

# weillcornellmedicine

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

VOL. 13, NO. 3



## Staying Power

For some alumni, their alma mater is also their workplace

# REUNION

## THE EVOLUTION OF MEDICAL EDUCATION



Attendees enjoy the alumni panel discussion.



Members of the Class of 1999 and their guests enjoy the Gala Dinner Dance at Cipriani 42nd Street.



Members of the Class of 1964 celebrate their 50th Anniversary and receive medallions at the Gala Dinner Dance to signify their induction into the Golden Anniversary Society.



Spencer H. Kubo, MD '80, Reunion Chair and President of the WCMC Alumni Association (WCMCAA), presents R. Ernest Sosa, MD '78, Outgoing WCMCAA President, with an appreciation gift.



Alumni from the Classes of 1993 and 1998 enjoy a picnic lunch in Olin Hall Gym (clockwise from top left: Suzanne A. Magherini-Rothe, MD '98, Geetanjali A. Akerkar, MD '93, Lisa J. McCurry, MD '93, and Michael P. Johnson, MD '93).



Bernhoff A. Dahl, MD '64 and his wife, Janis Halloran-Dahl, at the cocktail reception.

On Friday, October 10 and Saturday, October 11, 2014, over 350 alumni traveled from near and far to return to Weill Cornell for Reunion 2014! This year's theme, The Evolution of Medical Education, explored the myriad ways advancements in medical science have altered the way we educate medical students. The program included presentations by Dean Laurie H. Glimcher, distinguished faculty members, alumni from the 25th and 50th anniversary classes, and current Weill Cornell students. Additionally, alumni enjoyed campus tours of Weill Cornell's state-of-the-art facilities including the new Belfer Research Building, individual class get-togethers, a festive Gala Dinner Dance at Cipriani 42nd Street, and plenty of time to reminisce and reconnect with classmates and friends. Thank you to everyone who joined us and helped make Reunion 2014 such a success!



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## FEATURES

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PHOTOGRAPHS BY JOHN ABBOTT

The Medical College faculty boasts dozens of men and women who not only have “MD” and/or “PhD” after their names, but a Weill Cornell class year as well. A significant number of alumni return to campus after completing their training—while some never leave, doing their residencies at NYP/Weill Cornell and staying on to become professors. Many have gone on to spend their careers here, forging decades-long relationships with the institution and with each other. *Weill Cornell Medicine* offers portraits of some of them—from venerable veterans to young residents at the beginning of their careers.

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HEATHER SALERNO

From the Heart-to-Heart program to the student-run Community Clinic, Weill Cornell works on numerous fronts to provide care to underserved New Yorkers. Faculty and students have partnered with groups and agencies around the city in an effort to address the health inequities that plague socioeconomically disadvantaged residents. “When someone has to take care of a family and worry about paying the bills, health may not be a priority,” notes Carla Boutin-Foster, MD, MS ’99, director of the Comprehensive Center of Excellence in Disparities Research and Community Engagement. “It’s not a deficiency that they have; it’s just reality. People are constantly making tradeoffs when it comes to their own health, especially when they don’t feel ill.”

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Cover photos by John Abbott

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# 150 Reasons— and Many More— to Celebrate WCMC and Cornell

Laurie H. Glimcher, MD,  
Dean of the Medical College

In September, with the Empire State Building shining red and white for the occasion, Cornell University kicked off a series of events it is hosting around the world to mark the University's Sesquicentennial. With an afternoon and evening of performances at Jazz at Lincoln Center entitled "The Big Idea!," alumni, friends, faculty, and staff from Ithaca and New York City celebrated with a program highlighting Cornell's founding ideas: blending sciences and humanities, making education accessible to a diverse group of students, and using knowledge and discoveries to improve the world.

At Weill Cornell, we have been educating physicians and scientists with those goals in mind since we opened our doors in 1898 as one of only a few medical schools that admitted women. Today, our students come from around the country and the world already in possession of an astonishingly diverse range of interests and personal accomplishments. Now, they undertake a new curriculum that honors science as the foundation of modern medicine, instills critical thinking and independent habits of inquiry, and puts the patient at the center of everything they do. Through our new Campaign for Education, we hope they will leave us prepared to become global leaders in medicine and biomedical research, working to improve health-care systems around the world.

For more than a century, our alumni—over 350 of whom gathered in October for an evolution of medical education-themed reunion—have done just that. The Weill Cornell graduates in our photo feature have taken Weill Cornell's patient-centered approach to heart, long before that term gained widespread currency, and are

fully aware of the tremendous responsibility that we in the medical profession bear. Their power is most obviously on display in the discoveries and therapeutic breakthroughs they have made. And they've been widely recognized and honored for their work saving lives and advancing the world's knowledge and understanding of medicine, while never losing the individual power to heal.

Our graduates and our current students also wield their power in ways that are less obvious but no less profound. Whether as advocates for their patients or as learners tackling Weill Cornell's new curriculum, which blends clinical and scientific education during all four years of medical school, they demonstrate their greatness in countless private moments of caring. These interactions between patients and their physicians, whether rich in experience or still in training, demand empathy, compassion, and humility. Often, these moments remain unknown, unheralded, and unseen except by those for whom the quality of care matters most.

The power of patient-centered practice is the power of observation and creativity. Throughout their careers, day in and day out—in the lab with colleagues or at the bedside with patients and their families—our alumni show curiosity, courage, and imagination. They ask questions, seek answers, share ideas, and pursue excellence. Sometimes they fail—and, learning from those reversals, they have the fortitude, commitment, and resilience to try again.

In these and many other ways, Weill Cornell alumni continue to drive medicine and the biomedical sciences forward—improving our college, our university, our profession, and our world. It's my hope and my belief that they will continue to sustain and strengthen Weill Cornell and Cornell University for the next 150 years.



LISA BERG

# The Weill Cornell Campaign for Education

## For a Healthier Tomorrow

At Weill Cornell, educating the healthcare leaders of tomorrow is paramount. Weill Cornell medical students are learning to listen to patients, to seek new cures, new processes and new paradigms of care. We pride ourselves on providing a top-tier medical education for our students and teaching the doctors, scientists and educators who will shape the future of medicine for years to come.

As a leader in medical education, Weill Cornell is committed to remaining on the vanguard of an ever evolving healthcare system. We recognize the need to grow and expand in order to meet the needs of this changing healthcare landscape, continue attracting the best and brightest students in the country and provide them with the necessary tools to ensure that they thrive. We are pleased to announce the **Weill Cornell Campaign for Education**, an ambitious new endeavor that will do just that.

Teaching the doctors, scientists and educators who will **shape the future of medicine**



Weill Cornell Medical College

[WWW.WEILL.CORNELL.EDU/CAMPAIGN](http://WWW.WEILL.CORNELL.EDU/CAMPAIGN)

**Key elements** of the campaign include: a new educational curriculum with an even stronger emphasis on the doctor-patient interaction; integration of the latest digital and technological advances into the Weill Cornell infrastructure; enhancement of student resources on campus; and an increase in the scholarship and faculty endowment.



**You can** become part of the new era of medical education at Weill Cornell. To learn how to give to the Weill Cornell Campaign for Education, please contact:

Lucille Ferraro  
Campaign Director  
646-317-7387  
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# Light Box

## Mind Over Matter

A model of the brain's white matter became a work of art when it went on display at Philadelphia's Franklin Institute this summer. The piece, measuring two-and-a-half feet wide, was the centerpiece of an exhibit entitled "Your Brain." It was created through 3-D printing from an MRI image by physicist Henning Voss, PhD, the Nancy M. and Samuel C. Fleming Research Scholar in Intercampus Collaborations.

AMERICAN PRECISION PROTOTYPING









PETER HUNG

## Scope News Briefs

Class consciousness: The Medical College's new fundraising effort focuses on enriching the student experience.

## New Campaign Supports Medical Education

**A** \$50 million fundraising campaign aims to support and enhance medical education at Weill Cornell. Launched in October, the effort is part of the current *Driving Discoveries, Changing Lives* campaign. "We at Weill Cornell pride ourselves on providing exceptional medical education and training to our aspiring physicians and scientists, and the Campaign for Education will take Weill Cornell to the next level of excellence," says Dean Laurie Glimcher, MD. "The campaign will support our extraordinary efforts to transform our curriculum and ensure that we shape the best doctors who are dedicated to improving the lives of patients."

The campaign will help support Weill Cornell's new curriculum, which integrates basic science with clinical care and focuses on a cross-disciplinary, thematic view of medicine. (For an in-depth look at the curriculum, see page 12.) It will raise money to fund faculty endowments and student scholarships, as well as to support improvements to the Weill Education Center, including its main auditorium, teaching labs, and classrooms. "Weill Cornell has long been a driver of excellence in medical education, and the Campaign for Education will ensure that we remain at the vanguard," says Sanford Ehrenkranz, a member of the Board of Overseers and campaign co-chair. "I can think of no better investment than supporting our faculty and students."

### Cornell Names Thirteenth President

In late September, the Board of Trustees approved the appointment of Elizabeth Garrett, provost and senior vice president for academic affairs at the University of Southern California (USC), as Cornell's next president. She will assume the presidency on July 1, 2015, when David Skorton, MD, steps down to become secretary of the Smithsonian Institution in Washington, D.C. Garrett is the first woman to lead the University; her hiring means that half of the schools in the Ivy League will have female presidents. "I am honored to have been selected as the next leader of this remarkable institution," Garrett says. "Cornell is one of the world's truly great universities, with a stellar commitment to excellence in teaching, research, scholarship, and creative activity, linked with a deep commitment to public engagement. I am excited to join the Cornell community and to work with the faculty, staff, students, and alumni to chart the next chapter in its illustrious history."

Garrett's résumé includes clerking for Supreme Court Justice Thurgood Marshall and serving as legislative director for Oklahoma Senator David Boren. In 2005, President George W. Bush appointed her to the bipartisan Advisory Panel on Federal Tax Reform. From 2009 to 2013, she served on the California Fair Political Practices Commission, the state's independent political oversight agency. Garrett was appointed to her current position in 2010. As USC's sec-



ROBERT BARKER / CORNELL UNIVERSITY PHOTOGRAPHY

Current and future: Cornell president-elect Elizabeth Garrett (left) with outgoing president David Skorton, MD

second-ranking officer, she oversees its college of arts and sciences, the Keck School of Medicine, and sixteen other professional schools, in addition to the divisions of student affairs, research, libraries, and more. She sits on the USC Health Systems Board that oversees three hospitals and eighteen clinical practices and chairs the Keck Medical Center Oversight Committee. "It's an exciting time at Cornell University as we celebrate our 150th anniversary and reflect on our reputation of championing excellence in education," says Dean Glimcher. "With Beth joining the Cornell family as its first female president, we have forged a pioneering new chapter in

our history. As a great research university, Cornell has the power to make a difference in the world, and I am thrilled to see what we can accomplish."

Before joining USC, Garrett was a law professor at the University of Chicago, where she also served as deputy dean for academic affairs. She earned a BA in history with special distinction from the University of Oklahoma and a JD from the University of Virginia School of Law. Her scholarly interests include the legislative process, the design of democratic institutions, the federal budget process, and tax policy. At Cornell, she will be a tenured faculty member in the Law School with a joint appointment in government. Her husband, Andrei Marmor, DPhil, is a professor of philosophy and the Maurice Jones Jr. Professor of Law at USC. He will join the Cornell faculty as a full professor with joint appointments in the College of Arts and Sciences and the Law School.

## Reunion Weekend Draws a Crowd

Reunion 2014 drew more than 350 alumni back to campus for a festive weekend that included campus tours, a gala dinner dance, remarks from Dean Glimcher, and more. Held in mid-October, the event was built around the theme of the evolution of medical education. Alumni had the chance to chat with current students, visit new facilities like the Belfer Research Building and the Margaret and Ian Smith Clinical Skills Center, and get a first-hand look at how med school has changed since they graduated. The weekend set a record for overall attendance, with top honors going to the Class of 1983, followed by 1964 and 1984. Special achievement awards were presented to Bruce Gellin, MD '83, and Rev. Peter Le Jacq, MD '81.

## TIP OF THE CAP TO...

**Francis Barany, PhD**, professor of microbiology and immunology, winner of the IFCC Award for Significant Contributions to Molecular Diagnostics from the International Federation of Clinical Chemistry and Laboratory Medicine.

**Tara Bishop, MD '02**, the Nanette Laitman Clinical Scholar in Public Health—Clinical Evaluation, winner of the Mid-Atlantic Society of General Internal Medicine Clinician-Investigator Award.

**Brian Bosworth, MD**, the Anne and Ken Estabrook Clinical Scholar in Gastroenterology, named president of the New York Society for Gastrointestinal Endoscopy.

Pharmacology postdoc **Dilek Colak, PhD**, named a finalist in life sciences for the Blavatnik Regional Awards for Young Scientists from the New York Academy of Sciences.

**Donald D'Amico, MD**, chairman of ophthalmology and the John Milton McLean Professor of Ophthalmology, winner of a Lifetime Achievement Honor Award from the American Academy of Ophthalmology.

**Joseph Fins, MD '86**, the E. William Davis Jr., MD, Professor of Medical Ethics, elected to the International Neuroethics Society's board of directors.

**Timothy Hla, PhD**, professor of pathology and laboratory medicine and professor of neuroscience in the Feil Family Brain and

Mind Research Institute, winner of an Outstanding Achievement Award from the Eicosanoid Research Foundation.

**Ravinder Mamtani, MD**, professor of healthcare policy and research (education), reappointed to the State Board for Professional Medical Conduct.

**Christopher Mason, PhD**, assistant professor of computational genomics in the HRH Prince Alwaleed Bin Talal Bin Abdulaziz Alsaud Institute for Computational Biomedicine, named one of *Popular Science* magazine's "Brilliant Ten."

**Fabrizio Michelassi, MD**, chairman of surgery and the Lewis Atterbury Stimson Professor of Surgery, elected president of the Society for Surgery of the Alimentary Tract.

**Michael Pesko, PhD**, the Walsh McDermott Scholar in Public Health, named to *Forbes's* "30 Under 30 Who Are Changing The World 2014 in Science & Healthcare."

**Gregory Petsko, DPhil**, the Arthur J. Mahon Professor of Neurology and Neuroscience in the Feil Family Brain and Mind Research Institute and director of the Helen and Robert Appel Alzheimer's Disease Research Institute, winner of the M. J. Buerger Award from the American Crystallographic Association.

**Robbyn Sockolow, MD**, associate professor of pediatrics, named a Woman of Distinction in Medicine by the Crohn's and Colitis Foundation of America.

## Cantley, Lord Elected to IOM



WEST VIRGINIA WESLEYAN COLLEGE

Lewis Cantley,  
PhD '75



JOHN ABBOTT

Catherine Lord,  
PhD

Two prominent faculty members have been elected to the Institute of Medicine of the National Academies, one of the field's highest honors. Lewis Cantley, PhD '75, is the Margaret and Herman Sokol Professor in Oncology Research, the Meyer Director of the Sandra and Edward Meyer Cancer Center, and a professor of cancer biology in medicine. Catherine Lord, PhD, is the DeWitt Senior Scholar, director of the Center for Autism and the Developing Brain at NewYork-Presbyterian, and a professor of psychology in psychiatry and of psychology in pediatrics. The two are among seventy new members and ten foreign associates elected to the IOM this year. The announcement was made at the group's annual meeting in October.

## 'PreOp' Gives Students Early Experience in Surgery

A new program is giving first-year students an up-close look at surgery. Through a preclinical surgical program known as PreOp, students can participate in procedures in the operating room, helping inspire them to careers in the field. While other schools have surgical-exposure programs, PreOp's structure and extensive skills component make it unique, says co-creator Stefanie Lazow '16, who founded it with classmate Rachael Venn '16. Ten participants work with ten attendings, rotating to a new mentor each month to experience a variety of subfields throughout the year. Students observe surgeries, attend lectures, participate in skills sessions, and often scrub in. "It can be difficult for medical students to figure out what they're interested in doing," observes Gregory Dakin, MD, associate professor of surgery and PreOp's faculty adviser. "In addition, surgery has the added complexity of manual dexterity that first- and second-year students don't necessarily know they have."

The program has already influenced students' career plans. While 44 percent of participants reported being very likely to apply for a surgical residency at the beginning of PreOp, by the end of the year that had risen to 78 percent.

## New Roles for Hempstead, Storey-Johnson

Barbara Hempstead, MD, PhD, associate dean for faculty development and diversity and the O. Wayne Isom Professor of Medicine, has been appointed senior associate dean for education, effective January 1. She succeeds Carol Storey-Johnson, MD '77, who has held the position since 2001 and has been appointed senior adviser for medical education. In her new role, Hempstead will manage Weill Cornell's medical education pedagogy; Storey-Johnson will, among other goals, help develop an infrastructure for evaluating the efficacy of the new curriculum and other programs. "We are trying to propel Weill Cornell to the next level of excellence and credibility in the world of medical education research," Storey-Johnson says, "so that, in addition to our recognition for creating a new and novel curriculum, we can also develop the ability to determine and explain why it's outstanding."



WCMC

Perfect fit: Faculty help students into their new uniforms.

## First-Years Don Their White Coats

The 101 members of the Class of 2018 launched their medical careers in August with the traditional donning of white coats in Uris Auditorium before a crowd of family and friends. "You are here for a reason," Dean Glimcher told them. "We chose you to join the Class of 2018 from more than 6,000 applicants because we believe that you can handle the immense responsibilities of learning how to take care of patients. Always put the patient at the center of everything you do." The newly minted first-years also received stethoscopes, provided by the Buster Foundation's Paul F. Miskovitz, MD '75, Stethoscope Fund for Medical Students.

The class's fifty men and fifty-one women hail from twenty states and Canada; 18 percent of them are from demographic groups underrepresented in medicine. Said Charles Bardes, MD, associate dean of admissions and professor of clinical medicine: "Your white coat indicates your joyful and solemn entrance into a noble, learned, and ancient profession whose purposes, above all, are to relieve suffering and to promote health." In September, the Qatar branch held its own White Coat Ceremony, welcoming the forty-one members of the incoming class.

## Sesquicentennial Kicks Off in NYC

The University kicked off its Sesquicentennial celebrations—marking the 150th anniversary of the University's founding—with a weekend of events in New York City in September. The festivities included a ceremonial lighting of the Empire State Building and congratulations from the NASDAQ, which offered kudos on its massive sign in Times Square. The University's marching band, glee club, and mascot (the Big Red Bear) appeared on Rockefeller Plaza outside the "Today" show studios on a Saturday, the same day that Cornell launched its touring Sesquicentennial show with two performances at Jazz at Lincoln Center. Greg Petsko, DPhil, director of the Helen and Robert Appel Alzheimer's Disease Research Institute and the Arthur J. Mahon Professor of Neuroscience, made an appearance, speaking about his field and commenting on the phenomenon of the "Cornell brain."

## FROM THE BENCH

### Prostate Tumors, in Vitro

Research at Weill Cornell and Sloan Kettering, published in *Cell*, has shown for the first time that tissue from prostate tumors can be grown in the lab, offering new avenues for testing drugs and personalizing treatment. "This represents a new tool to move the results of cancer research closer to the effective treatment of patients," says co-first author Andrea Sboner, PhD, assistant professor of pathology and laboratory medicine and of computational genomics in computational biomedicine and a member of Weill Cornell's Institute for Precision Medicine. "We can now build biological models that closely resemble a patient's tumor and better understand the mechanism of cancer progression and resistance in the context of new therapeutic agents that are being developed."

### WCMC-Q Finds Calcium Signaling Pathway

Researchers at the Qatar branch are exploring the role of calcium in biological processes. Work by Raphael Courjaret, PhD, research associate in physiology and biophysics, and Khaled Machaca, PhD, associate dean for research, has shed new light on the complex role played by calcium ions, which transport information to various parts of the cell to facilitate biochemical processes such as fertilization, muscle contraction, transmission of nervous signals, and blood clotting. The research, published in *Nature Communications*, defined a novel pathway, dubbed "mid-range calcium signaling."

### Pua Heads Lung Cancer Screening Effort

NYP/Weill Cornell has launched a screening program for those at risk for developing lung cancer. It uses low-dose CT scans to detect cancer in its earliest stages, significantly increasing the odds of survival. The program, which includes current and former smokers and those with a close relative diagnosed with the disease, is led by Bradley Pua, MD, assistant professor of radiology. "As these CT scans will show things that do not necessarily represent cancer, joining a comprehensive center for screening where multidisciplinary teams of physicians can meet on a routine basis to discuss and continue to refine screening guidelines is imperative," Pua explains. "Accessibility to this team of physicians with expertise in every aspect of diagnosis to treatment will allow for more coordinated care, minimizing any screening harms."

### Registries Key to Safety

A report by three health organizations—including the Medical Device Epidemiological Network

Science Infrastructure Center at Weill Cornell—strongly endorses registries to address America's lack of a robust system for assessing the safety and efficacy of medical devices. The report, also authored by the Pew Charitable Trusts and the Blue Cross Blue Shield Association, ponders the potential of registries to track such devices as implantable defibrillators, cardiac valves, and joint replacements. The registries would monitor devices as they move from clinical trials to the marketplace. "We currently have very limited tools and means to understand how most devices perform after they enter the healthcare market," says Art Sedrakyan, PhD, director of the Center and an associate professor of healthcare policy and research. "We rely on pre-market clinical studies or testing and assume that these devices are good, but past experience proves that's not the case since a number of commonly used devices ultimately fail or do not perform well."

### In Practices, Bigger May Not Be Better

Smaller physician practices may have better patient outcomes, reports a paper in *Health Affairs*. Principal investigator Lawrence Casalino, MD, PhD, and colleagues found that practices that are smaller or physician-owned—as opposed to larger or hospital-owned—had lower rates of hospital admissions

that could have been avoided with good primary care. "That's important, because right now hospitals are rapidly employing more and more physicians," says Casalino, the Livingston Farrand Professor of Public Health. "It's happening very fast and changing the landscape of practice, so finding that hospital-owned physician practices did not perform as well should be interesting to physicians, patients, hospital executives, and policymakers." The findings are surprising, the researchers say, because large and hospital-owned practices have more resources to hire staff and create processes to improve care.

### A Post-Surgical Warning

An irregular heartbeat that patients develop after surgery appears to predict future strokes, according to a study by Hooman Kamel, MD, assistant professor of neurology and neuroscience in the Feil Family Brain and Mind Research Institute, and postdoc Gino Gialdini, MD. The work, published in *JAMA*, found that patients who received a new diagnosis of atrial fibrillation (AF) while hospitalized for surgery were more likely to suffer a stroke during the

next several years. The risk was greatest in patients whose surgery did not involve their heart—suggesting that AF triggered by the body's reaction to the physical and emotional stress of surgery is a sign of higher stroke risk. In that group, 1.5 percent of patients with AF had a stroke at one year, compared with 0.4 percent without AF. "Many physicians view AF resulting from surgery as a temporary condition, and current guidelines don't make specific recommendations for carefully monitoring these patients over time," says Gialdini. "Our study suggests that AF after surgery requires careful long-term follow-up." The researchers analyzed data from some 1.7 million patients who were hospitalized for surgery throughout California and found that 1.4 percent were newly diagnosed with AF afterward. Patients with previous AF or stroke were excluded.

### Autism Recovery Possible, Major Study Finds

It's possible to recover from autism, say researchers from Weill Cornell and the University of Denver, who followed eighty-five children from their diagnosis as toddlers until their late teens. Their study, in the *Journal of Child Psychology and Psychiatry*, finds that 9 percent improved to the point that they no longer met the diagnostic criteria for autism. Another 28 percent retained features of autism spectrum disorder, such as impaired social functioning, but were doing well in several areas, particularly cognitive and academic functioning. Many in both groups were enrolled in college. "This rate of improvement is much higher than has been reported before, and that fact offers some very good news," says senior investigator Catherine Lord, PhD, the DeWitt Wallace Senior Scholar and founding director of the Center for Autism and the Developing Brain, located on the White Plains psychiatric campus.

### Anesthesia Side Effects Are Short-Term

The effects of a commonly used anesthetic on memory and cognition appear to be temporary. The research, done in vitro using a rodent model, was conducted in response to concerns that exposing children and elderly adults to general anesthesia may increase susceptibility to long-term cognitive and behavioral deficits such as learning disabilities. Says Hugh Hemmings Jr., MD, PhD, chair of anesthesiology and the Joseph F. Artusio Jr. Professor of Anesthesiology, one of two senior authors on the paper: "It is not clear whether the residual effects after an operation are due to the surgery itself, or the hospitalization and attendant trauma, medications, and stress—or a combination of these issues." Results were published in *PLOS ONE*.



ABEYOTT  
Lawrence Casalino, MD, PhD

## Program of Study

Four years in the making,  
the new curriculum debuts

**T**his August, on their very first day of school, the Class of 2018 encountered someone whom medical students of years past couldn't have imagined meeting so soon: a patient. A real, live patient.

It was a first for the class and for Weill Cornell, marking the introduction of a new curriculum—one that not only seeks to increase student-faculty engagement and to integrate areas of learning as never before, but puts the patient at the center of the student experience from day one. “We’re making a strong effort to break down the traditional boundaries between the basic science and clinical courses, and bridge the artificial divide between the first two years and the second two years,” says Peter Marzuk, MD, the Gertrude Feil Associate Dean for Curricular Affairs and one of the designers of the new curriculum. “We want to make sure that science is the foundational underpinning of all medical practice, and that the two are wed in a long-lasting, inextricable marriage. We want our students to experience that from the very beginning.”

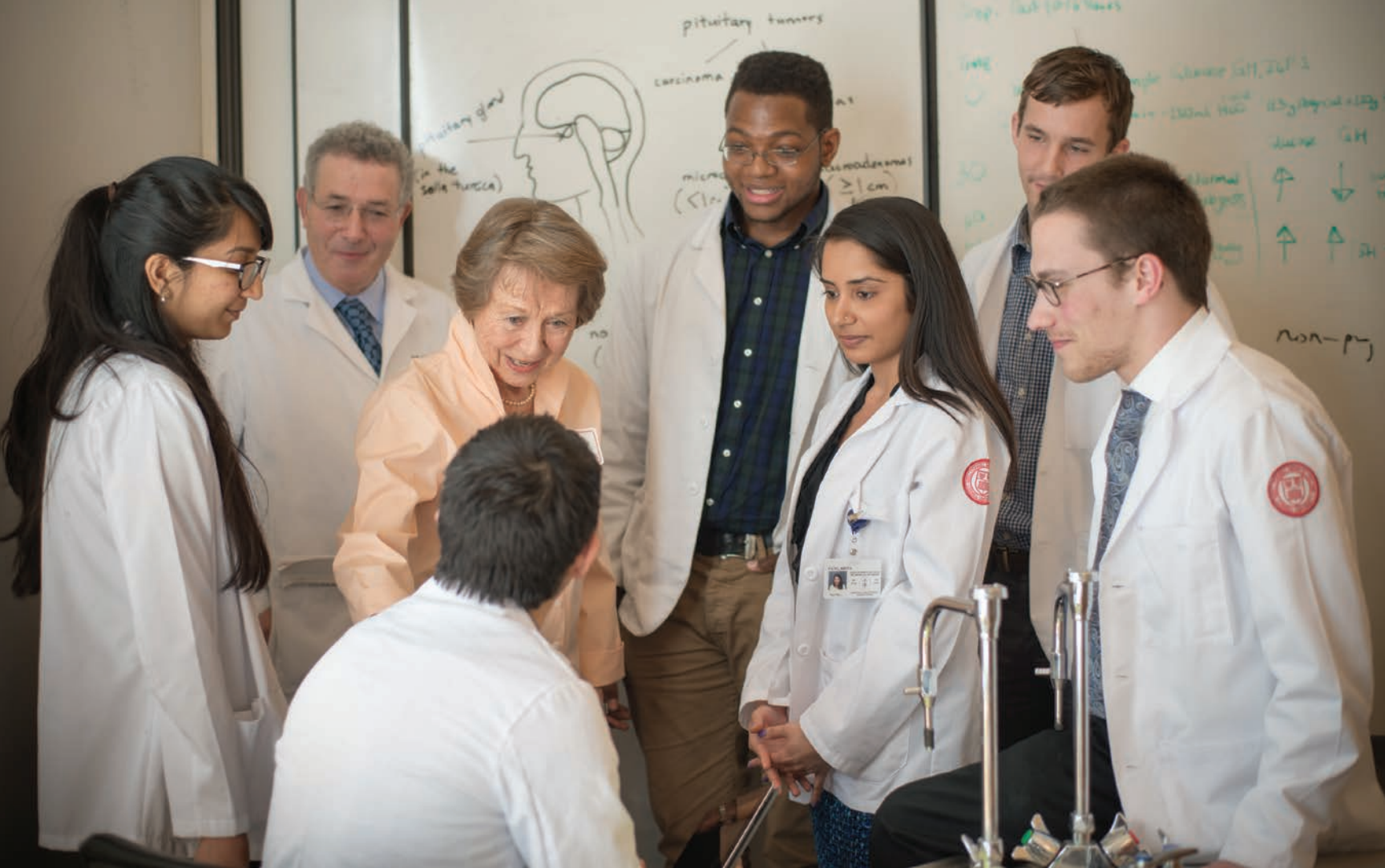
The curriculum changes come, in part, in response to the 2010 report on the state of medical education by the Carnegie Foundation for the Advancement of Teaching—known colloquially as “Flexner II” after the Flexner Report, a seminal document on the subject issued a century earlier. Weill Cornell’s new curriculum, in the works since 2010, is centered around three themes: the scientific basis of medicine; patient care; and physicianship, defined as professionalism and clinical skill. “Sir William Osler once said that a good physician treats the disease, while a great physician treats the patient with the disease,” observes Dean Laurie Glimcher, MD. “As a doctor, you’re not just acting as an agent of health for your patient. You’re also serving as an agent of hope, of compassion, of

humanism in medicine.”

Under the new system, the first year is divided into two segments: Essential Principles of Medicine—which introduces the three themes—and Health, Illness, and Disease, which continues to integrate the themes and reviews normal and abnormal biology, organized by organ system. “For example, pharmacology used to be taught primarily in one block, and now it will be taught together with each organ system,” Glimcher explains. “So that when you treat a patient with kidney disease during your clinical clerkships, you will then be able to integrate that knowledge with what you learned about the physiology of the kidney and acid electrolyte balance. You’ll be able to see the big picture and ask: ‘What are the drugs that you would use to treat kidney disease? What do we know about the genomics of renal disease?’ And all the way along, you will relate everything back to the patient.”

Students will begin their clinical clerkships in the spring of their second year, several months earlier than they did previously. The latter part of the third year and much of the fourth will comprise an area of concentration chosen by the student, closely mentored by faculty and culminating in a scholarly project; topics could range from global health to an intensive experience in surgery. Says Glimcher: “We’re trying to train our students to be the leaders of the next generation of academic medicine—to be chairs of departments, luminous physicians and scientists, and contributors to public policy in healthcare.”

One of the curriculum’s many new elements is what’s known as the “flipped” or “activated” classroom: an effort to make students even more dynamic partners in their own learning. While the last curriculum overhaul—introduced in 1996—departed from the traditional lecture-based model in favor of problem-based learning conducted in small groups, the new one goes even further. Students will be expected to learn material from assigned readings or podcasts and come in prepared to dive in deeply rather than simply absorb information. “The professor assumes you have baseline knowledge that you taught yourself before you came in,” says student overseer Sophie McKenney, a sixth-year MD-PhD student who helped craft the new curriculum. “That’s appealing, because professional students have already had to figure out their own learning style, and just regurgitating information is frustrating for a lot of people. Now, you can read that chapter or watch that video as many times as you need to for the next test.” Faculty, for their part, are encouraged to make their lessons more dynamic through multimedia and planned discussions of issues the material raises. “Faculty are intrigued by this,” says senior associate dean for education Carol Storey-Johnson, MD ’77, one of the new curriculum’s chief architects. “This is a sea change from



ROGER TULLY

the way many of them are used to teaching, and it's also a sea change from the way they learned."

Training in the clinical arena has also been reimagined, Storey-Johnson notes. Changes include a new requirement that students follow assigned patients with chronic disease throughout their med school careers—the program, Longitudinal Educational Experience Advancing Patient Partnerships (LEAP), had previously been optional—and a shift in how students are trained to write up patient notes. "Instead of just ending with the diagnosis and plan, we'll include a section that promotes inquiry," Storey-Johnson says. "Is the patient safe? What can we do to improve outcomes? How does basic science apply to this patient? What would it direct us to do differently? We're trying to push the envelope, to get new doctors to think less rote and more creatively about how to help their patients. We want to promote what we're calling 'habits of inquiry,' which is one of the recommendations in the Carnegie Foundation report—pushing trainees to think about the questions that need to be answered in the future. 'Why does this happen? Why is this patient different from the patient I saw before with the same diagnosis?'"

Storey-Johnson points out that the new cur-

riculum kicks in even before first-year students get to campus: an online multiple-choice test, consisting of about four dozen questions, assesses knowledge of fundamentals and offers links to literature in the case of wrong answers. "The idea is that you continue to go through it until you have a better understanding," Storey-Johnson says. "It's to get you up to speed and thinking about these scientific concepts, so you'll be prepared for day one of medical school."

Storey-Johnson and her colleagues stress that measuring the curriculum's efficacy will be vital going forward; while assessment methods are still being put in place, they'll include such factors as student-satisfaction surveys, licensing exam scores, and residency placements. But as the new system gets off the ground, she says, excitement is palpable. "When we presented this to the faculty council, one of the department chairs joked that he wished he could go back to medical school," she says. "It brings together major components of medical education that have been much more disjointed in the past. It's an attempt not only to make the curriculum more relevant, but to make important human connections between our students and faculty."

— Beth Saulnier

School days: Students in Weill Cornell's new curriculum can expect more interactions with patients early in their education.

**'Faculty are intrigued by this. This is a sea change from the way many of them are used to teaching, and it's a sea change from the way they learned.'**

## Risk Management

Study rethinks the dangers of blood clots to new mothers



Hooman Kamel, MD

JOHN ABBOTT

**E**very year, 1,000 brand-new moms all over the country suddenly collapse or are rushed to emergency rooms with strokes, heart attacks, and pulmonary embolisms. The cause: potentially life-threatening blood clots. “We’ve known for a long time that pregnancy is a period of stress on the body, and the vast number of patients tolerate that stress just fine,” says Hooman Kamel, MD, an assistant professor of neurology and neuroscience in the Department of Neurology and the Feil Family Brain and Mind Research Institute. “But in some cases, that stress results in complications that can have serious long-term effects, such as permanent disability or even death.”

As a neurologist, Kamel doesn’t often take care of young mothers. But over the years, he has cared for postpartum patients who had massive strokes and didn’t survive. Those tragic outcomes prompted his interest in the risk of blood clots during and after

pregnancy. Mothers-to-be, he explains, are more prone to the condition because platelets and clotting factors increase during pregnancy to prevent excessive blood loss during childbirth; blood flow also slows because the uterus compresses veins, which can lead to clots. Historically, this elevated risk was believed to last for six weeks after delivery. So, in accordance with current guidelines, doctors often give women with the highest risk—those who are older, smoke, or have high blood pressure or a history of clots—preventive blood thinners during that period of time.

But after reviewing existing studies, Kamel noticed that this risk remained consistently high throughout the six weeks following childbirth, rather than tapering off as time went on. “The risk was high during the first six weeks, and it seemed to be sustained—so we thought it unlikely that the risk would suddenly go back to normal after a six-week period,” he says. “The picture past six weeks was a bit



foggy, and we wanted to clarify it.” Kamel decided to examine the problem more precisely with his own investigation, funded by a grant from the National Institute of Neurological Disorders and Stroke. Working with researchers from Weill Cornell and Columbia, he found that the risk for all new moms persists for at least twelve weeks—twice as long as previously thought.

For the study, published in the *New England Journal of Medicine* earlier this year, Kamel’s team examined medical data for nearly 1.7 million women in California who gave birth to their first child between 2005 and 2010. Using data from more than 300 hospitals across the state, they scrutinized a diverse group of mothers who varied in age, race, and socioeconomic status. They found that about twenty-four clot-related ailments—including stroke, heart attack, and venous thromboembolisms (clots in the legs or lungs)—occurred in every 100,000 of those women in the first six weeks after delivery. That translates to a risk about ten times higher than that of women who aren’t pregnant—but, Kamel says, “that was in line with what we’d expected from other studies that looked at this first six-week interval.” In the period stretching from seven to twelve weeks after birth, about six women in 100,000 developed clots, around twice the normal rate. “It was much lower than the first six weeks,” he says, “but it was still higher than these patients’ typical risk.” Further analysis indicated that the risk appeared to drop to normal levels at around the fifteen-week mark.

Kamel notes that it’s important to keep these findings in perspective: about 1,000 of the 1.7 million women studied had a thrombotic event in the eighteen months after having a child, so the chance of this happening is quite slim. “This is not a reason to panic,” he says. “The vast majority are going to be fine, but it’s good to know about the risk. Women should be aware that these things could happen, and if they do, take the right measures to seek help.” Now, study co-author Babak Navi, MD, assistant professor of neurology and neuroscience and director of the Stroke Center at NYP/Weill Cornell, wonders whether the women most in danger of blood clots should take anti-coagulants for the entire time that the risk is elevated. Says Navi: “I think this finding has very broad implications for millions of people across the world.”

— Heather Salerno

## The Scalpel and the Pen

Michael Alexiades, MD '83, authors  
a novel with a supernatural twist

To make a medical thriller, start with every patient’s worst nightmare. Add a touch of science fiction, a psychotic villain, and an insider’s knowledge of hospital life, and you’ve got *Night Harvest*, a dark tale penned by Michael Alexiades, MD '83. An otherwise mild-mannered orthopaedist at Hospital for Special Surgery, Alexiades is a past president of the Weill Cornell Alumni Association. Specializing in knee and hip replacements, he’s long been known for developing innovative surgical techniques. But since *Night Harvest* hit shelves in 2013, patients, fans, and colleagues alike have been asking him the same question: When’s the sequel coming out?

The setting for Alexiades’s page-turner is Gotham’s Eastside Medical Center, where fourth-year medical student Demetri Markropolis is on an orthopaedics elective. After a high-profile patient flatlines during routine knee surgery, the body vanishes from the morgue. It’s soon found, sans brain matter—and an autopsy reveals that the patient, the city’s leading drama critic, was conscious during the craniotomy. As murder and mayhem escalate, Markropolis explores the case with the help of his father, a legendary NYPD detective. Their quest not only leads them to an unsolved mystery from a century ago, but pits them against a mysterious and malevolent figure who lurks beneath the hospital.

In a scene from the point of view of one of the novel’s victims, Alexiades writes:

*He tried to speak to the transporters, but they continued to ignore him as they rolled along. Why can’t they hear me? Pervis thought. He tried to yell and even grab the transporter’s arm but to no avail—he felt physically and psychologically paralyzed. He started to feel severe pain in his chest and ribs, as if the pounding was no dream, and his neck was sore. Pervis realized something had gone very wrong.*

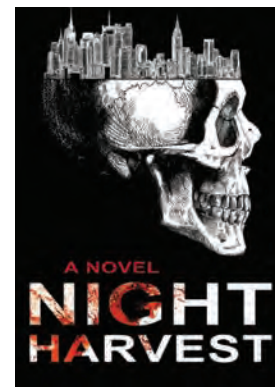
*The two men hit a button on the wall to open a large door. They went through it into a room that was practically freezing. The two men transferred him roughly to another stretcher, one that was cold and hard. He labored to shout out or sit up, but the efforts ended at his brainstem. The transporters turned and were exiting the room when the Asian one said something to the other, then turned, walked up to the gurney, and zipped closed what was apparently a black plastic bag surrounding Pervis, leaving him in utter darkness. As Pervis heard the two men leave, the door slam shut behind him, and the lock clicking, he recalled that there had been a sign over the room’s entrance: SUBBASEMENT MORGUE. AUTHORIZED PERSONNEL ONLY.*

A longtime fan of detective novels and thrillers, Alexiades counterbalances the novel’s supernatural elements with ample doses of verisimilitude, weaving in credible details on orthopaedics, hospital administration, and the life of the MD. “The medical scenes and interactions are inspired by my own experience, combined with stories I’ve heard from colleagues,” says Alexiades, an associate professor of orthopaedic surgery. “I take some liberties here and there, but I made sure the medical procedures were accurate in case I got called on it.”

*Night Harvest* took three years to write and another to edit, says Alexiades, who performs ten to twenty surgeries and sees dozens of patients in a typical week. He chipped away at the book on weekends and vacations, running drafts by his family, all avid readers. “They gave me two thumbs up and encouraged me to get an agent,” he says. “But it really just started out as a fun project. I never intended to publish.” Alexiades also got support from some high-profile friends—including Nobel laureate Elie Wiesel, who contributed a blurb for the dust jacket and helped launch the book during a signing at Griffis Faculty Club. Another high point, Alexiades says, was seeing a stranger on the subway engrossed in his novel.

As for the promised sequel? “I’ve got the story lines and some preliminary chapters down for the next two books,” he says. “It takes a while to work out all the details.”

— Franklin Crawford



## Palliative Pioneer

Neurologist Kathleen Foley, MD '69, helped transform how doctors manage pain

ABBOTT



Kathleen Foley, MD '69

It's the most memorable moment from *Terms of Endearment*—perhaps one of the most famous hospital scenes in the history of cinema. The main character, played by Shirley MacLaine, goes to the nurses' station outside the room where her daughter is dying of cancer. Politely at first, she asks the staff to administer the young woman's pain medication, which had been ordered for no earlier than ten o'clock. "It's after ten—I don't see why she has to have this pain," she says, growing increasingly agitated as the nurses tell her they'll get to it when they can. "It's time for her shot. Do you understand? Do something! All she has to do is hold out until ten—and it's past ten. She's in *pain*. My daughter is in *pain*. Give her the shot! Do you understand me?" Driven to the brink of hysteria, she screams: "GIVE MY DAUGHTER THE SHOT!"

The scene, from a movie released in 1983, epitomizes the bad old days of pain medicine. In fact, says palliative care expert Kathleen Foley, MD '69, it's often screened for medical students to illustrate the bygone practice of limiting analgesics, even when they were sorely needed. "There were so many patients in significant pain, and it just wasn't being treated," recalls Foley, a professor of neurology, pharmacology, and neuroscience in the Feil Family Brain and Mind Research Institute. "The standard of care was that patients would get injectable pain medicine—and if it had been ordered for four hours and they asked for it at two, the nurses would say, 'You have to wait.' This was the culture."

Three decades later, that culture has been transformed—and Foley is among its prime movers. An attending neurologist in the Pain and Palliative Care Service at Sloan Kettering, Foley has dedicated her career to research, treatment, and policymaking in the field of pain medicine, particularly in patients with cancer. In May, she received the Weill Cornell Alumni Association Award of Distinction—the latest accolade in a career that has included conducting seminal studies on pain control, developing guidelines for the use of opioids in cancer pain, helping establish World Health Organization standards for analgesics as essential medicines, and leading the Soros Open Society Foundations Project on Death in America. "She basically invented American palliative care medicine," says Joseph Fins, MD '86, the E. William Davis Jr., MD '51, Professor of Medical Ethics. "She has been a role model to generations of students. She's an exemplary physician, an amazing teacher, a person of the highest standards."

Fins, chief of the Division of Medical Ethics, has considered Foley a mentor since the mid-Nineties, when he spent a year rounding with her at Sloan Kettering as a fellow in the Soros program, whose goal was nothing less than to transform the culture of dying in the U.S. Around that time, he visited St. Christopher's Hospice in London and met with Dame Cicely Saunders, MD—the godmother of palliative medicine in the U.K. and a venerated figure in palliative care worldwide. Why, he wondered, do

Americans have such difficulty with death and dying? “She peered over her cup of tea and said, ‘Do you know Kathy Foley?’” he recalls with a chuckle. “‘Well, you should ask her.’ What better peer review could you get than that?”

A Queens native, Foley followed her MD with a year of research and a neurology residency at what was then New York Hospital. During a rotation at Sloan Kettering, she worked under neuro-oncology pioneer Jerome Posner, MD; in 1974, he invited her to help develop a pain-research program at the cancer center. “Of course I said, ‘I don’t know anything about pain,’” she recalls. “And he said, ‘Well—no one does.’”

In one early study, Foley found that a third of patients receiving active cancer therapy were in moderate to severe pain; of those with advanced illness, two-thirds had significant pain that compromised quality of life. In pediatric oncology, the same held true. “It was a big problem,” she says. “There wasn’t a great deal of sophistication in how to use analgesic drugs; there wasn’t a lot of science. Physicians were taught that these drugs would addict you—so the less you took, the better. It also wasn’t clear how to assess pain, to decipher the complexities.” Underscoring all that was a belief that pain was an inevitable part of illness, especially cancer. “Patients were viewed as wimps if they couldn’t tolerate it,” she says. “They were encouraged to be good patients and not complain. Basically, a conspiracy of silence existed—one that was quite profound, cultural, and real.”

Foley was determined to change that. She and her colleagues were at the vanguard of research on how pain develops during the course of disease and treatment. In breast cancer, for example, they detailed how nerve-injury pain emerges after surgery and how pain can be caused by tumors infiltrating the brachial plexus, a major nerve network that passes under the clavicle. “We wrote chapters and descriptions to help medical oncologists identify these early, rather than having them progress and become almost impossible to treat,” she says. “We also were trying to give voice to patients. They weren’t malingerers, wimps, or complainers. They were real people who were suffering enormously.” She conducted clinical trials of drugs such as oral morphine; she showed that by escalating dosages, patients could continue to have relief. “Patients would say, ‘I don’t want to take it now, because maybe it won’t work when I really need it,’” she recalls. “We had to demonstrate that tolerance could be overcome and pain could be managed. We had to teach our colleagues how to use these drugs, how to dose them, how to write prescriptions for them.”

The armamentarium expanded with the advent of medications like OxyContin—but along with them came concerns about abuse, inappropriate prescriptions, drug-seekers, and crime. “Now, we’re in this extraordinary environment where chronic pain groups and addiction groups are trying to work together to provide the best care for patients, and at the same time prevent abuse,” she says. “The pain patient is becoming a victim in the war on drugs. It’s a tough time.” But as colleague Charles Inturrisi, PhD, notes: when it comes to advocating for patients, Foley is a tough customer. “She has fought the good fight against national and local regulations that limit the availability of pain-relieving drugs, and she has worked with a variety of agencies to set up guidelines for pain management,” says the pharmacology professor. “She’s someone who not only frames problems but works out solutions. As a leader, she has vision and integrity. She tells us not what we want to hear—but what we need to hear.”

— Beth Saulnier



WCMC

Ethel Cesarman, MD, PhD

## Bright Idea

### Harnessing the sun (and cell phones) to battle a deadly cancer in Africa

In the early days of the AIDS epidemic, the deadly skin cancer known as Kaposi’s sarcoma (KS) was a bellwether of HIV infection. For many patients during the grim days of the Eighties, the cancer’s dark red lesions were among the first signs that they’d contracted the virus—and in Africa, that largely remains true today. “Even before the HIV epidemic, KS was a common cancer there, more than anywhere in the world,” says Ethel Cesarman, MD, PhD, professor of pathology and laboratory medicine. “And with the HIV epidemic, it has become even more of a problem.”

Identifying Kaposi’s sarcoma early is essential to battling both diseases in Africa, Cesarman says. But a definitive diagnosis—especially in the initial stages, when small lesions can be confused with other skin conditions—generally requires pathology or DNA analysis and expertise, all in short supply in resource-poor regions. “The few pathologists in Africa work hard, and they’re good, but there’s just not enough of them,” says Cesarman, who was on the team that identified the virus that causes KS in the mid-Nineties. “What



JASON KOSKI / UP CORNELL UNIVERSITY

Solar powered: Li Jiang, a doctoral candidate on the Ithaca campus, with the KS detection device. Researchers have already tested it in Kenya and Uganda.

happens is that patients frequently don't get diagnosed, and when they come to the doctor the disease is advanced and mortality is high." So Cesarman's lab teamed up with engineers on the Ithaca campus to create an ingenious solution, one that takes advantage of two things that are plentiful in Africa: sunshine and cell phones.

Cesarman and her colleagues have developed a device, bright red and roughly the size of a lunch box, that uses solar energy and an app to screen for the culprit behind KS, Kaposi's sarcoma herpes virus. It analyzes samples that are taken with a simple, two-millimeter-wide biopsy of a lesion, which can be done by health workers with minimal training. "We wanted a system that would be portable, affordable, and relatively easy to operate," she says, "and that would not require energy, so it could be used in places that have no electricity or where it's unreliable." Last February, Cesarman and two Ithaca-based col-

**'We wanted a system that would be portable, affordable, and relatively easy to operate, and that would not require energy, so it could be used in places that have no electricity or where it's unreliable.'**

leagues—David Erickson, PhD, professor of mechanical and aerospace engineering, and doctoral candidate Li Jiang—tested the system in Kenya and Uganda; they're now using what they learned in the field to improve the device. "It allows you to distinguish KS from other diseases," Cesarman says of the invention. "For any little suspicious lesion, rather than waiting to see if it goes away, or giving a cream and an anti-inflammatory and waiting months, it lets you know it's KS and to start treating the patient."

Why is early KS diagnosis so important in Africa? One reason is its sheer ubiquity; it's the most common cancer in men in several countries there, including Uganda and Zimbabwe. "In Africa, 50 to 60 percent of people are exposed to the Kaposi's sarcoma herpes virus, but it doesn't cause disease in all of them, because the immune system usually recognizes it," Cesarman explains. "AIDS is one of the factors that makes it appear, but there are others we don't understand." One estimate—which she stresses is likely a serious undercount—is that some 70,000 sub-equatorial Africans die of KS each year. (KS is generally treated with chemotherapy, radiation, or both—with radiation being unavailable on much of the continent.) And Cesarman notes that in Africa, KS and HIV remain intertwined, with the majority of HIV patients there also carrying the KS virus and vice versa. But if patients with even tiny lesions can be diagnosed with KS on the spot using the solar technology—and then tested for HIV—they can be swiftly put on antiretroviral drugs that not only keep the HIV under control, but frequently make the lesions regress. Plus, she points out, making people aware of their HIV status is vital to prevention efforts.

As Cesarman's lab continues to investigate new methods of treating KS, it's exploring another use for the solar device: diagnosing Burkitt's lymphoma, a major killer of children in Africa, where more than 90 percent of cases are related to the Epstein-Barr virus. And the field-friendly device could have myriad other applications, she says, from detecting bioterror agents to monitoring epidemics to making diagnoses in underserved communities in the developed world, like Native American reservations. "We think," she says, "that it can basically be useful to detect any piece of DNA associated with a disease."

— Beth Saulnier



## Dermatology Detective

Joanna Harp, MD

ABBOTT

### For Joanna Harp, MD, the skin is the first clue in a medical mystery

**T**he patient had only a few itchy red patches on her chest and on the back of her hands, but dermatologist Joanna Harp, MD, had a hunch that something sinister was at work. A biopsy only provoked more worry—and more questions. It confirmed that the patient had dermatomyositis, an autoimmune disease characterized by skin inflammation and muscle weakness. But the condition can also be the manifestation of an internal cancer.

Harp kept looking for clues that could lead to the underlying problem. And she found it: a cancer in the patient's mouth. "Dermatology is still really about the physical exam and using your skills to come up with a differential diagnosis," she observes. "The tests help you, but it's all triggered by the physical exam."

In many ways, Harp is a dermatological detective—examining patients whose rashes or lesions are indicators of something more ominous, and using her clinical expertise and keen observational skills to solve medical mysteries. "The skin can be a window into something that may be going on internally," notes Harp, an assistant professor of dermatology. "The findings can be very subtle, but when you put it all together, it gives you a diagnosis."

Harp splits her days between NYP/Weill Cornell's outpatient clinic and its inpatient unit, where she consults on cases ranging from straightforward dermatologic conditions in hospitalized

patients to challenging, potentially life threatening, skin diseases. She has diagnosed lupus, cancer, internal infections, drug side effects, and more—all by scrutinizing their manifestations on the skin. "One of the reasons why my job is so fascinating is that it has so many different aspects," Harp says, "whether it's improving a patient's quality of life by treating their acne, or finding something life-threatening before it hurts someone."

She recalls one patient in particular—a man whose life may have been saved by a tattoo. Little bumps had formed along the outline of the recently acquired design, leading doctors to think it was a reaction to the ink. Harp was also leaning toward that diagnosis, until she asked the patient if he had been experiencing shortness of breath. When he said yes, she ordered a skin biopsy and chest X-ray and discovered that he had sarcoidosis—a rare, potentially life-threatening disease characterized by abnormal collections of immune cells that can form as nodules in the skin, lungs, and other organs. The skin trauma from the tattoo provoked a response from the disease, allowing Harp to make an accurate diagnosis before his condition became more serious. "Skin is so accessible," Harp muses. "It can focus where you go with a patient. I like to work with complex diseases and try to figure out what the skin is trying to tell us."

— Alyssa Sunkin

## Heads Up

Cold caps, widely used in Europe, can help some cancer patients keep their hair



PROVIDED BY CAROLYN DEMPSEY

Cold comfort: Carolyn Dempsey wore the DigniCap during chemotherapy.

**B**reast cancer patient Carolyn Dempsey was attending a wellness seminar when she looked around and realized something: of the twenty or so women in the room, she was the only one who had hair. Later, some of the other participants asked whether she just hadn't started chemotherapy yet. But no; she was in the midst of it. The reason she'd retained her blonde locks, she explained, was that she'd undergone a regimen of "cold cap" therapy during chemo. "Women were crowding around me, wanting to know more," Dempsey recalls. "They were saying, 'We've never heard of this—why didn't anyone tell me this was an option?'"

The women weren't alone in their confusion. Though widely used in Europe, the hair-sparing technique is little known in the U.S., among both patients and physi-

cians. But it's gaining traction, as satisfied patients like Dempsey—who participated in a trial of the technology at the Weill Cornell Breast Center—spread the word. "It's astonishing to me how many patients don't even know there's an option for them to preserve their hair," says Dempsey, a New Jersey mother of three who teaches music and runs a small custom baking business. "It all has to do with positive attitude and self-image. It makes you feel so much stronger going out into the world and fighting your cancer."

There are two versions of cold cap therapy on the market: an analog and a digital, if you will. The "unplugged" system, called Penguin Cold Caps, uses a series of silicone helmets—each chilled to -32 Celsius using dry ice or a special freezer—that are swapped out every half hour before, during, and after a chemo session. Not classified as medical devices, the Penguin caps

didn't require FDA approval, and they're the only ones available in the U.S. outside of a clinical trial.

A more user-friendly system, a Swedish-made product known as DigniCap, connects a single helmet to a refrigeration unit that keeps it at a constant temperature of 3 or 5 degrees Celsius, depending on the patient's hair. Since DigniCap does qualify as a medical device, it's currently in the FDA approval process. A trial assessing its efficacy in preventing chemotherapy-induced hair loss among women with early stage breast cancer has been completed in New York City (at Weill Cornell and Beth Israel), California, and North Carolina; results are eagerly awaited. "It's much more convenient," says principal investigator Tessa Cigler, MD, assistant professor of clinical medicine. "The patients don't have to wear the cap as long, it doesn't get as cold, and it doesn't have to be rotated. It's connected to a machine that does all the work."

Cigler, who is studying both types of caps, notes that no one has stopped using either due to hassle or discomfort. "As a doctor, it's been amazing to see how empowering the cold caps are," she says. "It allows women to take part of their treatment into their own hands. They feel more in control. They're also able to protect their privacy; not everyone on the street has to know what they're undergoing. We're impressed at how it's made a difference in their whole sense of well-being. Anecdotally, women who are able to keep their hair during chemotherapy appear to be more active and to experience fewer side effects."

Dempsey, who participated in the DigniCap trial as Cigler's patient, notes that the technology allowed her to shield her kids—then aged twelve, nine, and six—from the trauma and fear of seeing their mom lose her hair. "If you go to the grocery store and you're bald or you have a wig on, it broadcasts to the world that you're sick, even though you might be having a good day," she says. "If you've got your hair, it helps you continue with your life as you know it. You look in the mirror and see yourself, not your sickness."

The reasons why cold-cap therapy works aren't fully understood, Cigler says. One thought is that the cold causes blood vessels in the scalp to constrict, limiting the amount of chemo that can penetrate the hair follicles; another is that it makes the follicles "arrest" so they're not as affected by the drugs, which target rapidly

dividing cells. (She notes that the caps can only be used in patients who have solid tumors and who are receiving specific chemotherapy programs; those with blood cancers, for example, aren't eligible.) Why has the technology been so slow to catch on in America? That's partly due to the logistical burden that the individually frozen caps put on patients and providers; there's also the fact that the caps aren't yet covered by insurance, requiring patients to pay some \$2,000 out of pocket to rent them for a typical course of chemo. And in

the eyes of some physicians, there may be safety concerns. "There's a theoretical risk that if chemotherapy doesn't penetrate the scalp as well as it otherwise would, then maybe it leaves the scalp susceptible to cancer cells growing back in the future," Cigler says. "But we have data on more than 1,000 individuals in Europe, and when used for solid tumor malignancies, that hasn't been shown to be a problem. Our group believes it's a theoretical concern, but very minimal, and we haven't seen any problems among our patients."

The bottom line, Cigler says, is that cold-cap therapy is here to stay—and the more women hear about it, the more demand there will be. She notes that insurance companies already pay for cancer patients' wigs; with the cost of hair-sparing therapy being roughly the same, it's entirely possible that it will be covered eventually. "If you can maintain your hair by doing this fairly simple technique every time you get chemo," Dempsey muses, "who would opt for going bald?"

— Beth Saulnier

## Doctor of Invention

In a memoir, Henry Heimlich '41, MD '43, recalls his life and career

**F**ew physicians can say that they've helped save hundreds of thousands of lives worldwide. Or that their name is in the Oxford English Dictionary. Or that they've been interviewed by Johnny Carson.

But Henry Heimlich '41, MD '43, can make all those claims and more. Best known as the namesake of the Heimlich Maneuver—the technique of abdominal thrusts that for decades has been the standard intervention for choking victims—the thoracic surgeon is also the inventor of several well-known medical devices, including a chest valve for treating collapsed lung that he developed for the battlefields of Vietnam.

Now ninety-four, Heimlich has released his memoirs—chronicling his childhood in suburban New York during the Great Depression, his personal and professional struggles with anti-Semitism, his wartime medical service in the U.S. Navy, and his career as a surgeon, researcher, and inventor. Entitled *Heimlich's Maneuvers: My Seventy Years of Lifesaving Innovation* (Prometheus Books), it garnered praise from *Publishers Weekly* as "a lively read for those beginning medical careers and for anyone interested in the life of a storied man of medicine."

Reared in New Rochelle—his father was a social worker who often worked in prisons—Heimlich knew from a young age that he wanted to be a physician. "I was somewhere between seven and nine years old when I realized that when someone in the house got sick, there was terror—people were running around disturbed," he says, speaking by phone from his home in Cincinnati. "But when the doctor walked into the house, everybody calmed down and relaxed, and it was so much better. I think I sensed in that the significance of being a doctor."

He majored in premed on the Ithaca campus, where he served as drum major of the Big Red marching band. At the Medical College, he found himself thrilled by his studies, particularly gross anatomy. "The fascination with the internal body just took me by storm," he recalls. "It was something that most people would not be exposed to or understand. Seeing and examining a body was so stimulating. It gave a much greater sense of what it meant to be a doctor."

— Beth Saulnier



GENE ARIAS/NBC/NBCU PHOTO BANK VIA GETTY IMAGES

Choked up: Henry Heimlich '41, MD '43, demonstrates his namesake maneuver on "Tonight Show" host Johnny Carson.





# The Home Team

## Curtis Cole, MD '94

Chief information officer; associate professor of clinical medicine and of healthcare policy and research

Came to Weill Cornell in: 1990

**Why have you stayed?** Weill Cornell gave me a great opportunity to build a first-rate electronic medical record system at a time when other institutions were much slower to see this future or lacked the resources to do it well.

**What's special about WCMC?** It has a great combination of assets. We are small enough and autonomous enough to be manageable, big enough to have a critical mass of resources, attached to affiliates with good facilities and an interesting patient mix, and located in a great city that attracts diverse, talented, and driven people.

**What moments stand out?** I'm proud of difficult moments when we excelled, such as during the blackout and Hurricane Sandy. [Pathology chairman] Dan Knowles's speech at Dean Gotto's farewell dinner, annotated completely by *New Yorker* cartoons, was also a highlight.

**Could you share something about yourself that your colleagues may not know?** I have an apartment in Ipanema, Rio de Janeiro, Brazil, and am learning Portuguese. Five years of Latin did not prepare me for all their verb tenses! It is more complicated even than renal physiology.

Portraits of alumni who've devoted their expertise to their alma mater

Photographs by John Abbott

**R**ees Pritchett, MD '48, first came to Weill Cornell as a medical student in 1944; he went on to do his residency at what was then New York Hospital and to have a long and storied career as a physician and faculty member. This year marks Pritchett's seventieth anniversary on campus, making him one of the longest-serving Weill Cornellians in history.

Though Pritchett's tenure is indeed remarkable, he's hardly the only alumnus who returned to campus—or never left. The faculty boasts dozens of Medical College graduates who have not only done their residencies at NYP/Weill Cornell, but have gone on to spend their careers here, forging decades-long relationships with the institution and with each other.

On the following pages, *Weill Cornell Medicine* offers portraits of some of those alumni—from venerable veterans to young residents at the beginning of their careers.



**David Nissan, MD '12**

Psychiatry resident

Came to Weill Cornell in: 2008

**What's special about WCMC?** Though many medical schools have student-run clinics, the Weill Cornell Community Clinic stands out among them as a resource to deliver comprehensive primary care to a disadvantaged population. I was honored to be a part of it.

**What moments stand out?** Graduating at Carnegie Hall was an incredible experience. Match Day was pretty amazing—to be in a room bursting at the seams with all that positive energy.

**Could you share something about yourself that your colleagues may not know?** I was born near Death Valley. I also have (or used to have) a record on a naval ship-driving simulator at San Diego. I was “commanded” to pass a cruise ship and got two feet away without crashing.



**Susan Pannullo '83, MD '87**

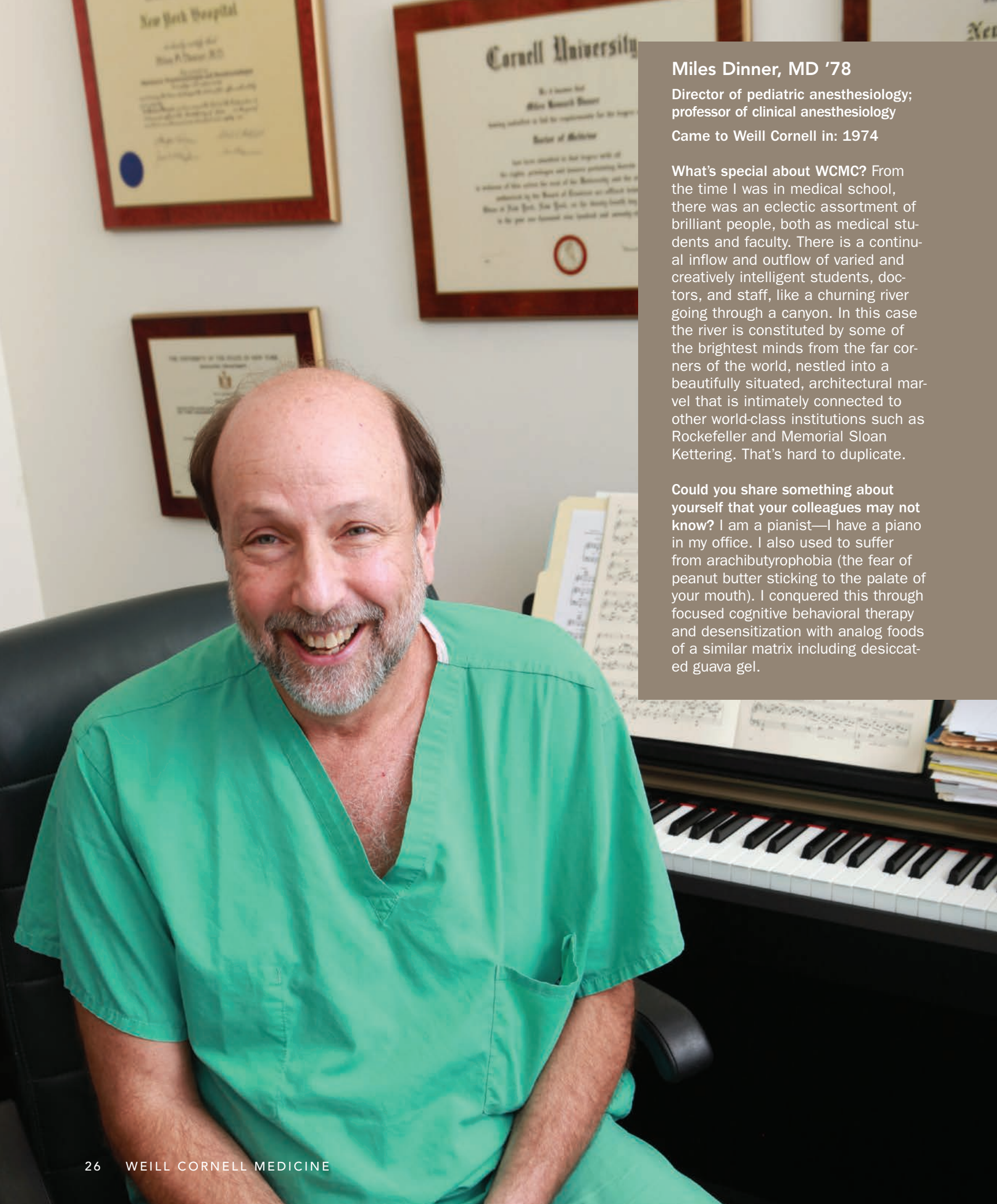
Associate professor of clinical  
neurological surgery

Came to Weill Cornell in: 1983

**Why have you stayed?** Weill Cornell became a place where I could thrive intellectually and academically, where I could provide superb care to my patients and have an opportunity to teach and mentor others. I felt it was an excellent place to practice the art and science of medicine in general, and neurosurgery in particular.

**What's special about WCMC?** I see people that I've known since I was a medical student, and that gives me a sense of comfort. It's great to be able to call on a colleague I've known for a long time to consult on a patient, collaborate on a project, or help in teaching.

**What moments stand out?** I've had all four of my children at NYP/Weill Cornell, delivered by another alumna (Joan Kent '80, MD '84) whom I knew from medical school.



## Miles Dinner, MD '78

Director of pediatric anesthesiology;  
professor of clinical anesthesiology

Came to Weill Cornell in: 1974

**What's special about WCMC?** From the time I was in medical school, there was an eclectic assortment of brilliant people, both as medical students and faculty. There is a continual inflow and outflow of varied and creatively intelligent students, doctors, and staff, like a churning river going through a canyon. In this case the river is constituted by some of the brightest minds from the far corners of the world, nestled into a beautifully situated, architectural marvel that is intimately connected to other world-class institutions such as Rockefeller and Memorial Sloan Kettering. That's hard to duplicate.

**Could you share something about yourself that your colleagues may not know?** I am a pianist—I have a piano in my office. I also used to suffer from arachibutyrophobia (the fear of peanut butter sticking to the palate of your mouth). I conquered this through focused cognitive behavioral therapy and desensitization with analog foods of a similar matrix including desiccated guava gel.



**Tara Bishop, MD '02**

**The Nanette Laitman Clinical Scholar in Public Health–Clinical Evaluation; assistant professor of healthcare policy and research and of medicine**

**Came to Weill Cornell in: 1997**

**Why have you stayed?** Weill Cornell is a stellar academic institution and is poised to become even stronger in the future; its students are top-notch. But I also think circumstances shape our lives. When I was applying for residency, my husband worked in New York City and we didn't want to be apart during this busy part of my career. From there, both of our jobs kept us in New York. Now we really feel like New Yorkers—we've been here for seventeen years! I returned to Weill Cornell from Mount Sinai in 2010 because I had an opportunity to work with a world-class health policy expert (Larry Casalino, MD, PhD) and I couldn't pass it up.

**Could you share something about yourself that your colleagues may not know?** I am an avid reader. At one point I was in three book clubs at the same time. I couldn't keep up after I had kids, so now I'm just in one. The first thing I do when I wake up in the morning (around 5 a.m.) is read for twenty minutes.



**Len Girardi, MD '89**

The O. Wayne Isom Professor of  
Cardiothoracic Surgery

Came to Weill Cornell in: 1985

**Why have you stayed?** I have yet to find a better place. I've had many opportunities to become chair of cardiothoracic surgery departments, but none has attracted me the way this place has.

**What's special about WCMC?**

We have the best doctors in the country, the best support staff from nursing to office staff, the smartest house officers, and great leadership in the dean, the hospital administration, and all of the other departments we interact with on a daily basis. I've not seen another institution with the depth of excellence Weill Cornell boasts. Also, many colleagues either went to school or trained here, and I believe that contributes to the congenial atmosphere that allows us to communicate so easily.

An elderly man with white hair and glasses, wearing a dark suit, white shirt, and a colorful patterned bow tie, is seated in a light-colored upholstered chair. He is positioned in front of a large, dark wood bookshelf filled with numerous books. The lighting is soft, highlighting the man and the books behind him.

## R.A. Rees Pritchett, MD '48

The Louis and Gertrude Feil  
Professor of Clinical Medicine

Came to Weill Cornell in: 1944

### What's special about WCMC?

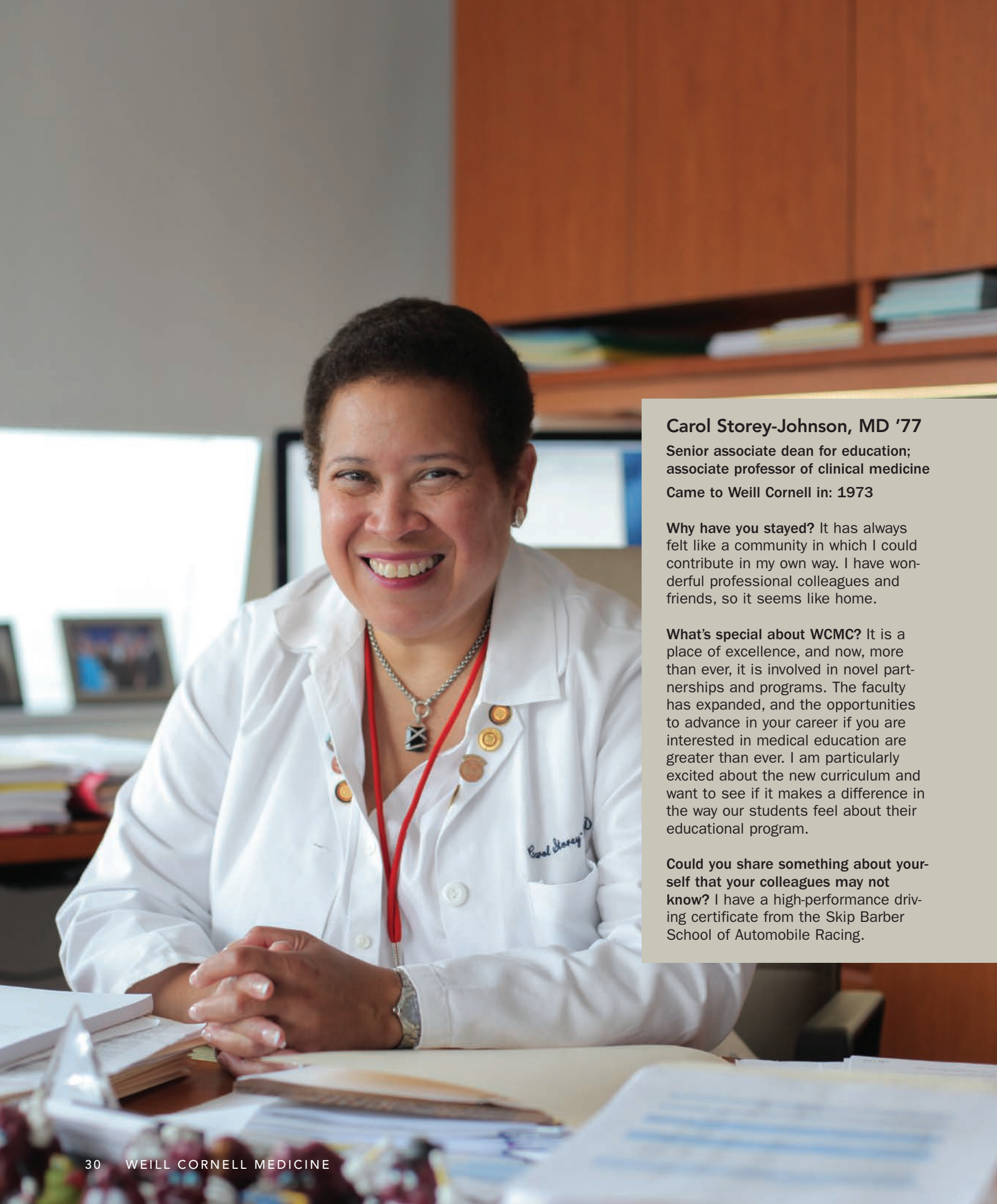
Attitude. Everyone, from the staff down to the students, is cooperative, non-aggressive, sharing, and supportive.

### What moments most stand out?

In 1998 I was honored with the Greenberg Distinguished Service Award.

### Could you share something about yourself that your colleagues may not know?

I was born in Madisonville, Kentucky. I was inspired by the family history of my grandfather, William James Pritchett, MD, who was a country doctor in the late nineteenth century and often called on his patients in a horse-drawn buggy.



**Carol Storey-Johnson, MD '77**

**Senior associate dean for education;  
associate professor of clinical medicine**

**Came to Weill Cornell in: 1973**

**Why have you stayed?** It has always felt like a community in which I could contribute in my own way. I have wonderful professional colleagues and friends, so it seems like home.

**What's special about WCMC?** It is a place of excellence, and now, more than ever, it is involved in novel partnerships and programs. The faculty has expanded, and the opportunities to advance in your career if you are interested in medical education are greater than ever. I am particularly excited about the new curriculum and want to see if it makes a difference in the way our students feel about their educational program.

**Could you share something about yourself that your colleagues may not know?** I have a high-performance driving certificate from the Skip Barber School of Automobile Racing.



A man with dark hair, wearing a white dress shirt, a dark tie, and dark trousers, stands in a brightly lit hallway. He is smiling slightly and looking towards the camera. The hallway has a tiled ceiling with recessed lights and a polished floor. The background is slightly blurred, showing the perspective of the hallway.

## Sandip Kapur, MD '90

Chief of transplant surgery; the G. Tom Shires, MD, Faculty Scholar in Surgery

Came to Weill Cornell in: 1986

**Why have you stayed?** I have been asked this question many times, and my answer is always the same: Weill Cornell feels like home. Many of us in academic medicine feel the need to jump from one institution to another to further our careers, but not me. I feel there is great value in staying here and building something meaningful.

**What's special about WCMC?** Without a doubt it is the culture and people. For me the relationships I have built here, the support I have received from the hospital and the medical school, and the universal commitment to achieving the very best has made this a special place.

**What moments stand out?** The birth of my twins (Devan and Zoe) here in 2003.



**Richard Cohen, MD '75**

Clinical professor of medicine

Came to Weill Cornell in: 1971

**What's special about WCMC?** It's a collegial, academically serious place that treats people with respect. It's a little gem.

**What moments stand out?** I was the chief resident in medicine when the Shah of Iran was at Weill Cornell, and I was very involved in that. I remember flying in a helicopter to rescue a baby when I was a third-year student on a rotation in the NICU; that was cool. I remember [famed infectious disease expert] Ben Kean knocking on my apartment door one Friday night because I had done something notable as a parasitology student, and my wife being impressed.

**Could you share something about yourself that your colleagues may not know?** I'm afraid of heights.



## Neal Parikh, MD '13

Neurology resident

Came to Weill Cornell in: 2009

### Why did you stay for residency?

I find the Medical College to be particularly nurturing. The faculty preserve an environment that inspires curiosity and ambition. I love New York City, and I love the people in the hospital—the great diversity of patients and employees.

### What's special about WCMC? The

medical college balances patient care, education, and research remarkably well, which is great to see as a trainee.

### Could you share something about yourself that your colleagues may not know?

I am an ardent environmentalist: an unhealthy planet of healthy people cannot be.

## Hanano Watanabe, MD '13

Pediatrics resident

Came to Weill Cornell in: 2009

### Why did you stay for residency? It's

a nurturing environment where diversity is celebrated. There's a truly comfortable and supportive culture here.

**What's special about WCMC?** It's the people.

### What moments stand out? I

enjoyed every moment of medical school and being in New York City. But if I were to choose, I guess the first day of orientation is my favorite because that's when I met my now partner! I still recall that moment vividly.

### Could you share something about yourself that your colleagues may not know?

I was born and raised in Japan, and my mother sent me to an international school so I would be bilingual, hoping that I would one day become a famous auctioneer. Ironically, I'm training to become a pediatrician right next door to Sotheby's!



# Closing the Gap



Through community outreach, students and faculty tackle health disparities among poor and minority New Yorkers

By Heather Salerno  
Drawings by Victor Juhasz

**E**arlier this year, Ana Reyes promised herself that she'd start living healthier. She knew she needed to make some changes; at fifty-one, the mother of three carried 270 pounds on her five-foot-one frame. So she began eating more vegetables, drinking lots of water, and taking long power walks—and in five months, she'd shed twenty pounds. But Reyes, who lives in a public housing development in East Harlem, knows she should do more. She doesn't have a primary care provider, and her high blood pressure hasn't been monitored regularly since she was pregnant with her youngest child, now ten. As for cholesterol, body mass index, or blood sugar? Reyes can't remember the last time they were checked.

That's why she's at the Johnson Houses Community Center on this Saturday afternoon in May, taking advantage of a free health screening conducted by Weill Cornell's Heart-to-Heart program, a student organization sponsored by the Clinical and Translational Science Center (CTSC). The event has a party vibe, thanks to a flurry of red and white balloons and a DJ spinning dance tunes. But the mission is serious:

staffed by physicians, nurses, and students, Heart-to-Heart aims to curb cardiovascular disease in New York City's underserved, minority, and ethnic communities. Faculty and clinicians-in-training—including medical and physician assistant students from Weill Cornell and nursing students from Hunter College—work to identify people who may already have a chronic disease, as well as to offer preventive advice to those on the cusp of dangerous conditions.

On a stage next to the center's basketball court, Reyes moves from station to station as smiling Heart-to-Heart volunteers measure her waist circumference, check her pulse, and prick her finger to draw blood, which is analyzed in less than seven minutes. She doesn't react much

Referred to an agency that can assist her in finding a regular doctor who takes her government-sponsored insurance plan, Reyes vows to seek follow-up care. "This is the first time I ever heard I was pre-diabetic," she says with a frown. "It just tells me I have to work harder."

Unfortunately, Reyes's diagnosis isn't the exception in her neighborhood—it's the rule. In East and Central Harlem, six in ten adults and about one in four children are overweight or obese. As a result, these largely African American and Latino communities have a disproportionately higher prevalence of obesity-related illnesses such as diabetes, heart disease, and other major ailments. Of the more than 3,000 people that Heart-to-Heart has screened at more than

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Carla Boutin-Foster, MD

when given the straight numbers: total cholesterol of 258 (above normal); glucose level of 111; a BMI of 46.54 percent (considered morbidly obese). But she's visibly concerned after sitting down with Sebat Erqou, MD, PhD, an instructor in medicine at Weill Cornell, who gently explains that the results put her at a much higher risk for type 2 diabetes, heart attack, or stroke. "The good thing is that you're doing all the right things, because exercise and weight loss can reverse it in most people," Erqou tells her. "Your doctor in the future may want to put you on diabetes medication, but you could prevent that by doing the things we're talking about. It's not alarming, but it's something to watch."

fifty events throughout New York City since 2010—about half of whom have a household income of \$20,000 a year or less—nearly 60 percent are pre-diabetic or diabetic. "We need to make these individuals aware of their conditions early on and convince them to make small lifestyle changes that can make a big difference in the long term—not just in keeping them healthy, but in also reducing the healthcare costs for the nation," says Jeff Zhu, the CTSC's manager for community research, relations, and outreach. Says Julianne Imperato-McGinley, MD, the CTSC's program director and associate dean for translational research: "Cardiovascular disease is one of the easiest diseases to prevent. If



you can discover it, diagnose it, and intervene early, you don't need to go through, say, triple-bypass surgery down the road."

**H**ear-to-Heart is one of several CTSC outreach programs striving to address the health inequities that plague socioeconomically disadvantaged New Yorkers. Since 2009, the Center has provided Community Interactive Video Conferencing (CIVIC), which connects experts from Weill Cornell and partner institutions with underserved communities throughout New York City and Long Island. Connecting with audiences at faith-based institutions and community centers, it addresses preventive health and other topics in an interactive, town-hall-style format; its latest initiative provides "hands-only" CPR training in conjunction with the Ronald O. Perleman Heart Institute. "Community engagement is an important function of the CTSC," Imperato-McGinley notes. "With CIVIC and Heart-to-Heart, we've made a firm commitment to being a partner in address-

ing disparities in New York City." In 2012, the CTSC produced a successful staged reading of *Miss Evers' Boys*, a Pulitzer-nominated play about the notorious Tuskegee syphilis study written by Cornell theatre professor David Feldshuh, MD. The event featured a panel—moderated by Joseph Fins, MD '86, the E. William Davis Jr., MD, Professor of Medical Ethics and chief of the division—that addressed the issues the play raises.

For Weill Cornell, combating health disparities is an ongoing commitment that goes back decades. For example, the Medical College founded its Travelers Summer Research Fellowship program—designed to help pre-med students from under-represented minority groups dive deeper into issues that affect the underserved—nearly a half-century ago. In 2009, an \$8 million grant from the NIH established the Comprehensive Center of Excellence in Disparities Research and Community Engagement (CEDREC), charged with developing community-based initiatives to improve the health of this hard-to-reach population by providing general health education.

Normally, says CEDREC's director, Carla Boutin-Foster, MD, MS '99, research is conduct-

'We want to make sure that we reach people where they are and not rely on traditional healthcare or research settings.'



ed in academic settings, which many in these communities find off-putting. So the goal of these programs is to connect one-on-one with patients in places where they feel most comfortable, even if the locations are unconventional. “There are social factors that pose challenges for some people to access proper care in traditional healthcare settings,” says Boutin-Foster. “We want to make sure that we reach people where they are and not rely on traditional healthcare or research settings.”

Boutin-Foster adds that those social factors also contribute to the poor health seen frequently among the groups that the Center serves. Minorities are more likely to live in areas where fresh produce and other healthy foods are scarce, with few opportunities for safe, affordable physical activity. Language barriers and transportation issues block some from visiting a physician.

Among many African Americans, there is still a lingering mistrust of medical research that dates back to the Tuskegee study; Boutin-Foster points to research showing that some minorities may feel that doctors treat them differently because of their race or ethnicity. In addition, routine checkups and treatment for chronic diseases often prove too costly for the uninsured.

“When someone has to take care of a family and worry about paying the bills, health may not be a priority,” says Boutin-Foster. “It’s not a deficiency that they have; it’s just reality. People are constantly making tradeoffs when it comes to their own health, especially when they don’t feel ill. Hypertension tends to be silent until someone has organ damage; so, for the most part, do renal disease, stroke, and heart failure from hypertension. So ‘why take a day off from work when that’s going to cost part of my salary or even my job?’ It’s complicated.”

For Boutin-Foster, any effective health intervention or research study requires a grassroots effort, one that embeds itself in the population being served. Therefore, faculty working on CEDREC projects collaborate with partners—including barbershop owners, faith-based organizations, and local physicians—who are trusted by the residents of those communities. To recruit participants for the Small Changes and Lasting Effects (SCALE) project—a five-year, multi-phase trial to help overweight or obese African Americans and Latinos lose weight by adopting tiny shifts in their dietary and exercise habits—researchers sought assistance from prominent church leaders, well-established health centers, and PTA associations in Harlem and the South Bronx. Pastoral support, in particular, was instrumental in motivating church members to take part in SCALE, according to Erica Phillips-Caesar, MD, an associate professor of clinical medicine and co-director of CEDREC’s Community Engagement Core. In fact, on the day that Phillips-Caesar and her colleagues introduced the program at Harlem’s Abyssinian Baptist Church, the influential Rev. Dr. Calvin Butts based his sermon on the issue. “Especially in communities of color, the church has served as a leader in a number of different realms—whether it be health, politics, or social issues,” says Phillips-Caesar. “That’s very powerful in terms of creating a community of people who are going to support this.”

The SCALE team is currently finishing data collection from the approximately 300 adults who enrolled in the program. Participants started by making a relatively minor change in their diet, such as eating from a smaller plate or not skipping breakfast, along with setting a reasonable goal for daily physical activity. Then a community health worker followed each patient for one year, meeting with them regularly and working together on strategies to best achieve those objectives. The intent was to have participants lose at least 7 percent of their total body weight—but the program had wider goals. The community health workers were also trained to navigate unique, unrelated challenges. When one woman had difficulty committing to the



program because she has an autistic child, her worker helped find support services. “The intervention is not one-size-fits-all,” says Phillips-Caesar. “Our community health workers do a lot of counseling and outreach on aspects of people’s lives that have nothing to do with weight.”

**J**ust as the SCALE project relied heavily on churches to spread the word, the HeartSmarts program at the Perelman Institute highlights the important role that religion can play in disease-prevention efforts in underserved communities. Created by Naa-Solo Tettey, EdD, the Institute’s cardiovascular health education and community outreach coordinator, Heart Smarts uses the Bible to teach minority churchgoers about the benefits of a healthier lifestyle. “I saw a lot of programs that were faith-based, meaning that they were in the churches but they weren’t actually utilizing the church culture or the Bible,” says Tettey. “They were just programs people had created and given to the churches. So I thought it would be interesting to combine the science with actual scripture.”

For example, during a lesson about understanding one’s risk of heart disease, Tettey quotes from *I Corinthians*: “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own. . . . Therefore honor God with your bodies.” She incorporates other key passages when talking about the importance of physical activity, portion control, and optimal heart rates and cholesterol levels.

Since 2012, Tettey has trained about eighty “ambassadors” from the Flatbush Seventh-Day Adventist Church in Brooklyn, the Presbyterian Church of St. Albans in Queens, and dozens of other ministries throughout New York City and Long Island. Those representatives then educate fellow congregants who sign up for a ten-week HeartSmarts course. In the first year alone, more than half the participants reduced their blood pressure and waist circumference. The message, however, has spread beyond those who attend class. “Now, after church services, they’re not serving fried chicken anymore. They’re serving baked chicken and vegetables,” says Tettey. “So even if every person in the church doesn’t take the class, they’re impacted in some way by having that ambassador there.”

At CEDREC, Boutin-Foster hopes to secure funding for projects that focus on health disparities among immigrants, especially low-wage workers in the service industry. The Center is currently fostering partnerships with groups that support day laborers and taxi drivers; it’s also teaming up with the New York City office of

Cornell’s Worker Institute and the National Domestic Workers Alliance to craft interventions for some of the approximately 200,000 domestic workers in New York City including nannies, housecleaners, and elder-care providers. K. C. Wagner, co-chair of the Equity at Work Initiative, notes that even though domestic workers are responsible for the well-being of those in the households where they’re employed, they’re often unable to attend to their own health concerns. “That is the irony,” she says. “Because of their role as workers in an informal economy—some of whom are documented, some of whom are not—they don’t have access to healthcare resources.”

Moving forward, Boutin-Foster hopes that CEDREC will become a training ground for students interested in studying healthcare disparities. She agrees that larger social policies are needed to address the root causes of such disparities, but she insists they’re not enough. A policy can’t motivate someone to adopt a healthier lifestyle; that’s why she says physicians-in-training must take part in hands-on projects that provide patients with tools that will enable them to become more active in their care. Boutin-Foster believes that medical centers like Weill Cornell must teach physicians to be part of the solution, showing them that well-designed educational and outreach efforts can translate into positive, real-world changes. “It’s not just something in a book,” she says. “I live in Brooklyn, and I see these disparities on a daily basis; all I need to do is walk down the block or ride the subway. So for me, it’s personal.” ●

Naa-Solo Tettey, EdD



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## Notebook

News of Medical  
College and Graduate  
School Alumni



PROVIDED

R. Ernest Sosa, MD '78

Dear fellow alumni:

Autumn is always an exciting and busy time for the Weill Cornell Medical College Alumni Association (WCMCAA), and this year is no exception.

Kicking off the new academic term, the Association hosted its first annual alumni and student reception during New Student Orientation Week in August. The reception, jointly sponsored by the WCMCAA and the Weill Cornell Department of Radiology, was a wonderful opportunity to introduce the next generation of Weill Cornell physicians to the alumni network as we officially welcomed the Class of 2018 to campus.

Our biennial alumni reunion took place on October 10 and 11. Reunion 2014 was an enormous success, and we had record attendance with more than 350 alumni returning to campus for the weekend celebration.

This year's theme, The Evolution of Medical Education, explored the fascinating ways in which new scientific discoveries have altered medical education. The program was further complemented by Weill Cornell's newly reformed curriculum, which was launched at the beginning of the academic year. Those who joined us enjoyed institutional updates from Dean Laurie Glimcher, MD, and several distinguished faculty members. We also had the exciting opportunity to hear from fellow alumni and current students, and to tour the pioneering workplaces where these advances are taking place.

During Reunion, we honored Bruce Gellin, MD '83, MPH, and Peter Le Jacq, MD '81, with Special Achievement Awards. This award recognizes alumni who have made important contributions to medicine or related fields, which significantly advance healthcare and medical science. These two physicians remind us of all the amazing work Weill Cornell alumni are doing to advance healthcare around the world.

We also honored the recipients of the WCMCAA Honorary Fellowship Award, which is presented to non-alumni who have greatly enhanced and enriched the life of the Medical College, its faculty, and students. The 2013 and 2014 recipients include Dean Glimcher; Katherine Hajjar, MD, the Brine Family Professor of Cell and Developmental Biology; Roberto Levi, MD, DSc, professor of pharmacology; and Cornell President David Skorton, MD.

As always, thank you for your continued support of the Alumni Association, the Medical College, and our students. The dedication of our alumni helps make Weill Cornell the special place that it is.

*Best and warmest wishes,*

*R. Ernest Sosa, MD '78  
President, WCMC Alumni Association  
drsosa@nyurological.com*

## 1940s

**Burritt S. Lacy, MD '44:** "As a 1944 grad of WCMC, I want to praise the staff of *Weill Cornell Medicine* for the quality of their magazine. I just read the Reunion issue and am sorry I won't be there on Oct. 10, since it happens to be my 95th birthday as well as my 70th Reunion. If any of my surviving classmates should remember me after these decades (my residency at the Menninger Foundation, then in Topeka, converted me into a lifetime prisoner of benighted Kansas), I send my best to them."

**Gerald H. Klingon, MD '45:** "Watching this year-by-year decline in American taste, proving that Jacques Barzun was correct. However, I apply that notion mainly to baseball."

**Herbert I. McCoy, MD '45:** "I'm still serving as physician to scuba diving groups."

**Robert J. King, MD '49:** "I had my 90th birthday on May 20, 2014. Still alive and kicking."

**Margaret Swann Norris, MD '49:** "I have been retired for 16 years, but still regularly attend the yearly meetings of the American Psychiatric Association. Five of my six grandchildren are adults, but no great-grandchildren yet. I manage to keep busy swimming, taking lifelong learning classes, and doing some limited traveling. I am looking forward to the reunion."

**Edmund T. Welch Jr., MD '49:** "I'm fully retired from medical practice. My general health is only fair. I hear from **Harold Evans, MD '49**, often by e-mail. My e-mail address is etwjdw@yahoo.com. I would welcome hearing from any other '49ers left standing."

## 1950s

**Martin J. Evans, MD '50:** "The wife and I took the very comfortable Cornell express bus from the Medical College to the Ithaca campus in the fall. Visited my brother, Howard, and his wife, Erica, who have just moved to Kendal at Ithaca. Professor Evans taught anatomy to countless classes of veterinary students before retiring. I refer to him as 'the Better Cornellian.' Standing in front of 1300 York Ave. brought back many fond memories of the Class of 1950, namely, **Bartley, Goldberg, Diehl, Robertson, Margarida, Charash, and Parrone.**"

**Robert C. Hafford, MD '50:** "Looking forward to our 65th Reunion next year."

**Roy W. Menninger, MD '51:** "On July 1, I finally closed the private practice of general and adolescent psychiatry I had opened after the Menninger Clinic left Topeka to become



Welcome back: George Shambaugh, MD '58, and his wife, Roberta, at Reunion in October. The couple came all the way from Atlanta.

part of Baylor Medical College in Houston in 2003. After a quarter-century as president of the Menninger Foundation, these ten years of practice were a great satisfaction and a fitting conclusion to a full professional life. The attractions of 'really' retiring were very tangible, but so were the pains and sadness of closing a challenging and stimulating practice, and having to say farewell to some long-term patients. But the time had come to move on."

**Lowell L. Williams, MD '51:** "Although retired from Ohio State University Children's Hospital Research Foundation for almost 20 years, I still enjoy reading science and research articles in *Science* and *Nature* as an emeritus professor. Greetings to any of my class who can still read."

**Richard J. Weishaar, MD '52:** "My comments concerning the state of medicine today would never be published in any *decent* newspaper."

**Richard H. James, MD '53:** "Ginny and I have nine grandchildren and four great-grandchildren. Our oldest son (born at New York Hospital in 1951) is retiring at age 64 next June. We've been married 64 years. I practiced for 35 years at the Keene Clinic. One grandson is in medical school, one granddaughter is a pediatrician, and one granddaughter is an FNP. We've added a few to the medical field!"

**Harry W. Daniell '50, MD '54:** "I'm still enjoying full time solo practice and office-based research, but no longer do hospital work as I could not master the computerized care system."

**George Dermkisian, MD '54:** "I'm happy to report that Tammy and I are still here. I'm going into my fifteenth year of retirement. Wishing all my classmates well."

**William H. Gordon Jr., MD '54:** "I retired from Kaiser Permanente Medical Group. I live with my wife, Jean, in Upland, CA, near Claremont College and our son and daughter. Our daughter is a nurse in Los Angeles, and one son is a federal attorney in Raleigh, NC."

**J. Kenneth Herd, MD '54:** "I met **Henry Erle's** son, David, at a Gordon Research Conference in a sumptuous Italian resort in the mountains east of Pisa. He looks a lot like Henry when we were all at CUMC. Henry's charming wife, Joan, died quietly in her sleep from Parkinson's last year. I miss her. Regards to all."

**William E. Morse, MD '54:** "Alive and well."

**Ralph C. Williams Jr., MD '54:** "I have been working three days a week seeing rheumatology patients here in Santa Fe, but decided to retire in September of 2014. I spent most of my spare time doing art—watercolors, oils, and pastels—and managed to take an art class here in Santa Fe once a week, which is great fun because our teacher is really an expert and helps us focus on composition, color, and overall effect. I've had a show of 20 paintings hanging at the hospital gallery at UNM Hospital in Albuquerque for the last two months. Amazingly, three paintings have actually sold! We also have very fine opera here in the summer, which attracts huge audiences in July and August. Right

**'I'm taking more time off to visit far-flung family, follow interests—and, oh yes, visit my physicians.'**

**Larry Grolnick,  
MD '58**

now there is a performance every day of the week in the outdoor theater. The opera seats about 3,000 people and features many stars from the Met, San Francisco, or Houston, as well as Europe."

**Howard M. Feinstein '51, MD '55, PhD '77:** "I have officially retired after 53 years of practice. Roz continues her practice of family and individual counseling. I am devoting more time to writing and enjoying friends and family. It takes a little while to get used to being part of the leisure class."

**Cedric J. Priebe Jr., MD '55:** "I am recovering from medical problems, but still working part time for the Dept. of Surgery at Stony Brook University Medical Center."

**Steven Schenker, MD '55:** "I've retired as emeritus professor of medicine at the University of Texas School of Medicine at San Antonio. Previously I was chief of gastroenterology there. I was honored by an endowed professorship in my name. I'm still consulting on some cases and with the pharmaceutical industry. I've been married to Ann for 30 years. We have 19 grandchildren. Lots of travel."

**Ramon R. Joseph, MD '56:** "Retired in sunny Arizona. Doing pro bono work as patient advocate helping patients with medicine, ACA, hospital problems, and billings."

**Bruce Boselli, MD '57:** "For several years a group of Cornell Med graduates from the Class of 1957 have had a get-together luncheon in Florida in March. This year the group met on Sanibel Island and had a great time reminiscing. Those who attended included **Kay Ehlers Gabler** and her husband, **Jim, Jack Madaras** and his wife, Victoria, **Gene Renzi** and his wife, Joyce, and my wife, Shirlee, and me. If there are others in the southwest Florida area at that time next year, we hope they will contact us and join in."

**Donald P. Goldstein, MD '57:** "I retired at the end of May. Staying on in the Dept. of Ob/Gyn at Brigham and Women's Hospital to do editorial work. After 50 years I thought it was time."

**Bill H. Plauth Jr., MD '57:** "We had breakfast with **Roger, MD '57**, and **Judy Ecker** on August 22 and dinner with them the next evening in Santa Fe, NM. What a treat! All else goes well."

**Bernard S. Siegel, MD '57:** "I'm writing books. The latest, *The Art of Healing*, has 60 drawings revealing psychic and somatic truths. I'm also counseling cancer patients and teaching survival behavior and elements of self-induced healing."

**Howard R. Francis, MD '58,** reported six children, 29 grandchildren, and three greats.

**Larry Grolnick, MD '58:** "I'm still practicing psychiatry in White Plains, NY, four days a week. I'm taking more time off to visit far-flung family, follow interests—and, oh yes, visit my physicians."

**James M. Hollister, MD '58:** "Marge and I just moved to a condo in Mystic, CT, leaving our

big home and yard of 47 years for a simpler life."

**David M. Lowell, MD '58:** "I've been retired for almost four years. I spent 44 years as a pathologist at Waterbury Hospital and Clinic and professor of pathology at Yale University School of Medicine, teaching and doing research. My health has been pretty good. I'd love to hear from classmates in the area."

**George E. Shambaugh III, MD '58:** "I continue to teach in the general endocrinology clinic as a volunteer. This summer I traveled to Siberia, where my son and I explored the environs of Lake Baikal and stayed with a retired park ranger and his wife. We visited Vladivostok, Khabarovsk, Irkutsk, and Ulan Ude, then south to Ulan Bator, Mongolia. We traveled as non-tour tourists, and dressed as the natives. We were greeted with friendship everywhere. The Soviet days are evident in the ruined factories and collective farms, but the children in their early twenties do not remember that era. It was an educational experience that would have made Ben Kean proud. When I returned I was able to see the second harvest of my 11.3 acres of tart cherries in Old Mission, MI. So much to do, and time is running against us now. Come on down to see us in Atlanta. We have plenty of room in our current home."

**Paul L. Bleakley, MD '59:** "It's hard to believe I've been retired for 15 years. I enjoy traveling, four children, ten grandchildren, and running. We've run in 50 states, ten Canadian provinces, and 25 countries. I occasionally win my age group if nobody else is in it. A little bump in the road with a bypass last year, but all is well now."

**Richard C. Conroy, MD '59:** "My daughter took me to Wimbledon to celebrate my 80th birthday. Best wishes to all of my class."

**James E. Shepard, MD '59:** "We had hoped to attend the Alumni Weekend, but unfortunately it coincides with a trip to Sicily. Sally Jean had bilateral cataracts removed with excellent results; i.e., she didn't look at me and say, 'Who are you, old geezer?'"

## 1960s

**James L. Moore, MD '60:** "I terminated my plastic surgery practice in Houston, TX, after 40 years and moved to my wife's home state of North Carolina. It is beautiful and I am content and happy."

**Alvin Poussaint, MD '60,** was elected to the American Academy of Arts and Sciences, in the Medical Sciences section.

**Gene Sanders Jr., MD '60:** "I'm very happy in retirement, as an "Extinguished Professor." I'm writing for various journals and lay publications. I've become an avid philatelist. I reside in Florida, but summer in Ocean City, MD."

**Peter M. Shutkin, MD '60:** "I'm retiring Sept. 1, 2014 after 49 great years in private internal

medicine practice in New Canaan, CT. Still healthy enough to spend more time with ten grandchildren and enjoy the winter and play golf in La Quinta, CA."

**Robert J. Timberger, MD '60:** "I'm approaching my 80th birthday, but still go to the gym four to five times a week and travel with my wife, Marilyn, quite often—mostly river cruises. We're going on a cruise to Bermuda in August and September of 2015. I still keep up regularly with **Lew Glasser '56, MD '60**, who is still working and writing great papers."

**Clay Alexander, MD '61**, published his third novel, *The Wisdom of Seashells*, in August on Amazon.

**Carl Becker, MD '61:** "It's a small world! Susan and I were on a Harvard-sponsored cruise on the Elbe River from Prague to Berlin. Another couple (the wife) and her roommate had double-dated **Joel Colker, MD '61**, and me in medical school. I found pictures of us all, including **Willy Newmeyer, MD '61**, in a box in my attic on returning home."

**Marilyn duVigneaud Brown '57, MD '61**, is still working full time as a pediatric gastroenterologist at the University of Rochester Medical Center. Fifty-three years in medicine!

**William L. Newmeyer III, MD '61:** "My wife, Nancy, and I recently spent three days in Sacramento with classmate **Jim Rybka** and his wife, Lu."

**Rachel Naomi Remen, MD '62**, was awarded the Gold Cane 2013 at the University of California School of Medicine for her innovations in medical education. Her course, *The Healer's Art*, originated at UCSF in 1991 and is now taught at 89 American medical schools and medical schools in eight countries abroad. Dr. Remen is a pioneer in relationship-centered medicine and relationship-centered medical education and the author of two *New York Times* best-selling books on narrative medicine: *Kitchen Table Wisdom* and *My Grandfather's Blessings*. She is clinical professor of family and community medicine at UCSF and lives in Mill Valley, California.

**Richard C. Zug, MD '62:** "For the past three years I have been medical director of Wound Healing and Hyperbaric Medicine at Community Hospital of Monterey Peninsula, an interesting field for a less demanding practice, but with exciting advances."

**William S. Tyler, MD '63:** "I interned (when there were still interns) and did my first-year residency in internal medicine at Boston City Hospital in the Boston University division. I was a second-year resident at Boston University Hospital and then spent a



WCMC

Good times: Lew Drusin, MD '64 (center), and Philip Serlin, MD '64 (right), catch up with old friends during Reunion Weekend.

few years learning about hematology and oncology at St. Elizabeth Hospital in Boston with two years in the Air Force interspersed. After a short stay in New Jersey, my wife and I moved with our three children to Ithaca, as I was born and raised in Tompkins County. I practiced in hem-onc plus internal medicine there until 2003. I'm now living quietly with my second wife, Kathy, in the Village of Dryden. Our children and grandchildren are spread from Denver to Manhattan to Atlanta and points between, so we spend a fair amount of time traveling."

**Donald Catino, MD '64:** "Just back from Cairns, Australia, after five months of teaching medical practice as director of rehabilitation at the medical center there. Good (socialized) medicine, bright students, thankful patients, almost no malpractice worries; the Great Barrier Reef, wet tropical rain forest, mountains, coffee, macadamia nuts, citrus plantations, sugar cane everywhere. Our five kids have given us nine grandchildren now. Life is good!"

**Lawrence W. Raymond, MD '64:** "Looking forward to our 50th Reunion in October."

**Jonathan Adler, MD '65:** "I was named Philanthropist of the Year at Winchester Hospital Medical Staff for 2013. I will retire after 43 years of primary care and infectious disease practice at the end of 2014."

**Deborah Pavan Langston, MD '65:**

"Still alive, working full time—but not for long. I turn 75 in January and will retire at the end of the academic year, June 2015. A very hard decision to make, but once made I feel so much better. I'll still teach at Harvard part time and have more time with grandkids, travel photography, at my house on Martha's Vineyard, etc. Recent sailing trips in the Mekong Delta and in France showed me that there is a life after decades of hard work. But the pièce de résistance was EHR and ICD-10. I'm outta here!"

**Irving G. McQuarrie, MD '65:** "I'm retired and living in Hastings, NE, where I write a finance blog (investtuneretire.com) focused on agriculture."

**Ian Happer, MD '66:** "I finally retired for good on May 1, 2012. In June 2013, my wife, Kiki, and I moved to Chapel Hill, NC, home of the University of North Carolina and the site of a continuing care retirement community called Carolina Meadows. Though we like our new friends and neighbors, we really miss Colorado, where we lived for 43 years. Here we are close to family, and we thought we would be familiar with the area, as we met here in college. Of course the North Carolina author Thomas Wolfe said it best: 'You can't go home again.'"

**Paul Schellhammer, MD '66:** "Staying alive."

**Mark M. Sherman, MD '66:** "I remain in active thoracic surgical practice. Our first grandchild, Thompson David Sherman, was born July 9, 2014 to Brian Sherman and Ashley Bullock."

**Orlo H. Clark, MD '67:** *"The Remarkables: Endocrine Abnormalities in Art* is in its second printing."

**John L. Marquardt, MD '67:** "Betty and I are living in retirement at the Ocean Reef Club in Key Largo, FL. Our six children and 16 grandchildren are a true joy."

**Edward L. Goodman '64, MD '68:** "Still working but no longer in private practice. I am a hospital epidemiologist at Texas Health Presbyterian Dallas and core faculty in internal medicine residency at the hospital. My wife and I celebrated the birth of our seventh grandchild."

**Stuart S. Holden, MD '68:** "After 36 years of urology practice at Cedars-Sinai, I have taken a new position as professor of urology and associate director of the Institute of Urologic, Oncology at UCLA. I'm still married to Toni. We have two sons and four grandchildren. I'd love to see any and all in Los Angeles."

**Allen Nimetz, MD '68:** "I'm looking forward to a great attendance at our upcoming class reunion. I'm still practicing full time general with interventional cardiology."

**Ronald Rankin, MD '68:** "Sorry I can't be at the reunion, but always remembering my classmates."

**Michael Schwartz, MD '69:** "I had a terrific week this spring. I went to Geneva for the conference Geneva 2014 Declaration: Person- and People-Centered Integrated Health Care for All. Then to New York to co-present the keynote address at the philosophy and psychiatry meeting on Clinical Reasoning. I can send either document to anyone who requests."

## 1970s

**Kathryn E. McGoldrick, MD '70:** "In May, I was awarded Honorary Fellowship in the College of Anaesthetists of Ireland. I also delivered the keynote address, which was the Sir Ivan Magill Memorial Lecture, at the 2014 Irish Congress of Anaesthesia held at the Dublin Convention Center. In addition,

I was recently appointed an assistant dean for student affairs at New York Medical College, where I also serve as professor and chair of anesthesiology and anesthesiology program director."

**Arnold W. Cohen, MD '71:** "I've recently stepped down as chairman and program director for the Dept. of Ob/Gyn at Einstein Medical Center in Philadelphia. I'm ready to enjoy more time with my wife, Marcia, and our family."

**Robert Appel, MD '73:** "With reunion season under way, I thought it time to give a long overdue update of my comings and goings. After ophthalmology residency, I spent over three years traveling and working all over Africa, most notably as senior medical officer at St. John Eye Hospital, part of Baragwanath Hospital, in Soweto, Johannesburg, South Africa. Since then I've been firmly ensconced in private practice on Long Island in Glen Cove and Syosset, NY, also making time to help teach cataract surgery to the North Shore-LIJ Hospital residents. Along the way, I also found time for marriage to my wife, Robin, a photographer and manager of a local bookstore, and for two children. Our son, Alex, is a graduate of the University of Miami and is now studying percussion performance at NYU, and our daughter, Nikki, is still at Miami for one more year, shifting her focus from biology to forensic anthropology. (Not a doctor in the bunch.) After years of domesticity, my wanderlust has taken hold again, and for the last few years I've managed to go on many short-term eye missions, including to Ghana, Honduras, El Salvador, the Dominican Republic, Bolivia, Vietnam, and Madagascar. Next up is Ethiopia. If anyone knows of a need or has a contact abroad, I'd like to continue to contribute my efforts."

**Allan Gibofsky, MD '73,** was elected a master of the American College of Rheumatology. He is co-director of the

Inflammatory Arthritis Clinic at Hospital for Special Surgery, and continues his professional activities in rheumatology as a special consultant to the Arthritis Advisory Committee of the Food & Drug Administration.

**Jerry Kreisman, MD '73:** "I'm winding down a psychiatry practice in the age of the demise of medicine: doctors are 'providers,' clerks bequeath 'medical necessity,' and quality is a pseudonym for cheap. I'd rather be playing golf or just playing with friends. What I remember most is guilt when I wasn't studying. I'd like to hear from **Bob Young, MD '74, Charlie Levy, MD '73, and Neil Ravin, MD '73.**"

**Dennis J. Lutz, MD '73:** "My wife, Meryl, and I truly regret that we will be unable to attend our 40th Reunion this autumn. I'm running a national ob/gyn meeting that same weekend in Albuquerque. My biographical data will be in the class booklet and I had proposed to see my classmates. I still chair the ob/gyn department at the University of North Dakota. We're also busy with three children and five grandchildren."

**John F. Romano, MD '73:** "I recently sold my practice to a larger group and I'm now a very happy employee working 21 hours a week with eight weeks vacation."

**Thomas Anger, MD '75:** "Now semi-retired, I work one and a half days a week with one other pediatrician. I am also teaching once or twice a month at Lurie Children's Hospital. I'm still singing, playing guitar, and writing songs, and taking vocal classes at Old Town School of Folk Music. It has been a great summer for cycling, not so great for sailing. Hey to all my classmates."

**Warrick L. Barrett, MD '75:** "Patricia A. Treadwell, MD '77, has again earned recognition as Indianapolis's 'Top Doctor' from *Indianapolis Monthly*. Through her commitment to excellence, Pat has become a perennial winner of this award."

**Paul A. Church, MD '75,** is semi-retired from his urology practice in Boston. He is active in medical missionary work in Mexico and Africa.

**Roger W. Geiss, MD '75:** "I continue to enjoy my full time teaching job as chair of pathology at the University of Illinois College of Medicine in Peoria. However, as more of my classmates retire, that prospect is looking better and better. On another note, I was recently named the recipient of the 2014 Michele D. Raible Distinguished Teaching Award in Undergraduate Medical Education, a national honor awarded by the Association of Pathology Chairs. Nobody receives an award such as this without a lot

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of help along the way, and I fondly remember our second-year pathology course at Weill Cornell, as well as the excellent attendance by the pathology faculty at the TGIFs in the Betty Bar. And thanks to all of you, my classmates; I truly think we both pushed and helped one another to be the best that we could be."

**Richard Evan Greenberg, MD '76:** "I have been at Fox Chase Cancer Center since completing my urology training at NYH/MSKCC and have been chief of urologic oncology here since 1995. What started out as a solo endeavor now is a six-person group including **Rob Uzzo, MD '91**, and **David Chen '91, MD '97**. I have three marvelous grown daughters, but all plans for retirement were put on hold with the passing of my life partner, Barbara, after 46 years in January 2013. We go on."

**Alan D. Guerci, MD '76**, the president and CEO of Catholic Health Services of Long Island, was named chairman of the board of directors of the Nassau-Suffolk Hospital Council, the association that represents Long Island's 24 not-for-profit and public hospitals. Previously, he was executive vice president for CHS and president and CEO of CHS's St. Francis Hospital, Mercy Medical Center, and St. Joseph's Hospital. A nationally known cardiologist and researcher, he is also an associate professor of clinical medicine at the College of Physicians and Surgeons of Columbia University.

**Elwin G. Schwartz, MD '76:** "Since retirement, the charity eye clinic that I established in Riobamba, Ecuador, has grown by leaps and bounds. We are now looking to build our own building with a surgical suite. My family continues to grow with the addition of our fourth granddaughter. Life could not be sweeter for Cheryl and me."

**Nina C. Ramirez, MD '78:** "I'm an adult and pediatric allergist and pediatric pulmonologist. Just completed my second medical mission to the Dominican Republic with the University of Miami. I'm mentoring medical residents. I visited with my actor daughter, Natalie, in New York City. I enjoy playing the piano and I'm resurrecting my violin. What would I rather be doing? More of what I'm doing, especially teaching and medical mission work. I remember the fascinating stories from the jungles of the world with Dr. Ben Kean—liver flukes and Chagas disease—the third-year medical rotation in neurology with Dr. Plum, and meeting VIP patient Hollywood choreographer Agnes DeMille, who had just suffered a CVA, urology rotation and meeting Prince Pahlavi, and **Al Cohen, MD '78**, playing a recorder from each nostril at the same time. I'm looking forward to looking back and reminiscing about our Cornell experience, but most of all I'm grateful for the priceless education I received from one of the best schools on the planet. Thank you, Ezra, and cheers to my fellow Cornellians."

**Paul Mayo, MD '79:** "I'm a professor of clinical medicine at Hofstra North Shore/LIJ School of Medicine and the academic director of Critical Care, Division Pulmonary/Critical Medicine at LIJ/NSUH. I work as a full time intensivist, running critical care ultrasonography courses. I am happily married for 30 years with three terrific sons. One is in medical school, another is applying. The third is doing something related to the Internet, which is beyond me. After hours I bicycle on tandem with my wife as stoker. I see **Stewart Tepper, MD '79**, on a regular basis. If you have a headache, give him a call. Where is **Todd August, MD '79**?"

## 1980s

**Patricia E. Boiko, MD '80**, is now retired from family medicine, but doing locums part time in family practices and urgent care. She just completed a documentary about a couple who get their family out of debt by winning on game shows—her parents. See [www.gameshowdynamos.com](http://www.gameshowdynamos.com).

**Carolyn H. Grosvenor, MD '80:** "I've become a medical missionary, much to my surprise. I've done short-term trips to Ecuador, Honduras, Haiti, and Nicaragua. This has been a growing experience for me, stretching me beyond my comfort zone, and quite rewarding."

**Mark Gudesblatt, MD '80**, is a neurologist. "Unfortunately, I'm working most of the time. After hours I do research and annoy my family. My two daughters, Melanie and Meredith, graduated from Cornell. Son Benjamin is a junior at Stevenson College.

**Walter E. Donnelly, MD '82:** "Ohio is a sea of soy and cornfields at this time of year: beautiful in quite a different way than the manmade splendor of Manhattan. All three of Karen's and my children are currently attending Ohio State University. Kevin is a third-year medical student, Ryan is starting graduate school in biomedical engineering, and Erin is a sophomore majoring in biomedical engineering."

**Christopher Marino, MD '82:** "Fran and I are enjoying our first grandchild. Lots of trips to Chicago, but what a thrill! Professionally, I am starting my fifth year as chief of staff at the Memphis V.A. Medical Center. Life is good. Can retirement be better?"

**James E. Ramseur Jr., MD '82:** "After graduating from Columbia University in 2013, son James III is now employed there as an undergraduate school admissions officer. Daughter Samantha has started her senior year at Leeds Business School at her beloved Colorado University at Boulder. Dad merely dreams of a day without a tuition bill due."

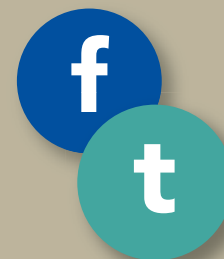
**Barnaby Starr, MD '82:** "I am still holding on as an old-fashioned pediatric practitioner here in Baltimore. I employ a part time pediatrician and two part time nurse practitioners in my practice

'Since retirement, the charity eye clinic that I established in Riobamba, Ecuador, has grown by leaps and bounds.'

Elwin G. Schwartz,  
MD '76

We want to hear from you! Keep in touch with your classmates.

Send your news to  
Chris Furst:  
[cf33@cornell.edu](mailto:cf33@cornell.edu)  
or by mail:  
Weill Cornell Medicine  
401 East State Street,  
Ste. 301  
Ithaca, NY 14850





Model patient: Reuning alumni meet a teaching mannequin in the Clinical Skills Center.

and love the heterogeneity of the population I serve. I miss all my old classmates and wish them all the best!"

**John Feigert, MD '83**, is an oncologist/hematologist. He lives in McLean, VA, where he and wife Suzanne are raising three wonderful kids. He enjoys playing tennis. He remembers the Christmas shows at WCMC and would like to hear from classmates—"all of them."

**Christopher E. Gribbin, MD '84**: "Our daughter, Caitlin, has joined WCMC's Class of 2018!"

**David Houghton, MD '84**: "I very much enjoyed putting on my second flash exhibition at Visual Space in Vancouver, BC. I will be having a second exhibition in Seattle in November at Gallery 110."

**Joseph J. Fins, MD '86**: "I'll be spending the fall of 2014 on sabbatical at Yale University as the Dwight H. Terry visiting scholar in bioethics, visiting professor in the history of medicine, and senior research scholar in law."

**Beth Tremer Herrick, MD '86**: "I'm a radiation oncologist at Southcoast Centers for Cancer Care in Massachusetts. I'm also involved with cancer genetics counseling and testing as a sub-specialty."

**Walter Klein, MD '87**: "I have been very fortunate and grateful for so many things: a

wonderful marriage, three smart and successful daughters, a thriving group practice, rewarding charitable work, and numerous travel adventures. I miss visiting my daughters when they were at Cornell in Ithaca, and I secretly hope that one of them will go back for graduate school."

**Stephan Mayer, MD '88**: "After 20 years at Columbia running their neuro-ICU, earlier this year I was named the founding director of the Institute for Critical Care Medicine at the Icahn School of Medicine at Mount Sinai. It's been fun de-differentiating from a specialist to a more generalist intensivist. I now run around to multiple hospitals in the Mount Sinai Health System and have focused on infection control and prevention of chronic critical illness."

**Michael Bernardo '78, MD '89**, works as a geriatrician with nursing home, hospice, and home-based care patients in Newberry, SC. In April he went with a medical team to Hue, Vietnam, with Vets With a Mission. He writes, "I remember Ben Kean tossing me one of his Cuban cigars during a Tropical Med lecture." Michael would like to be sitting on the beach at Hilton Head.

**Jeffrey Webber, MD '89**, is an inter-

ventional cardiologist with Frist Cardiology in Nashville, TN. He is also a bishop in the Church of Jesus Christ of Latter-Day Saints. On a recent trip to Brazil he picked up his youngest son from his full time mission. He'd rather be race car driving, relearning to play the guitar, and working as a ski patrolman in the Rockies. He remembers most from medical school: "True friends in an amazing city that never sleeps." He'd like to hear from **Maureen Connelly, MD '89**, **Jeff Krane, MD '93**, and **Naren Ramakrishna, MD '95** (his old dissection group).

## 1990s

**Sharon M. Stoch, MD '95**: "I am currently working as an internist at the Summit Medical Group in Warren, NJ."

**Suzanne Magherini, MD '98**, is the director of Women's Clinical Services at Women's Wellness Center. She writes, "I love tennis and snow skiing. I miss the music concerts in Manhattan (Lincoln Center especially). I worked as an ob/gyn hospitalist in Jersey City recently. It was a great experience. I've developed an interest in EMR and would like to help make programs more computer-friendly. What do I remember most? Anatomy class was awesome. I'd love to hear from Cynthia, my roommate."

## 2000s

**Doodnauth Hiranman '96, MD '00**: "It has been a busy and eventful year. After eight years as faculty at WCMC, I left to become chairman of emergency medicine at St. Vincent's Medical Center in Connecticut. I am also an associate professor at our new Quinnipiac Medical School. On a personal note, we welcomed a baby girl, Kelly, to our brood of three boys."

**Bradford Hoppe, MD '03**: "I was promoted to associate professor in the Dept. of Radiation Oncology at the University of Florida. I moved into a condo on the beach. Sonia and I (and son Marco) are expecting baby number two."

**Helen Azzam Koenig, MD '03**: "We welcomed our son, George Joseph Koenig III, into the world on October 18, 2013. Big sister Emma loves her brother to pieces."

**Peter Gar-Jun Chan, MD '05**: "I am currently finishing up a two-year interventional cardiology fellowship at Brigham and Women's Hospital (which coincidentally involved training under the stepson of **Morton Bogdonoff '46, MD '48**, one of my Weill Cornell mentors), but the most significant event of my life occurred on April 26, 2014, when I married Katherine Hubert, a



pediatric urologist now practicing at Riley Hospital for Children at Indiana University. We met while she was finishing her fellowship at Boston Children's Hospital but after she had already accepted her job in Indianapolis, so we have been long-distance over the past year. In July I will be moving to Indy to join her, as I have accepted a position on the faculty in the Dept. of Cardiology at Indiana University as an interventional cardiologist."

**Sarah J. Beesley, MD '09:** "I'm now a second-year fellow in pulmonary critical care medicine at the University of Utah in Salt Lake City. Life is great."

## In Memoriam

**'43 MD—Herbert F. Hempel** of South Deerfield, MA, July 24, 2014; retired radiologist; associate radiologist, Calvary Hospital; director of radiology, St. Luke's Hospital; US Army veteran; golfer; active in community affairs.

**'44 MD—Richard C. Karl** of Etna, NH, June 24, 2012; chairman of the Dept. of Surgery, Dartmouth; also worked at Bellevue and North Shore hospitals; US Navy veteran; master gardener; cabinet maker; active in community and professional affairs.

**'44 MD—Solon Palmer Jr.** of Carlsbad, CA, May 28, 2014; worked for the Scripps Clinic and Research Foundation; first chairman, International Center, UC San Diego; US Army Medical Corps veteran; assistant chief of medical services, Fort Knox; medical adviser, patient center, La Costa Glen; scuba diver; hunter; fisherman.

**'46 MD—George V. Coleman** of Providence, RI, June 27, 2014; oncological surgeon; helped establish the Chad Brown Health Center; instructor and mentor at Brown Medical School; US Navy veteran; active in professional affairs.

**'44, '46 MD—Stanley E. Smith** of Savoy, IL, February 27, 2014; ob/gyn.

**'48 MD—Robert J. Molloy** of Harwich, MA, September 5, 2014.

**'46, '48 MD—Gregory T. O'Connor** of Natick, MA, August 22, 2012; pathologist; cancer researcher; teacher, director of the Division of Cancer Cause and Prevention, and associate director of International

Affairs, National Cancer Institute; medical missionary in Uganda; taught at Makerere Medical College in Kampala, Uganda; studied Burkitt lymphoma; implemented the International Cancer Research Databank; chief of surgical pathology, Loyola University Medical Center.

**'48 MD—Donald K. Stockdale** of Rochester, NY, September 2, 2014; pediatrician; physician for Eastman Kodak; deputy commissioner, New York State Dept. of Health; deputy director, Monroe County Health Dept.; established health clinics in inner city Rochester; veteran.

**'48 MD—Joseph Worrall** of Lake-wood, WA, July 13, 2014; ob/gyn; specialist in gynecological microsurgical techniques; prenatal sound expert; worked in Alaska at the Fairbanks Clinic; US Army veteran; musician; scuba diver; ham radio operator; boater; woodworker.

**'50 MD—William C. Porter** of Kings Park, NY, January 2, 2014; physician.

**'55 MD—W. Donald Horrigan** of Isla La Motte, VT, formerly of Princeton, NJ, July 24, 2014; acting chairman of radiology, UMDNJ-Rutgers Medical School; director of radiology, Middlesex General Hospital (now Robert Wood Johnson University Hospital); co-founder, Radiology Group of New Brunswick; chief of radiology, Fort Eustis, VA; US Army veteran.

**'55 MD—William R. Thompson** of Warwick, RI, January 15, 2014; chair and clinical professor of surgery emeritus, Brown University's Alpert Medical School; acting surgeon-in-chief, Rhode Island Hospital; US Navy flight surgeon; surgical staff member, Rhode Island Hospital and Providence Lying-In/ Women's and Infants Hospital; co-founder, Surgical Group Inc.; author; fly fisherman; active in professional affairs.

**'56 MD—Charles E. Davis** of Phoenix, AZ, July 26, 2014; practiced obstetrics and gynecology; taught residents at St. Joseph's Hospital; served as physician at Ellsworth Air Force Base; alto saxophone player; fly fisherman; active in professional and religious affairs.

**'52, '56 MD—John E. Sinning Jr.** of Davenport, IA, August 22, 2014; orthopaedist; president, Iowa QC Blood Bank; captain, US Army Medical Corps,

where he established an outpatient clinic for the Headquarters Military Assistance Advisory Group; served on the Davenport School Board; active in professional and religious affairs.

**'54, '58 MD—Roland D. Carlson** of Naples, FL, June 6, 2014; ophthalmologist; served at the Cleveland Clinic and in private practice; flight surgeon; worked on John Glenn's Project Mercury flight; helped with the merger of Huron and Hillcrest hospitals into Meridia Health Systems; veteran; pilot; golfer; active in community, professional, and alumni affairs.

**'59 MD—John R. Macfarlane** of Spicewood, TX, formerly of Artesia, NM, and Ogden, UT, June 15, 2014; established a cardiovascular surgery program in Ogden, UT; also practiced in Artesia, NM; chairman of Blue Cross and Blue Shield of Utah; chairman, Utah Air Conservation Committee; president, New Mexico chapter, American College of Surgeons; bicyclist; active in community, professional, and alumni affairs.

**'57, '61 MD—Sergio E. Betancourt** of Newton, MA, formerly of Pittsburgh, PA, July 31, 2014; general surgeon and specialist in gastric bypass surgery, Allegheny General Hospital; veteran; served two tours of duty in Vietnam as surgeon in the Green Beret unit. Sigma Nu.

**'61 MD—J. Terence Sams** of Perth, Australia, June 28, 2014; practiced allergy medicine; US Air Force veteran.

**'62 MD—Arthur M. Ahearn** of Georgetown, SC, July 25, 2014; orthopaedic surgeon; chief, Orthopaedic Service, US Army Dwight D. Eisenhower Medical Center; chief of the Dept. of Surgery and chief of the medical staff at Georgetown Memorial Hospital; chief of medical staff, Waccamaw Community Hospital; US Army veteran; commander of the South Carolina 251st Evacuation Hospital during Operation Desert Storm.

**'65 MD—Paul L. Samuelson** of Washington, DC, June 20, 2012.

**'68 MD—Michael S. Balis** of Scottsdale, AZ, June 12, 2013; neuro-ophthalmologist; US Navy veteran; chief medical officer aboard the nuclear submarine USS *John Marshall*; musician; artist.

**'83 MD—Eugenia Parnassa Carroll** of Cherry Hills Village, CO, January 1, 2014; internist.

## Doc Doc

Emergency physician directs an acclaimed film about the nation's busiest ED

It was known as “C-Booth”—the legendary trauma bay at Los Angeles County Hospital. As one doctor in the documentary *Code Black* notes, it was the place where “more people have died and more people have been saved than in any other square footage in the United States.”

The emergency department at the inner-city public hospital is the setting for *Code Black*, a critically acclaimed film directed by Weill Cornell emergency medicine instructor Ryan McGarry, MD, while he was a resident there. The movie has played in some four dozen cities around the country, earned festival kudos (including the Best Documentary nod at the Los Angeles Film Festival), and garnered rave reviews; it's set for DVD and streaming release around the holidays. “McGarry has created something that feels personal, vital, and revelatory, allowing the rest of us behind the curtain,” said the *L.A. Times*. The *Wall Street Journal* called it “a remarkably candid and kinetic documentary about emergency medicine that could probably only have been made by an ER doctor.”

In *Code Black*, McGarry chronicles life in a frequently swamped, chronically under-resourced ED where throngs of poor and uninsured Los Angelenos seek care—sometimes sitting in the cavernous waiting room for upwards of eighteen hours. (The title refers to the term denoting that the department is filled to capacity and beyond.) “A lot of times the patients would ask, ‘Why are you making the movie? What is it for?’” McGarry notes. “And we would say, ‘We think that you deserve better than what you're receiving, and we need to document it.’ That's not to say that their care was bad. But we wanted to say, ‘We can do better.’” To ensure the privacy of those patients, McGarry and the producers created a double-consent system that he calls unprecedented in documentary filmmaking. “Every single face that you see in the film gave an on-site release,” he says. “We had a trail of med students; wherever the camera went, literally every person in the frame had to give their permission—and if they didn't, we couldn't use it. Then we went the extra mile: we had a footage-review system, so that anyone who made the final cut had the chance to watch themselves and either decline or doubly give us permission.”

The film's main characters are McGarry and his fellow residents, who grapple with the realities of modern healthcare while upholding the ideals that attracted them to medicine in the first place. Most of them, as it happens, had encounters with the healthcare system that inspired them to their calling. One has an elderly father



PROVIDED

Trauma team: Ryan McGarry, MD (center), with L.A. County Hospital colleagues in a scene from *Code Black*

suffering from dementia; another survived a car crash that severely disabled his childhood best friend; McGarry himself battled a rare form of non-Hodgkin's lymphoma while in college. “All of the doctors in the film had a personal reason for wanting to make the system better,” McGarry says. “Everybody had the same sense that this is meaningful—this is a mission.” *Code Black* also covers the move from the hospital's historic Art Deco building to a new, earthquake-resistant facility—a transition that not only meant the end of C-booth but the adoption of modern regulations on patient privacy and other procedures. Whereas the young doctors had once worked shoulder to shoulder in adrenaline-fueled, quasi-battlefield conditions, the film observes, they suddenly found themselves spending endless hours at the computer.

These days, McGarry is juggling New York and L.A., physicianship and fiction. CBS has optioned *Code Black* as the basis of a weekly TV drama, with the pilot set to shoot in January. McGarry—who has been flying to the West Coast several times a month to work on the project, while continuing to serve on the Weill Cornell faculty—notes that he's grateful for the support and flexibility he's gotten from the Emergency Department and its chief, Neal Flomenbaum, MD. “I always felt that if I had two lives, I'd be a director in one and a doctor in another,” McGarry muses. “Part of my agreement with CBS is that I get to keep practicing. My residency was too hard for me to stop now.”

— Beth Saulnier

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