal mind—and the crime. From impulsive murderers to serial killers, science now has a tool to determine who are . . . the most evil." The final two words—the show's title—fill the screen in blood red, then quickly fade to a shadowy black and white. The "V" descends sharply below the other letters, like a single carnivorous fang.

Welcome to "Most Evil," a true-crime show on the Discovery Channel that explores the sinister realms of the human mind. Hosted by Columbia University psychiatry professor Michael Stone, MD '58, the program rates criminals on his "hierarchy of evil," a scale he has developed and refined over the past two decades. With his courtly air and status as an aficionado of high culture—opera patron, scholar of ancient and modern languages, owner of what may be the world's largest private collection of antiquarian psychiatry books—Stone may seem an unlikely TV host. And indeed, "Most Evil" casts him not so much as a personality as a rarified font of wisdom and insight. He doesn't narrate the show and goes long stretches without appearing on camera,

often speaking from the back seat of a chauffeured car as he tours the country interviewing infamous criminals.

In an episode entitled "Cold-Blooded Killers," for instance, Stone travels to Texas to meet death row inmate Tommy Lynn Sells, the so-called "Cross Country Killer," who claims responsibility for as many as seventy deaths. "He killed, seemingly indiscriminately, men, women, and children," Stone explains from the car. "Sometimes with a sexual angle, sometimes without. Sometimes whole families, sometimes mother and child. And he did it with impunity, just like rolling off a log." Inside the prison, the two sit face-to-face, separated by a glass partition, speaking via telephone. Stone is dressed crisply, in his customary jacket and tie; the chubby, bespectacled killer wears prison whites, his face dotted with acne. "I did it for the rush," Sells tells Stone. "I didn't do it for the sex. I didn't do it for the power. It's not the person, it's about the sensation." He admits that although he rather likes Stone, he could easily change his mind and murder him. Later, Stone describes him as a

true psychopath. "Absolutely, I could be one of his victims," the psychiatrist muses, "if it weren't for that pane of glass."

Stone, who earned an undergraduate degree in Latin and Greek from the Ithaca campus in 1954, began developing his scale in 1987 while serving as an expert witness in a defamation of character trial. Author Joe McGinniss was being sued by convicted murderer Jeffrey MacDonald, MD; Stone had been retained on behalf of McGinniss, whose book *Fatal Vision* had blamed the former Army physician for the murders of his pregnant wife and two daughters. "I wanted to show the jury where the crime fit in the grand scheme of inhumane acts," Stone says, "so they'd get the picture that it wasn't the absolute worst thing a person has ever done, but it was a long way away from the least awful."

At Number 1 he put justifiable homicide, a crime with "no evil." Number 2 included such "crime of passion" killers as Jean Harris, who killed her lover, Scarsdale Diet creator Herman Tarnower, MD, when she learned he was cheating on her. At the opposite end—Number 22—he put "psychopathic torture-murderers" such as English serial killer Ian Brady, who tortured children that he and his girlfriend had kidnapped, later using their recorded screams

as an aphrodisiac. Then, Stone says, "I began filling in the spaces, trying to order the murderers that I was reading about in true-crime books." MacDonald got an 11: "psychopathic killers of people 'in the way.'"

In its twenty-eight episodes over three seasons, "Most Evil" has profiled dozens of nefarious characters—some obscure, others well-known. They include University of Texas sniper Charles Whitman (he got an 8); Susan Smith, who drowned her toddler sons (10); cult figures Jim Jones (12) and Charles Manson (15); and serial killer Ted Bundy (17). Those rating a 22 include Sells, cannibalistic murderer Jeffrey Dahmer, and "BTK Killer" Dennis Rader. Stone stresses that the scale deals only with "evil in peacetime," specifically excluding war criminals and political figures such as Adolf Hitler. "The use of the word 'evil' in political situations is much different, because you have one side calling the other evil and it's left to the judgment of history where evil really lay," he says. "In the case of Hitler, there isn't much question. But Osama Bin Laden thinks the West is evil and we consider him evil. It's a separate universe of discourse."

Stone posits that his interest in criminal psychology goes back to a childhood marked by bullying, which gave him "a

taste of being hurt." Having skipped ahead in school, he was only ten in the seventh grade. "Once, a very big, strange boy invited me to his home and tried to strangle me," he recalls. "To this day I don't know how I fought him off. That probably triggered my interest in the bad things that people do to others—because I was one of the others." Today, his collection of true-crime books runs to more than 600 volumes. In addition to teaching at Columbia and hosting "Most Evil," he has a long-standing private psychiatry practice, offers expert testimony in court, and occasionally appears as a commentator in the media.

So how does Stone define evil? For him, it's not a question of theology or philosophy; it boils down to emotion. "When you talk about certain things, people will gasp, and that response is almost inevitably accompanied by, 'That's evil.' That's my definition, actually: that which causes a breath-taking experience of awfulness on the part of an ordinary person." Evil, he says, is a purely human phenomenon. "If a cat eats a mouse, it's just having dinner. We are the only ones that know about death and the suffering we inflict on others—because we know how it would feel if the same thing were done to us."

— Beth Saulnier

## Blood, Read



In his new 'pathography,' a clinical medicine professor explores the cultural meaning of anemia

**m**ODERN MEDICINE PRESENTS ITSELF AS A FORWARD MARCH OF rational, scientific, progressive enlightenment, a triumph of fact," writes clinical medicine professor Charles Bardes, MD. "But beneath this bright and cheery tale lie darker layers of myth, alchemy, magic, ritual, oracle, memory, forgetting, fear, and melancholy." In his new book, the associate dean for admissions explores how one condition—anemia—has been regarded through the ages.

Published in July by Bellevue Literary Press, *Pale Faces: The Masks of Anemia* is a "pathography"—examining how the condition has been treated not only by physicians but also by folk healers, historians, authors, and others. Bardes explores topics from the ancient concept of the spleen to the medical and symbolic uses of iron. He devotes a chapter to sickle-cell anemia, a disease that affects 80,000 Americans. ("Sickle—the cell is a sickle, but why not a crescent, a comma, a banana?" Bardes muses. "The sickle is an ancient tool, the instrument of reaping, the instrument of death, the grim reaper.") He contemplates the cultural meaning of pallor—both a symptom of illness and a once-sought-after expression of leisurely indoor living. He parses numerous literary references to pallor, anemia, and blood, from Homer to Herman Melville. "Anemia is not exactly a disease but rather a core medical idea, like fever, that spans the world's many ages and its many places," Bardes writes. "How a culture comprehends this deficiency of blood, among the commonest of all human afflictions, bespeaks its concerns, its science, and its myths."

# Social Experiment

For more and more medical students, research means public service



AMELIA PANICO

**T**HE SUMMER AFTER HER FIRST YEAR AT WEILL Cornell, Amy Downing '10 spent six weeks doing research in the labor ward at Weill Bugando Medical Center in Mwanza, Tanzania, studying when midwives transferred sick newborns to the intensive care unit. Her find-

ings—that it took them far too long to get babies with breathing problems to the ICU—had the potential to immediately affect care. Three days after she returned to the U.S., her research sponsor, pediatrics professor Jeffrey Perlman, MD, presented her work to the medical center's leadership in Tanzania. "He said it was pretty shocking and something that the head of the hospital definitely wanted to work on," Downing says.

Ten years ago, Downing's study would likely have been seen as exceptional. But more and more Weill Cornell students are doing unique, public-service-oriented research projects at home

Poster power: On the sixth annual Medical Student Research Day in February, Marc Soares (above) presents his work to faculty Michele Fuortes, MD, (far left) and Mark Lachs, MD. Right: Julie Lian discusses her study of chronic obstructive pulmonary disease.

and abroad as part of an overall increase in research by medical students. Three-fourths of first-year students now participate in some kind of research, according to Joel Pardee, PhD, director of the Office of Medical Student Research; funding for student research, which comes from a number of sources, has risen to more than \$600,000 annually.

On February 27—the sixth annual Medical Student Research Day—fifty of the most promising projects were on display throughout the second floor of the Weill Greenberg Center. Students lined one room with their posters, chatting about their data and research experiences as they waited for faculty to arrive for formal presentations. In an adjoining room, a dozen students described their work using slides that outlined hypotheses and tracked outcomes; faculty judges and fellow students grilled them on their study designs and methodologies.

While research has always been encouraged, it's now *de rigeur* for many students, with the pressure heaviest on those hoping to match in the surgical subspecialties and smaller specialties such as dermatology. "There's clearly a trend in the highly competitive medical specialty fields to use student research as one criterion on which residency programs base



PANICO

'Sometimes there's a patient who

just gets to you,' says student

J. Tasker Gundy, who researched a

device to prevent geriatric falls

their decision," says Carol Storey-Johnson, MD, senior associate dean for education. Medical Student Research Day saw several projects on surgical topics that would better position students for residency matches, like new stapling and suture techniques and the ideal blood glucose level for cardiac surgery patients. While such projects focus on clinical practice, about half of all student research is still done in the lab, working *ex vivo* or on models of disease in mice, rats, dogs, and pigs. But they've been updated to look at the latest topics—a project on embryonic skin stem-cell differentiation in mice, for example, won one of ten awards for outstanding student research.

Research experience is also key for students interested in academic medicine, says Kendra Harris, a first-year MD-PhD candidate who organized the day along with fellow students Monica Saumoy and Clara Tow. Harris, who plans on a career in infectious disease, is tailoring her research almost exclusively to that subject. In the year between undergrad at Princeton and medical school at Weill Cornell, she worked for a nonprofit biotech company developing new tuberculosis vaccines; she's hoping to work in the lab of a leading tuberculosis researcher next year.

More and more student projects are falling outside of such traditional areas, a shift the Medical College has encouraged. Two years ago, Weill Cornell created the Office of Medical Student Research, in part to broker relationships between students and faculty. One of the first things Pardee did was encourage students to find opportunities in such non-traditional fields as epidemiology, ethics, and health economics. "With that broadened definition, students have become more interested," Pardee says. "How you make a contribution has changed with the times. These are areas that would not necessarily have

been considered important by my generation, but it's all medicine. Oftentimes it's not basic science research, but it's applicable." For example, student presentations on Research Day

included work on physician attitudes toward palliative care and HIV counseling for patients over fifty. Several focused on non-clinical issues, like how people choose doctors in a fixed-price marketplace or how doctors can better work with illiterate patients.

Given this freedom, students are responding to what they see as emerging needs in the medical community. "Sometimes there's a patient who just gets to you," said second-year student J. Tasker Gundy, standing in front of his poster on Research Day. For Gundy, that patient was an elderly woman who was wheelchair bound because of an undiagnosed hip fracture. Her case made him realize that older patients have unique, often overlooked needs and that the effect of missing a common diagnosis can be severe.

Gundy arrived at Weill Cornell with a broad interest in emergency medicine but has since shifted his focus to the nascent fields of geriatric emergency medicine and environmental geriatrics; the latter explores the needs of older hospital patients, like brighter room lighting or decreased noise. He sought out medicine professor Michael Stern, MD, the first physician in the country to complete a fellowship in geriatric emergency medicine, and developed a research project to study a device that alerts nurses when an elderly patient is at risk of falling. The American Federation for Aging Research funded Gundy's work and arranged for him to present it at the American Geriatrics Society annual meeting. According to Pardee, Gundy's drive is typical of a generation of students who see research as another way to help their patients. "They want to contribute to medicine and benefit mankind, and that goes into their research," he says. "If you scratch a medical student, you find an idealist."

— Gabriel Miller

## Say 'Ha'

Student clowns prescribe laughter

EVERY FRIDAY AFTERNOON, the ten or so members of Funny Bones dress up in makeshift clown suits—comical castoffs from the Salvation Army—and visit the pediatrics ward at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. But these clowns aren't the kind you'd see at the circus or a birthday party. They don't juggle or wear face paint, and they don't do magic tricks. Rather than performing for their audience, they aim to be interactive—the clowns becoming, say, a human basketball court for a child who misses playing sports, or acting out a popular film while a patient narrates.

The student group is the brainchild of Amy Downing '10, who decided the summer before medical school that she wanted to connect with patients in an unconventional way. So she took up clowning—visiting hospitals dressed in silly clothes and a big red nose as a kind of comic therapy for patients. She went to Italy with an international clowning group to learn the ropes, and when she got to Weill Cornell she started Funny Bones.

The clowning philosophy Downing learned in Italy is simple: put the patient back in control, and get them up and moving and being creative. "These kids are stuck in the hospital where doctors and nurses are telling them when to eat and sticking needles in them," she says. "They're scared and they feel like they've totally lost control."

The Funny Bones team often "inducts" patients into the group; kids take a pledge, don a red nose, and parade around the ward with the clowns. "It's about spreading joy and love and happiness," Downing says. "It's taking clowning and turning it into a humanitarian mission."

— Kara Cusolito



ABBOTT

Send in the . . . : Funny Bones revelers (clockwise from left) Eric Goodman '11, Erin King '10, and Monica Prieto '11

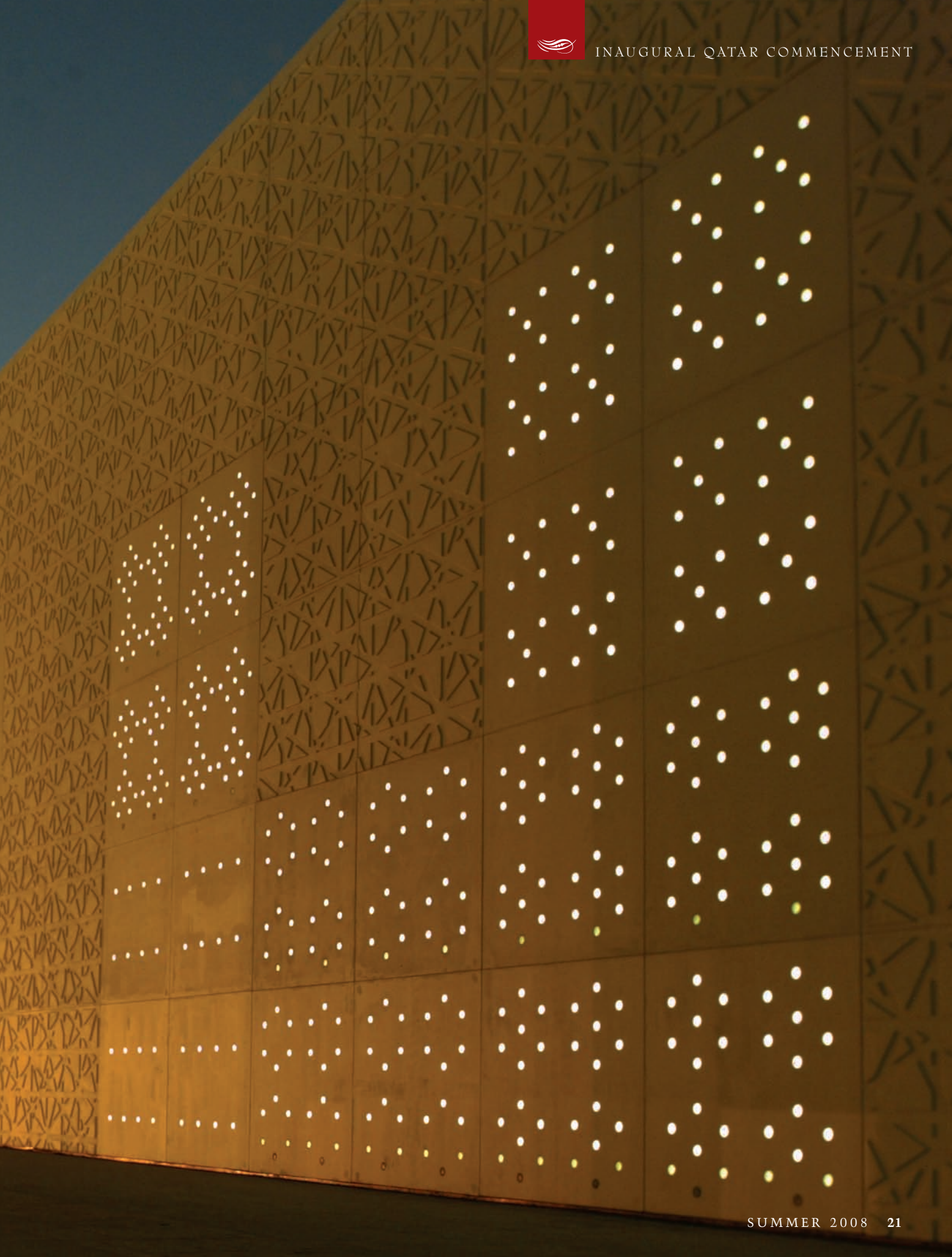
# Q & A

EIGHT YEARS AGO, even the most ardent supporters of Weill Cornell Medical College in Qatar wondered if their international experiment would work.

With the Class of 2008, they have their answer.

Stories by Beth Saulnier  
Photographs by Martin Marion

*(unless otherwise noted)*



# Desert Blooms

In a gala ceremony in Doha, WCMC-Q graduates its first MDs

The crowd packing the Doha Ritz Carlton's ballroom for the first commencement of Weill Cornell Medical College in Qatar was already in a festive mood when the Class of 2008 presented Her Highness Sheikha Mozah Bint Nasser Al-Missned with gifts of the traditional physician's garb. But when she donned the long white coat over her abaya and posed with the sleek black-leather doctor's bag, the crowd leapt to its feet and burst into a rousing round of applause. Sheikha Mozah, wife of the Emir and the nation's first lady, was a driving force in the establishment of Doha's Education City through her work with the Qatar Foundation and remains the project's most passionate patron.

The festive ceremony marked a milestone in American higher education, as Weill Cornell became the first U.S. medical school to grant its MD degree on foreign soil. Dozens of faculty, friends, and administrators from the New York campus made the trip to Doha to participate in the celebration, which included tours of the city's *souk* (old marketplace) and the Al Jazeera television studios, as well as a convocation for the entire Education City class of 122. "At a time of ongoing and even escalating world tensions, Weill Cornell Medical College in Qatar is a most positive achievement far beyond the world of medical education," Cornell President David Skorton, MD, said in his commencement address. "Lack of well-trained physicians and other medical professionals is a significant contributor to the health disparities that afflict so many parts of the world, including parts of the United States, and one that higher education is well-suited to address. As these students become practitioners around the world, they have the opportunity to bring medical care to underserved populations and to encourage others to seek medical education."

The nine women and six men in the inaugural class come from seven countries—Bosnia to Nigeria, India to Syria. Three of the graduates were born in the U.S., while four are natives of Qatar, an oil-rich nation the size of Connecticut with a population of some 1 million, about a third of whom are citizens and the rest expatriate workers. "In today's world, education is considered a privilege," said class speaker Jehan Al Rayahi, a Qatari who will do her radiology residency at Hamad Medical Corporation in







## Caps and gowns: Members of the Class of 2008

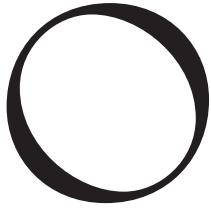


Doha. "It requires both a strong ambition and the means to pursue it. My class had both."

Although the ceremony was held more than 7,000 miles from New York, it retained the traditional trappings of a Weill Cornell graduation. The new MDs wore bright carnelian red gowns with green velvet trim and entered the ballroom to the strains of "Pomp and Circumstance," followed by a parade of faculty in full academic regalia. Surgery professor Bakr Nour, MD, bore a new wooden mace shipped from Ithaca for the ceremony; medicine professor Nounou Taleghani, MD, performed the hooding honors, draping graduates in green velvet hoods lined in red. When the class recited the Hippocratic Oath, it used the version reworked by Weill Cornell students and faculty that made its debut in 2005. The oath pledges, in part, to "serve the highest interests of my patients through the practice of my science and my art" and "strive for justice in the care of the sick."

The graduation was attended by more than 600 guests, including Weill Cornell Board of Overseers Chairman Sanford Weill and Dean Antonio Gotto Jr., MD. During the ceremony, as he has on previous occasions, Skorton hailed the project as a bridge between the people of the U.S. and those of the Gulf region. He lauded the graduates—who did as well on standardized tests and in the annual residency match as their New York peers—for their "extraordinary commitment." The new MDs will train in a variety of fields, including family medicine, internal medicine, surgery, obstetrics and gynecology, emergency medicine, neurosurgery, and anesthesiology; several will stay in Qatar for residency, while others are bound for such institutions as Johns Hopkins, the Lahey Clinic, and NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

Skorton noted that the Qatar campus remains a work in progress; with the education component now fully realized, the College is working to expand its research and patient care capabilities, with the 400-bed Sidra Medical and Research Center currently under construction. Skorton concluded his speech with a charge to the new MDs: "Accept your responsibility as physicians to be a true partner with your patients: to prevent, diagnose, treat, and often cure disease, but always to comfort, always to empathize with the patient and the family, always to remain humble and grateful." ■



n a hot but breezy evening in Doha, the 122 graduates of Education City's Class of 2008 were honored in a gala convocation. The event, held in an elegant ceremonial courtyard on

campus two days before the WCMC-Q Commencement, featured remarks from Qatar's ruler, the awarding of class rings, and a concert by famed Italian tenor Andrea Bocelli. It was attended by several thousand guests, including members of the royal family and dignitaries from four of the American universities in residence: Weill Cornell, Virginia Commonwealth, Texas A&M, and Carnegie Mellon. (Georgetown's foreign service program has not yet graduated its first class; Northwestern will open a journalism school in the fall.)

"Today is a day when dreams become reality," Abdulla Bin Ali Al-Thani, PhD, the Qatar Foundation's vice president for education, said in his welcoming speech. "Today we witness the fruition of many years of hard work." Established in 1995, the foundation has been working to improve education in the Persian Gulf emirate—overhauling the school system, building Education City, and forming partnerships with American universities.

Security was tight, and guests were required to pass through metal detectors before entering the courtyard, where they were greeted by the strains of the London-based Royal Philharmonic Concert Orchestra. The convocation itself opened with the nation's national anthem, performed by smartly uniformed members of the Qatar Army Band. The graduates filed in, clad in gold-trimmed academic robes designed by fashion majors at Virginia Commonwealth and meant to echo traditional Middle Eastern dress. After a video highlighting the schools of Education City, students from the four institutions provided items for a time capsule, to be opened in ten years; Weill Cornell's contributions were a class photo, a white coat signed by the members of the inaugural class, and a DVD—which, as graduating MD Khaled Al Khelaifi put it, showcased "the laughter, hope, and aspirations of fifteen soon-to-be doctors." Her Highness Sheikha Mozah Bint Nasser Al-Missned, chairperson of the Qatar Foundation and wife of the Emir, came forward to deposit a page signed by dignitaries attending the event. The graduates then paraded across the stage to receive class rings designed by Asprey, jewelers to the British royal family.

In his charge to the graduates, His Highness Sheikh Hamad Bin Khalifa Al Thani, Emir of Qatar, stressed that the key to his nation's progress, and its transition to a knowledge-based economy, lay in education—a system open to all regardless of gender, national origin, or ability

# Arabian Night



Education City's convocation features the emir, an opera star, and rings from a royal jeweler

to pay. "We have started to reap the yield of an ambitious national project," he told the students, "a project intended to plant the seeds of knowledge and enhance the strategic role of science in building both the country and its citizens."

The following day, the WCMC-Q graduates were feted at Doha's Diplomatic Club with a senior convocation ceremony and luncheon; the menu featured traditional Middle Eastern foods including hummus, babaganouj, fatoush salad, and kebab. As in the annual ceremony in New York, students received awards recognizing their academic achievements—and with a class of just fifteen, some made multiple trips to the dais. Class President Sharon King came away with eight awards, including honors for excellence in pediatrics, primary care, and public health, as well as a nod for "humanism in medicine." The members of the Class of 2008 represent seven nations; King, an Oregon resident bound for a family medicine residency at the University of Wyoming, is one of three born in the U.S. "I have lived in other countries, so I suppose that might have prepared me for culture shock, but I can honestly say I didn't feel much of one when I came here," King says. "I felt welcomed into the family of my class, and it has been a great studying environment. New York City is a lot more distracting." ■



# Honor Roll

*The first-ever senior honors convocation ceremony for WCMC-Q was held at the Diplomatic Club in Doha the day before Commencement. The award winners were:*

## AWARDS FOR EXCELLENCE IN ACADEMIC COURSES

Molecules, Genes, and Cells: Amila Husic  
Human Structure and Function: Sharon King  
Host Defenses: Ali Farooki  
Brain and Mind: Sharon King  
Basis of Disease: Sharon King  
The Pre-Clinical Curriculum: Amila Husic

## CLINICAL SCHOLASTIC AWARDS OF EXCELLENCE

Internal medicine: Rana Biary  
Neurology: Rana Biary  
Obstetrics and gynecology: Rana Biary  
Pediatrics: Sharon King  
Primary care: Sharon King  
Psychiatry: Rana Biary  
Public health: Sharon King  
Surgery: Vildana Omerovic  
Clinical medicine: Amila Husic

## SENIOR AWARDS

Leadership in medicine: Jehan Al Rayahi  
Biomedical research: Subhi Al Aref  
Community service: Jehan Al Rayahi  
The Good Physician Award: Sharon King

## FACULTY AND HOUSE OFFICER AWARDS

House officer teaching award:  
Abdallah Khairi, MD  
Excellence for teaching in the basic sciences:  
Suresh Tate, PhD, and Nithila Isaac, PhD  
Excellence in teaching:  
Nounou Taleghani, MD, PhD  
Humanism in medicine award:  
Marcellina Mian, MD; Sharon King  
The Senior List, recognizing commitment to and excellence in teaching: Estomih Mtui, MD, and Mark Pochapin, MD (WCMC-NY); Nady Mohamed, MD, Nithila Isaac, Nounou Taleghani, Bakr Nour, MD, PhD, Mohamud Verjee, MD, and Mohamed Asif, MD (WCMC-Q)

*Military precision: The Qatar Army Band performed the emirate's national anthem at convocation in Education City.*





Today is a historic day for the Qatar Foundation, which, with today's ceremonies, achieves an important milestone in its vision for Education City. Today is a momentous day for our fifteen new physicians, the first students to earn MD degrees from Weill Cornell Medical College in Qatar. It is a most memorable day for their families, and for the faculty and staff members of Weill Cornell Medical College, in Qatar and in New York City, who have been instrumental to the development of these graduates as medical professionals. It is a very proud day for Cornell University, as we celebrate the successful culmination of the first phase of a grand experiment. In this experiment, we have sought, at the request of and with the support of Her Highness and the Qatar Foundation, to transplant the fragile seed of American-style medical education to another culture, another country, another context. I fervently hope that today will also stand in history as a great day for the people of Qatar and the Arabian Gulf region, signaling the start of a new age of quality medical education, biomedical research, and patient care that will benefit the entire region, and also signaling a new chapter in the strong history of friendship and partnership between our societies.

There are many whose leadership has brought us to this day, and I want to recognize them. First and foremost, I want to thank Her Highness Sheikha Mozah and the Qatar Foundation for their vision and commitment to this project. I want to thank my friend, mentor, and colleague, Dr. Antonio M. Gotto Jr., dean of the Weill Cornell Medical College and Cornell Provost for Medical Affairs, for seeing the potential for this venture as early as the year 2000 and working diligently to ensure its success. I thank Dr. Daniel Alonso for serving as the dean of this historic new venture and for guiding it, in partnership with his senior staff, so ably in its first years. I thank the faculty and staff of WCMC in Qatar and WCMC in New York for their commitment to creating a program of the highest quality. I thank James Mingle, Cornell University counsel, for his leadership and care in developing the partnership agreement. I thank Sandy and Joan Weill, Barbara Friedman, and other Cornell leaders for their vision, for their leadership, for their commitments of time and talent. As chair of the Weill Cornell Medical College Board of Overseers, from the start Mr. Weill understood the value of educational diplomacy and has skillfully overseen this magnificent and pioneering program. I thank the Weill Cornell Medical College Board of Overseers and the Cornell University Board of Trustees for their confidence and support, including the strong leadership of Peter Meinig, chair of the Cornell Board of Trustees.

At this historic moment, Cornell becomes the first American university to award its MD degree overseas.

# 'A Grand Experiment'

In his Commencement address, President Skorton exhorts Doha graduates to remain humble and grateful



When the pre-medical program began in 2002, and even when the medical program began two years later, there was a major question: Can one transplant the complex and intricate process of creating physicians in the American tradition to another culture?

Today we have our answer in our first MD graduating class. The class includes nine women and six men. They have come to WCMC-Q from a variety of cultures. Like all students now in the pre-medical and medical programs at WCMC-Q, they have had opportunities to carry out research. In their third year, they had clinical clerkships, supervised by WCMC-Q faculty, in the facilities of the Hamad Medical Corporation. They spent part of their fourth year in the U.S., carrying out medicine sub-internships at NewYork-Presbyterian/Weill Cornell and taking clinical electives there and at other U.S. medical schools. Throughout their time with us, they have demonstrated extraordinary commitment and a high and admirable level of achievement.

On my first visit to WCMC-Q, I brought with me Sherlock Holmes books. To my surprise and satisfaction, many of the students already knew about Sherlock Holmes and the fact that the author, Sir Arthur Conan Doyle, was a physician. They also knew about Dr. Joseph Bell, physician

and professor at the University of Edinburgh Medical School, who served as the inspiration for Conan Doyle's famous character. Dr. Joseph Bell was known for his powers of observation and deduction, and under his tutelage Conan Doyle learned the importance of rapid and accurate appreciation of the sometimes small and subtle differences between health and disease. During the course of our time together, at that earlier visit, the students and I were able to enjoy a cross-cultural conversation about the qualities required for excellence in medical practice, and I undoubtedly learned as much from the students as they did from me.

These graduates have been perfecting their skills of observation and deduction, along with learning the many other facets of medicine that are important today. My own very favorable impression of them has been confirmed by more quantitative means. Their scores on standardized tests, for example, are indistinguishable from those of our students at the Weill Cornell Medical College in New York City. They did very well in the competitive "match" program for residencies, including at the Hamad Medical Corporation in Qatar and at some of the top institutions in the U.S. where they will pursue specialties that include family medicine, internal medicine, surgery, radiology,

*(continued on page 28)*

# Language Lesson

## President Skorton studies Arabic via a Cornell professor's novel approach

Munther Younes

JASON KOSKI / UPHOTO



When President David Skorton took the podium to deliver his Commencement address, he began with a greeting: "Your Highness Sheikha Mozah Bint Nasser Al-Missned, on this occasion, I offer my gratitude to Your Highness, and to His Highness, Sheikh Hamad Bin Khalifa Al-Thani, and to the people of Qatar, and I congratulate the graduates on this special day." When he finished, a buzz of appreciation spread through the crowd, and many of the guests—including the Sheikha herself—wore smiles of appreciation, tinged with surprise. Why? Skorton delivered the remarks in Arabic—with, by all accounts, a thoroughly respectable accent.

Although Skorton strongly emphasizes that he is in no way fluent, he has been studying the language for about a year and can hold simple conversations. ("I'm probably at the level of a ten-month-old," he says.) He attended regular hour-long tutorials with Munther Younes, PhD, a Palestinian-born faculty member in the Ithaca campus's Department of Near Eastern Studies. "He's a very attentive student, very serious. He really wants to learn," Younes says of Skorton. "He would be a great student of Arabic, if he just had a little more time."

Younes is the architect of a novel approach to Arabic, which he says is unique to Cornell and which he used in Skorton's lessons. His method involves integrating the language's two forms: the formal—used in writing and at occasions such as the Commencement ceremony—and the conversational, spoken in varying dialects around the world. Students traditionally spend years studying the formal version before being allowed to learn the conversational tongue. But since 90 percent of their words are shared (though pronounced differently), Younes sees the bifurcation as a waste of time and an inevitable source of frustration. "The formal language is not spoken conversationally by anyone," says Younes, who has authored two textbooks on his approach. "When students go to Arabic-speaking countries, they find that people laugh at them, because it's like they're speaking Shakespeare's language with all the 'thous' and 'thees.'"

# Bargain in the Souq

Slumbering until near late afternoon  
The shop owners prepare for business  
Why it's Friday and a day for prayers  
But that is coupled with a livelihood

Customers gather without direction  
More cars appear on the scene  
Full buses stop and unload passengers  
Eager folk disperse in their own pursuit

Some need clothes, others need food or CDs  
More buy luggage, to carry home new things  
Electronics, jewelry, shoes, and silks  
Variety all at one's disposal

Now here is an item that I would like  
But wait, is it the custom to bargain?  
Another customer beats me to the punch  
Starts vigorous bargaining, no relent

Storekeeper reticence to part with goods  
Unless the offer is acceptable  
Potential buyer confirms acceptance  
The bargain is sealed with a handshake

Lingering, I step up from the background  
"How much for that case?" I ask politely  
The price has reverted to high normal  
Vendor unaware of previous sight

No, too high I decry, too much, too much  
Price drops immediately with a smile  
I offer a fair and modest amount  
He shakes his head, proffering compromise

I look down, signifying rejection  
He understands and gives a final price  
I counter with a lower settlement  
He hesitates, perhaps I have a chance?

Moment to reflect, he writes on his hand  
Shows me the figures of his costs and dues  
I nod acknowledgement but do not budge  
Acquiescing, my own deal is sealed

The goods are wrapped, currency exchanged  
Happy with my purchase, possession gained  
Our moment of connection is broken  
Now another customer is in line

— Mohamud Verjee, MD

*Verjee, an assistant professor of family medicine who serves as director of the primary care and clinical skills programs, has been keeping a journal of essays and poems about his experiences at WCMC-Q.*

*(continued from page 27)*

obstetrics and gynecology, emergency medicine, neurosurgery, and anesthesiology.

At a time of ongoing and escalating world tensions, WCMC-Q is a most positive achievement far beyond the world of medical education. Lack of well-trained physicians and other medical professionals is a significant contributor to the health disparities that afflict so many parts of the world, and one that higher education is well-suited to address. As these students become practitioners around the world, they have the opportunity to bring medical care to underserved populations and encourage others to seek medical education. Some may also continue to advance medical science through involvement in basic and clinical research. And still others may contribute to medical education as the next generation of medical faculty.

As impressive as the achievements of these students are, they are only the beginning of what will soon be possible at WCMC-Q. Adding to the educational mission of WCMC-Q, we instituted a program of research in 2008, with focus on four areas: gene therapy, embryonic stem cell biology, vaccine development, and neurogenetics studies. We expect to recruit eighteen scientists to WCMC-Q for this effort, six at a senior level and twelve at the junior level. The research will be conducted in Doha, and we expect it to result in the training of clinicians and research associates and the building of research capacity in Qatar. Within five years, we expect that more than 100 people will be engaged in basic, translational, and clinical research, giving Qatar a vibrant and sustainable scientific research community.

The third critical component of Cornell's efforts in Qatar is in the area of patient care. We look forward to expanding the opportunities for clinical education available to WCMC-Q students at the Hamad Medical Corporation with the opening of the Sidra Medical and Research Center, a world-class hospital to be located within 300 meters of WCMC-Q and scheduled to open in 2011. Cornell is immensely proud to be a partner in this effort and to assist the Qatar Foundation and the people of the Arabian Gulf to achieve their aspirations for better health care and in this way to bring all our cultures closer together.

As president of Cornell University and as a physician, I offer today's graduates this charge: Remember what it is like to be a pioneer and have the courage to lead throughout your career. Remember what it is like to be part of a new venture and seek other opportunities to take a risk toward personal good and the greater good. Accept your responsibility as physicians to be a true partner with your patients: to prevent, diagnose, treat, and often cure disease, but always to comfort, always to empathize with the patient and the family, always to remain humble and grateful.

Congratulations to you all. All of us wish you well as you embark on the next phase of your preparation for lives of service to the benefit of the people of the world. ■



## Ceremonial Object

A hand-carved mace makes its Doha debut



When surgery professor Bakr Nour carried the mace at the WCMC-Q Commencement, it wasn't the familiar one borne at Cornell graduations for nearly a half-century. The ceremonial staff was made of walnut rather than silver—a new mace carved in Ithaca and shipped for the ceremony.

The original mace, dating from 1962, was designed by Sir Eric Clements of the Goldsmiths' Guild of London on a commission from Cornell President Deane Malott. Weighing fifteen pounds, it features a cage of angled ribs surrounding a golden globe; at its tip is a removable ornament depicting a bear holding an oar. "That mace is irreplaceable—it's priceless," says Connie Mabry, the University's director of commencement events. While her office contemplated shipping it to Qatar, she says, "the flight and the handling made us extremely nervous." One possibility was for benefactor Sanford Weill to carry it on his private plane—but since he was stopping in Russia en route to Qatar, Mabry says, shipping experts advised that it could be seized by unscrupulous customs officials even with the proper paperwork.

A request for bids went out to Ithaca-area jewelers to create another silver mace; unfortunately, Mabry says, "it was going to take much longer than we thought." So her office teamed up with the Cornell carpentry shop to design and build a new mace. It took cabinetmaker Tim Clark about twenty-five hours to craft it; Dacia Theleman of the University paint shop then gave it a glossy finish of polyurethane. The yard-long mace features a brass ball framed by a wooden arch reminiscent of traditional Middle Eastern architecture. The ball echoes the original mace's globe, and at the base of the staff is a carving of the Cornell crest. "It came out really nice," Clark says. "I was pleased."

It took about a week and a half for the new mace to get to Doha, with some bumps along the road—a single misspelled word on the shipping label got it stuck in New York for several days as the packing crate was shuttled between airports, and it finally arrived two days before the ceremony. The wooden mace was intended to be temporary, with a more ornate one to be commissioned for future Qatar commencements. "But it's so gorgeous," Mabry says, "maybe they'll just keep using it." ■

Symbol of authority: Professor Bakr Nour bears the mace (detail, left) at Commencement.

Tapped by her classmates as WCMC-Q's student speaker, Jehan Al Rayahi recalls how a group of 'naïve, eager, very competitive' kids became physicians

# Why Cornell?

**I**qra, meaning "read"—to seek knowledge and education. *Iqra* was the first word of the first verse of the Quran when it was first revealed. The Lord says: "Read! In

the name of your Lord who has created. He has created man from a clot. Read! And your Lord is the most generous. Who has taught by the pen. He has taught man that which he knew not."

In today's world, seeking knowledge is considered a privilege. It requires both a strong ambition and a means to pursue it. My class had both. We had perseverance and we were blessed to have Weill Cornell Medical College in Qatar, an excellent means available right here in my home country. I would like to start by thanking all those who have graciously contributed to our success. I would like to thank Her Highness Sheikha Mozah Bint

Nasser Al-Missned for bringing such an outstanding institution so close within our reach. Thank you. I hope we've made you proud. I would like to thank the parents, the grandparents, basically everyone in our families who has tirelessly dealt with our anxieties and pushed us on when we needed it. I'd also like to thank our distinguished deans, faculty, and staff at Cornell, and very importantly our wonderful mentors at Hamad Medical Corporation.

I have to admit I have never attended a college graduation, let alone given a speech in one. I wanted to know what is expected, and so needless to say I looked it up. I found that half the speakers out there gave long inspirational speeches, full of advice and clever quotations. I find myself in front of a wiser, more capable audience, so it'll be quite ironic if I were to give a motivational speech, not to mention excruciatingly boring. Now the other half of speakers I saw all gave fun talks about their experience at college; it was a one-man show filled with pleasant memories and sarcastic remarks. Although this sounded like a good way to approach it, I'm worried that only fifteen will share my memories and laugh at my jokes. So I finally decided, today I will tell our story, that of the Class of 2008, so

that perhaps you can all share our memories.

It was a "short" six years ago that twenty-five students were chosen. We were naïve, eager, very competitive. Our enthusiasm was tangible, yet despite our confident look, our apprehensions were present. We had a goal: we wanted to be doctors. And the idea of having an Ivy League medical school close to home was exceedingly appealing. Therefore, we underwent a hectic admission process in order to take part in the inaugural class of Weill Cornell Medical College in Qatar. Little did we know at the time that we were about to embark on a journey full of pitfalls and challenges. Little did we know that we

*(continued on page 32)*





## First Lady

A vocal advocate for change, Sheikha Mozah is redefining the role of royal consort



Doctor's dress: Her Highness Sheikha Mozah got a round of applause when she modeled gifts from the Class of 2008.

In a culture where royal families usually live outside the public eye, Her Highness Sheikha Mozah Bint Nasser Al-Missned is a high-profile figure. Through her work as chairwoman of the Qatar Foundation, she has been a vocal supporter of social reform—creating, for example, the region's first shelter for battered women. She has been an advocate for the free exchange of ideas via the foundation's Doha Debates, which tackle controversial issues facing the Arab world. In May 2007, she toured the U.S. to speak about Western misconceptions of Muslim women, as well as the importance of alleviating poverty as a means of preventing violence. "People tend to believe that to be modern you have to disengage from your heritage, but it's not true," she told the *Christian Science Monitor* last year. "This is what we are trying to prove here."

The holder of a bachelor's degree in sociology (Qatar University, 1986), the Sheikha has dedicated much of her time to improving the emirate's educational system—overhauling its schools and bringing American institutions like Weill Cornell to the still-expanding Education City campus. She also serves as a special envoy for basic and higher education for the United Nations Educational, Scientific, and Cultural Organization (UNESCO).

The Sheikha has received numerous honors for her efforts: In October, she won Britain's prestigious Chatham House Prize, awarded to the statesperson whom the Royal Institute of International Affairs deems the most significant contributor to the improvement of international relations in the previous year. *Forbes's* 2007 list of the world's 100 most powerful women put her at Number 79, noting that she "has used her growing influence to promote education and development in the Arab world

and in her country." She has received honorary degrees from several institutions, including London's Imperial College, Carnegie Mellon, Virginia Commonwealth University, and Texas A&M.

The Sheikha was a commoner, and still in high school, when she married Qatar's Crown Prince, Sheikh Hamad Bin Khalifa Al-Thani; he deposed his father in a bloodless coup in 1995. She's the second of his three wives—the only one with a public persona—and the mother of seven of his twenty-seven children. Her eldest son, twenty-eight-year-old Sheikh Tamim, was designated Crown Prince in 2003, when he was chosen over two older brothers. A graduate (like his father) of England's elite Sandhurst Military Academy, Tamim heads the Qatari National Olympic Committee.

The Sheikha made two appearances at the Weill Cornell Commencement festivities in May. She was briefly onstage during the Education City convocation—the Emir offered an affectionate aside to her during his address—and at the Commencement ceremony itself she sat front and center on the dais. (In his address President David Skorton noted, "First and foremost, I want to thank Her Highness Sheikha Mozah and the Qatar Foundation for their vision and commitment to this project.") After the ceremony, she posed for a group portrait with the new MDs.

Many media accounts of the Sheikha note that she is wildly popular among Qataris; some have even compared the ruling style of the royal couple to the sort of "two-for-one" arrangement ascribed to Bill and Hillary Clinton. "Her Highness is the best thing that ever happened to Qatar," one Qatari student told the *Monitor*. "She totally inspires us. Since she came to power, Qatar has changed 100 percent." ■

(continued from page 30)

were just handed the task of paving the path to attaining distinguished medical training in the country of Qatar, if not the Middle East. At that time, we did not realize that we had accepted to undertake perhaps our biggest challenge, but today we know we have succeeded.

**W**hen we first started, Weill Cornell Medical College in Qatar was instituted at a small hallway in Qatar Academy high school. We had one classroom, one biology lab, one chemistry lab, and fortunately a couple of restrooms. I guess the setting met the purpose of putting us under a microscope. Our every move was monitored, not only by the school but also by the press. We were interviewed by CNN, "60 Minutes," and *Time* magazine, along with numerous other publications, both local and international. We felt like celebrities, when in reality we were only stalked to indulge the public's curiosity. They wanted to know why a prestigious medical school such as Cornell would risk its reputation by the first-ever branch outside the U.S. Well, as I finish my story, one will realize that it wasn't a matter of risk, only determination. Surprisingly enough, the obstacles only pushed us closer together, and that year was the best year of our lives. We were happy.

A year later we moved to our current building. It was a pristine building, very clean, very white. It was basically a clean slate, for us to leave a print and make it our own. We quickly formed the student council; with the Class of 2009 we were barely fifty, yet we formed over twenty clubs. We launched the first issue of our school magazine and started our first cricket team. We also teamed up with our much-loved neighbors at Carnegie Mellon, who helped us transform our sterile environment into a more colorful, vibrant place as they waited for their own school to be built.

By the time we started medical school, we were only sixteen. It was at that point in time that I started to wonder, "Why Cornell?" Why not somewhere else? Well, for one thing, it is closer to home. That in itself was a blessing. I did not have to travel overseas and miss out on six years of treasurable memories spent with my mother and father. I did not have to return one day and see my twelve-year-old brother had graduated high school and had been accepted into Texas A&M or my two-year-old brother all grown up and in the fourth grade.

Still, many have told me that we are missing out on the traditional rite of passage—the experience of anxiously walking into a large medical school, getting surrounded by dozens of classmates and crammed into a small dorm room with two other roommates, the experience of being independent, traveling abroad, and getting introduced to new

cultures. That experience is granted to millions of students around the world on a yearly basis; what we had was offered once in a lifetime and only to a handful. We were given the opportunity to take part in the evolution of medical education in a country. We played a role in the establishment of the first medical school in Qatar and witnessed it become a large institution, where students can now anxiously walk in, get surrounded by dozens of classmates and have that dorm experience. As for those concerned about exposure to cultural diversity, let me draw your attention to my class. We are only sixteen, yet we come from eight different nationalities and cultures, different backgrounds and different beliefs. We comprise many different talents and personalities. We've got the writer, the artist, the poet, those who play music, the daring one who decides to do research in Haiti before graduating, and more than a handful of self-proclaimed geeks. Most importantly, we've got each other. I don't think I'd personally be where I am today if it wasn't for Vildana's pushing me during our U.S. Medical Licensing Exam study period, Sharon mending every class conflict, or Ayobami patiently listening to my troubles.

I am proud and somewhat embarrassed to say that I did not sincerely realize the answer to the question "Why Cornell?" until only a couple of months ago. It was my last rotation, public health. We were invited to have lunch with Dr. Mamtani, the course director, and a visiting professor, Dr. Crystal. As with every other lunch with visiting faculty, we were asked the infamous question, "Where do you see yourself in ten years?" I am proud to stand here before you and tell you that I chose to stay right here in Qatar, my home country, with my family and friends, to do my residency. I hope that in ten years I will be contributing to the advancement of health care in this country. I am also proud to say that most of my colleagues expressed their desire to return to Qatar, and take a part in the rise of our medical school, WCMC-Q, and serve this magnificent country. This desire wasn't solely of Qatari students, but also of students from Syria, Bosnia, India, and even the U.S. It was at that point that I realized that this is what makes Weill Cornell Medical College in Qatar a special place, and that is what makes the Class of 2008 so special.

Finally, I would like to direct this last part to my classmates. I wish you all to grow in your careers. Knowing you all always aspire for more—more knowledge, greater accomplishments, better awards—I wish you to finally taste the joy of satisfaction. I wish you all to find that someone else and create a family. I wish you all to have not one or two, but three and four kids. I wish you all to remember that whenever you experience a sad and devastating moment where you think you've hit rock bottom, you all remember your true potential and rise stronger than ever. Class of 2008, my friends, my family, I wish you a lifetime of happiness. You've earned it. ■



# The First Fifteen

By Lauren Gold

## SUBHI AL AREF

*Internal medicine, NYPH/WCMC*

Discovering medicine, says Al Aref, was “like falling in love.” Al Aref, who graduated with honors in research, is Palestinian and grew up in Jerusalem—an experience he says



was central to his decision to become a physician. “Coming from a region that has seen never-ending political debates and continuous killing, I grew up wanting to make a difference, heal the wounds of war, and become an element of peace in my society.” In 2007, Al Aref received a Tamayoz Award from Harvard Medical School’s Dubai Center for research that has implications for organ transplants and cystic fibrosis treatment. His work was published in the journal

*Molecular Pharmacology*. “The most important aspect for me is that I want to be a clinician and a scientist at the same time,” says Al Aref, who has an eye toward specializing in cardiology. On being a member of WCMC-Q’s inaugural class, he says: “That’s what doctors are, they’re leaders in society. So by being a good example, showing the world what Weill Cornell in Qatar is, we’re paving the ground for future generations.”

## KHALED AL KHELAIFI

*Surgery, Hamad Medical Corporation*

Al Khelaiifi decided to become a doctor after having an appendectomy as a child. A Doha native, he



planned to attend medical school in Ireland until he heard about WCMC-Q, which offered the chance to stay close to home and family. Surgery, he says, fits him perfectly. “You know that what you have done made the patient better—what you have done by your hands—and you feel proud,” he says. “Even though you are tired, you feel satisfied that you have done something. This feeling of satisfaction—it’s so amazing.” Al Khelaiifi

has also been involved in clinical and statistical research with Bakr Nour, surgery department vice chair. He will settle and work in Doha. “Those people who you’re born with, you can’t leave them,” he says. “I’ll go [to the U.S. for postgraduate training], but I have a goal to come and serve here. This is my country.”

Note: Class of 2008 members Mashael Al Khulaifi and Aisha Yousof opted not to be photographed.

Meet the members of WCMC-Q’s inaugural class

## MASHAEL AL KHULAIFI

*Anesthesiology, NYPH/WCMC*

The Qatar native chose WCMC-Q in part to stay near her family in Doha. “I’m blessed to have parents and siblings who are extremely understanding, extremely supportive,” she says. “They’ve provided me with a good environment to do my own thing, and to this day I’m kind of trying to figure out how to repay them.” She hopes to specialize in anesthesiology and plans to work as a clinician, researcher, and teacher. “Anesthesia encompasses all the things that I like to do,” she says. “It’s like an art. It’s practical work; you need to be well-rounded in terms of medical knowledge, and at the same time it deals with a critical aspect of patient care.” After postgraduate training in the U.S., she plans to return to Doha. Health care in Qatar “already has a lot of experts and a lot of leaders in the various fields of medicine,” she says, “but I think it still needs more people, and I’m interested in being part of the progress of health care in my country.”

## JEHAN AL RAYAHI

*Radiology, Hamad Medical Corporation*

Al Rayahi, who was born and raised in Doha, represented her class as WCMC-Q’s first Commencement speaker. She graduated first in her high school class and chose medicine because she loved science. She didn’t know much about the profession at the time, she concedes. “But I was lucky enough that I loved [pre-med and medical school] every step of the way.” In radiology, she found a field that combines everything she enjoys most. “I’ve always loved physics, and I thought that I would miss out on physics when I started medicine,” she says. “But then I noted that radiology brought in physics, and then it brought all the fields of medicine together—you have to have knowledge of every single one.” She also found a passion for teaching. “I definitely want to become a teacher, whether it is in the lecture halls or in the



hospital. I'd like it to be both," she says. After her residency, she will return home to contribute to the progress of health care—and radiology in particular—in Qatar. "To me, radiology identifies the excellence of a hospital," she says. "We have some resources; all we need is the initiative to get there."

### OSAMA ALSAIED

*Surgery, Hamad Medical Corporation*

Alsaied, who plans to practice as an academic surgeon in Qatar, joined the WCMC-Q inaugural class after graduating from a Qatari secondary school in 2002. He was drawn to medicine, he says, for the way it incorporates all the sciences



to solve practical problems. "It's sort of a crucible where all the sciences meld," he says. "And on the other hand, the human interaction—being able to help—is pretty gratifying." During third-year clerkships he found he liked every specialty, but he was drawn to surgery the most. "What attracted me to surgery was the level of responsibility and the decision making on quick grounds—you have to think on your feet," he says. Clinical work is his first priority, but research and teaching

also are part of his plan, particularly as Qatar Foundation initiatives bring new opportunities to the area. "I see a lot of potential for the region," he says. "It's a fertile ground for research, and I would love to be a part of that."

### RANA BIARY

*Emergency medicine, NYPH/WCMC*

Biary was born in Illinois and went to high school in Riyadh,



Saudi Arabia. She has chosen to go into emergency medicine because she feels as if it is one of the few fields where "you treat anybody who walks through the door." She also is attracted to emergency medicine because of the diversity in both patients and diseases: "My favorite part of medicine is coming up with the initial diagnosis and deciding what the next best step is." Biary enjoys writing in her spare time—including poetry, fiction, and plays. She plans to be

involved in clinical teaching and would eventually like to practice at an academic hospital in the United States.

### KUNALI DALAL

*Ob/gyn, NYPH/WCMC*

For Dalal, coming from a business-oriented family meant that a career in medicine was not an obvious choice. But by the time she finished high school, she says, "I was certain that this is what I wanted to do." She plans to specialize in obstetrics and gynecology, and completed electives in geriatrics, ob/gyn, labor and delivery, and neonatal ICU. "I like the mix of medicine and surgery, and I like the population. I felt that I connected well with them," she says. Research and teaching are possibilities for the future, she adds, "but for



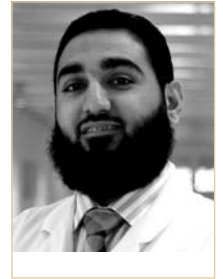
now I want to be a clinician and be as close to my patients as I can." Dalal, an Indian citizen who grew up in Doha, was glad to stay in Qatar for medical school. "It still felt like home," she says. "And I think for parents it's important for

them to see [their children] grow. I think my parents did see me grow as a doctor." She hopes to return to Qatar after postgraduate training. "I have a vested interest in this country," she says. "I want to come back."

### ALI FAROOKI

*Anesthesiology, Rush University Medical Center*

Farooki hopes to teach and practice anesthesiology, critical care medicine, and pain medicine. "I liked a few things from each different specialty, so anesthesia is a good way to combine them," he says. "You use a lot of basic science and physiology and pharmacology, and you also get to work with your hands. And I like being able to assist patients on a real-time basis. You don't wait to see an effect when you give them something; you see the effect right away. And the satisfaction you get when your patient wakes up and everything went fine—it's rewarding." An American Pakistani who lived in Saudi Arabia and New Jersey before coming to Qatar, Farooki founded Muslim Youth of Education City, a group dedicated to promoting cultural and religious understanding and to supporting charitable causes in Doha. He plans to complete postgraduate training in the U.S., then return to Qatar. "I feel indebted to [WCMC-Q], and I think what they're doing is great," he says.



### AMILA HUSIC

*General surgery, Lahey Clinic*

Originally from Bosnia, Husic attended Qatar Academy before coming to WCMC-Q. Science has always been her passion, so studying medicine was a natural choice after high school.

"I ended up loving everything about medicine and how it integrates all the basic sciences together," she says. For her fourth-year electives, Husic chose general surgery, plastic surgery, burns/surgical ICU, and wilderness medicine. "I find that as a plastic surgeon I can influence the lives of people in a unique way, both physically and psychologically," she says. "The most rewarding part is seeing the final result and realizing the enormous improvement that is sometimes achieved through surgery." Husic also has a passion for exploration. "I like discovering the beauty of different places," she says. "I can see myself working just about anywhere in the world." So where will she be in twenty years? "I don't know," she says. "All options are open."



### SHARON KING

*Family medicine, University of Wyoming, Cheyenne*

King always knew she wanted to be a doctor—specifically, a family physician in a rural community. She grew up in Burns, Oregon, and did her undergraduate studies at Eastern University in Pennsylvania. After residency she plans on a small-town practice. "Family medicine covers all the topics, and I haven't found a field that I don't like," she says. "And you have such great continuity of care. You build relationships with people." She had planned on medical school in the U.S. until a chem-





istry professor suggested she consider Qatar. The chance for an American medical education in a foreign setting intrigued her. "You learn so much by studying in a new culture, a new place," she says. And meanwhile, she saw a chance to dispel false impressions at home. "You leave the U.S., where so many think the outside world is scary, and you go home, and you're fine," she says. "And your family's thinking, maybe it's not so bad. And your neighbors think, maybe it's not so bad, and the word spreads. Hopefully people will be paying attention and think, Oh, look what's going on over there—there are good things."

**VILDANA OMEROVIC**

*General surgery, New York Hospital Medical Center, Queens*

Omerovic decided to specialize in general surgery during her third year of medical school, having followed her lifelong dream of studying medicine. Her away electives at NewYork-Presbyterian Hospital and the Cleveland Clinic during the fourth year reinforced that decision. "I really enjoyed those. It was a great experience, and it made my decision easy," she says. Omerovic grew up in Bosnia and came to Doha to attend Qatar Academy. She was drawn to medicine by its diversity and dynamics. "It is the only profession that integrates all the different aspects of science



and humanity," she says. "You interact with patients on a personal level, and you get to help them in a way not many people have a chance to." She hopes her upcoming residency in general surgery in the U.S. will set her on the career path of an academic surgeon and researcher—but she also plans to visit Doha in the future. "I think Qatar has a great potential for becoming a world-class medical center, and development of Sidra Medical Center is going to bring that goal much closer," she says. "So I do see myself coming here for bits of time to help with teaching, if they let me. We'll see."

**AYOBAMI OMOSOLA**

*Internal medicine, Virginia Commonwealth University*  
Omosola was always interested in becoming a doctor, in part because she admired her mother's work as a nurse. But she always thought she'd become a surgeon—so she was surprised, during her third-year clerkships, to find that internal medicine was actually a better fit. "I liked everything about it," she says. "For me, medicine is more talking to patients, creating a diagnosis, making a management plan—rather than operating. I think I'm happy doing that." Omosola grew up in Nigeria and studied medicine in Ajman, U.A.E., for a year before joining the WCMC-Q inaugural class. The transition to Doha was tough, she says, but worthwhile—



for the American-style medical education and for the people she's gotten to know along the way. "I've grown to love the people I'm with now, and I've made many new friends," she says. "And I think that helped me grow as a person. Now I believe I can go anywhere in the world and know I'll eventually make friends and be content." Eventually, she hopes to establish a practice in an academic hospital in Nigeria. "It

would be a good way of giving back to the community and my country," she says.

**IBRAHIM SULTAN**

*Surgery, Johns Hopkins*

Born and raised mainly in India, Sultan hopes to specialize in either cardiac or bariatric surgery. "As a surgeon, the impact you can have on a patient's life—helping an ill patient become a well patient—is tremendous," he says. "And the satisfaction that you can get from operating on someone and helping a patient by doing so is very, very attractive." He also plans to be an active teacher and researcher. "If you have a research lab, you're involved in cutting-edge medicine. You're involved in proposing what kinds of surgeries and treatments are optimal for patients." Ultimately, Sultan hopes to return to WCMC-Q to help create and build on postgraduate education and residency programs for medical graduates in Qatar. "What I really want to do is to come back and contribute to establishing this place as a center of excellence," he says. "I would like to give back to the community."



**DINO TERZIC**

*Neurosurgery, University of Minnesota*

Terzic lived in Bosnia and Germany before attending high school at Qatar Academy. He considered medical programs in Europe, but chose the American system for its greater emphasis on research. He spent summers doing molecular biology research at Cornell in Ithaca and WCMC in New York. And as he began hospital rotations in Doha, he realized that he also loved clinical practice. After residency, he hopes to combine a surgical practice with research and teaching. "The beauty of neurosurgery is that it gives one the opportunity to combine and integrate both clinical practice and research, even on a basic science level," he says. "The questions that it poses pertain not only to dealing with some of the most critical states encountered in medicine, but also to the essence of our being, consciousness, and personality."



**AISHA YOUSUF**

*Research in ob/gyn, University of Michigan*

Yousuf chose to become a doctor, she says, because "medicine, for me, was one of the best messages possible to carry. It is a really pure job, a blessing job." Yousuf grew up in Doha. After residency and fellowship training, she hopes to practice obstetrics and gynecology in her home city. "I like helping women, understanding women's health and women's concerns," she says. And since Qatari families have an average of five children, "ob/gyn is an essential specialty here—the load is quite huge," she says. "I want to provide this service." She also plans to be active as a teacher, a role for which she discovered an affinity by serving as a teaching assistant to pre-medical and first-year medical students. On being a member of the inaugural class, she says: "It was scary, because it was a new school, a new system. But I think it went well. We are quite an international group of students, and we learned a lot from each other." ■

# Meet the Press

Weill Cornell leaders field questions about the Qatar branch—past, present, and future

*The day before the Qatar Commencement, WCMC-Q held a press conference, moderated by Dean Daniel Alonso and attended by several dozen journalists, representing both English- and Arabic-speaking media. Also on the dais were WCMC Dean Antonio Gotto Jr.; Peter Meinig, Chairman of the Cornell Board of Trustees; University President David Skorton; Sanford Weill, Chairman of the Weill Cornell Board of Overseers; and several members of the Class of 2008, including Sharon King and Jehan Al Rayahi. The following is adapted and condensed from a transcript of the event, held at the Ritz Carlton in Doha.*

**Gotto:** This is a proud moment for all of us. It's the greatest honor that this is the first American medical school ever to grant an MD degree in a foreign country. At the time it was founded, it was not known whether it would be possible to establish a branch of an American college overseas. Could we have the same curriculum? The same quality of students? The same quality of education? Could we recruit faculty? Six years later, what was an experiment has been proven without doubt.

Dean Daniel Alonso, MD



We are immensely proud of the students in this first class, nine women and six men who represent seven countries: Qatar, Bosnia, India, Nigeria, Syria, Palestine, and the United States. They have obtained outstanding residencies; three will stay in Qatar and the rest will go to the United States. They will always be part of the Weill Cornell family, and we have high expectations for their contributions to medicine, both in this country and throughout the world.

Education is just one part of an academic medical center. We have also begun the second part, which is research. And with the opening of Sidra Medical and Research Center, we will have the third leg: clinical care. This will be another historic occasion, because there has not been such an accumulation of talent and wealth to establish an academic medical center in an Islamic country since the Muslims were expelled from Spain in 1492.

**Meinig:** Cornell has a wide range of international activities. The University has a large presence in the Far East, Africa, and Latin America, and we are proud of our ongoing association with Qatar. The graduates of Weill Cornell are a wonderful group of students, and we look forward to what they will be doing with the rest of their lives, wherever they choose to practice.

**Skorton:** I am greatly honored to be president of Cornell at the time that this wonderful first graduation is occurring and to watch new colleagues join the profession. Three questions were asked in setting up this project. First, can one transplant an educational institution from one culture to another and have it be successful? There is abundant evidence that it is a success. Second, will the graduates be accepted at the highest levels of the medical profession? The results of the residency match program are impressive; the first graduates are going to some of the finest institutions throughout the world. And last, can an educational institution become another bridge between our cultures? We have become friends with many in Qatar, and we have become admirers of the way the country is looking toward a brighter future, a more diversified economic future. The experiment has been successful, and I'm hugely honored to be a small part of it.

**Weill:** I remember back to the beginning, when we started talking with the Qatar Foundation about governance and how we



would work together, and then coming to an agreement in April 2001. We agreed to build the school right before 9/11; many problems have happened in the world since then. But we believe if we're going to have peace, the way we're going to do it is through education, bridging those cultural divides with the young people of the world, and creating opportunity.

I remember speaking to the students six years ago at the beginning of their education; I gave them a message that I will not repeat here because I am more polite than I was then. To put it in a nice way, I said, "Don't mess up, because the others that are going to come after you are counting on you." And these people have done as well or better than anybody could have hoped. It's fun to do something new and be on the leading edge and look forward to how we build from here, to help use education and use our talents to make this world a better place.

**Reporter:** President Skorton, you have talked about American universities as being among the finest ambassadors for the U.S. abroad. How can the Qatar branch play that role in the Middle East, where arguably America's reputation is at its most problematic?

**Skorton:** As Mr. Weill said, since 9/11 there has been more tension between this part of the world and ours. And one of the things that I admire most about what I call "the grand experiment" that Mr. Weill, Dr. Gotto, Dr. Alonso, Her Highness Sheikha Mozah, and the Qatar Foundation put together is that it was not the conventional wisdom to make such a commitment at such a time. But I think it reflects Mr. Weill's strong belief that education is one of the chief assets that we have to connect cultures.

So rather than focus on the obstacles, I would focus on the fact that it is absolutely proven to be a strong intercultural bridge—and as Mr. Weill said, it can bridge the gaps between cultures that have threatened to yawn larger and larger after 9/11. That the people of Qatar have entrusted us with their children is proof that the vision is a true one. How can we, going forward, build on this bridge, make it more solid and able to withstand anything that the winds of change may throw our way?

There are many classes following these students. Not only is there excellent medical education, but research and cutting-edge patient care. This is a groundbreaking institution, not only new in the last 500 years in Islamic culture but new anywhere in the world to develop a complete, holistic academic health center merging two cultures. It's a strong example of medical diplomacy at its best.

**Reporter:** Is Weill Cornell making a long-term commitment to Qatar?

**Gotto:** We are here for the duration—we expect to be here a long time.

**Reporter:** How long?

**Weill:** We'll be here to take care of all of you. [The audience laughs.] Our commitment is getting deeper and broader and bigger as we go along.

**Skorton:** Cornell University is 144 years old. Of all the universities in the United States, it's the thirteenth most international, so we have an enormous track record of staying with the game.

Cornell has had an uninterrupted presence for decades and sometimes up to a century in Puerto Rico, China, India, the U.K., France, Italy, and nine countries in Africa, as well as Qatar. And so our track record—that past behavior predicts future behavior—says that we're in this for the long run.

The second thing I would say is that as proud as I am of what we have done here in Doha, we are part of a larger vision of Education City. Yesterday we had a meeting of the presidents of the universities in Education City—Georgetown, Carnegie Mellon, Virginia Commonwealth, Texas A&M, Northwestern, and Cornell. We had a chance to form an even stronger partnership—wrapping our arms, if you will, around Her Highness's vision for Education City. So I think because of a strong national vision, because of Cornell's track record, and because of the fact that the universities are working together, there is every reason to think that this is going to last a very long time. Mr. Weill said we're going to be here to take care of you—and I would say, "and your children."

**Reporter:** What improvements could be made to the college?

**Alonso:** It remains a work in progress. We are going to add the other two visions of the medical school: research and patient care—and for the University as a whole, community service. The education program will only get better because we will bring together these missions, which is something that is second nature in New York City and Ithaca.

**Skorton:** In addition to training young people, there are two other positive effects of a strong focus on research. One is that it will develop a vibrant culture of biomedical research in Doha and a workforce of experts in the field. And the second is, the Qatar Foundation has a forward-looking plan to capture research and innovation for economic development, working with the private sector. The country has strong assets, not only in oil and gas, but in engineering innovation related to petrochemicals and sustainability.

**Reporter:** How many students do you project will graduate each year?

**Alonso:** The agreement between the Qatar Foundation and Weill Cornell was to move toward fifty students per class, half the size in New York—but our building can hold up to 100. Only fifteen have graduated, but those are highly selected individuals, and the classes that are following are in the range of fifty per year.

**Reporter:** Sharon, you grew up in Oregon. Why did you choose to study in Doha, and what has it been like?

**King:** I couldn't have asked for a better experience. I heard about the school through word of mouth, and I thought the opportunity to study in a culture different from my own would help me to grow as a person, open my mind to new ways of thinking, and make me a better doctor. And I believe it will.

**Reporter:** Jehan, as a girl growing up in Qatar, did you have any experience with co-education before coming to Weill Cornell?

**Al Rayahi:** Never. I went to girls' schools until I graduated high school. And to be honest, before I entered Weill Cornell, there were months of anticipation—I'm going to be in a co-ed environment; I'm going to be in a scary, strong school. I was worried. But after the first day I felt at ease, very comfortable, especially

that my colleagues are from so many nationalities and are so respectful of each other's cultures.

**Reporter:** How do your parents feel about you studying at WCMC-Q?

**Al Rayahi:** They are supportive. They know I am passionate, that I want to become something, and that medicine is a humane field. If it weren't for Weill Cornell, I would have to go abroad, which is worse. I would leave my country for seven years. Now I have the opportunity to stay within the environment I am familiar with, where I am loved. And at the same time I've been introduced to so many cultures, and we've had the opportunity to fly to the U.S. on many occasions.

**Reporter:** Dr. Alonso, what opportunities will the Qatari graduates have?

**Alonso:** Their future is bright. They can practice anywhere in the world, but we are going to do everything possible to bring them back to Qatar. There will be plenty of opportunities for Weill Cornell to welcome back its graduates as members of its faculty, if they wish. We are going to actively recruit them to return to Qatar after they have completed their postgraduate training. I think their future is bright, and the opportunity is extraordinary. ■

## By The Numbers

### WCMC-Q, 2007-08

MD Class of '08: 16\*

MD Class of '09: 17

MD Class of '10: 27

MD Class of '11: 30

2nd year pre-med: 35

1st year pre-med: 61

Foundation Program ("pre-pre-med" year): 18

Average science GPA of entering med students: 3.44

Average MCAT Score: physical science, 10.7;  
biological science, 10.5

Average SAT 1 math score of entering pre-meds: 678

Resident faculty (medical): 32

Visiting faculty (medical): 95

Resident faculty (pre-medical): 28

\*Includes one student who opted to delay graduation to pursue research.

# In Unison

MDs from  
New York and  
Qatar, side  
by side in  
Carnegie Hall

When Weill Cornell conferred degrees on its newest physicians in late May, the traditional ceremony was marked by a historic first: the inclusion of graduates from the Qatar branch. The ninety-six men and women who earned MDs from the Manhattan campus were joined by all but one of the fifteen members of the inaugural class from Qatar, who had graduated in their own ceremony in Doha three weeks earlier. Clad in identical carnelian gowns with green velvet trim, the new MDs sat together in Carnegie Hall as a unified Class of 2008. "Your years at this magnificent medical school have provided you with the finest scientific and clinical training," President David Skorton, himself a cardiologist, told them in his address. "I hope they have also given you a strong ethical and moral framework that will continue to provide context and meaning to what you do, long after some of the specific science that we have taught you will become quaint and obsolete."

The ceremony was held at noon on Thursday in the landmark concert hall, its stage lined with pots of red and white carnations. University Marshall Charles Walcott, PhD, a professor of neurobiology and behavior on the Ithaca campus and the outgoing dean of the faculty, carried the University baton; Weill Cornell urologist Darracott Vaughan, MD, bore the mace. In addition to the 111 MD degrees conferred at the event, thirty-nine students earned PhDs and thirteen earned master's of science degrees from Weill Cornell Graduate School of Medical Sciences. When the MD degrees were conferred, Medical College Dean Antonio Gotto Jr. called the New York graduates to cross the stage, alternating with Alonso, who named the new physicians from his campus. "You could call this project 'hands across the sea,'"





RICHARD LOBELL

Red all over: Commencement in New York. Below: The Qatar grads (and one young relative) on a sunset cruise around Manhattan. Bottom: Sanford Weill, Dean Alonso, and Dean Gotto aboard the *Duchess*.



LOBELL

Gotto said of the partnership between Cornell and the emirate. "I can't think of a better example of global medicine."

For the fourteen Qatar graduates, the festivities had begun with a Tuesday evening dinner cruise around Manhattan, accompanied by their families. "It's a nice way of ending our eventful journey," said Ibrahim Sultan, MD '08. "It's been the best six years of my life." Also on board the *Duchess* were Joan and Sanford Weill and Dean Gotto and his wife, Anita. Guests from Qatar included Dean Daniel Alonso; Havva Idriss, vice dean for administration; and ob/gyn professor Maya Hammoud, MD, associate dean for admissions and student affairs. Sultan recalled the advice Sanford Weill had given the class six years ago, when they began their premedical training: "Don't screw up."

At the Commencement ceremony, President Skorton's remarks began with a moment of silence for the late Stephen Weiss '57; he called Weiss, the first chairman of the Medical College's Board of Overseers, "a consummate Cornellian." (For more on Stephen Weiss, see page 48.) Skorton also asked listeners to remember the people of China and Myanmar, who "face unthinkable sorrow" in the wake of natural disasters that claimed thousands of lives. His address to graduates focused on the importance of ethics in medical practice and research, citing such thorny issues as the use of embryonic stem cells and the challenge of making decisions about end-of-life care. "Medical ethics brings together the two cultures [of science and the humanities]," he said, "and as physicians and scientists you will need to live in both worlds."

The ceremony also had its share of lighter moments—such as when Miguel Pineda, MD '08, accepted his diploma while carrying his toddler son, decked out in a perfect miniature version of a black gown and mortarboard. Scott Kaplan, MD '08, chosen by his fellow graduates as class speaker, brought the house down—and visibly cracked up



LOBELL

many of the dignitaries on the dais—with a comic speech accented by scrawled notes on an easel, which he offered in lieu of a PowerPoint presentation. (For more on Kaplan's address, see page 46.) Immunologist Omar Vandal, PhD '08, student speaker for the Graduate School, noted that his classmates' inspirations for pursuing their studies included a certain fedora-wearing movie icon. "Archeologist and whip-master Indiana Jones," he said, "has a PhD." ■



# A Work in Progress

**F**rom the Qatar branch's founding, Weill Cornell leaders have stressed that—like the Manhattan campus—it would focus not only on education, but on research and patient care as well. Even as faculty and administrators celebrated the graduation of the first MDs, they noted that there is a great deal yet to be accomplished. “As impressive as the achievements of these students are,” President David Skorton said in his Commencement address, “they are only the beginning of what will soon be possible at WCMC-Q.”

For research and patient care, the future is currently under construction some 300 meters from the Medical College building in Education City. There, a teaching hospital known as the Sidra Medical and Research Center is rising from the desert. Initially comprising 400 beds (with infrastructure to accommodate an additional 150), the hospital is set to open in fall 2011. Qatar Dean Daniel Alonso notes that, as an American-style teaching hospital, Sidra will be unique in the region; as in New York, its physicians will have professorial appointments at the Medical College. “That will be a first here,” Alonso says. But he stresses that WCMC-Q “is not abandoning Hamad Medical Corporation,” the facility in downtown Doha that has served as its teaching hospital thus far, and that students will rotate

WCMC-Q has graduated its first MDs. What's next?

through both.

Designed by renowned architect Cesar Pelli and connected to WCMC-Q via air-conditioned tunnels, Sidra will be state of the art—wireless, filmless, and virtually paperless. “It’s an extraordinary entity,” Alonso says, “unprecedented anywhere in the world.” In a statement, Her Highness Sheikha Mozah Bint Nasser Al-Missned called the Center “perhaps our most ambitious and far-reaching project to date. Not only will it allow our medical students to learn in one of the finest and most technologically advanced facilities anywhere, but it will provide health care of the highest global standards to the people of Qatar and the Gulf region.”

To the west of the main structure, and connected to it by an enclosed walkway, a clinic building will house a bio-



medical research center, including space for clinical trials. “We’ll have the gamut of medical research,” Alonso says, with an initial focus in such areas as population genomics, gene therapy, embryonic stem cell research, and vaccine development, as well as on conditions increasingly common in the Qatari population: diabetes, cardiovascular disease, hypertension, and stroke. Plans include the hiring of eighteen additional, research-oriented faculty—six senior and twelve at the junior level. WCMC-Q investigators will collaborate with colleagues at Qatar University, which is currently developing its own research program. “There’s no research establishment or culture here,” Alonso says, “so we will be building the capacity.” That will mean training a workforce of clinicians, research associates, and lab assistants—adding a valuable new element to the nation’s economy. “Within five years, we expect that more than 100 people will be engaged in basic, translational, and clinical research,” Skorton said in his address, “giving Qatar a vibrant and sustainable scientific research community.”

And although WCMC-Q has graduated its first MDs, the education program is still evolving. One challenge, Alonso says, has been the recruitment of qualified Qatari students. He notes that talented Qatari youth have a wealth of options, and that medicine can be a tough sell when other fields require only a bachelor’s degree. “It takes a long time before you actually get to practice your profession, and the standards for admission and success in medical school are considerably higher than in the other disciplines,” he says. “Because of these realities, we began to see a decline in the number of students, particularly the Qataris, and that worried us.”



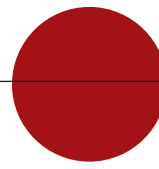
Ancient and modern: Education City’s ceremonial courtyard (top), decorated for convocation. Above: A rendering of Sidra Medical and Research Center.

With an eye toward nurturing borderline candidates, last year WCMC-Q introduced the Foundation Program, a “pre-pre-med” year. Students who apply for the pre-medical program but need more academic preparation are placed in the Foundation year, where they get intensive instruction in the basic sciences, math, and English, plus workshops to hone their study and test-taking skills. Although they’re not guaranteed admission to the pre-med track at the end of the year, the majority of the first class was accepted, says WCMC-Q public affairs director Michael Vertigans.

As Alonso puts it, bringing together the elements of education, research, and patient care “will make the medical school whole.” WCMC-Q, he says, remains a work in progress. “We’re pleased and proud, but there’s still work to be done. Qatar is a small country with enormous resources and ambitious plans, and we are privileged to be part of this extraordinary development.” ■



Grinning grads: At Commencement in Carnegie Hall in May, 111 MDs were conferred, including fifteen on students from the Qatar branch. Thirty-nine people earned PhDs and thirteen earned master's of science degrees from the Graduate School of Medical Sciences.



# NOTEBOOK



RICHARD LOBELL

Dear Fellow Alumni:

With a startling flurry of global activity, this academic year at Weill Cornell Medical College has drawn to a close. The historic graduation of the Class of 2008 took place in two parts. The first granting of an American university's medical degree to graduates outside the United States occurred on May 8 in Doha, Qatar. Fifteen students from seven countries received their Weill Cornell MDs in a grand ballroom filled with families and faculty. The class was congratulated by Her Highness Sheikha Mozah Bint Nasser Al-Missned, a driving force of the Qatar Foundation's interest in education. These students have performed on par with their New York counterparts, and are every bit as personable, accomplished, and skilled. They are headed to quality residencies in Qatar and the U.S., including several to NewYork-Presbyterian Hospital and other top programs.



MARTIN MARCON

During convocation on the day preceding Commencement, I was honored to welcome these students into the alumni association. I also had the pleasure of meeting Sharon King, MD '08, and her family. Sharon is from Oregon, and will take a family practice residency in Wyoming. Sharon is from a small town, but decided to study in Qatar to experience another culture. She was awarded many of the academic and research honors at convocation, and her soft-spoken intelligence and grace were always evident. I suspect this group of Weill Cornell graduates will be substantial contributors to medicine no matter where they pursue their careers. I also believe these students, and this program, are proof that international education and global academic programs can be effective tools to attain peace, cooperation, and understanding among cultures.

At New York's Carnegie Hall a few weeks later, the full Class of 2008 received their degrees. A class with extraordinary achievements, the New York group is also marked for bright futures and contributions to medicine. They have published research, completed untold hours of community service, and traveled the world as part of their medical education. Two of the graduates are the children of alumni: Jill Blumenthal, MD '08, is the daughter of David Blumenthal '71, MD '75, and William Daines, MD '08, is the son of Richard Daines, MD '78. Also, Jennifer Inra, MD '08, is the daughter of Larry Inra, MD, clinical associate professor of medicine. To all the graduates, we offer hearty congratulations and a warm welcome to the alumni association. To Dean Antonio Gotto, Dean Daniel Alonso at WCMC-Q, and all the faculty, staff, and patients who have helped the Class of 2008 reach this milestone, we offer congratulations and thanks.

At Commencement, Elizabeth Nabel, MD '81, received the 2008 Alumni Award of Distinction. Betsy is a renowned cardiologist and director of the NIH's National Heart, Lung, and Blood Institute. She has contributed substantially to the understanding of vascular physiology and genomics related to cardiovascular disease, and is a role model as a researcher, scientist, educator, and public advocate.

This will be my last "official" communication with you as president of the alumni association. I have been honored to meet many of you at regional events, and help strengthen our student programs, development activities, and the important connection that the association has with its far-flung members. Hazel Szeto, MD '77, PhD '77, a professor of pharmacology at Weill Cornell, will be my very able successor. I thank you for the opportunity to serve the association and look forward to seeing as many of you as possible at our reunion on October 24–25 in New York. The program is shaping up to be very engaging, and the social time will be outstanding. See you then.

*With my very warmest regards,*

*Gene Resnick, MD '74*

*President WCMC Alumni Association*

*gene.resnick@alumni.med.cornell.edu*

**1960s** Kenneth G. Swan, MD '60, was presented the 2008 Leonard Tow Humanism in Medicine Award by the Arnold P. Gold Foundation at the New Jersey Medical School Convocation on May 19. Dr. Swan led the attendees in the recitation of the Hippocratic Oath.

Richard Ehrlich '59, MD '63, visited the Holocaust Archives at the International Tracing Service (ITS) at Bad Arolsen, Germany, in 2007 and created a portfolio of photographs. They include images of a transport order to Bergen Belsen with Anne Frank's name, the original Schindler's list, and an invitation from Gestapo chief Reinhard Heydrich to discuss "a total solution to the Jewish question in Europe." The work will be exhibited at the Herbert F. Johnson Museum on the Ithaca campus, the Musée d'art et d'histoire du Judaïsme in Paris, and the Craig Krull Gallery in Santa Monica, California. Éditions de La Martinière will publish the portfolio in book form. The ITS archives contain 50 million documents and artifacts that record with chilling accuracy the Nazi campaign to exterminate European Jews and other minorities. Dr. Ehrlich renewed his love of photography seven years ago and has already created a substantial body of work. A volume of images from his travels, *Namibia: The Forbidden Zone*, was published in 2007. In 2009, Nazraeli Press will publish Ehrlich's *The Body as Art: The Art of the Body*. You can see his work at [www.ehrlich-photography.com](http://www.ehrlich-photography.com).

**1970s** Frank J. Bia, MD '71, was named medical director for AmeriCares. He previously served as professor of internal medicine in infectious diseases and laboratory medicine in clinical microbiology and co-director of the International Health Program at Yale University School of Medicine. Dr. Bia is an expert in the fields of infectious disease, tropical medicine, and international health. He will oversee the medical and clinical work of AmeriCares Global Program Operations and AmeriCares Free Clinics Program. He writes: "Peggy [Margaret Johnson Bia, MD '72] continues her work in medical student education as director of the Clinical Skills Program while caring for kidney transplant recipients at Yale. Jesse, a true citizen of the world, is blooming in his junior year at U. of Rochester, in anthropology and Asian studies. Joshua, accepted at Tulane, is taking the year off to work and do some traveling. Tiger, our cat, rules as always."

David Kalifon, MD '71, who also holds a JD from the UCLA School of Law, was recently named president of the California Association for Healthcare Attorneys. He is a partner in the law firm Jeffer Mangles Butler & Marmaro in Los Angeles, where he specializes in health-care law. He can be contacted at [dkalifon@jmbm.com](mailto:dkalifon@jmbm.com).

**1980s** Jonathan Javitt, MD '82, is the chairman and chief



WEILL CORNELL ART & PHOTOGRAPHY

Alumni honors: Elizabeth Nabel, MD '81, celebrates with Dean Antonio Gotto Jr. (left) and Department of Medicine Chairman Andrew Schaffer, MD. Nabel, director of the National Heart, Lung, and Blood Institute, received the Weill Cornell Alumni Association Award of Distinction at Commencement. Amir Askari, PhD '60, chairman of the Department of Physiology and Pharmacology at the University of Toledo, earned the same honor from the Graduate School's alumni association.

medical officer of Confidant Inc. "After 200-plus scientific publications, something compelled me to write a novel, *Capitol Reflections*, now on sale. It's a murder/thriller about genetically modified food. Actually what compelled me was my experience in the nomination process for the FDA Commissioner's job and discovering firsthand the commitment of the food industry to avoid any semblance of regulation requiring pre-market safety testing for GMO. So far, the ride has been a blast, but I'm not ready to quit my day job. BTI is one more corporate opportunity for me to push the envelope on improving patient care through health IT. My last two companies, Active Health Management and Coderyte, focused on claims data and chart data, respectively. In fact, Coderyte is used today to code every Cornell Radiology note. Confidant connects the patient to the caregiver through Bluetooth cellphone technology around the management of diabetes and other chronic illnesses. The glucometer data goes via cellphone to the doctor's desktop and instant, automatic feedback is returned to the patient. What I'd rather be doing? Sailing, but that would get boring after two weeks and I would be back to doing what I'm doing."

**Susan C. Pannullo '83, MD '87**, director of neuro-oncology in the Dept. of Neurological Surgery at NewYork-Presbyterian Hospital/Weill Cornell Medical College, was presented with the Gary Lichtenstein Humanitarian Award by Voices Against Brain Cancer at its third annual fundraising event, "Sounding Off for a Cure," on June 12 at the Hammerstein Ballroom in New York City. Dr. Pannullo completed a residency in neurology at New York Hospital-Cornell Medical Center in 1991. From 1991 to 1992, she was an American Cancer Society Fellow in neuro-oncology at Memorial Sloan-Kettering Cancer Center. She completed a

second residency in neurological surgery at New York Hospital-Cornell Medical Center and Memorial Sloan-Kettering Cancer Center in 1997—the program's first female graduate. Her areas of expertise include the treatment of benign and malignant brain tumors and stereotactic radiosurgery.

**Molly E. Poag, MD '87**, was named chair of psychiatry at Lenox Hill Hospital in October 2007. Dr. Poag is known for her work in anxiety disorders and in medical and psychiatric education. She began working at Lenox Hill Hospital in 1994 and served as chief of education and training in psychiatry until 2002, when she was named associate chair of psychiatry. She is a co-editor of the book *On Call Psychiatry*.

**1990s Kornelia Polyak, PhD '95**, associate professor of medicine at the Dana-Farber Cancer Institute of the Harvard Medical School, has been elected to the Johns Hopkins University Society of Scholars. Polyak and 14 other scientists and clinicians were honored during the society's 19th induction ceremony on May 21 and also at the university's commencement. Polyak was a research associate in the Kimmel Cancer Center and the Howard Hughes Medical Center at Johns Hopkins from 1995 to 1998. She uses genomic approaches to the study of breast cancer, with particular emphasis on early stage disease. Polyak has developed and applied new methods to survey the breast cancer genome, and her lab has identified specific oncogenes and tumor suppressor genes that play a role in the breast cancer progression. She is well-known for her contributions in the interplay between genetic and epigenetic alterations in the tumor and its microenvironment.



## IN MEMORIAM

**Correction:** The obituary of **Carlton C. Hunt Jr., MD '42**, that was published in the Spring 2008 issue incorrectly stated the place and date of his death. Dr. Hunt died on February 8, 2008, in Highlands, North Carolina. The obituary also neglected to mention that he is survived by his wife, Marion, five children, six grandchildren, and three great-grandchildren. We regret the errors.

**'47 MD—Charles F. Dyer** of Waterford, CT, March 28, 2008; retired surgeon; clinical instructor of surgery, Yale-Grace New Haven Hospital; director of health, Town of Waterford; senior aviation medical examiner, FAA; veteran; active in civic, community, and professional affairs.

**'50 MD—Albert L. Rubin** of Englewood, NJ, February 23, 2008; founder, president, and CEO, the Rogosin Institute; researcher in kidney disease, lipid disorders, diabetes, and cancer; performed the first kidney dialysis in the New York City area (1962); active in community and professional affairs.

**'50 MD—Hartwell G. Thompson** of West Hartford, CT, April 19, 2008; professor and physician, University of Connecticut Health

Center; specialist in multiple sclerosis and Huntington's disease; chairman of neurology, University of Connecticut Medical School; dean and professor of neurology, West Virginia University Medical School, Charleston; founding chairman and professor of neurology, University of West Virginia Medical School, Morgantown; also taught at the University of Pennsylvania School of Medicine and University of Wisconsin Medical School; active in community and professional affairs.

**'49 BA, MD '53—Milton Luria** of Rochester, NY, April 9, 2008; professor emeritus, University of Rochester School of Medicine.

**'62 MD—Dale L. Taylor** of Winter Haven, FL, September 17, 2007; obstetrician-gynecologist, Watson Clinic (Lakeland, FL); past president, Florida Obstetric and Gynecological Society and the Polk County Medical Assn.; active in civic, community, and professional affairs.

**'78 MD—Thomas F. Cheng** of Edina, MN, February 25, 2008; cardiologist; clinical associate professor, University of Minnesota Medical School; partner at Minnesota Heart Clinic.

# Down to ‘The Wire’

Class of '08 Commencement speaker Scott Kaplan entertains the crowd in Carnegie Hall with wit, insight, and myriad references to a certain gritty crime drama on HBO

**f**OR THIS SPEECH, I THOUGHT I'D BE ABLE TO DO ONE of the most august of Cornell traditions, the PowerPoint presentation. But you could see that would require a lot of work and forethought. So I thought that I could do something else, something just as professional. [He brings out an easel bearing hand-drawn titles on a jumbo pad of paper.] For those of you in the back who can't see, I brought a magnifying glass. I also have a laser pointer. When I was first appointed to do this speech, I tried using them together, but I nearly started a fire in my apartment.

So, President Skorton, Dean Gotto, faculty, and graduates, welcome. I'd like to take this opportunity to welcome both family and friends. Also spouses, children, and family friends, welcome. Also neighbors, teachers, coaches, mentors as well. Also friends of friends, you too are welcome. Let's not forget professional colleagues, casual acquaintances, overstaying houseguests, also people your parents invited but you're not really sure who they are and why they're here. And lastly welcome to the people who came to see Marika Bournaki on piano, playing a selection of Bach, Beethoven, Stravinsky, and Rachmaninoff. Thanks for coming. You're about eight hours too early, and you're in the wrong hall, but thank you for the effort. Once again, thank you for coming to Weill Cornell Class of 2008 graduation.

When I was chosen to do the speech, I was very honored. The class speaker is selected by the members of the class in a free and fair vote, and it made me feel very good and determined to do a great job. And in the purpose of full disclosure, you the students should know what kind of job was being done, how much effort went into this graduation speech. To that effect, I prepared a little breakdown of the time I spent leading up to the speech, and I assure you that you have made the right choice.

You can see here that 78 percent of the time was spent trying to figure out exactly who voted for me. Twenty-two percent of the time was spent complaining about how I need to write the speech, 12 percent was talking about how I was going to write the speech without actually writing it. Seventeen percent here is “The Wire” seasons one and two, and 5 percent is actually writing and practicing the speech. I hope it shows. As for who voted for me, you know who you are. While I was not the leader in the overall vote count, I was the first available non-fictional choice—still a great accomplishment. With some research, I was able to re-create the vote. In what appears to be a landslide, Barack Obama got fifty-one of the votes, Hillary Clinton, a close second, got forty-seven. “Anyone But Scott,” who luckily wasn't available, got six votes. There I am at five, just beating out Eliot Spitzer. While not having the popular vote, I believe we took the superdelegates.

But enough about me—for now. One of my assigned tasks is to extol the praises of the graduating Class of 2008, and what an accomplished bunch of students: research projects, papers written, international travel, awards, great bunch of future doctors, an amazing four years. And it's not as if life has stopped for the Class of 2008. We did not just work. Our lives were not placed on hold during these intense times. We got older, and we grew up. Marriages and babies—yes, over 430 babies were born to the Class of 2008, the class averaging twelve babies per day per person. And we got married. Sometimes to each other, sometimes to other people, and in one confusing instance sometimes to ourselves. And we have all aged just a bit. Some of us have sailed into our thirties, while some of us are firmly entrenched in our mid-twenties and will be for the next fifteen years. We look a little older, a little grayer in the hair around the temples, a little less hair on top, although some of us have experienced a 33 percent decrease in fine lines and wrinkles, but I'm not sure what that's from.

But seriously, I knew at some point that I would need to say something meaningful in the five to ten minutes I was allotted, so here it goes. I thought I would talk about two things, which are probably the two things we tend to miss out on in our four years of medical education. The first is learning to take it easy. Learning to take your foot off the gas and look around. The second I never got to, mainly because I was really focused on this important first one. At first, I thought it was sort of a joke, but the more I thought about it, the more I realized that it's probably the most important and realistic piece of advice that I have.

In the last four years, we've been told all about science and clinical care, all about professionalism, about working hard and seeking out and setting the next goal. But we rarely hear about taking the day off, spending the afternoon at the park or the museum, or taking the morning in bed, watching seven to ten episodes of a gritty police drama set in Baltimore. And I think that in the coming years this will be one of the things that is easiest to lose, easiest not to know that it is lost.

In the next couple of years, and the many years after that, we will only get busier. As interns and residents, our level of work and responsibility will steadily increase—not to mention the added responsibilities of kids, families, homes, and the thirteen housecats that will slowly accumulate over ten years. These things add up, and it's here where you stop making time for yourself, stop being interested in other things besides work, lose touch with what we find fun—and more importantly, meaningful.

We should make time for this, and I don't think this is only a selfish impulse. It's part of the reason why we have chosen to care for the sick, or why we sit in the lab looking for the next discov-





LOBELL

Seriously, folks: Dignitaries on the dais were visibly amused by Scott Kaplan's comic Commencement address. In lieu of a PowerPoint presentation, Kaplan illustrated his talk with a series of hand-drawn notes perched on an easel.

ery, or why we try and try and try to fight for a better health-care policy. At the most basic level, the reason that we do this type of service is to help others. And the force that drives this service is, in large part, empathy—empathy for our patients, empathy for the sick and disenfranchised. We concentrate on understanding the pain and suffering of others, putting ourselves into their experience, but the part we often leave out is the other side, the side where we can appreciate what they lose—to understand that suffering is not only the pain they feel, but the loss of things that are meaningful to them, that are fun, that are joyful, the things they want to return to.

**a**s physicians, we are privileged witnesses to the most elemental of emotions: fear, despair, hunger, betrayal, but also elation, surprise, amusement, and hope. It is these we cannot lose in our lives, or we'll forget them in those we care for. This is the complete picture. It will make the difference between being satisfied with sending home your elderly patient cured from pneumonia, to sending her home with a plan for her to at least try to regain the strength that she needs to enjoy her life, so she can spend her days with her grandkids; or sit in a

bar, eating peanuts, watching her favorite baseball team; or stay home in her pajamas all day watching a TV series on, say, HBO, with a stark realism previously unseen in crime dramas.

So in the future, take care, and take time to take it easy. Don't lose touch with your culture. Don't forget to seek out great art, interesting and gripping books. Spend time with your family. Spend time with the family members you actually like. Keep your friends. Find comedy, movies, great television, great people. You can work hard and take it easy. And I have to admit that I've been taking it very easy this past week, particularly in writing this speech for graduation. I've been putting it off and putting it off, and when I finally got around to it, I think the reason why was I didn't want it to end. I didn't want to speak at graduation because I didn't want this to end. And the reasons are pretty obvious to anyone who has been here. These were a great four years. I've met some incredible people, made great friends, got to see and do both scary and wonderful things, and—I'll say it again because it's important—got to be with the best group of people I can imagine. I only hope for all of us that the next five, ten, or fifty years can be as good as these last four.

Thanks, everyone. Congratulations, Class of 2008.

# ‘A Consummate Cornellian’

Remembering Medical College benefactor Stephen Weiss

**T**HE MEDICAL COLLEGE lost one of its most enthusiastic and generous supporters in April, when Stephen Weiss died of heart failure at the age of seventy-two. He passed away at New York-Presbyterian Hospital/Weill Cornell Medical Center, where he had played a transformative role in shaping the Medical College and its teaching hospital.

Weiss, who earned an undergraduate degree from the Ithaca campus in 1957, was a University trustee for twenty-four years, including eight as board chairman; he served on the search committees that selected four Cornell presidents. A member of the board of New York Hospital-Cornell Medical Center (as it was formerly known) from 1977 to 1997, he was the driving force behind the creation of Weill Cornell’s Board of Overseers in 1980. He was its first chairman and continued as an overseer of the Medical College for the rest of his life. The current chairman, Sanford Weill, says that Weiss embodied the meaning of excellence. “His legacy as a guiding force at Weill Cornell Medical College is evidenced in the faces of the young men and women who graduate each year,” Weill says. “Steve set high standards for all of us. He was a very caring person.”

Weiss’s connection to Weill Cornell took a personal turn in the late Eighties: he saw the dedication of physicians and medical students first-hand when he developed heart problems, inspiring him (and his wife, Suzanne) to endow the deanship of the Medical College. Dean Antonio Gotto Jr. describes Weiss as a great supporter of medical education and clinical care. “His generosity with



Stephen Weiss, 1935–2008

his time, energy, resources, and good counsel speak to the dedication he had for this institution,” Gotto says. “Weill Cornell Medical College will always be indebted to him.” Weiss also endowed WCMC’s Frank H. T. Rhodes Distinguished Professorship in Cardiovascular Biology and Genetics and two Suzanne and Stephen H. Weiss Professorships. To recognize his contributions, the Medical College’s alumni association named him an honorary fellow in 2001.

More than 1,000 mourners packed a May 20 memorial service at Cipriani 42nd Street in Manhattan, where speakers praised his spirit and humor. Weiss family physician Harvey Klein, MD, a professor of clinical medicine, recounted how he once grumbled to Weiss that he was in the midst of treating an extremely talkative and difficult patient. Saying, “Let me try,” Weiss entered Klein’s exam room wearing a white coat and introduced himself as a junior associate.

Weiss emerged twenty minutes later, threw down the coat, and said, “Holy God, you don’t really do this all day?” But, Klein noted, “the patient loved him, always asked after him.”

Perhaps the most fitting tribute took place at WCMC’s graduation ceremony in Carnegie Hall in May. President David Skorton, MD, began his remarks by asking for a moment of silence for Weiss, whom he called “a consummate Cornellian.” Said Skorton: “We all admired his ceaseless drive to make Cornell a better place, his vivacious spirit, as well as his generosity that allows so many of us to strive to be our best.” ■

— Susan Kelley



## DISCOVERIES THAT MAKE A DIFFERENCE

THE CAMPAIGN FOR WEILL CORNELL MEDICAL COLLEGE

### CHILDREN'S HEALTH

Children's Health is a critical focus of the *Discoveries that Make a Difference* Campaign.

**By marshaling more resources, we can help turn science into hope for today's kids and future generations.**

Asthma, leukemia, infectious diseases, developmental disabilities -- some of the most challenging medical problems threatening the children of the world. At Weill Cornell, our researchers are at the vanguard of discovery in these and other areas of children's health.

Other major areas of the Campaign include:

- + Cancer
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- + Neurodegenerative, neuropsychiatric diseases and aging
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- + Global health and infectious diseases
- + Molecular therapeutics

To learn how you can support the Campaign, contact the

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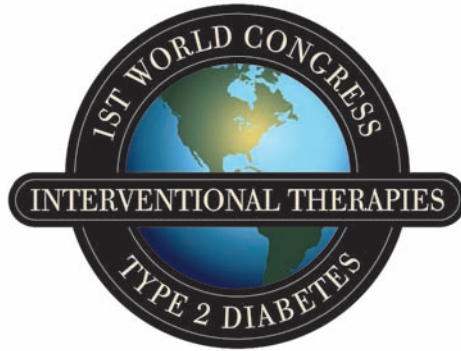
  
**DISCOVERIES**  
THAT MAKE A DIFFERENCE  
THE CAMPAIGN FOR WEILL CORNELL MEDICAL COLLEGE



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# SEEKING A CURE FOR DIABETES

THE FIRST WORLD CONGRESS ON  
INTERVENTIONAL THERAPIES FOR TYPE 2 DIABETES

Sept. 15–16, 2008  
New York Marriot Marquis, Times Square

Revolutionary techniques in bariatric surgery allow many Type 2 diabetes patients to achieve medication-free remission—and open the door to new interventions and pharmacological therapies.

The First World Congress on Interventional Therapies for Type 2 Diabetes will convene world-class endocrinologists, surgeons, scientists, and policy makers to review the latest scientific data and theories.

For information and registration, visit  
[www.interventionaldiabetology.org/](http://www.interventionaldiabetology.org/)

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