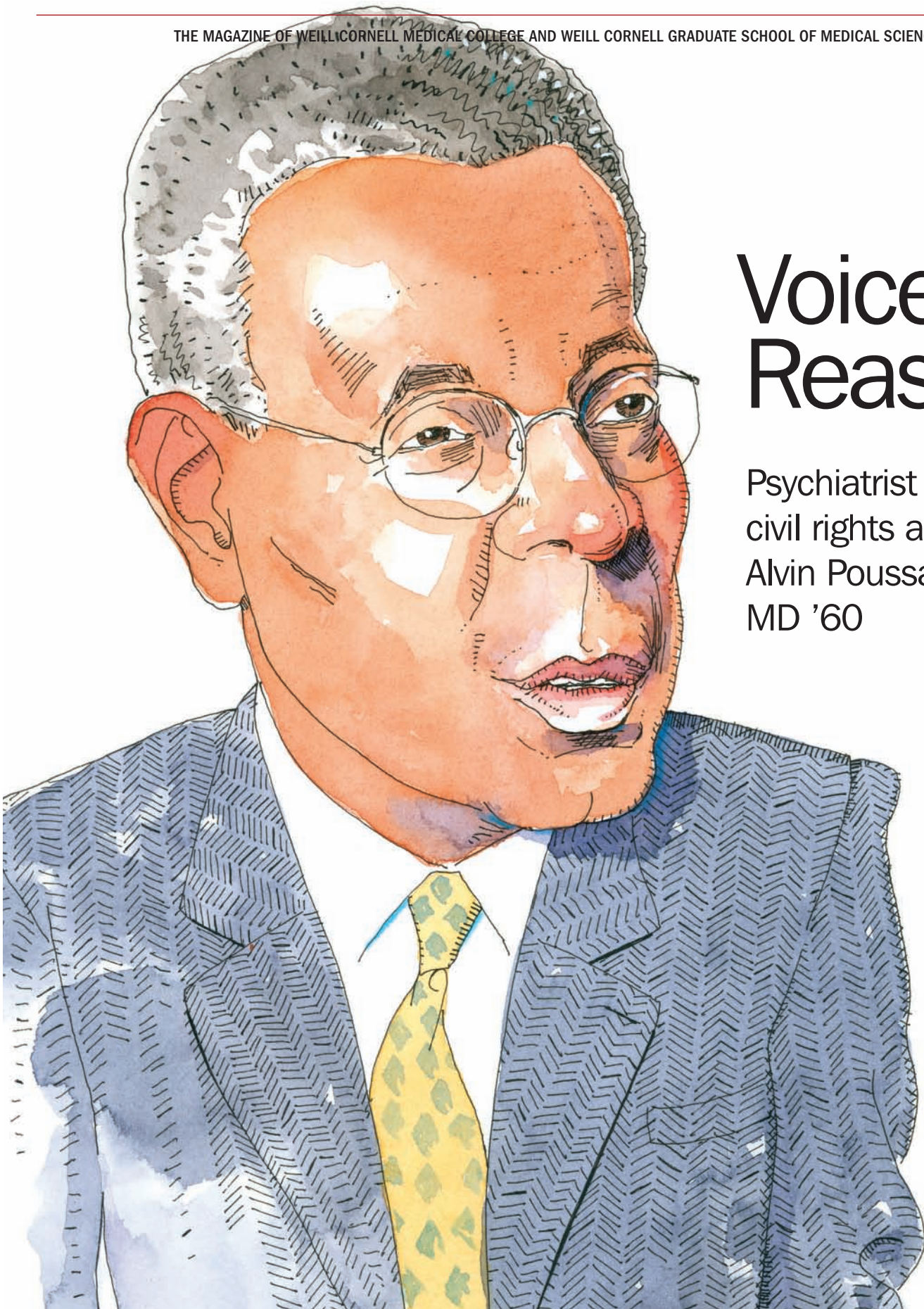


weillcornellmedicine

FALL 2008

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



Voice of Reason

Psychiatrist and
civil rights activist
Alvin Poussaint,
MD '60

David D. Thompson, MD '46, gave so much to so many people as a...

physician, educator, hospital administrator,
medical innovator, husband, father,
and dedicated Cornellian.

And he continues to give...

Dr. Thompson led New York Hospital during 20 years of sweeping medical advances and extraordinary growth until his retirement in 1987. His lasting legacy is embodied in the current strength of the Hospital and the Medical College. He understood the importance of ensuring that Weill Cornell Medical College attracted and kept the best and the brightest medical students. That is why he created a charitable gift plan to help do just that.



Although he passed away in 1995, Dr. Thompson provided for Weill Cornell Medical College through a Director's Award Program from Mutual of New York. In 2000, the Lynn P. Thompson, MD '46, Scholarship was established in honor of his wife of close to fifty years and fellow Cornell Medical College classmate. To date, this endowed scholarship has provided needed support for three students and will continue to offer future generations of Weill Cornell students the opportunity to also do so much for so many...

You can find helpful estate planning information to assist you in creating the plan that is right for you by visiting www.weillcornellgifts.org or contact **Vikki Jones** at **646.962.8510**.

How to include Weill Cornell Medical College in your will:

"I give, devise and bequeath to Cornell University the sum of \$ _____ (or description of the property) for use in connection with the Weill Medical College in New York City."

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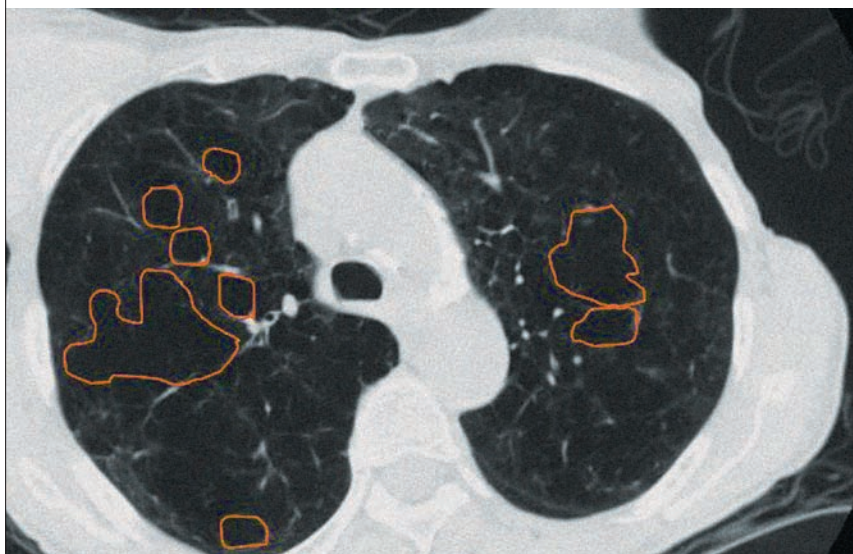


Weill Cornell Medical College

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

weillcornellmedicine

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



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20 IN BLACK AND WHITE

SHARON TREGASKIS

From the civil rights marches of the Sixties to his role as a consultant for “The Cosby Show” to his current post at Harvard Medical School’s minority affairs office, psychiatrist Alvin Poussaint, MD ’60, has spent his career working for social justice and racial equality. As one colleague puts it: “It’s very easy to be angry. It takes energy and strength to see the worst and do the best you can to change it.”

26 BREATHE EASIER

BETH SAULNIER

It’s the fourth leading cause of death in America—a classic “silent killer”—and it’s projected to move into third place by 2020. Chronic obstructive pulmonary disease (COPD) may affect as many as 24 million Americans, half of whom don’t even know they have it. Most often caused by years of smoking, COPD takes a heavy toll in medical bills and lost productivity, making many sufferers too weak even to walk up a flight of stairs.

32 FANTASTIC VOYAGE

SHETAL SHAH, MD ’00

Now an assistant professor of neonatal medicine at the State University of New York, Stony Brook, Shah traveled extensively during medical school. In a pair of essays from his book *Passport to Illness*, he describes how two encounters in Africa enriched his medical education. Shah saw Western-style care and traditional treatments, experiencing them as both patient and physician. And then there were the leeches . . .

3 REMEMBERING DR. DEBAKEY

Dean Gotto eulogizes a friend and colleague

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Diabetes World Congress draws 1,000. *Plus:* NYPH gets top honors, frank talk on stem cells, a first-year scavenger hunt, a new nanotech office, Qatari high schoolers in NYC, and Dean Alonso retires.

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Meet Commissioner Daines. *Plus:* Image conscious, ancient aficionados, coming out, donating an heirloom, meds for kids, a physician for social responsibility, building a bladder, practical advice, and the gift of java.

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Cover illustration by Joe Ciardiello

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Happy Reichert (left) with caretaker Olive Villaluna

ENJOYING EVERY MINUTE

People often assume that Helen “Happy” Reichert, Cornell’s oldest living graduate at 107, has seen it all. She has certainly seen a lot: Charles Lindbergh’s ticker-tape parade after the first solo transatlantic flight in 1927; Albert Einstein eating Jell-O in a Princeton dining hall. Once, she even glimpsed Salvador Dali strolling along Fifth Avenue.

Still, with a twinkle in her eye, Happy says there is always more to do, more art to see, more theater to enjoy, and another book to dive into. Today, the 1925 graduate of Cornell’s Ithaca campus spends hours Googling on the Internet. Happy also keeps in touch with her extended family and remains involved in the causes she holds dear, especially those at Weill Cornell Medical College. One secret to her longevity seems to be relishing each minute.

Happy’s late husband, Philip Reichert, MD ’23, was a renowned cardiologist who co-founded the American College of Cardiology in their Park Avenue living room and collected rare diagnostic medical equipment. She donated his extensive collection to Weill Cornell—where it is displayed in the Uris Faculty Room—because she knew how much the Medical College meant to him.

Happy’s own field was fashion. Like her husband, she was a trailblazer, first in fashion copywriting and then fashion coordinating at Bloomingdale’s. Her career took an interesting turn when, while watching a fashion show on television, she called the station to say that the male commentator did not seem to know much about the topic. Soon after, in 1951, she was asked to host her own program. The premise was simple: women sent questions—many on topics that were ahead of their time, like breast cancer prevention—and she would find an expert to discuss the subject. Hundreds of women wrote in, and the show became a sensation. Happy won a McCall’s Mike Award, the equivalent of an Emmy, but after a year she left broadcasting to teach costume history full-time at NYU’s School of Retailing. She stayed there for thirty years and often hears from students who write or call to say how much she inspired them.

Happy loves to hear about the success of her “other students”—the Weill Cornell medical students she supports through the Helen F. Reichert Scholarship. She created it to pay tribute to the “outstanding care” she receives from her doctors, Mark S. Lachs, MD, the Irene F. and I. Roy Psaty Distinguished Professor of Clinical Medicine; Ronald Adelman, MD, professor of clinical medicine; and Paul Kligfield, MD, her cardiologist and a professor of medicine.

Happy created the scholarship for another important reason. When her husband was ten, his father was dying; he watched as the doctor did everything he could. Happy says that Philip made the decision right then to become a doctor. He had to work many jobs to put himself through school, but ended up with a career that he loved all of his life. Her hope, she says, is to “help someone else reach that dream.” Antonio M. Gotto Jr., MD, the Stephen and Suzanne Weiss Dean of Weill Cornell, says that this kind of giving is crucial. “As the cost of medical education continues to mount, the gap between tuition and many students’ financial resources grows even larger,” he explains. “Happy’s gift will allow many students to fulfill their dream and pursue a career in academic medicine.”

These days, Happy’s life is rich and full. One of the loveliest surprises of her later years, she says, is her abiding friendship with Olive Villaluna, her caretaker. They recently visited Niagara Falls together and are always planning the next adventure. “Happy is so young in spirit,” Olive says. “Every day is something new.”

Remembering Dr. Michael DeBakey

Antonio M. Gotto Jr., MD, DPhil, Dean of the Medical College

a NEW ACADEMIC YEAR is upon us at Weill Cornell Medical College, and while the familiar thoughts of new beginnings and fresh starts surround us, this term must also begin on a note of great loss.

In July, when I heard the sorrowful news that my dear friend Dr. Michael DeBakey, a brilliant and internationally renowned physician and chancellor emeritus of Baylor College of Medicine, had passed away, I began reflecting on our long friendship.

During her high school years, my daughter spent a great deal of time as a patient in the hospital. When he was able, Dr. DeBakey never missed an opportunity to visit her. Often, he was the only one who could brighten her spirits. During one visit, my wife, Anita, was sewing a prom dress for a friend's daughter. Dr. DeBakey immediately asked to inspect her stitches.

"These are your basting stitches, aren't they?" he asked.

"No, Dr. DeBakey," Anita said. "These are my finishing stitches."

"These are terrible," he said. "Let me have your scissors!"

He proceeded to rip out every stitch and then sew the dress in its entirety while my wife sat there in a state of astonishment.

Fifteen years later, Dr. DeBakey was having a New Year's Eve dinner at our home in Houston. My wife cooked gumbo, which she knew he loved. And, of course, Dr. DeBakey—who never forgot anything—said to Anita, "You may not be able to sew, but you sure cook good gumbo."

Dr. DeBakey has been described as the greatest physician of the twentieth century and the most influential since Galen, the second-century Greek whose theories were accepted as dogma in Western medical science for more than a thousand years.

I would like to think that Dr. DeBakey will still be remembered centuries from now. His achievements in the treatment and prevention of cardiovascular disease were astounding. His research was published in more than a thousand papers. And his contributions as a medical statesman are simply unparalleled—from helping to start Medicare to the establishment of the National Library of Medicine and consulting on Boris Yeltsin's heart operation.

Dr. DeBakey and I traveled together often, and whether we



Dr. Michael DeBakey

DAVID J. PHILLIP / AP

were in Turkey, China, or Russia, he would be approached by people who thanked him for saving or extending the life of a spouse, child, or loved one. He treated the rich, the famous, and the powerful, and he treated the poor and humble, too. He treated all of his patients with the same dedication to the relief of human pain and suffering.

What set Dr. DeBakey apart from so many in our field was his basic humanity. There was a period of time when Houston was the mecca of cardiovascular surgery. I remember when the Duke of Windsor said he came to Houston to see "the maestro." I spoke recently with a prominent cardiologist in New York who would send all of his difficult surgical cases to Dr. DeBakey. Not a single time, he recalled, did Dr. DeBakey ever ask him: "Can this patient pay? Does he have insurance? Is he on Medicare? Is he a VIP?" He would take one and all, regardless of who they were.

This year, Weill Cornell welcomes another class of bright young men and women, eager to begin their journey in medicine. It is a long, difficult path, and many times they will find themselves searching for guidance, for inspiration.

They will find no brighter light than the remarkable life and career of Dr. Michael DeBakey.

— Dean Antonio Gotto



RICHARD LOBELL

Meeting of the minds: Surgery professor Francesco Rubino, MD, addresses the audience at the inaugural World Congress on Interventional Therapies for Type 2 Diabetes, which drew nearly 1,000 experts to the Marriott Marquis in Times Square.

Weill Cornell Hosts Congress on Diabetes Treatment

IN SEPTEMBER, WEILL CORNELL AND NEWYORK-PRESBYTERIAN Hospital hosted the first World Congress on Interventional Therapies for Type 2 Diabetes, a gathering of nearly 1,000 surgeons, endocrinologists, and ethicists from around the world to discuss the efficacy of surgical intervention for treatment of the disease.

Held at the Marriott Marquis in Times Square, the Congress was opened by Dean Antonio M. Gotto Jr., MD, followed by remarks by Herbert Pardes, MD, president and CEO of NewYork-Presbyterian, and Fabrizio Michelassi, MD, chairman of the Department of Surgery at Weill Cornell and surgeon-in-chief at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Also featured at the opening was Richard Daines, MD '78, New York State health commissioner. Francesco Rubino, MD, associate professor of surgery at Weill Cornell and surgeon-scientist at NYPH/WCMC, organized and led the congress.

Diabetes currently affects some 246 million people worldwide—and that figure is expected to grow to 380 million by 2025. “The epidemic growth of Type 2 diabetes has created a race

against time to find new approaches to treat and understand the disease,” Rubino told the audience, which came prepared for discussion and debate.

David Cummings, MD, an endocrinologist at the University of Washington and one of the congress’s eighty faculty speakers, noted that “the insights already beginning to be gained by studying surgical interventions may be the most profound since the discovery of insulin.” Adding to the exchange of ideas was Dean Gotto, who participated in a panel discussion entitled “Adequacy of Diabetes Control and Achievement of Diabetic and Metabolic Targets: Resolution, Remission, or Cure?” “Clearly there are benefits to a surgical approach to the treatment of diabetes,” Gotto said. “But one of the most important outcomes of this conference will be the continued debate of risk versus benefit to the patient, and determining who makes that decision.”

The eleven sessions featured such topics as the outcomes of bariatric surgery for the treatment of Type 2 diabetes as well as the socioeconomic ramifications of ongoing treatment of this global epidemic. But as exciting as the new surgical techniques are, Rubino said, more input from the global diabetes community is vital. “Surgery and other novel interventional techniques are not

only a promising therapeutic option for selected patients with Type 2 diabetes but also an unprecedented opportunity to shed light on the origin of the disease,” he said. “To ensure a timely, scientific, and safe development of this emerging discipline, it is necessary to balance enthusiasm with caution. This is possible only with the immediate attention and responsible, urgent actions from the global diabetes community.”

Cross-Country Transplant Chain Launched

AN ANONYMOUS DONOR FROM NEW YORK CITY HAS HELPED COMPLETE the first coast-to-coast living-donor kidney transplant chain. In late July, the donor kidney was removed by Joseph Del Pizzo, MD, director of laparoscopic and minimally invasive surgery in urology at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. It was flown to UCLA, where it was transplanted into a California woman. The donation formed one link in a chain of transplants in which two other women also received kidneys; the son of one will serve as the bridge donor for the next series of transplants.

The transplants were made possible by the never-ending altruistic donor (NEAD) system. With NEAD, an initial donor launches a chain in which people who want to donate a kidney to a loved one but are medically incompatible can donate by proxy by providing a kidney to a different patient; similarly, their relatives benefit from the largesse of other donors. “Most paired exchanges are swaps, and they end,” says David Serur, MD, associate professor of clinical medicine at Weill Cornell, “whereas the chain involves an extra donor at the beginning, so you can initiate a self-propagating cascade.”



David Serur, MD

NYPH Named Top Hospital in Metro Area

U.S. NEWS & WORLD REPORT HAS RANKED NEWYORK-PRESBYTERIAN Hospital number one in the New York metropolitan area, and sixth in the nation, in its 2008 edition of America's Best Hospitals. It's the fifth consecutive year that NYPH—which comprises the teaching hospitals of Weill Cornell and Columbia—has ranked in the national top ten. Five specialties were ranked in the top five: nephrology, psychiatry, endocrinology, orthopaedics, and neurology and neurosurgery. For the eighth consecutive year, NYPH was the only hospital in the metro area to make the magazine's “honor roll” of the top nineteen hospitals nationwide based on reputation, mortality rates, and patient care.

The not-for-profit hospital sees nearly 2 million patient visits a year and has more than 16,000 employees. Says president and CEO Herbert Pardes, MD: “This distinction is a tribute to the enthusiastic leadership and teamwork of NewYork-Presbyterian's health-care professionals, who every day demonstrate their commitment to putting our patients first.”

Qatari High Schoolers Win Research Trip

TWO QATARI HIGH SCHOOL STUDENTS WHO WON AN ESSAY CONTEST ON why they want to practice medicine were rewarded with a trip to New York and the chance to spend two weeks in the lab of genetic medicine chairman Ronald Crystal, MD. Alaa Al-Na'ama and Mohammed Hajji spent the second half of July working in Crystal's lab, where they got a hands-on introduction to biomedical research. The students attended lab meetings, practiced bench techniques, went on rounds, observed patient interactions, and even learned how to do lung function tests. “They did a fantastic job, and they had a great time,” says Tim O'Connor, PhD, vice chairman of genetic medicine. “It was very eye-opening for them to see how biomedical science works in the U.S.”

Qatar Dean to Retire

DANIEL ALONSO, MD, WHO HAS SERVED AS DEAN OF WEILL CORNELL Medical College in Qatar (WCMC-Q) since its founding in 2001, has announced that he will retire in January. Alonso—who helmed WCMC-Q through the graduation of its first MDs in May—will become dean emeritus and continue to serve the Qatar branch as an adviser. “WCMC-Q is in very good shape and is inspiring the next generation of doctors,” he says. “We have met the important milestone of graduating the inaugural class, and the other two legs of our triple mission—research and patient care—are steadily progressing.” Alonso joined Weill Cornell in 1969, serving as senior associate dean for academic affairs before becoming dean of WCMC-Q. During an international search for Alonso's successor, WCMC-Q psychiatry professor and deputy dean Javaid Sheikh, MD, will serve in an interim capacity.



Daniel Alonso, MD

Nanotechnology Office Opens at Weill Cornell

THE ITHACA-BASED CORNELL NANOSCALE SCIENCE AND TECHNOLOGY Facility (CNF) has opened a satellite office at Weill Cornell, providing staff support and specialized software to scientists at the Medical College. Housed in the Weill Greenberg Center's Institute for Computational Biomedicine, the office will allow researchers to design devices or experiments, which they can then test in Ithaca. Although CNF is rooted in engineering and the physical sciences, researchers in a variety of disciplines use it; 33 percent of them are in the life sciences, which represent its fastest-growing user base. “Right now, there's a gap between our two cultures of basic and medical science that needs to be overcome,” says Weill Cornell assistant professor of physiology and biophysics Scott Blanchard, PhD, a CNF user. “I think this is a good first swing at it.”

Greeting the Class of 2012

IN AUGUST THE FACULTY WELCOMED THE CLASS OF 2012 WITH THE TRADITIONAL white coat ceremony—an annual rite of passage that symbolizes the students' entry into the world of patient care. Two days later, the newly minted medical students were brought back to their grade school days as they ran through the Medical College library in teams of ten, seeking clues as part of a scavenger hunt prepared by the staff to help students familiarize themselves with library resources. Besides locating computers and journals, the students learned the online catalog system, Tri-Cat.

WCMC ART AND PHOTOGRAPHY



White coat ritual: Anatomy professor Estomih Mtui, MD, cloaks a first-year.

from the bench

The Genetics of Colon Cancer

A genetic analysis of colorectal cancer patients has found striking similarities in a particular stretch of their DNA, a section each inherited in identical versions from both parents. Microbiology and immunology professor Francis Barany, PhD, and colleagues from several institutions report that this phenomenon, known as autozygosity, may not only predict susceptibility to a disease that kills more than 52,000 Americans each year, but may also help identify cancer-causing genes. About half of the people carrying the DNA sequence were of Jewish heritage, the others of Catholic or Protestant descent. The work was published in *Cancer Research*.

Prostate Cancer Drug Vindicated

A second look into the results of the landmark Prostate Cancer Prevention Trial has shown that the drug finasteride reduces cancer risk without increasing the odds of aggressive tumors. The study, which involved nearly 19,000 men and was terminated in June 2003, initially led experts to believe that although finasteride reduced the incidence of cancer, it might cause higher-

Frank Talk at Stem Cell Conference

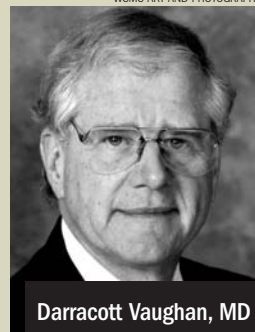
IN SEPTEMBER, WEILL CORNELL HOSTED THE ANSARY SYMPOSIUM ON Stem Cell Research in Uris Hall. Thanks to funding by the Honorable Hushang Ansary and his wife, Shahla, participants had the chance to address important issues of public policy—and the speakers wasted no time getting to the heart of the matter.

"A human embryo, the result of conception, should be considered a human being, with all the legal and moral rights assigned to that individual." That was the stand taken by Christopher Tollefsen, PhD, associate professor of philosophy and director of graduate studies at the University of South Carolina. Responding was Arthur Caplan, PhD, director of bioethics at the University of Pennsylvania. "A human embryo is merely a 'potential' human being," he said. "Outside of the womb, the embryo cannot develop into a human being. Therefore it cannot be considered a 'person.'"

Moderated by Robert Bazell, NBC's chief science and health correspondent, the discussion focused on the proper use of human embryos in stem cell research. A standing-room-only audience listened to the arguments and had an opportunity to ask questions and make comments. "This is a hot-button issue in the fields of medicine, research, and bioethics," said Dean Antonio Gotto. "Thanks to the support of Ambassador Ansary and his wife, we hope this debate will be the first of many as we confront the issues surrounding stem cell research and add to the global discussion about the future of this research."

Ansary, vice chairman of the Medical College's Board of Overseers and former Iranian ambassador to the U.S., is the benefactor of Weill Cornell's Ansary Center for Stem Cell Therapeutics. The center offers independent support for researchers exploring potential treatments for conditions from paralysis to Parkinson's.

WCMC ART AND PHOTOGRAPHY



Darracott Vaughan, MD

grade tumors in men who did develop the disease. "We know that finasteride shrinks the prostate," says urology professor E. Darracott Vaughan, MD, senior author of the follow-up study. "So perhaps that simply meant that doctors were better able to spot a highly aggressive tumor in patients taking the drug, because there was less tissue in which it could hide." In the re-analysis, the researchers found that to be the case; after adjusting for prostate volume, the incidence of the most aggressive tumors was no higher in men taking the drug than in those given a placebo.

Blood Test Could Diagnose Parkinson's

Weill Cornell researchers may have created the first accurate blood test for Parkinson's disease. Currently, diagnosis is based on a clinical review of symptoms; that method is 90 percent accurate in

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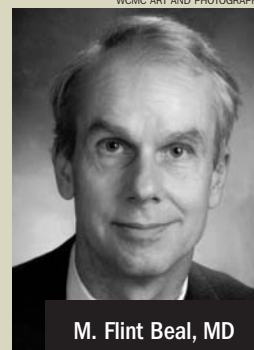
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identifying the 60,000 new cases in the U.S. each year. The new test, which profiles molecular biomarkers, tracks changes in small molecules that form a unique pattern in the blood of people with Parkinson's. "No one molecule was definitive," notes neurologist-in-chief M. Flint Beal, MD, "but a pattern of about 1,860 compounds emerged that was highly specific to Parkinson's patients." The findings were published in the journal *Brain*. Supporters of the project included the Michael J. Fox Foundation, a nonprofit established by the actor and Parkinson's patient. About 1.5 million Americans have the disease.



M. Flint Beal, MD

A Gene for Cooley's Anemia?

With the possible identification of the gene responsible for Cooley's anemia, clinicians may soon have an alternative to the standard treatment: spleen removal. The disease, also known as beta-thalassemia, is one of the world's most common blood disorders. Its symptoms include fatigue, shortness of breath, and an enlarged spleen—which is often removed to prevent it from bursting. Stefano Rivella, PhD, professor of genetic medicine in pediatrics, reported in the journal *Blood* that the JAK2 gene is highly expressed in Cooley's patients; a JAK2 inhibitor caused spleens of mice with the condition to return to normal size.

Circumcision Technique Could Combat HIV

Adult male circumcision can reduce the risk of contracting HIV, but it has long been considered too expensive and time-consuming to be useful in the fight against AIDS in developing countries. But if a pilot program by Weill Cornell researchers is successful, that could change. The group is testing the ShangRing, a device that circumcises patients in less than five minutes without suturing. Named for its creator, Jian-Zhong Shang, the device has been used on a limited basis in China since 2005. The team will collaborate with two nonprofits on a pilot study in Kenya to test the efficacy, safety, and acceptability of ShangRing circumcisions in African clinics. "Even non-physician health-care providers will be able to learn this procedure to safely perform circumcisions in resource-poor regions," says chief urology resident Richard Lee, MD. Following the pilot study, the team expects to conduct a larger clinical trial that will compare the ShangRing technique to traditional circumcision.

tip of the cap to...

Palmer Bessey, MD, professor of surgery, elected secretary of the American Burn Association.

Scott Blanchard, PhD, assistant professor of physiology and biophysics, given an \$800,000 National Science Foundation Career Award for groundbreaking work in cell biology.

Joseph Fins, MD '86, professor of medicine and public health in psychiatry and chief of the Division of Medical Ethics, named a trustee of the American College of Physicians Foundation.

David Lyden, MD, PhD, associate professor of pediatric cardiology, cell and develop-

mental biology, and pediatrics, who presented the annual Weiss Memorial Lecture at Roswell Park Cancer Institute. His talk was entitled "Preparing the Soil: The Pre-metastatic Microenvironment."

Laura Palermo, PhD '06, postdoctoral associate in pediatrics, awarded a \$150,000 Francis Fellowship to support her work in identifying novel small-molecule inhibitory compounds to prevent and treat parainfluenza infection.

Scott Tagawa, MD, assistant professor of medicine, winner of a \$75,000 Young Investigators Award from the Prostate Cancer Foundation.

Report from the Commissioner

As New York State's chief medical officer, Richard Daines, MD '78, grapples with an ailing system in the throes of change

THOUGH HE HAS DEALT WITH THE NEW YORK STATE health system in one way or another his entire adult life—first as a medical student, then as a physician, and finally as a hospital executive—none of it fully prepared Richard F. Daines, MD '78, for his current job as New York State Health Commissioner. Since he took office in January 2007, he has wrestled with budgets and launched public health programs—but he has also spelunked through New York City's water tunnels and dropped raccoon bait laced with rabies vaccine from a helicopter over the Adirondacks. "The breadth of the job was a surprise," Daines says. "Health departments vary across states, and sometimes they are quite narrowly chartered, but in New York we have a broad mandate." In addition to such traditional missions as working to prevent communicable diseases and conducting other public health campaigns, Daines's department regulates hospitals and long-term care facilities, conducts physician oversight, and administers New York's \$47 billion Medicaid program.

Daines, fifty-seven, speaks about the job slowly and deliberately in his home library on the Upper East Side, surrounded by a collection of "most everything Winston Churchill ever wrote" and a battered copy of *Gray's Anatomy*. He's in Manhattan for a meeting in the state government's downtown offices. But for the most part, Daines works in Albany and stays at the family's second home, a farmhouse in Dutchess County. When he's not upstate, Daines lives a few blocks from Weill Cornell, where his son, William, graduated this year.

A downhill skiing buff, Daines was raised in Logan, Utah. He came to Cornell after earning a bachelor's degree in history at Utah State University and spending two years in Bolivia as a Mormon missionary. He practiced as a critical care internist at St. Barnabas Hospital in the South Bronx, then moved to St. Luke's-Roosevelt Hospital on Manhattan's West Side, eventually becoming its president and CEO. Early last year, then-Governor Eliot Spitzer crossed party lines and picked Daines, a Republican, to carry out his ambitious health-care reform agenda, which called for expanding access to health care for the uninsured while finding ways to make programs more effective and affordable.

As health commissioner, Daines's biggest job is overseeing a

Medicaid program unlike almost any other in the country. Currently, New York ranks first nationally in Medicaid spending per capita but thirtieth in overall health-care quality, according to a recent report by the Commonwealth Fund, an independent research foundation. "Although New York has a lot of leading health-care institutions, if you look at the state of health care in New York, we're at best average, depending on how you measure it," Daines says.

At least part of the problem is that Medicaid-insured New Yorkers tend to enter the health-care system at the more exigent end of the spectrum. Rather than preventing or managing their diabetes through routine outpatient visits, for example, Medicaid patients often wait until they fall ill and then seek care at an emergency room, frequently followed by an expensive hospital admission. To provide an incentive for more effective care, Daines—a self-described fiscal conservative—is shifting Medicaid reimbursement away from inpatient care toward primary and preventive care. "We'd be happy to see half a dozen \$55 visits to a good doctor's office over the course of a year rather than two \$15,000 hospital admissions," he says. It's a long-term goal that, he notes, will require paying primary-care doctors higher fees and educating the public about healthier living. In the short term, though, he has been tasked with carrying out one of the most controversial health-care reforms in the state's history.

When Daines took office, he inherited the so-called Berger Report, a sweeping mandate approved by the state legislature that required the closing of nine hospitals and the merging or reconfiguring of another forty-eight, and the downsizing or closing of twenty-four nursing homes. The goal was to eliminate excess beds and redundant services, thus making the state's hospitals and nursing homes more efficient. According to the report, issued by the state's Commission on Health Care Facilities in the Twenty-First Century, too many inefficient hospitals were losing money or on the brink of bankruptcy.

The commission was structured so that its recommendations had to be accepted or declined wholesale by the state legislature. And when the Berger Report was released, it caused a firestorm. "There are a lot of vested interests involved when a



DANIEL BARRY / THE NEW YORK TIMES / REDUX

Richard Daines, MD '78

community learns that its two hospitals are going to merge into one or that its nursing home has to give up a hundred beds," Daines says. "There's community pride. There are jobs at stake."

Reaching out to communities is "a major part of my job," Daines says, and over the last year-and-a-half in office he has traveled frequently to areas affected by the downsizing. In Great Lakes towns like Chautauqua and Oswego, Daines has worked with local officials to make the transition as smooth as possible. In some cities, such as Buffalo, the process has been more adversarial—but, in the end, an agreement was reached that put Buffalo on the path to an improved health-care system. In a few communities lawsuits opposing the Berger mandates were initiated, none successfully.

Daines says that reforms to the long-term care system must de-emphasize institutional care and provide more options for community-based care. "If our approach to the problem of an aging society is that we somehow have to provide enough money

'Although New York has a lot of leading health-care institutions, if you look at the state of health care in New York, we're at best average, depending on how you measure it.'

to keep all of our current institutions as big as they are, doing what they are doing," he says, "we'll never reconfigure our long-term care system to provide the services and care today's seniors say they want."

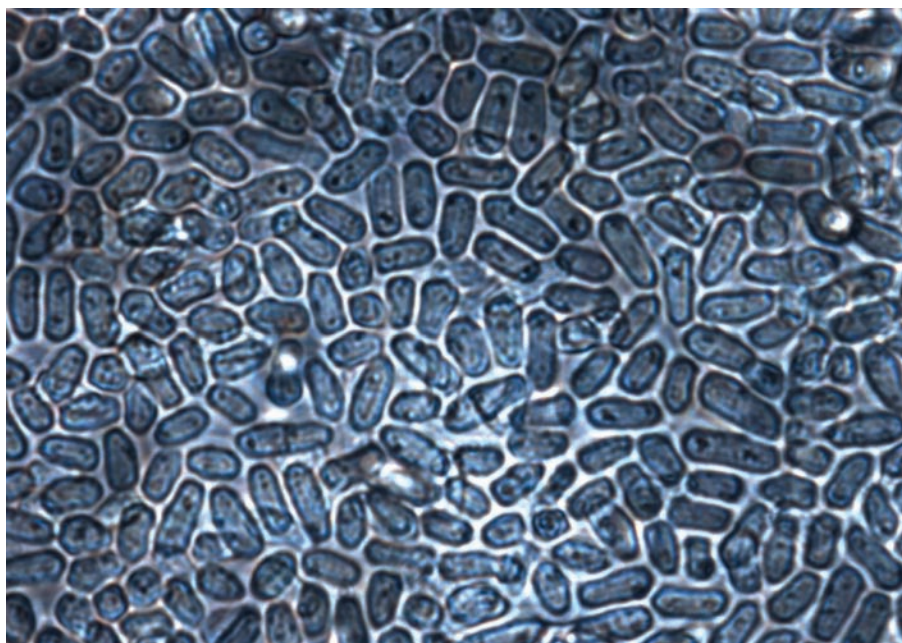
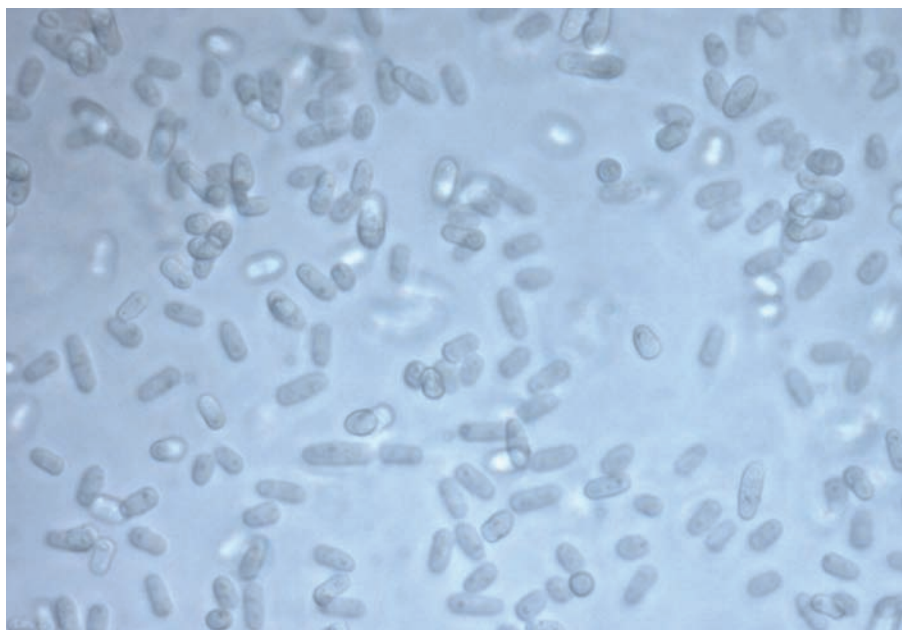
Although he spent five years on the other side of the funding equation—constantly battling budget constraints as CEO of St. Luke's-Roosevelt—Daines believes reform is "absolutely necessary." For decades, he says, he has watched other states modernize and strengthen their health-care systems

while New York has fallen behind, pouring money into an inefficient system with too many hospitals and nursing-home beds. Without major changes, Daines asserts, the state will never be able to invest in the primary and preventive care that will achieve the greatest improvement in health. "Obviously, we didn't expect people to say, 'Thank you for closing our hospital.' But I've spent my entire life in hospitals, and you never have as much money as you want. Sometimes constraints lead to creativity."

— Gabriel Miller

Group Dynamics

Biomedical imaging institute offers matchmaking—and funding—for researchers at Weill Cornell and two Houston partners



PROVIDED BY JOHN MILLER JR.

On the rise: Research by John Miller Jr., PhD, includes work with yeast. Above is a sample suspended in water. Below: Comparisons of harmonics induced by normal yeast and those with defective mitochondria.

dIABETES EXPERT DALE HAMILTON, MD, has a theory: one of the reasons his patients are at such high risk for heart disease is dysfunction of the mitochondria, the part of the cell that generates chemical energy. But currently there's no good way to test his hypothesis. "Getting a tissue sample from the heart is difficult, and isolating the mitochondria is even more difficult," says Hamilton, associate professor of clinical medicine at Weill Cornell and director of the Diabetes Heart Program at Houston's Methodist Hospital. "It takes several days and highly trained technicians, and it still doesn't tell us if the mitochondria are working well."

Hamilton needed outside help—and he got it from the Institute for Biomedical Imaging Science (IBIS), a collaborative effort that matches researchers from Weill Cornell, Methodist Hospital, and the University of Houston. Through IBIS, Hamilton is working with scientists who can build a monitoring device as well as help interpret the data it provides. The engineering team is led by John Miller Jr., PhD, a physicist at the Texas Center for Superconductivity at the University of Houston. An expert at developing applications for magnetic sensors, Miller has designed a device that sends out a radio wave—not unlike an ultrasound—and reads the signal that bounces back. But instead of an image, the sensor creates a graph whose configuration reflects the cell's functional state; the graph is then interpreted by William Widger, PhD, professor of biology and biochemistry at Houston. The ultimate goal is to develop a probe or biosensor that would not only measure mitochondrial function and detect abnormalities that may suggest diabetes or other metabolic disorders, but

also aid in treatment. "If we had somebody who is overweight, we could do a simple test of the mitochondria that would tell us if that patient is at risk for developing diabetes," Hamilton says. "We could tailor specific therapies for individuals."

There are many technologies that allow scientists and physicians to see inside the human body. The microscope offers a clear picture of cells, while X-rays, CT scans, MRIs, and ultrasounds have ensured that virtually no corner of the body is beyond our view. But even the best imaging technologies provide mostly static pictures, revealing little function or activity at the cellular level. Future technologies will produce sharper, more focused images—and even track drugs as they are delivered into the body and metabolized.

IBIS was founded two years ago as part of an effort to promote interdisciplinary and inter-institutional collaboration involving current and emerging imaging technologies, and apply that collaboration to the fundamental, translational, and clinical stages of medical research. The Institute serves as a benefactor and matchmaker for researchers eager to collaborate with imaging physicians and scientists at the various institutions. "Science is getting bigger—more scientists are conducting more research and publishing more findings," says Dirk Sostman, MD, Methodist's chief academic officer and an executive vice dean at Weill Cornell. "We need to be able to harness different technologies, different patient populations, and different researcher capabilities."

IBIS's annual grant budget isn't huge—about \$750,000, a third of which is supplied by each institution. But with the pilot funding and travel grants that IBIS provides, researchers can meet and conduct preliminary experiments to determine if their studies could attract funding from the National Institutes of Health (NIH) and other entities. Specifically, IBIS-funded projects—which must involve at least two of the three institutions—seek to create new technologies in three categories of imaging science: molecular imaging, which looks at biological processes on very small scales;

image-guided therapeutics, which targets therapies and medications to specific areas of the body; and image understanding, which aims to make sense of the avalanche of data that modern imaging techniques can generate. In its first two years, IBIS has awarded about twenty seed and two travel grants, totaling about \$1.4 million. While the collaboration by Hamilton, Miller, and Widger has proven to be the most fruitful so far, another dozen research teams comprising more than thirty scientists have been formed under the IBIS charter. Together, they've published ten research papers and abstracts and presented at five conferences.

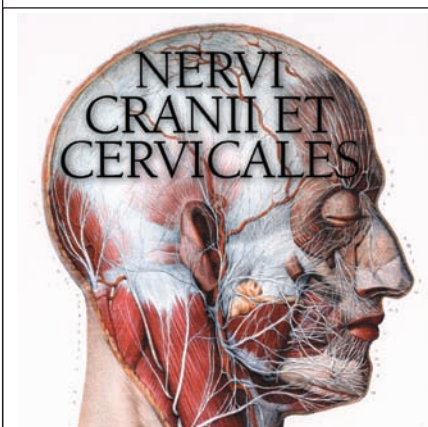
One paper—authored by Weill Cornell assistant professor of physics in radiology Henning Voss, PhD; Delanthi Salgado-Commissariat, PhD, of the Methodist Neurological Institute; and Santosh Helekar, MD, PhD, director of Methodist's Songbird Neurophysiology Laboratory—found that via MRI, doctors can observe the brains of zebra finches as they sing. Voss hopes that studying the brain patterns associated with the birds' repeating syllables, which are similar to human stuttering, will lead to better treatment options for people suffering from speech disorders.

The early collaborations have been successful, in part, because the three institutions complement each other. The University of Houston has a strong presence in such areas as computer science, molecular biology, and chemistry, but lacks the patient population that a clinical institution like Methodist can provide. Weill Cornell has the hospital and university connections, but its researchers can benefit from easy access to new collaborators in the basic sciences and additional imaging equipment and expertise. "The NIH really wants to nurture team science," says Weill Cornell radiologist Gary Dorfman, MD, who serves on the IBIS steering committee. "Imaging tries to solve big problems, and that takes big money. If we can help investigators form effective teams and develop preliminary data, they have a better chance of finding the funding to carry on their work."

— Joshua Hammann

Latin Lovers

Student group explores medicine's classical roots



THE MEETINGS OF *A CAPITE AD CALCEM* COVER EVERYTHING FROM HELLENISTIC science to Latin conjugation. But they all have one thing in common: the menu. "We always have pizza and wine," says Dan Knecht '10, the club's co-founder. "It's the closest thing we can get to Roman food."

Latin for "from head to heel," *A Capite Ad Calcem* is a Weill Cornell club devoted to the study of ancient Greek and Roman medicine, language, and culture. "Our mission is to reinvigorate classical education," says Knecht, "and explore the classical roots of medicine in an informal, fun setting." The group of some ten students meets in a classroom about once a month to discuss classical topics, listen to guest speakers—and, of course, eat. At one session, a member who had studied classics at Oxford led a translation of the Hippocratic Oath from the original Greek, and the club compared it to the version currently used by Weill Cornell. "In the original text, there was a part about not having sexual relations with patients," Knecht says with a laugh. "They definitely took that out." At another meeting, the club discussed the Latin and Greek roots of disease names and anatomical terms. "We talked about diabetes," he says. "In Greek it means 'siphon,' because when it was first studied scientifically it was a disease of excess urination."

With the demands of third-year rotations on the horizon, Knecht and co-founder Justin Mascitelli '10 recently turned over leadership of *A Capite Ad Calcem* to group member Jennifer Reifsnyder '11. For Reifsnyder, the club offers a chance to merge two passions. "There are a lot of clubs that have a more medical focus," she says. "But this is related to two things that I'm interested in: medicine, which is my career choice, and classics, which I just enjoy."

— Ian Holliday

In & Out

Having struggled with his own sexuality, openly gay psychiatry professor Richard Isay, MD, specializes in treating homosexual men

WHEN RICHARD ISAY, MD, was a psychiatry resident at Yale in the Sixties, he went into analysis six times a week to cope with his emotional problems. His most distressing symptom: he was not attracted to women. "I felt lonely, depressed, and, at times, desperate," the Weill Cornell clinical professor of psychiatry wrote in his second book, *Becoming Gay*. "I had recognized by then how strong my homosexual feelings were and, most likely, knew unconsciously the futility of attempting to arouse the 'blighted germs' of my purported heterosexuality; however, since I had thought of myself as being emo-

tionally disturbed and not gay, I had never contemplated finding sexual and emotional gratification with another man."

Back then, most mental health professionals—Isay's analyst included—considered homosexuality to be a pathology; the American Psychiatric Association would not vote to remove it as a mental disorder until 1973. By the time Isay ended treatment, he was in his mid-thirties, a practicing psychoanalyst who was married and had two children. Six months later, in New York for a meeting of the American Psychoanalytic Association (APsaA), he went to a gay pornographic movie. "Within a few minutes, because of the intensity of my

sexual feelings, I realized that, in fact, I was homosexual," Isay wrote. "For the first time, because my sexual feelings and impulses were so clear and powerful, I did not believe I was sick. I experienced a sense of relief and exhilaration. I knew that homosexuality was the passion I had believed myself incapable of ever experiencing."

Isay went on to become the first openly gay member of the APsaA. He led the charge to adopt its psychiatric counterpart's newly accepting view of homosexuality—and, in 1992, to remove barriers to openly gay men and lesbians being accepted into their training programs. Today, 90 percent of the patients he sees in his pri-

GORDON HARRELL



Richard Isay, MD

vate practice on the Upper East Side of Manhattan are gay men. "When I became aware of the intrinsic nature of my sexuality and began to act on it," Isay says, "I recognized that not only was I a better human being, but I was better able to practice analysis and therapy and be a more open and empathic person, both in my practice and personally." As a gay therapist treating gay men, he says, "I am more knowledgeable of what my patients are dealing with, having been through many of the same issues."

Those issues have evolved over the years as society has become more accepting of homosexuality; today gay men and lesbians are less likely to be closeted or made to feel that their sexual orientation is intrinsically abnormal. "Thirty years ago the main issue was internalized homophobia, because society was much less tolerant of gay men and their relationships," Isay says. "There was much more need to disguise who they were from themselves and other people. They're now usually more open about their sexuality and more accepting of themselves." Isay's first book, *Being Homosexual* (1989), was based on papers he had presented at APsA meetings to challenge the view of homosexuality as a pathology and to stop the practice of trying to convert gays to heterosexuality. *Becoming Gay*, published in 1996, was about the experience of accepting his sexuality. In April, Vintage will publish updated versions of both volumes.

These days, Isay's therapeutic focus is on the psychological and emotional wounds that commonly keep gay men from having long-term, committed relationships. "Commitment to one person and trust are very hard for many gay men," he says, "and that is mainly what my patients are talking to me about." The issue is the subject of Isay's latest book, *Commitment and Healing: Gay Men and the Need for Romantic Love*. Published in 2006 by John Wiley & Sons, the book uses case studies and Isay's therapeutic insights to encourage gay men to explore the reasons why they may have avoided long-term relationships, and emphasizes the value of such relationships in healing past wounds. Isay argues that a lack of access to legal marriage and the fact that most homosexuals don't have children are not the main reasons why gay men's relationships are often short-lived. Rather, he says,

the issue has its roots in the way many homosexual boys are treated by their parents. "The father who rejects his son because he is an atypical boy, or the mother who favors the son who gravitates to her because they have so much in common—these can be burdens that cause mistrust of future relationships and a difficulty bringing sex and love together in a relationship over a long period of time," says Isay, who hopes the book will help gay men examine the patterns of their romantic relationships.

Isay himself has been with the same partner for nearly thirty years; he lives in Greenwich Village with Gordon Harrell, an artist and dealer in antique American glass. "We both prioritize the importance of a committed relationship for our happiness," Isay says. "And he's a terrific, smart, loving guy with a wonderful sense of

humor." Isay is close to his two sons: David, a radio producer and past winner of a MacArthur "genius grant," and Joshua, a political consultant and former chief of staff to U.S. Senator Chuck Schumer. He has three grandchildren.

Although Isay is heartened by the gains of the same-sex marriage movement, he notes that some two dozen states ban partnerships or marriages between gay people, and that the federal government does not sanction any form of same-sex union. Still, he says, the fact that gay marriage is legal in California and Massachusetts will help foster stable long-term relationships by offering them a societal imprimatur. "It's important, because it gives gay people the opportunity to feel that their relationships are as valued as those of heterosexuals," he says, "and that their love is as valuable."

— Beth Saulnier

National Treasure

WCMC-Q professor donates heirloom to Doha museum



PROVIDED BY WCMC-Q

By the book: Bakr Nour, MD (right), with museum CEO Abdulla al-Najjar

WHEN DOHA'S MUSEUM OF ISLAMIC ART OPENS ON AN ARTIFICIAL island in the Persian Gulf in November, among its treasures will be an antique medical book donated by Bakr Nour, MD, WCMC-Q's vice chairman of surgery. The 450-year-old volume, entitled *Al Shifa Fi Akhbar Al Mostafa* (*Healing in the News of the Prophet Mohammed*), has been in Nour's family for three generations. In June, Nour donated it to the museum, which will preserve it, make it available to scholars, and display it as part of its permanent collection.

Nour's grandfather, an avid collector of Arabic literature, acquired the book in the late nineteenth century; Nour, an American citizen of Egyptian descent, inherited it in 1965. Several years ago, he noticed it was beginning to deteriorate. While some suggested he sell it at auction—or even subdivide it and list its individual pages on eBay—he felt protective of the family heirloom. He eventually decided to donate it to the museum, a \$300 million facility designed by I. M. Pei, architect of the Louvre pyramid as well as the Ithaca campus's Johnson Museum of Art. "Its design is very beautiful," Nour says of the Doha museum. "The more I drove by it, the more I felt it was the best home for the book."

The volume is adorned with gold leaf and ornamental calligraphy, but Nour says that its elaborate decoration is secondary to its content. The book extols spiritual health as the road to contentment, emphasizing peace of mind over material wealth. "The idea of the book is, be satisfied with what you have," says Nour, "and this will give you the key to happiness."

— Justin Reed

Kid Friendly

Students help WHO compile a list of key pediatric drugs

WHEN SARA SANI '11 BEGAN HER STUDIES AT Weill Cornell, she brought with her a well-cultivated interest in global health. After earning a bachelor's degree in history from Yale, she had done extensive reading in medical anthropology; while completing her pre-med requirements, she'd done volunteer work in Guatemala, where she assisted a Mayan midwife who provided general medical care. Then, shortly after enrolling at Weill Cornell, Sani learned about the chance to aid children in some of the world's most impoverished nations by joining a global research endeavor called Make Medicines Child Size (MMCS). "I was stunned that, as a first-year medical student, I could do research that might help millions of children," she says. "The idea was definitely humbling."

A new five-year effort, MMCS is part of the World Health Organization's Essential Medicines Program, which began in 1975. To help countries make purchasing decisions, the program has developed an evolving list of high-priority drugs for treating such major diseases as malaria, tuberculosis, cancer, and HIV/AIDS. "These countries want to use their limited resources to buy medicines best able to contribute to the health of their citizens," says pharmacology, medicine, and public health professor Marcus Reidenberg, MD, chairman of the program's fourteen-member Expert Committee. In fact, he adds, United Nations health agencies will only buy drugs that are on the list.

Several years ago, WHO and UNICEF recognized the need for a pediatric version, and a subcommittee divided the list of some 300 drugs into three groups. One comprised drugs that had both regulatory approval for use in children and established pediatric dosages. The second had regulatory approval but lacked pediatric dosages, while the third lacked both pediatric dosages and regulatory approval. WHO needed researchers to help determine which

medicines should go on the pediatric list and, for those in the second and third groups, establish methods for identifying proper pediatric dosages and obtaining approval. Reidenberg invited Weill Cornell students to participate; three signed up. He told them up front that the project would entail months of effort, reviewing the literature and writing detailed reports. Since early 2008, those students and other volunteers worldwide have researched thirty-one drugs or drug classes—this year's submission deadline was June 12—and the reviews are now posted on the WHO website.

Sani chose oral Albuterol, an asthma drug that was under consideration for removal from the list. Compared to its inhaled form,

JANE STERRETT / THE ISPT



the oral version tends to have more side effects, such as increased heart rate. At first, she says, deleting it seemed like a no-brainer. "But to my surprise, the research showed the drug to be almost as effective, and cheaper and easier to administer. We also found it had a relatively quick and substantial impact." Coupled with other discoveries—like the fact that children who lose their inhalers tend not to replace them—Sani recommended retaining oral Albuterol. "Getting a drug on the Essential Medicines List is just one step removed from putting lifesaving medicine into people's hands," says Sani, who spent last summer in a Brazilian *favela*,

working on an epidemiological study of leptospirosis in urban slums. "That's what makes this sort of research so rewarding."

Daniel Friedman '10 had learned about the Essential Medicines Program through his involvement with a foundation providing health care in Sudan. As a Cornell undergrad volunteering at a Syracuse hospital, Friedman had befriended one of the Sudanese refugees known as the "Lost Boys," and later helped him found a clinic in a remote area of Sudan's Upper Nile region. "The Essential Medicines List was a great help," he says, "because it made deciding what medicines to stock at the clinic much more manageable."

Given his interest in cardiology, Friedman researched Quinidine, which treats arrhythmia in adults. The drug—which can make a patient's premature beats decrease without actually diminishing the risk of fatal arrhythmias—is not extensively used today, and no clinical trials had been done on children. "It blew my mind how certain clinical products for adults have never been tested for use in the pediatric population," he says. Because Friedman found the drug to be potentially dangerous and its efficacy questionable, he recommended that Quinidine stay off the pediatric list. (His research is being used to petition removal of Quinidine from the adult list as well.)

Aimee Angle-Zahn '10, who is of Native American heritage, was inspired to volunteer because she saw similarities in the way extreme poverty affects medical care on U.S. Indian reservations and in developing countries. Due to her interest in oncology and rheumatology, she chose Methotrexate, a lymphoma drug that is sometimes used to treat pediatric rheumatologic diseases and cancers. Her research showed the drug to be effective for those conditions, and WHO approved it for use in children in June. Because of the high incidence in the developing world of Burkitt's lymphoma—a deadly pediatric cancer that is seldom seen in the U.S.—WHO has since asked Angle-Zahn to create guidelines for several pediatric oncology drugs.

The work undertaken by Angle-Zahn and her fellow students could have huge implications by influencing the availability of pediatric medicines worldwide, says Reidenberg, adding that he's not aware of students at other medical schools doing MMCS research. Although Reidenberg offered advice and supervision, the students wrote the papers and have single-author credit. "It's extremely rare for this type of student research to influence public policy and decision making," he says. "These are very technical reviews. It's not just for a grade in class."

— Coeli Carr

Social Studies

A founder of Physicians for Social Responsibility, Victor Sidel, MD, is still battling the medical consequences of society's ills

IN 1962, VICTOR SIDEL, MD, AND A handful of other Boston doctors asked a question: if a hydrogen bomb were dropped on the U.S., what would the medical consequences be? Nuclear bombs had destroyed Hiroshima and Nagasaki in World War II, but those devices were relatively small. The bombs that the physicians were considering, and which the United States and the Soviet Union had developed in the Fifties, were a thousand times more powerful. After analyzing the potential public-health disaster—catastrophic burns, radiation sickness, nuclear winter—the doctors wrote a series of articles that were published in the *New England Journal of Medicine*. Their conclusion? There would be virtually nothing doctors could do to help the injured—but they *could* try to prevent nuclear war in the first place. "That's when we formed Physicians for Social Responsibility," Sidel

recalls. "I said, 'I want to prevent the medical consequences of war and violence, not just bind up the victims.'"

Sidel is now something of an *éminence grise* in social medicine, a field that looks at the societal factors that affect

health, illness, and the practice of medicine. An adjunct professor of public health in Weill Cornell's Division of Medical Ethics, he is among the sixty "world's greatest minds" who shared their visions for the next half-century in *The Way We Will Be 50 Years from Today*, a recent book edited by "60 Minutes" journalist Mike Wallace. In Sidel's chapter, he discusses two issues at the core of his professional life: preventing war—especially nuclear war—and providing equitable medical care to all.

Sidel's leadership has given the field a decidedly global perspective. Physicians for Social Responsibility continues to educate about the "species-level threat" of nuclear war and has expanded its mandate to include the perils of climate change. Sidel is also a co-founder and past co-president of International Physicians for the Prevention of Nuclear War, which won the 1985 Nobel

'Because of race, poverty,
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And that was
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Victor Sidel, MD

JOHN ABBOTT

Peace Prize, and a former president of the American Public Health Association. His book *War and Public Health* (co-edited with Barry Levy, MD '71, an adjunct professor of community health at Tufts University School of Medicine) was recently re-released in a second edition; his other volumes include *Social Injustice and Public Health*, *Terrorism and Public Health*, and *The Global Gun Epidemic*. "Sidel's one of my heroes," says Juan Emilio Carrillo, MD, Weill Cornell associate professor of clinical public health and clinical medicine. "He has been a real pioneer and a strong advocate for social medicine. He's inspired many people over the years."

Social medicine as a field emerged in the nineteenth century, when German pathologist Rudolf Virchow saw how the Industrial Revolution had increased poverty and disease among workers; he and others contended that physicians needed to concern themselves with social issues and how they affected the health of the poor. That's still the crux of Sidel's work. Along with prevention of nuclear war, access to health care became Sidel's passion during

his internal medicine residency in the family health-care program at Peter Bent Brigham Hospital in Boston. He began to see that some families were getting optimal treatment while others were not. "Because of race, poverty, and other disadvantages, the outliers of society were getting less than equivalent medical care," says Sidel, the Distinguished University Professor of Social Medicine at Montefiore Medical Center and the Albert Einstein College of Medicine in the Bronx. "And that was extremely worrisome."

Today, the next generation of social medicine practitioners is tackling a wide range of issues. As vice president for community health at NewYork-Presbyterian Hospital/Weill Cornell Medical Center, Carrillo is harnessing technology to overcome the cultural and linguistic barriers that often prevent patients from getting the best care. Currently, he is beta-testing an Internet-based registry that tracks diabetic patients' hemoglobin, cholesterol, and microalbumin. Community health-care workers and nurses—who speak the patients' language and share their cultural

heritage—can log onto the registry and convey the information so patients truly understand it and are more likely to follow doctors' orders.

Developing cultural competency is a physician's first step toward providing equitable medical care, says Carrillo, who teaches the subject to first- and second-year students in the Patients, Medicine, and Society course. That means acknowledging not only the biases of the health-care system, but one's own biases as well. He cites the example of a male doctor who routinely shakes hands with his patients—offending one Hasidic woman, whose culture frowns upon touching adult males who aren't family members. "Say you have the most knowledgeable doctor in the world. If this doctor cannot communicate with a patient who has a different cultural perspective, someone who has a different set of expectations for the medical encounter, then all that knowledge goes to waste," Carrillo says. "In that sense, social medicine is as important as any diagnostic procedure or MRI."

— Susan Kelley

Ties That Bind

After two risky surgeries, a doctor becomes a mentor

PEDIATRIC UROLOGIST DIX POPPAS, MD, GOT THE call in January 2000. Pediatric oncologist Alex Aledo, MD, needed help in treating a thirteen-year-old boy with an aggressive, malignant bladder tumor. The patient, Lynn Melo, had begun to have symptoms back home in the Dominican Republic; he was in pain and couldn't urinate. His mother, a pulmonologist, had taken him to an oncologist, who diagnosed the tumor. She then traveled with him to NewYork-Presbyterian Hospital/Weill Cornell Medical Center, where Aledo, an associate professor of clinical pediatrics, had successfully treated her niece for lymphoma several years earlier. Melo underwent three months of chemotherapy, but the cancer—known as a rhabdomyosarcoma—didn't budge and his condition worsened. "Lynn was septic, with a blood pressure of about eighty," recalls Poppas, chief of pediatric urology at NYPH/WCMC. "He was dying."

The only remedy Aledo and Poppas could offer was to remove the tumor—and the bladder. It was a risky operation; Melo would have a 20 to 30 percent chance of survival. "It was either let him die in the ICU or take a chance and get him into the operating room to try to save his life," Poppas remembers. Melo's mother gave the go-ahead.

Poppas took out the tumor and bladder, then constructed an ileal conduit from a piece of Melo's intestine. He attached both ureters to one end of the conduit; the other end was sewn to the skin of the boy's abdomen, where an exterior bag would collect urine. Melo survived the surgery and subsequent months of radiation and chemotherapy. For three years, he was cancer free. He returned home, where he dreamed of becoming a basketball player, learned to play the guitar, and developed a love for the ocean. But life was tough for a teenager forced to carry a urine bag. "You don't want your friends to know about it," Melo now says. "You feel shy—you don't feel too proud about it. It shouldn't



PROVIDED BY LYNN MELO

Teaching case: Dix Poppas, MD (below), crafted an artificial bladder for pediatric patient Lynn Melo (left), who went on to study medicine himself.



JOHN ABBOTT

be that way, because it's a medical condition, but you're just a kid."

Then, during a checkup in New York, Poppas suggested that perhaps he could build the sixteen-year-old Melo a new bladder. It would be a bold move. The operation—called an orthotopic continent urinary diversion using an ilconeobladder—is rarely performed on children, with only five reported in the world literature. And the outcome was hardly a sure thing. Depending on what Poppas found once he went in, Melo would either be able to control his urination normally or would have to catheterize himself several times a day for life.

Poppas first took down the ileal conduit. Using a sizeable section of small bowel, he built the new bladder and connected it to the urethra and prostate gland. The procedure, which took twelve hours, was a suc-

It would be a bold move.

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cess: Melo is continent and able to urinate with complete control. Now twenty-one, he continues to do well—and he says his mother's career, his own experience, and Poppas have inspired him to become a physician. He is a third-year student at UNIBE School of Medicine in the Dominican Republic, and Poppas has become a mentor. "I really look up to him," Melo says. "He's successful, he's a great person, and he's doing all these great things for a lot of young kids. It's really impressive."

This summer, Poppas made Melo another offer he couldn't refuse: a scholarship to work in his lab at Weill Cornell, where Melo did basic research on kidney development and fibrosis. "I have the privilege to work with a lot of surgically complex children, and it is patients like Lynn that make everything I do in medicine worthwhile," Poppas says. "I'll tell his story to people at dinner and still get choked up." Melo hasn't decided what type of medicine he'll practice. Maybe, he says, he'll go into urology.

— Susan Kelley

Straight Talk

In *Street Smarts for the Practicing Physician and Surgeon*, orthopaedist Robert Schultz, MD '78, offers practical advice, from managing payroll to ironing your white coat

W EILL CORNELL MEDICINE:
When you graduated from medical school, did you feel prepared to deal with the logistics of starting a practice?

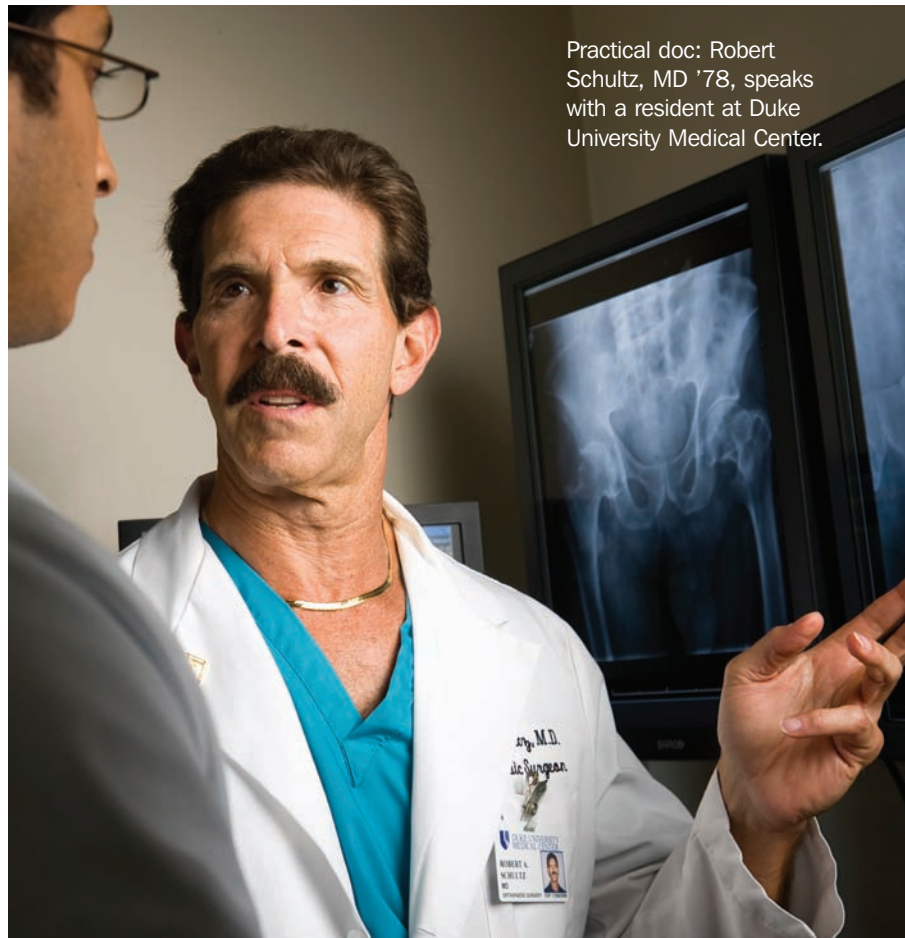
Robert Schultz: I had no clue. It wasn't a question of whether I was prepared or not—I hadn't even thought about what it would feel like. Doctors have one focus for so many years: learn medicine, learn my trade. But there is so much involved with being a physician. It's a shock when you're actually doing it, and you realize how

much time and effort you have to put in. It can be 100 hours a week. There is no way you can anticipate that.

WCM: What are your main messages in *Street Smarts*?

RS: One is not to be embarrassed or afraid to take care of yourself and your family—attaining financial independence, balancing your practice with the desire to smell the roses and watch your kids grow up. Another is to be an ethically good physician who runs your practice in a way that

JARED LAZARUS / DUKE UNIVERSITY



Practical doc: Robert Schultz, MD '78, speaks with a resident at Duke University Medical Center.

is not only comfortable and prideful, but fun. I also point out that even though we don't sign a contract, we are still legally bound to the patient, so I try to enlighten people about their legal responsibilities.

WCM: How did you go about setting up a practice when you finished your training?

RS: I joined an orthopaedist in my hometown who had treated me when I was a kid. He was like a father figure, so I trusted him to lead me. But if I had been looking for partnership or trying to go solo, I would have felt naked, without resources.

WCM: What do you wish that someone had told you back then?

RS: There are so many things. In the book I touch on issues that are commonplace, but difficult: worker's comp, getting rid of a patient that you don't want in your practice. At Duke University Medical Center, where I'm a clinical associate, we have a quarterly meeting called "Leaving the Duke Nest." It gives residents a heads-up as to what they're going to experience on the outside. Speakers talk about negotiating contracts; a physician who wrote a book about avoiding being sued talks about the legal aspects of practice. We had one fellow who graduated

from West Point who talked about doing the right thing, having a sense of duty. It gives the residents some inkling of what lies ahead—that they need to think about the future instead of just worrying about how they're going to do a particular operation or how many patients they're going to see in a day.

WCM: One of your chapters is entitled "Is Bedside Manner More Important Than Skill?" Well, is it?

RS: As a physician, you're in business; you want to have a good reputation, because that is the ultimate marketing tool. You become successful by word of mouth. You can be the best surgeon in the operating room, but you may not be as popular as someone who doesn't have the same skills, because you weren't caring and didn't have the bedside manner that people want.

WCM: You also touch on ethical issues; one of your recurring themes is that doctors have unique responsibilities.

RS: A physician is a human being who's

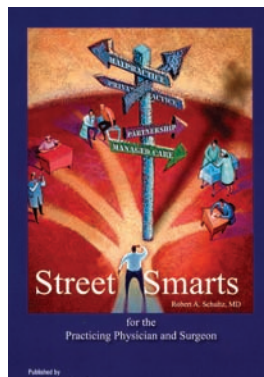
trying to make a living and have a family. But he or she is dealing with a client who is ill—and there's nothing more important than being healthy. So how can you compare it to being someone's attorney, financial planner, accountant, or contractor? If

things go wrong there, it's not fun, but it's not the client's body that takes the hit. If you make someone limp for the rest of his life, that's much more dramatic and ethically difficult to live with than if you screwed up his roof.

WCM: *Street Smarts* makes it clear that you're no fan of managed care. You call its bureaucracy intolerable and even life-threatening.

RS: It's more difficult than ever to practice medicine, so it's up to doctors to win medicine back for the health-care providers. It's up to you to be beyond reproach, to make sure your coat is white and pressed, to wear a tie when you're in public. There is more expected of you than other people. You are, so to speak, a celebrity.

— Beth Saulnier



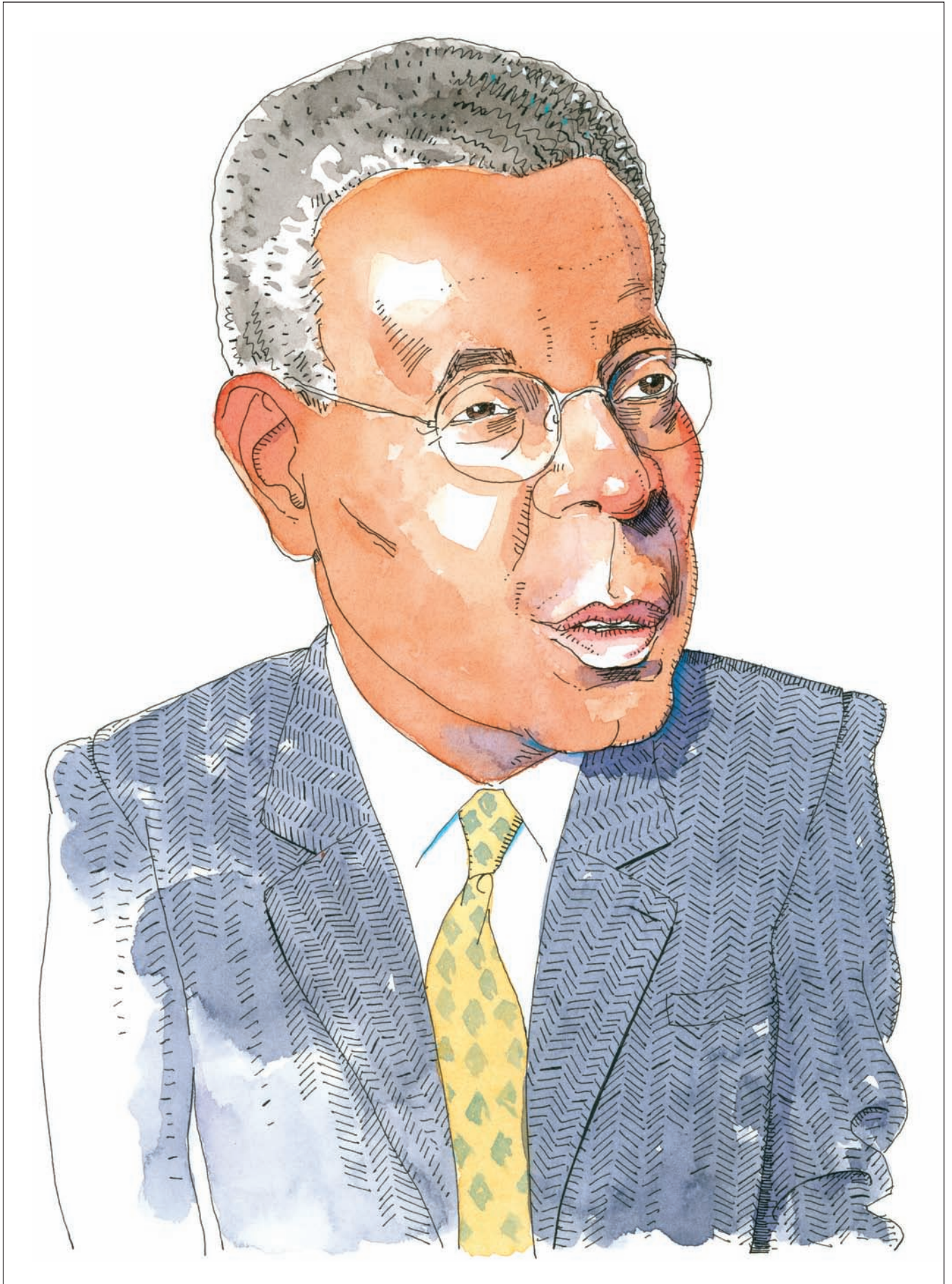
Java Generosity

Alumnus sells coffee to aid Rwandans

mANY DOCTORS WORK TO IMPROVE HEALTH CARE in developing countries, but Seattle-based family physician Karl Weyrauch, MD '80, has taken a unique approach to philanthropy: when he's not practicing medicine, he sells coffee. Weyrauch runs Coffee Rwanda, a business that buys beans from Rwandan farmers to sell in the U.S., with all profits supporting health and development work in the impoverished nation. In the past year, the business has contributed about \$2,000 to help build a school and hospital; Weyrauch, who visits Rwanda at least twice a year, personally supplied building materials for the hospital, which will serve 35,000 people. "We bought fifteen bags of cement," says Weyrauch. "Then we delivered it at four in the morning to help a community in the middle of nowhere."

When most Americans think of Rwanda, the first thing that comes to mind is the 1994 genocide that took some 800,000 lives. But in recent years the country has begun to make a name for itself among coffee aficionados. Weyrauch and his wife first visited Rwanda in January 2007, when their daughter was there on a research trip; while traveling, they hired a boat from members of a coffee cooperative, and Weyrauch got the idea for the business. Since then, he has built relationships with farmers and cooperative members, primarily in the area surrounding the capital city of Kigali. Currently limited to the wholesale trade, Coffee Rwanda distributes to churches and coffee shops in New York, Georgia, California, and Washington state, and business continues to grow. Says Weyrauch: "It's very word of mouth."

— Justin Reed



in black and white

Psychiatrist Alvin
Poussaint, MD '60,
tackles race in America

By Sharon Tregaskis

Illustration by Joe Ciardiello

alvin Poussaint was only a few days into medical school when he made his way to the records room at New York Hospital. There he pulled the two files, each dated May 1934, that had made Cornell his top choice for medical training. The first, a charity case, was his mother's record from the Lying-In Hospital, New York Hospital's maternity hospital; the second was his own, from the well-baby clinic. "My mother died when I was a junior in high school," says Poussaint, MD '60. "In memory of her, I said I wanted to return to the place where my mother gave birth to me."

Much of Poussaint's career bears the indelible mark of his East Harlem childhood—from his years on scholarship at Cornell to his leadership role in the civil rights movement, from his books on black mental health and parenting to his nine-year stint as a consultant to "The Cosby Show" and its spin-off, "A Different World." Today, the seventy-four-year-old psychiatrist heads the Media Center at Harvard's Judge Baker Children's Center, advocating for positive programming for kids, and serves as director of Harvard Medical School's Office of Recruitment and Multicultural Affairs, a position he's held since 1969.

In December, the publisher Thomas Nelson will release the paperback of Poussaint's fifth book, *Come On People: On the Path from Victims to Victors*, a call for personal responsibility and self-improvement targeted at disenfranchised African Americans, co-authored with comedian and activist Bill Cosby. The book's first edition, published in 2007, garnered its authors an hour on "Meet the Press," appearances on "The Oprah Winfrey Show" and "Larry King Live," and a welter of criticism and praise for their high-

profile renewal of a long-standing debate among African Americans over integration and self-reliance. "Alvin has used the experience he gathered in the Sixties to inform and serve as a platform for this public role," says childhood friend and MacArthur Foundation "genius" Bob Moses, a founder of the Student Nonviolent Coordinating Committee (SNCC), who recruited Poussaint to serve with the medical corps for Martin Luther King Jr.'s 1965 march from Selma to Montgomery. "He has embodied the idea that you are not just a private person, but that you also speak in public about important issues."

Come On People traces its roots to Cosby's 2004 speech at the NAACP's celebration of the fiftieth anniversary of the Supreme Court's decision, in *Brown v. Board of Education*, that banned segregation in public schools. In what came to be known alternately as the "Ghettoesburg Address" and the "pound cake speech," Cosby called on African American youths to seize the educational opportunities that desegregation promised, on black parents to involve themselves more deeply in their children's lives, and on communities of color to raise their moral standards. "These are people going around stealing Coca-Cola. People getting shot in the back of the head over a piece of pound cake," he told the Washington, D.C., audience. "Then we all run out and are outraged: 'The cops shouldn't have shot him.' " Cosby continued as though recalling his own childhood: "What the hell was he doing with the pound cake in his hand? I wanted a piece of pound cake

meetings in cities including Cleveland, Detroit, Baltimore, Atlanta, and Pittsburgh. When a publisher invited him to write a book expounding on his themes, he asked Poussaint, who had written the foreword to Cosby's *Fatherhood*, to serve as co-author. Cosby notes that despite their previous collaborations, he and Poussaint had several long talks before agreeing to embark on their latest endeavor. The entertainer ultimately pronounced his friend "perfect" for *Come On People* because of his sharp analysis and accessible style with challenging material. Says Cosby: "I trust Alvin's wisdom, his education, his experience."

Alvin Poussaint was ten years old when he first sensed his future calling. He'd spent the previous five months at Mount Sinai Hospital and then in a convalescent home in Far Rockaway, fighting a case of rheumatic fever so severe that doctors told his mother he'd be lucky to survive. The boy saw little of his parents or his seven siblings; in those days, family presence on pediatric wards was limited to twice-monthly visits. Instead, there were doctors, nurses, and the other children.

Throughout his treatment, Poussaint was the only African American—a stark contrast from the black and Puerto Rican neighborhood where his father owned a print shop and the family occupied a third-floor walkup. And while his doctors behaved with compassion, inspiring the boy's medical aspirations, day-to-day life with the other children was an education in cruelty and intolerance. "One day they were teasing me so much and calling me 'nigger' and 'black boogie,' I got hysterical and started crying," says Poussaint. "I'll never forget this experience because it changed me, psychologically." Inquiring about the boy's distress, a member of the staff compounded the pain. "I said the kids were calling me a nigger, and she said, 'Well, aren't you?' That left me with a deep feeling of what it meant to be despised because I was a black kid."

At the same time he began to blossom intellectually, thanks in part to a teacher who brought him books and homework assignments. His junior high graduation photo hangs in his office in Boston's Parker Hill neighborhood, above a sculpture he received from Jesse Jackson, for whose early Eighties presidential bid Poussaint served as Massachusetts campaign co-chair. "I was always a good student, but when I came back from being sick I was a smarter, better student," he says. Barred from sports and briefly confined to a wheelchair after he returned home, he became even more bookish. And as Poussaint's academic career gathered steam, so did America's growing awareness of racial inequality. On summer breaks from the elite Stuyvesant High School, the teen worked as a counselor at Camp Wo-Chi-Ca, a multi-racial woodland retreat for children from New York's tenements that stressed community and political consciousness, frequented by activists like Paul Robeson and Pete Seeger and run by the left-leaning International Workers Order. He was a junior pre-med major at Columbia with a minor in French—inspired by regular inquiries about the etymology of

'Professionally, I had come to the conclusion that the best way I could contribute to improve the mental health of black people—and white people for that matter—was to fight discrimination and segregation.'

just as bad as anybody else. And I looked at it and I had no money. And something called parenting said, 'If you get caught with it, you're going to embarrass your mother.' "

Georgetown University sociologist Michael Eric Dyson, named one of the hundred most influential black Americans by *Ebony*, was so incensed by the speech that he dubbed Cosby an "Afristocrat in Winter"; in 2005, he authored *Is Bill Cosby Right? Or Has the Black Middle Class Lost Its Mind?* "Cosby's remarks are not the isolated ranting of a solo rhetorical gunslinger," Dyson wrote, "but simply the most recent, and the most visible, shot taken at poor blacks in a more-than-century-old class war in black America." But National Public Radio correspondent and Fox News commentator Juan Williams saw truth in Cosby's tough talk and wrote *Enough: The Phony Leaders, Dead-End Movements, and Culture of Failure That Are Undermining Black America—and What We Can Do About It*.

Meanwhile, Cosby went on the road, hosting a series of public

his family name—when *Brown v. Board of Education* set the stage for the desegregation of Southern schools.

At home, Poussaint's older brother and roommate, Kenny, had begun a slow spiral into mental illness and heroin addiction. Poussaint again found refuge in his studies, returning home to sleep only after the libraries at Columbia had closed. As his brother's condition worsened, Poussaint began to doubt he'd be able to manage the same routine in medical school, and when Harvard was interested, Poussaint was ready to abandon his dream of returning to the place of his birth for his MD. "It was not an issue with Cornell, but whether I should get away from my brother," says Poussaint, who dedicated *Lay My Burden Down*, on the topic of suicide and the mental health of African Americans, to Kenny. "He was causing me a lot of pain. If I was going to live at home again like I did at Columbia, it was going to be just too much." Then Cornell came through with an offer and he withdrew his application from Harvard. "The dean offered me room and board in Olin Hall, which had just been built, and a half scholarship," says Poussaint. "He said, 'If you do well in your first year, we will see that the rest of your medical school is paid for.'"

After graduating in 1960, Poussaint matched to a residency at the UCLA Neuropsychiatric Institute, as the nascent SNCC launched its Mississippi Project—with Bob Moses at the helm—to register black voters. Four girls died in a Birmingham church bombing during Poussaint's third year at UCLA; back home, his sister Julia, head of SNCC's New York City office, was vetting activists headed south for the Freedom Summer. By the time the young psychiatrist began his term as chief resident in the fall of 1964, Freedom Summer volunteers James Chaney, Andrew Goodman, and Michael Schwerner (a 1961 graduate of the Ithaca campus) were dead and President Lyndon Johnson had signed the Civil Rights Act.

And so, in March 1965, Bob Moses and Jack Geiger, MD, founder of the Medical Committee for Human Rights (MCHR), recruited Poussaint to join them in Jackson, Mississippi, the epicenter of the civil rights movement. It was Poussaint's first foray south of the Mason-Dixon Line. "That whole Southern culture and the segregation—the tension, it was like warfare," Poussaint says. He became one of the "foot doctors" on King's march from Selma to Montgomery, treating activists throughout the five-day trek. "I



PHOTOS PROVIDED BY DR. ALVIN POUSSAINT

Come On People: Poussaint (right) with longtime collaborator Bill Cosby

got more determined and even angry," he says. "Professionally, I had come to the conclusion that the best way I could contribute to improve the mental health of black people—and white people for that matter—was to fight discrimination and segregation."

That summer, Poussaint became the MCHR's southern field director, leading the effort to desegregate health care in the South and providing medical care both to impoverished local blacks and to the volunteers registering voters throughout the region. By June 1965, Poussaint had an apartment, connections with local black physicians and civil rights workers, and a clinic in the same building that housed the Mississippi Freedom Democratic Party. And unlike other northern volunteers, Poussaint had a local address—which meant he was able to practice medicine in the state and supervise visiting MDs, who were restricted to delivering only basic first-aid. "I know there were pressures not to give me a license," he says, "but they decided since I was a resident, not to give me a license because I was associated with the civil rights movement would be a bad precedent."

Poussaint's introduction to Jackson was a baptism by fire: two months of protests at the state capitol building, culminating in the police transport of hundreds of young people in paddy wagons

Good medicine: Poussaint (back row, center) with medical school classmates. Right: The physician examines a patient at the Holmes County Community Center and Clinic in Tchula, Mississippi, in 1966, as part of his work with the Medical Committee for Human Rights.



and garbage trucks to the local fairgrounds, where protestors were incarcerated in livestock facilities. "It was some of the worst treatment of anybody in the whole civil rights movement," says historian John Dittmer, now at work on *The Good Doctors*, a chronicle of the MCHR. "Al and several other people did triage for weeks." A year later, Poussaint would work the entirety of the 220-mile Meredith March Against Fear, a voter-registration rally organized by James Meredith, the University of Mississippi's first black student. "We had to have medical personnel at all of the demonstrations," says Poussaint. "We had a theory that if the police saw doctors around, they were less likely to be brutal because we would be there to testify about what they did."

It was high-profile work, and the stress was intense. "It was a rough time, but since everybody was working under the same conditions, you tried to minimize the fear," he says. "Every single day, you felt your life was at risk." In August, George Metcalfe, head of the Natchez, Mississippi, chapter of the NAACP, turned the ignition key in his 1955 Chevrolet, sparking a bomb that blew the car's hood across a parking lot and left him with lifelong injuries. Says Poussaint: "For two months, I could not get in my car without picking up the hood and looking for wires."

Cosby calls his sitcom about the Huxtable family—for which Poussaint served as a production consultant—a 'lesson plan' on the value of family. 'I can't imagine the show without Alvin, without his input,' says Cosby.

By the time Metcalfe's Chevy exploded, many of the northern volunteers were on their way home. Poussaint remained in Jackson, leading the effort to desegregate local health care, documenting health disparities in local populations, and collaborating with Geiger to launch a pilot program for the community health-center movement that now serves some 15 million Americans nationwide. "It was one thing to be in Mississippi in 1964 and 1965, in the middle of Freedom Summer, with all of the people who came down, with all of the attention the movement got," says Geiger, now a professor emeritus of community health and social medicine at the City University of New York. "You were part of a big organized effort. To continue on when almost everyone had gone home took a lot more courage. There was a lot more isolation and hardship."

Nurse Phyllis Cunningham, a white member of SNCC who staffed the Jackson clinic, worked with Poussaint throughout the South. The two put in twelve-hour days treating patients, but they assiduously avoided going out in public. "We were very careful about blacks and whites being seen together," says Cunningham, "especially if it was a man and a woman." When they drove with another black physician to a conference in Chicago, Cunningham rode in the back seat, wearing a scarf that obscured her face. Together, the two ran a five-day training program in Atlanta for fed-

eral officials and medical students, preparing them to take witness statements regarding segregated health-care facilities throughout the South. Poussaint was personally responsible for generating hundreds of affidavits documenting violations of Title VI of the Civil Rights Act, which bars discrimination in federally funded programs and activities. "It was one of the success stories," says Dittmer. "Unlike schools, where if you didn't want to comply you just went out and started your own, hospitals had to be in compliance because of Medicare and Medicaid funding. That was



'A champion for students': As Harvard Medical School's associate dean of student affairs, 1973

one of Poussaint's major achievements."

Poussaint returned north in 1967, launching an academic career dedicated to integrating issues of families, children, race, and media—first at Tufts, then at Harvard. (*See sidebar*.) His early publications, grappling with his experience in Mississippi, bear such titles as "The Stresses of the White Female Worker in the Civil Rights Movement in the South," "Black Power: A Failure for Integration Within the Civil Rights Movement," and "The Negro American: His Self Image and Integration." He wrote several books, including the essay collection *Why Blacks Kill Blacks* and *Black*

Child Care, a guide for parents struggling to inculcate both racial pride and preparation for discrimination outside the home, co-authored with Yale psychiatrist James Comer. (Poussaint himself is a father of two; he has a grown son from his first marriage and a nine-year-old daughter with his second wife, Tina Young Poussaint, a Harvard neuroradiologist.) "I was so impressed that he was even-handed, fair-minded," says Comer. "He even understood the extreme racists that he dealt with. It's very easy to be angry. It takes energy and strength to see the worst and do the best you can to change it."

Black Child Care came out in 1975; it was revised and re-released in 1992 under the title *Raising Black Children*. Together, Comer and Poussaint coached parents grappling with the same balancing act between fighting racism and taking personal responsibility that Poussaint and Cosby would tackle in *Come On People*. "The only way to take advantage of the opportunity opened by the civil rights movement is to raise children who are respectful, responsible participants in the larger mainstream society," says Comer, "and at the same time have respect for your African American culture."

Poussaint's perspective made him a natural to collaborate with Cosby, whose emphasis on positive, family-friendly programming that balances racial pride with integration has led to myriad con-

Integrated Medicine

Lauding a 'Jackie Robinson' of medical education

In April 1968, as the country reeled in the aftermath of Martin Luther King Jr.'s assassination, a small group of Harvard Medical School faculty gathered to develop an affirmative action policy that would add fifteen black students to each entering class and appoint a dean to facilitate their success on campus. That summer, child psychiatrist Leon Eisenberg, MD, a Russian Jewish immigrant whose own medical training was the product of World War II-era quotas, headed the search for that new administrator. "The entering students were not likely to be received by everyone with great enthusiasm," recalls the emeritus professor and former chair of the Department of Social Medicine and Health Policy, who considers hiring Poussaint his single most important contribution to Harvard Medical School. "Identifying someone with the right intellectual values, a real commitment to civil and human rights, and a capacity to be strong in the face

of stress was critical. It's a little exaggerated, but I felt like [Brooklyn Dodgers executive] Branch Rickey choosing Jackie Robinson. You knew people were going to provoke him and you wanted someone who wouldn't go flying off the handle." Poussaint's academic pedigree made him a standout candidate for the job, says Eisenberg, but it was his civil rights credentials that clinched the appointment.

At Harvard, students came to regard Poussaint's office as a haven from the racial tensions of Boston and a sometimes hostile faculty, recalls ophthalmologist Eve Higginbotham, MD, now dean of the Morehouse School of Medicine. "It was an oasis where students could go and feel comfortable, almost like coming from a stormy external environment into a quiet, tranquil harbor," says the glaucoma expert. "He has such a calm demeanor; he certainly conveys a sense of tranquility. I've never heard

him raise his voice. He might use a different tempo in his delivery, but he always exudes calmness."

Higginbotham was a first-year in 1976 when the medical school's chairman of bacteriology and immunology penned an op-ed for the *New England Journal of Medicine* suggesting that Harvard was graduating incompetent black physicians, invoking the analogy of a plane piloted by a person whose qualifications were solely the product of affirmative action. "It was nasty, destructive," says Eisenberg. "A number of our students had trouble with patients after that damn thing hit the public press—white patients who didn't want to be examined by what they saw as an inferior black student." Students objected and organized a rally at which Poussaint spoke, decrying his colleague's claims yet defending his right to free speech. "He was there with us," says Higginbotham. "He was viewed as a champion for students."



Civil rights royalty: Poussaint and Coretta Scott King at a 1994 gala for the Judge Baker Children's Center

sulting arrangements with psychiatrists and psychologists since his days producing the Emmy-nominated educational cartoon "Fat Albert and the Cosby Kids." Cosby calls his eponymous Eighties sitcom about the Huxtable family—for which Poussaint served as

a production consultant—a "lesson plan" on the value of family. "I can't imagine the show without Alvin, without his input," says Cosby, who still laughs at the mayhem Poussaint's revisions caused on the set. "The comedy writers hated him, because they would write a joke and Alvin would red-pencil it and say, 'Don't you think it's demeaning to women when you say it this way?' I remember how comfortable I was in saying, 'Let me think of another way to say this.'"

Beyond scripts, Poussaint reviewed set dressings and costumes; he even vetted a pirate outfit for a Halloween party scene. "I didn't like the Captain Hook stuff, the image of disabled people with the peg leg and the eye patch," says Poussaint. "So they toned it down." He also replaced references to the American Ballet Theatre with the Alvin Ailey Dance Troupe and inserted Morehouse and Howard for Swarthmore and Oberlin when the Huxtable kids started talking about college. "The writers would have to change it," he says, "because Bill was backing me up." Poussaint still has Cosby's support; when the physician offered constructive criticism during their collaboration on *Come On People*, the entertainer didn't do much talking back. "Alvin is a psychiatrist," Cosby quips, "and I would be crazy to disagree with a psychiatrist." ■

breathe easier

Physician-researchers battle COPD, a ‘silent killer’ that’s the fourth-leading cause of death in America

By Beth Saulnier photographs by John Abbott

dolores Skinner will never forget that first smoke. It was the summer of 1950, and the twelve-year-old and a girlfriend decided they wanted to try cigarettes, so they bought some—two Pall Malls for a penny. They were puffing and coughing at Skinner’s house in North Carolina when her mother came home and smelled the evidence. “Of course, I got a beating for it,” recalls Skinner, now seventy and a retired elementary school principal living in East New York, Brooklyn. “And then she called my girlfriend’s mother, and my girlfriend got a beating too.”

But maternal wrath didn’t put her off the habit, which Skinner adopted because it made her feel grown-up. (She bought a corset for the same reason; her mom made her take it back, insisting she was far too skinny.) By the time she turned fifteen, her nonsmoking mother had relented; she was allowed to light up, under one condition. “The only thing was, I could not smoke in the street,” Skinner says, “because that was not lady-like.”

Over the years, smoking’s status as a talisman of adulthood faded in Skinner’s mind, but her love affair with cigarettes continued. Whenever she’d go somewhere where they were cheaper—back to North Carolina, say, or on a cruise with a duty-free shop—she’d pick up five or six cartons of Benson & Hedges Golds. She may not have thought of the twenty cigarettes in her daily pack as drug-delivery devices, but she liked how the nicotine made her feel. “My life was quite stressful,” she says. “Cigarettes seemed to calm me, help me think things through, give me clarity.” And then there was the simple force of habit. “You pick up a cigarette because you answer the phone or you’re using the



PROVIDED BY DR. ANN TILLEY

Trouble spots: An image of the lungs of a COPD patient, with areas of emphysema outlined in orange



Dolores Skinner

computer or watching TV. You get in the car, and the first thing you do is light one."

When Skinner started smoking, no one talked about the health risks. As attitudes shifted over the years, there were times when she wanted to quit—but she couldn't. She tried just about everything: drugs, nicotine gum, patches, support groups, going cold turkey. Then, in the winter of 2007, she began to suffer from shortness of breath and went to Weill Cornell's Wright Center on Aging for a checkup. A few days later, on Super Bowl Sunday, she got a follow-up call from her primary care physician, Eugenia Siegler, MD, medical director of the geriatrics inpatient service at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Skinner was on her way to a party at a friend's house, but those plans were swiftly derailed. "I could hardly talk," she recalls. "Dr. Siegler said, 'You can't even get a sentence out. You have to go to the hospital.'"

The diagnosis was chronic obstructive pulmonary disease (COPD), an incurable, life-threatening ailment that affects millions of Americans—and for which smoking is by far the leading risk factor, causing at least 85 percent of cases. COPD—which comprises two diseases, emphysema and chronic bronchitis—is the fourth-leading cause of death in the U.S., behind heart disease, cancer, and stroke. It's projected to move up to third place by 2020, but many people have never heard of it. "People are tremendously unaware of this disease," says assistant professor of genetic medicine Ann Tilley, MD, the specialist who has been treating

Skinner. "It's under-diagnosed and under-recognized." Although 12 million Americans are known to have COPD (with an equal number believed to be undiagnosed), it has not prompted the sort of high-profile research and fundraising campaigns marked by pink ribbons or yellow plastic bracelets. COPD, says genetic medicine chairman Ronald Crystal, MD, is the classic "silent killer."

One reason why COPD so often goes undiagnosed, Crystal says, is that the human lung has so much built-in redundancy. "We have about 300 million air sacs, so you can lose some and never know it," says Crystal, the Webster Professor of Internal Medicine. "You lose lung function slowly. COPD generally occurs after people have smoked about a pack a day for twenty years or more, so they're already in their forties or fifties before they develop symptoms." Then there's the shame factor—the sense among sufferers that they've caused their own problems, that they have no one to blame but themselves. "Most of the people who develop COPD are smokers, and they feel guilty because they know cigarettes are not good for them," Crystal says. "That contributes to the denial."

Screening for COPD requires only a simple, five-minute test using a \$1,500 machine called a spirometer. With their nostrils clipped shut, patients take a deep breath and empty their lungs, exhaling as fast and hard as they can for at least six seconds, allowing the machine to measure their lung volume. (A formal diagnosis entails a visit to a specialist for

Physicians measure smoking history in terms of “pack years.” To calculate them, they multiply the number of packs a patient smokes per day by the number of years they’ve smoked. If someone goes through two packs a day for five years, for instance, they have ten pack years. “On average, it takes about twenty pack years to be at risk for developing COPD,” says assistant professor of genetic medicine Ann Tilley, MD. “But there is a lot of variability.”

Tilley and her colleagues have been studying that variation—hoping to understand why some smokers get COPD early while others don’t get it at all. “We’ve been trying to collect enough patients, whom we’re calling ‘supermen,’ ” Tilley says. “These are people with a very high number of pack years who don’t have any symptoms of disease, who don’t have any abnormalities on their lung-function tests. Then there’s a group we call our ‘susceptible smokers.’ Those are people who show signs of disease even though they have fewer than twenty pack years.”

Under a \$14 million grant from the NIH’s National Heart, Lung, and Blood Institute, Weill Cornell researchers are exploring the genetic roots of COPD. Led by genetic medicine chairman Ronald Crystal, MD, the effort could lead to early detection of those at risk and aid in the development of novel treatments. “We now have the tools, from a research point of view, to make major inroads into this disease,” Crystal says. “We know that cigarette smoking is by far the major cause of COPD. But the fact remains that only 15 to 20 percent of smokers develop it—which means that 80 to 85 percent do not. Whether we develop any disease involves our genetics and the environment to which we are exposed, and COPD is a classic example of that. The environment—cigarette smoking—puts enormous stress on the cells lining the airways, but it’s genetics that dictate who will and will not get the disease.”

There may be myriad external indicators, both clinical and anecdotal, that someone is a heavy smoker: a cough, hands that smell like an ashtray, premature aging. But even if there are no outward signs, the proof is there—at the genetic level. About 300 genes are affected by smoking; they’re either up-regulated (turned on) or down-regulated (turned off) as compared to normal. “Let’s say we bring an individual into our clinic and evaluate them by history and physical,” Crystal says. “We do a chest X-ray, a CT scan, a lung function test, and they’re all normal. But if we take a fine brush and obtain cells lining their airways and look at the genes that are turned on and off, we can tell if that person is a smoker.”

The Smoking Gene

Our DNA can make cigarettes even more deadly—but genetic research could help battle lung disease

Like Tolstoy’s definition of happy families, the expression of those genes looks similar from one non-smoker to another. But among smokers—as in unhappy families—there are dramatic differences. “There’s a big range of responses,” says assistant professor of genetic medicine Meredith Turetz ’93, MD ’98, “ranging from gene expression that looks a lot like that of a nonsmoker to expression that’s extremely abnormal.” Crystal offers the analogy of two sunbathers: “They go to the beach in July and don’t use any sun protection, and one of them gets burned and the other doesn’t. It’s probably their genetics that causes that. Some people are high responders to the stress of smoking, whereas others are low responders—and the genes in the cells lining their airways look like those of nonsmokers.”

The differences persist even in former smokers. Genetics, it seems, also affect the body’s ability to recover from years of lighting up. “Some ex-smokers continue to show abnormalities in their gene-expression patterns, as if they had continued to smoke, whereas some will go back to completely normal. And then there are some who are in between,” Crystal says. “Some people continue to decline in their lung function at the same rate as if they were still smoking, whereas some go back to normal and some remain in between. So we see it at a genetic level and at a clinical level. But we don’t know how to predict which path each individual is going to take.” Ultimately, the researchers hope to discern a genetic pattern among the so-called supermen versus the susceptible smokers—and see if that could help predict an individual’s odds of developing COPD. Says Turetz: “We could say, ‘Your risk is not 15 to 20 percent, it’s 90 percent—so you should stop smoking right now.’ ”

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more specific tests.) The warning signs of COPD include shortness of breath—particularly during physical exertion—as well as cough, phlegm production, and wheezing. But, Crystal says, patients often brush them off. “They’ll ascribe them to ‘I have a smoker’s cough’ or ‘I’m out of shape’ or ‘I’m getting older’ or ‘I’m a little overweight.’ ” Often, it’s a friend or relative who points out that the patient is no longer as active as she used to be. “They’re under stress—maybe carrying things upstairs—and they realize they’re not as comfortable,” says assistant professor of genetic medicine Meredith Turetz, who earned an undergrad degree from the Ithaca campus in 1993 and an MD from Weill Cornell in 1998. “They end up curtailing their activities, not even noticing that they’re doing it—avoiding walking up hills or not walking as far.”

Crystal, chief of the Division of Pulmonary and Critical Care Medicine at NYPH/WCMC, has become a vocal advocate for COPD awareness, research, and treatment. In 2007, the NIH’s National Heart, Lung, and Blood Institute awarded Weill Cornell a \$14 million grant to fund investigations by Crystal and colleagues into the disease’s genetic roots (see sidebar). The award announcement coincided with the launching of the NIH’s first major public outreach campaign against COPD, entitled *Learn More Breathe Better*. “Of people who have smoked enough to be at risk, only about 15 to 20 percent will develop COPD,” says Tilley. “Since the exposure is the same, we think the difference must lie in genetics—15 to 20 percent of people must be genetically predisposed to develop COPD if they smoke, whereas the other 80

percent are genetically protected.” COPD seems to be deadlier in women than in men, and research is ongoing into whether female lungs are somehow more susceptible.

John Borrelli first started smoking in the Sixties—“always Marlboro Lights, always a pack a day, never one over a pack.” Now a semi-retired plumber living on Staten Island, the Italian-born Borrelli was diagnosed with COPD in early 2008, after reporting shortness of breath. Like many COPD patients, he was prescribed Advair, a combination steroid and bronchodilator commonly used to stave off asthma attacks, and Spiriva, which prevents narrowing of the airways. He takes both via inhalers. “Since I’ve been taking these two medicines, I can walk for miles,” says Borrelli, who has felt well enough to help his son-in-law renovate two Italian restaurants in Brooklyn.

In addition to drugs, COPD patients can benefit from pulmonary rehabilitation, where they learn coping mechanisms for more comfortable breathing. “It doesn’t bring back the lung function that’s already been lost,” Turetz says, “but it helps you use what you have left more effectively.” Once patients are stabilized, exercise programs can help as well. “Cardiovascular exercise will improve your overall state of being and performance,” she says. “And strength training can improve the efficiency of your muscles, so you can get more out of your lung function.” Skinner had several months of pulmonary rehab, and also takes Advair and Spiriva. “The difference is like night and

Out of breath: Ann Tilley, MD (left), and Meredith Turetz, MD '98, study images of a COPD patient's lungs.



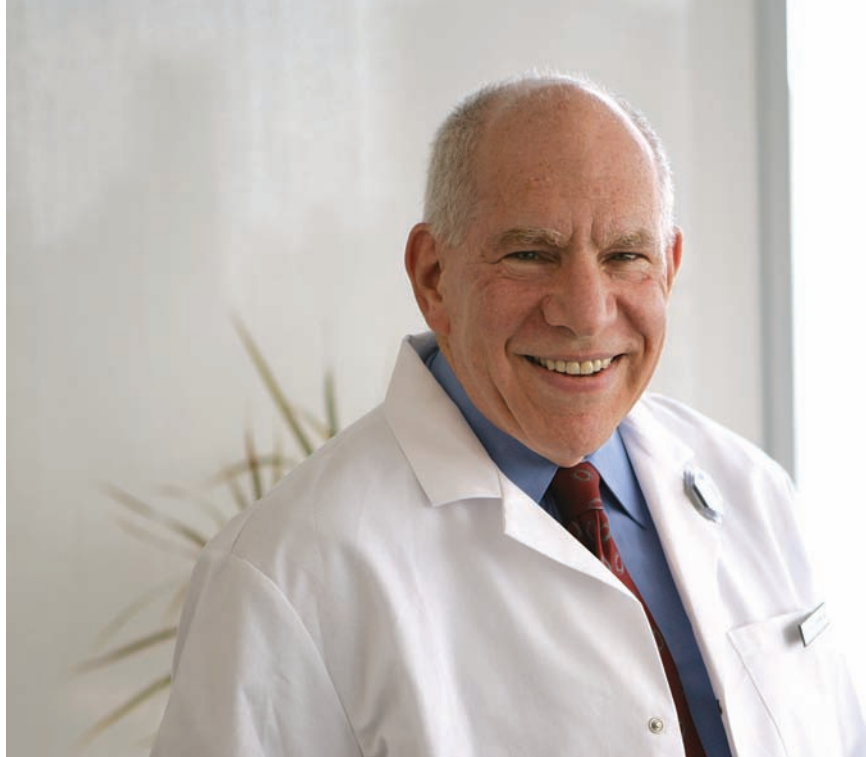
day," she says of her health before and after treatment. "There used to be a time when I couldn't walk up from my basement to the second floor, but now I can. Am I a little winded? Yeah, but I can do it, where before I couldn't do it at all."

For smokers diagnosed with COPD, the first prescription is to quit—no matter their age or how long they've been smoking. "There's data that quitting even when you're eighty improves your health and decreases your chance of getting obstructive lung disease," says Turetz. "And even if you already have disease, quitting will help decrease the amount of lung function you lose per year." But physicians know that's far easier said than done. While Borrelli managed to stop after tapering down to less than half a pack a day, Skinner has had a harder time; she still lights up five or six times a week. "Even with COPD, I want a cigarette every now and then, and I'll take one," she says. "It's nothing like when I was smoking full-blown, but it's hard for me to totally give it up. I guess I still have to call myself a smoker, because I've been unable to break the habit. I've been doing really well, thank God, but I'm sure that if I didn't smoke at all my life would be even better."

Although smoking is the primary cause of COPD—underlying 80 to 90 percent of cases—it isn't the only one. A fraction of patients, less than 5 percent, have an inherited deficiency of alpha1-antitrypsin, a lung-protecting protein produced by the liver. COPD can also stem from inhaling second-hand smoke or living in an area with high levels of air pollution. "For example, in Nepal, decades ago many people lived in buildings where they would have fires on the first floor and the smoke would come up to the second floor, where people slept," Crystal says. "There were very high instances of COPD, but with better ventilation that has markedly improved."

COPD takes a hefty toll—not only on an individual patient's quality of life but on society as a whole. Each year, more than 120,000 Americans die of the disease and it costs more than \$40 billion in medical bills and lost productivity. Because it takes years of smoking before the disease takes hold, developing countries where the habit remains popular will likely see spikes in COPD decades from now—though full understanding of the problem is hampered by a lack of epidemiological data. "China is a good example," Crystal says. "In China, there are 1 million cigarettes smoked per minute. There are something like 1 million cases of bronchogenic carcinoma per year. So the assumption is that there is a higher instance of COPD as well, but that is not as well documented." And even if everyone on the planet quit cold turkey, the physicians say, the COPD bills would eventually come due. "Because of past smoking trends, we'd continue to see a rise in obstructive lung disease for the next several decades," says Turetz.

Both she and Tilley admit that they hate seeing people light up, not only because of the damage they're doing to themselves but also to those inhaling their second-hand smoke. "I have a tremendous urge to stop people on the street and tell them to quit smoking," says Tilley, "especially young people." But they acknowledge that even though smoking rates have declined in the



Ronald Crystal, MD

U.S., it's still hard to make patients understand that today's behavior can have deadly consequences far down the line. "Lung cancer, COPD, vascular disease—they all come after years of smoking," Turetz says. "People start when they're young, and these eventualities seem awfully far off, if they're ever going to happen. So it's difficult to convince thirty-year-olds who feel perfectly well." Another stumbling block, she says, is that the consequences befall only a subset of smokers. "Anecdotally, when you counsel patients, everyone has an uncle who smoked three packs a day for ninety years and nothing happened to him. That makes it hard to get the message across that smoking puts you at considerable risk."

Skinner has one of those Teflon-smoker anecdotes in her family tree: her father went through at least two packs a day for decades but lived into his late eighties without getting lung disease. "My dad smoked up until the point where he couldn't hold a cigarette," she says. "Even when he went into the nursing home, he smoked." But there's a darker side to her family history: one of Skinner's sisters, a former smoker who was quite overweight, died of COPD and congestive heart failure in her early sixties.

Skinner's family—she has a son, three grandchildren, and two great-grandchildren—have long urged her to quit. On a car trip a few years ago, they bought her a ceramic figurine at a roadside stand. It's a little frog bearing the slogan, "Please don't smoke—you're going to croak!" Skinner recently dropped more than thirty pounds through a Weight Watchers program affiliated with her church, so she may give a smoking-cessation support group another try; she's hoping the camaraderie of the meetings will help her quit for good. Still, she says, it's hard to drive or sit at the computer without lighting up. "Those are the times when I most want a cigarette, but because I don't have them around, the feeling passes," she says. "But other times the feeling is so strong that I feel like I'm going to die if I don't have a cigarette. But that's not what I should be thinking. I should be thinking, 'If I *have* a cigarette, I'm going to die.'" ■

fantastic voyage

By Shetal Shah

Wazungu, Wazungu!" the chubby little children cried as we descended a hill along the red clay path that heads toward the town of Kisii, nestled in Kenya's western highlands. We were an hour past luminescent-green tea plantations and slightly west of the Rift Valley. The area is so beautiful that evolutionary biologists believe it inspired primitive man to walk upright.

Wazungu is the Kiswahili word for "white Westerners," and it was the first noun we were taught by our group leader, an American fourth-year medical student. We extended our hands to the children and replied with *Jambo*, the word for hello.

"How are you?" they chirped in unison before shaking our hands and gleefully running off, their bare feet immune to the innumerable stones beneath them. We had been in Kisii for more than two weeks, but the chance to see a group of Westerners walk

In a pair of essays from his book *Passport to Illness*, Shetal Shah, MD '00, describes how travel in Africa enriched his medical education. And then there were the leeches...

down a hill and shake their hands was still, for the meantime, the best show in town.

We numbered nine students, plus our leader; all of us were working, observing, shadowing, and helping at one of three hospitals or clinics in town. At the Getembe Maternal and Child Health Hospital, patients sleep two (three if one is a child) to a bed. The rooms have the unpleasant smell of illness, amplified by the lack of ventilation. I was told that they put fans in each of the rooms a year ago, but they short-circuited because electricity, like plumbing, is precarious at best here.

Rounds move fast and are done with a complete disrespect for patient privacy. No curtains are hung on walls, and if patients need to undress, they do it right there. If a patient doesn't know the answer to a question, such as when she last ate, Dr. M. K., the supervising physician at this site, just asks if anyone else in the room remembers seeing her with food. Over tea that afternoon, I mentioned to Dr. K., a tall, lanky man with hair just going gray, how this approach differs from "Western medicine." Pulling out his stethoscope and lightly tapping the end against the side of the chair, he grinned and said in a superior tone that I had just encountered *Harambee*.

Cause for celebration: Shah photographed children dancing to mark the opening of a clinic in Francistown, Botswana; during his 1996 trip, he bicycled around the country, receiving traditional medical care after a road injury. Opposite: Today, Shah teaches neonatal medicine at SUNY, Stony Brook.

PROVIDED BY DR. SHAH





JOHN ABBOTT

Harambee was a word that wasn't unfamiliar. It's the national motto printed on all the currency. The national soccer team is the Harambee Stars. At least one store in every town is named Harambee. It's the Kiswahili word for unity, and as I learned, it extends to every aspect of life, even transcending the inherent differences that come from living in a country with forty-two African tribes. Harambee means if someone is sick, everyone helps and contributes until the person is well.

"We are all brothers and sisters here," Dr. K. said. "And who doesn't help their brother when he's ill?"

Harambee means that no one in Kenya is sick alone. It's the reason hospitals there don't serve meals. Each day, a different friend or family member brings food prepared at home. Each patient, without exception, gets home cooking. The tribe is insulted if the hospital has to give a patient food because it shows the group is unfit to take care of its own.

It extends to treatment as well. "Sometimes we have to fight with families and neighbors to give IV medicine and give care," Dr. K. said. "They want to do it themselves." At one clinic, a mother grabbed out of my hand an injection I was about to administer and insisted she help. I let her. I had only completed my first year of

medical school and wasn't about to mess with Harambee.

It's a different situation in the United States, where the number of flowers and get-well cards in a patient's room is directly related to how recent the hospitalization was. Patients in the long-term care facilities are all but forgotten in our country.

That night, the electricity went out again. As we waited for the moon to rise over the hill, we gathered around the glow of a kerosene lamp to discuss and analyze what we had seen earlier that day. For me, what made Harambee most interesting was that it illustrated the stark contrast between Kenyan and American medicine.

American medicine has become so academic and has built up such a mystique around itself that it's essentially its own culture. We have our own language, acronyms, and multisyllabic words that require separate dictionaries. From the first day of medical school, we are initiated into our own rituals. We have private jokes and hold white coat ceremonies in honor of our students. We make sure our coats are the proper length: short with a blue patch for interns, three-fourths length for residents, and full length with name embroidered for attendings. It's a perverse sign language that only we, as a hospital population, understand.

In short, American medicine actively attempts to hold itself separate and distinct from the people it serves. Harambee shows how Kenyan medicine, for all the envy it has for Western methods and techniques, will never be the same as what I see on New York's East Side. Harambee medicine seeks to merge with culture and maneuver within its borders. There is no doubt that work would be quicker if you didn't have to answer to twenty friends, family, and tribe members and explain to them twenty different ways why treatment is being changed. But I learned you can't do that in Kisii. Such expediency would violate your tribal responsibility.

I returned to my second year of medical school with a different perspective. In the Western world, we often assume higher technology and more sophisticated procedures lead to better care. So we tend to feel that there is much more we can teach rural health practitioners that they can teach us. Not so. For Kisii's Harambee is only one example.



I am trying to keep my mind open and my eyes closed, but I can't help but peek.

From my angle, they look brown in the Botswanan sun—like boxed chocolates—but, in fact, they are dark green. The only problem with this therapeutic illusion is that the “boxed chocolates” are leeches sucking pus from my ankle in the hope of feasting on the blood underneath.

Wouldn't you keep your eyes closed?

The situation—lying face-up near a campsite in the southern African twilight while four leeches imbibe my bodily secretions—is entirely my own fault. Only a medical student would go so long without treating himself. Those who say that doctors are the worst patients never saw a hospitalized medical student during rounds.

My injury started with a simple fall from a bicycle. I had spent the summer raising money for an international organization that builds housing for low-income families, as one of thirty cyclists riding across Botswana. However, the government of this France-sized country did not have transcontinental bike travel in mind when they constructed the public roads, and the loose gravel and tight cycling formations in which we rode caused a junk pile on day three of the journey. I received minor cuts and bruises. Over the several days that followed, I neglected treating my cut, which was now severely scabbed over. “I'll do it tomorrow, today I want to explore,” or “today I need to see. . . .”

And with so much to do, the craving for adventure easily subdued the medical part of my mind. I thought not of infection but of diamond-jeweled

starlight admired from a sleeping bag set up on the soft silt of a dry riverbed. Molten Botswanan sunsets—perfectly outlined orbs of orange and yellow that sank quietly behind acacia trees—displaced microbiology. Medicine rested 10,000 miles away from the Tropic of Capricorn, whose path we crisscrossed for three more days.

By Sunday, the dull pain in my ankle had enveloped my leg, and the swelling got so bad that my cycling shoes didn't fit. The scab had grown to a golf-ball sized abscess—a cocktail of blood and purulence camped out on my foot. For my health and comfort it had to be drained. But near the Tropic of Capricorn, along a gravel road at the southern edge of the Kalahari Desert, the distance to the local emergency room is measured in days: one day by car, three days by bicycle, six days by donkey. Enter the leeches.

The “leechmaster” is Ntemidisang, a native doctor from a village nearly four kilometers from the national highway. Wearing blue jeans and a faded orange T-shirt from Syracuse University, his body wrapped in a grey cloak to protect him from the “cold” southern-hemispheric winter, he appears on the cutting edge of Setswana fashion. That is, he looks as American as possible. Our doctor looks at the abscess, pushes it, prods it, and backlights it

Will travel: After an eight-week stint working in a clinic, Shah spent three days sailing on a *dhow* (traditional wooden boat) off the coast of Kenya.

PROVIDED BY DR. SHAH



'I was only a first-year medical student, so at the time I knew only one disease transmissible via needle. But isn't one enough when you know that it's fatal?'

with a flashlight. I'm a little feverish, and he agrees it must be drained if I am to continue riding tomorrow. Two days later, we'll arrive in Francistown, a major city with a hospital and my antibiotic Shangri-La.

Ntemidisang smiles to calm me, revealing four metal teeth. He prepares a syringe and excavates from his pocket a needle that looks like it has been through at least four people and five dogs before me.

Uh-oh, hold on a minute . . .

I was only a first-year medical student, so at the time I knew only one disease transmissible via needle. But isn't one enough when you know that it's fatal?

I grab my Syracuse fan's wrist and protest the use of a needle. He understands: apparently, staunch objection is cross-cultural. Flashing those metallic teeth, he replaces a wet cloth on my forehead and opens a rusted Sucrets lozenge tin, respectfully showing me the leeches—the latest alternative to the western "incision and drainage" procedure.

Old needle or leech?

My head is arched backwards so the stars now seem like glitter on a black lacquer floor—and I am trying to think of other things. But the cool tingling burn of antiseptic on my skin calls me to attention. They are placed side by side on the scab. Seconds later, my muscles tighten after what feels like a sting from a Stallone-sized hornet.

Many thoughts infiltrate the mind when it knows there are leeches on the body, so Ntemidisang judges it best I don't think at all. He conspires with the other cyclists to make me laugh and forget about the perverse ritual on my lower extremity. My eyes are closed, their jokes are not funny, but I laugh. The psyche is amusing itself as a defense mechanism. I see my "Significant Medical History" tainted forever: I am eighty years old with a large prostate, in the hospital, giving my history to a medical student just days into school. He is being too thorough, trembling as he presents to the intern as he confidently states: "The patient's surgical history is significant for an abscess drained by leeches in the late 1990s."

I am destined to be someone's medical anecdote.

The ways that the human species seeks to cure its ills are endlessly variable, and, to be good physicians, we must be aware of how our bias and cultural context influence the care we give and the outcomes we achieve. No U.S.-trained doctor, even in the Kalahari Desert, would consider Ntemidisang's procedure; the rigors of Western medicine have taught him that such crude methods are not acceptable. Herbs don't work, drugs do. Teas don't work, chemotherapeutic cocktails do. Leeches don't work, scalpels do.

Back in the U.S., it is clear to me that patients fear our Western medical narrow-mindedness about such alternative therapies. In 1993, Eisenberg and colleagues showed that 34 percent

of people who visited a physician had used some form of "unconventional therapy" in the previous year, and that an overwhelming majority did not inform their doctor. How can a therapeutic relationship exist if you are afraid to tell your doctor that you are drinking tea?

Ever so slightly, the medical world is acknowledging this fear and beginning to receive "unorthodox treatments" into its regimented arms. Most medical schools in the U.S. now include at least some formal instruction (either a lecture or an elective) about the existence of alternative therapies. Several health-maintenance organizations now reimburse for acupuncture, and in 1996 the Food and Drug Administration reclassified the procedure from an "investigational" to a "medical" device. But we have not progressed far enough. Ultimately, our medical tutors exert more influence over our clinical habits than an hour or a week talking about alternative medicine.

Medical schools that are content to educate their students but not their attending physicians about such treatments fail to recognize this fact, propagating a revolution in Western medical attitude, but at a snail's pace. It is a rate of change much too slow in view of the popularity of these methods. The plastic "History and Physical" cards we carry make no mention of interviewing for alternative medicine use, and doctors do not question us about it when we present patients on rounds, thereby ensuring that most of us will not—ten years from now—ask our own students.

If the medical world is going to serve patients to its greatest capability, changing attitudes about "unorthodox therapy" should work not only from the student up, but also from the chief of medicine down. A two-pronged approach has always seemed a more efficient way of enacting a revolution.

Ten minutes later my ankle is bandaged and Ntemidisang's teeth are reflecting the dull haze of the lantern light. We thank him for his services and he leaves, an orange blur bouncing with each step, kicking up dust and crackling gravel on his way home. Two days and 240 kilometers down the national highway, I receive my antibiotics. I complete the tour without further incident.

Eighteen months later, I have developed a good routine. In the middle of my patient interview, I ask about herbs, teas, and acupuncture. I do not explicitly mention the use of leeches. More often than not, the patient says something noteworthy. I won't forget to ask again, but I have the benefit of mild trauma and a thin, brown, shiny wrinkled scar on my ankle to remind me.

There are eight lozenges left in the Sucrets package in my medicine cabinet. But who knows what I'll put in there next? ■

Shetal Shah, MD '00, is an assistant professor of neonatal medicine at the State University of New York, Stony Brook. *Passport to Illness: Voyages In and Out of Medicine* was published by Cold Tree Press in February.





PHOTOS BY JOHN ABBOTT

NOTEBOOK

Dear fellow alumni:

This is my first time writing to you as incoming president of the Weill Cornell Medical College alumni association. I hope to continue the tradition set by my predecessors and use this column to update you on the fantastic developments at WCMC and the Medical Center.

I hope many of you were able to attend Reunion 2008, which took place on October 24–25. There were so many great talks and events, including Dean Antonio Gotto's State of the Medical College address and the gala at Chelsea Piers. Medical students led tours of the Education Center and the new Clinical Skills Center and, at the invitation of the twenty-fifth anniversary classes ('82 and '83), retiring WCMC-Q Dean Daniel Alonso, MD, gave us a wonderful update on the Medical College's work in Qatar.

As I ponder what I might be able to contribute to the Alumni Association during my tenure, I have reminded myself of the association's mission. Outgoing president Gene Resnick, MD '74, articulated its three main aims in one of his recent columns: alumni networking, alumni-student relations, and fundraising efforts. The association now has more than 1,200 members, and I hope to meet many of you at Reunion. Over the coming year, we have planned alumni gatherings in various parts of the country, including San Francisco, Boston, and Washington, D.C. Additionally, several other regional events are in the works; the dates will be posted on the WCMC alumni website and communicated by e-mail. These smaller gatherings will allow us to engage alumni in different geographical locations and provide more opportunities for local networking.

As I have spent my entire career teaching medical students at WCMC, I feel that I am in a unique position to promote alumni-student interactions. Besides supporting student programs, I believe we can provide students with more mentorship and career guidance. I know that our students crave such opportunities, and we have so many distinguished and prominent physicians and physician-scientists among our alumni. I am delighted that Paul Miskovitz, MD '75, is initiating a new Alumni-to-Student Knowledge (ASK) program where students will have opportunities to meet with guest alumni over lunch. If you would like to help with this initiative, please contact me or the alumni office.

Finally, thanks to the generosity of our alumni, the debt burden of WCMC graduates is among the lowest for private medical schools. As our country faces a deep financial crisis, it is ever more important that the Alumni Association continue its fundraising efforts to support student education and scholarship relief. This will be more difficult as we all struggle with the current financial challenges, but I hope we can remember how our Cornell education has provided us with a fulfilling career and enriched our lives.

I look forward to serving you over the next two years, and I welcome your comments and suggestions.

*With warmest regards,
Hazel Szeto, MD '77, PhD '77
President, CUWMC Alumni Association
hhszeto@alumni.med.cornell.edu*



WEILL CORNELL ART & PHOTOGRAPHY

1930s **Norman Thetford '34, MD '38:** "Before the 1930s completely disappear, mention should be made of a name that has not previously appeared: **Haskell Rosenbloom, MD '38**, our only classmate to lose his life in World War II. Commissioned in the U.S. Public Health Service, Haskell was the surgeon on the Coast Guard cutter *Comanche*. Reading of his assignment in a sort-of house organ the USPHS issued, I wrote a letter of congratulations. It came back 'Unknown.' Only years later did I learn that the *Comanche* had been sunk by a German submarine off Iceland. In Battery Park in New York City, there is a stone memorializing men who went down to the sea in ships. Dr. Rosenbloom, listed thereon, has no grave."

1940s **Alexander S. MacDonald, MD '41:** "Retired from practice in December 2007 after 57 years."

Elizabeth Main Welty, MD '41: "Alive and well. Busy with community affairs, particularly supportive of music for young people. Spokane is a busy, interesting, and entertaining city. All are welcome."

Robert M. Kiskaddon, MD '42: "My correspondence with **John Flynn, Wally Rickert**, and **Dick Donaldson** has ceased. If there are any members of our wonderful class still breathing air, please drop me a postcard at 708 Macedonia Drive, Punta Gorda, FL 33950. My macular degeneration prohibits travel to New York. My very best regards to those remaining."

David R. Tomlinson, MD '43: "I am still a member of the Samaritan Hospital School of Nursing Advisory Board. Spending the winter in Fort Pierce, FL."

David W. Barton '41, MD '44: "Still working part-time in an urgent care clinic. Moderately active in tennis, bicycling, and jogging."

Allan L. Goulding, MD '44: "Time for a knee operation. All else doing well."

Herbert I. McCoy, MD '45: "Keeping up my CME with weekly conferences at Scripps Hospital where I was a former chief of medicine. In spite of being 87 I am still serving as 'diving doc' to groups scuba diving in various overseas areas. Just back from a recent trip to Israel and scuba diving in Micronesia."

Elizabeth McCann Adams, MD '47: "My brother, **William P. McCann, MD '49**, died in Alabama. I miss Pete very much, and I know that many others in the CUMC family will miss him as well. I live in a retirement facility in Sacramento with my dog, a very nice mutt. Since I seem to be in excellent health at 84, I should be here a few more years."

David A. Cofrin '45, MD '47: "Let's hear it for the Class of '47. There is only one 60th and it really is 61st, as we all know. I am planning a big party so long as all disability ramps are operating and wheelchairs are available."

R. A. R. Pritchett, MD '48: "Practice continues with offices in the new Weill Greenberg Center—nicest office and best job I have ever had. Limited practice but four or five days a week in office. I am engaged in fundraising and am on several committees including internship interviews for the Dept. of Medicine. My wife, Clare, and I travel abroad for two weeks a year and to my country home on Lake George in August and some weekends."

Joseph A. Worrall Jr., MD '48: "I enjoy photography, my computer, online friends in India and Pakistan, radiologists and sonographers. Have been diagnosed with COPD so I have become

interested in spirometry. Just ordered a spirometer so I can follow and plot my progress/deterioration. Need to learn how to use it properly and interpret the results. That will keep me busy. I may even do some spirometry at the Fairbanks Clinic. We have a spirometer but the nurses who administer the tests get almost no training. Not good. I presently do ob/gyn sonography and enjoy that very much. See a few of my old patients for their annual gyn exam, but I do not want to see anyone who is sick and I do nothing at night any longer (except get up to go to the bathroom). I'd rather be traveling to Singapore, Bangalore, or Delhi or spending some time in Valdez, Homer, or other coastal towns of Alaska."

Edmund T. Welch Jr., MD '49: "**Harold Evans, MD '49**, and I correspond often by e-mail. Would like to hear from other members of the Class of '49. My e-mail address is etwjd@yaho.com."

1950s **Dewey Nelson '48, MD '51:** "To provide more time with family, and, I hope, to publish a book I am writing, I will terminate my Delaware State medical license after March 31, 2009. Now in my 81st year, I will retire my license with many good memories, and with much gratitude for the opportunities Delaware tendered me. I was fortunate to have been the first neurologist to practice in this state, was chief of neurology at several hospitals, and was promoted to full professor of neurology at Thomas Jefferson University Medical College in 1975, having authored 89 scientific publications."

Henry L. Hood '43, MD '51: "On August 26, 2007, I married Nancy Alcock, a native of Tasmania, doctorate from the University of London, a biochemist who spent her career at the Rockefeller Institute, Memorial Sloan-Kettering Institute, and the University of Texas Medical College in Galveston. The Henry Hood Center for Health Research was dedicated on June 23, 2008, by the Geisinger Health System in Danville, PA. I was president and CEO of the system from 1974 to 1991."

Nicholas M. Nelson, MD '54: "Since retirement, I have been enjoying grandchildren and auditing Bowdoin College courses in art history, history, and music to make up for all the humanities I bypassed in studying (and enjoying) medicine." Dr. Nelson, who lives in Topsham, ME, is professor emeritus of pediatrics, Milton S. Hershey Medical Center, Pennsylvania State University.

Ralph C. Williams Jr. '50, MD '54: "I am still practicing internal medicine and rheumatology three days a week here in Santa Fe, NM, and it still is fun. This past year several of my colleagues and I reported a puzzling case of TIO (tumor-induced osteomalacia) produced by a 1 cm. benign tumor in the patient's lower jaw. This strange tumor had been producing phosphotonying—mainly FGF-23 which induced profound urinary loss of phosphorus and multiple vertebral and pelvic fractures. We made the diagnosis by measuring FGF-23 in the serum and doing a bone scan using an octreotide scan that showed massive uptake in a small area of the right mandible. We got an oral surgeon to resect this tumor, and now the patient is completely cured and back to full-time work (see *Arthritis & Rheumatism* 58: March 2008, pp. 773-777). The whole episode was remarkable. Rheumatologists rarely cure anyone!"

Forrest T. Tutor, MD '55: "My wife, Janis, and I have completed the restoration of our antebellum home, Lochinvar, which was almost destroyed by a terrible tornado in 2001. We had our first open house

since the tornado—had 1,351 guests in five hours. Janis has just joined me in retirement from her practice in plastic surgery. Our oldest son has decided that he wants to go to medical school, with no push from his parents. I have published my book, *Gordons of Lochinvar*. We are happy to be still vertical and ventilating!"

Charles H. Beckmann, MD '56: "I continue to practice cardiology half-time. I will be the lunchtime speaker at the 14th annual Cardiology Fiesta conference presented by the University of Texas Health Center at San Antonio, where I continue as clinical professor of medicine. My daughter, Diana, is an assistant professor at the University of Texas Health Science Center, having just completed her PhD."

Stanley J. Landau '53, MD '56: "Busy! I'm a urology consultant to the legal profession. Duplicate bridge, classical piano lessons, golf in summer, Sarasota, FL, for the month of January. Weekends of theatre, museums, and music out of our New York City pied-à-terre, and also travel (Vietnam and Cambodia this November). Not quite enough time in the day. Enjoy our nine grandchildren. Most important, my health is good and so is Maxine's, so life is good."

William G. Loomis, MD '56: "Would like to get in touch with **Dana Brooks '49, MD '57.**"

Lawrence Scherr '50, MD '57: "After chairing the Department of Medicine at North Shore University Hospital for 34 years, I was appointed the Betsey Cushing Whitney academic dean emeritus for the North Shore-LIJ Health System. I serve on committees in ethics, health policy, medical practice, strategic planning for health care, graduate education, and efficacy of clinical practice. Recognizing the problems of many returning Iraq and Afghanistan veterans who express debilitating post-traumatic stress disorders (PTSD), I have been working with retired Rear Admiral Robert Rosen. We founded the Rosen Wellness Center at the North Shore-LIJ Health System for rehabilitating not only the distressed veterans who chose not to go to the Veterans Administration hospitals because of the stigma involved, but also to serve spouses, children, and families. The Wellness Center has helped to bring back thousands of veterans to their normal civilian lives and families, and has provided solace to these courageous young individuals. I can recall my own experience as a veteran 58 years ago, and I am proud to assist these veterans who have served so gallantly on behalf of our country."

Bernard S. Siegel, MD '57: "I practiced pediatric and general surgery in New Haven, CT, until 1989 and then devoted myself full-time to support work with cancer patients and others. I started Exceptional Cancer Patient support groups in 1978 to help patients to live between office visits. I noticed when you help them to live they don't die when they are supposed to. I

did this because of the pain I experienced related to loss and the lack of training in this area. I have written ten books to help people become survivors and deal with loss and life's difficulties. We need to help people to live and heal their lives, and not battle disease and empower their enemies. My wife and I have five children and eight grandchildren and plenty of wounds of our own. In 1986, my first book, *Love, Medicine & Miracles*, was published. This event redirected my life. I am currently working on other books with the goal of humanizing medical education and medical care, as well as empowering patients and teaching survival behavior to enhance immune system competency. In 2008, I published *Buddy's Candle*, for children of all ages, related to dealing with the loss of a loved one, be it a pet or parent. *Faith, Hope & Healing*, dealing with survivor stories and my reflections about what they teach us, comes out in 2009. My website is www.BernieSiegelMD.com."





died in 1997, Dr. Kong discovered the diaries of his great-grandfather, Ah Quin, in a grocery bag at the back of a closet. Born in China in 1848, Ah Quin arrived in San Francisco's Chinatown 20 years later and eventually settled in San Diego. He began his diaries in 1877 and continued them for the next 25 years, writing in English about his business experiences and personal life. He had been taught English in an American missionary school in China before he immigrated to America. Ah Quin became a successful businessman and community leader who bridged the gap between Chinese and Caucasians. His diaries are now archived at the San Diego Historical Society. Fascinated by the diaries, Dr. Kong interviewed aunts and uncles to get a clearer picture of the struggles and triumphs of these new Americans. He worked on the novel for twenty years, completing it just before his death. Dr. Kong practiced cardiology in Ventura, CA, from 1963 to 1995. He met his future wife, Pattie, while he was interning at St. Vincent's Hospital in New York City. Because she promised her husband that she would publish the novel, Pattie brought out *Tian Ming* independently. For more information about the book, visit www.tianming-destiny.com.

Ronald N. Ollstein, MD '58, published *Mission, Matrix & Money, A True Medical Story: The Modern History of St. Vincent's Hospital and Medical Center of New York (1960–1995)*. Dr. Ollstein describes the book as a “clinical and socioeconomic portrait of a modern hospital engulfed in the ‘madness’ of govern-

Larry Grolnick '54, MD '58: “I practice psychiatry in White Plains, NY. Despite the frustrations of private insurance/managed care plans, I find my bio-psycho-social work with patients and colleagues challenging and meaningful. I’m active in Physicians for a National Health Program and was encouraged by a recent poll showing that a small majority of U.S. physicians favor such a plan. My wife, Maureen, just returned from an Obama meeting; we hope a new, Democratic administration will soon move things toward universal health care. On another note, I still play bass violin and welcome hearing from a Manhattan-based pianist who plays swing/jazz. I recommend two great books that integrate music and neuroscience: Daniel Levitin’s *This Is Your Brain on Music* and Oliver Sacks’s *Musicophilia*.”

Thomas Q. Kong, MD '58, who died in 1999, based many of the characters in his recently published novel *Tian Ming: Destiny* on the Chinese-American members of his own family who contributed to the development of early California. After his mother

mental and payer-mandated change in a health-care system declared ‘in crisis.’” The book is available from the St. Vincent's Hospital Medical Center Foundation, 130 W. 12th St., New York, NY 10011.

George E. Shambaugh III, MD '58: “I have acquired 14 acres of farmland in northern lower Michigan that belonged to my grandfather. Following three years of land rehabilitation, I have planted more than 1,300 tart cherry trees that with luck will bear in six years. We are experiencing a drought there. I wish I had learned some effective Navajo rain dances from my exposure to public health lectures about programs in Many Farms, AZ. I have obtained **Tom Kong's** novel, *Tian Ming: Destiny*. I continue to teach at Emory, have learned to play my father's tenor banjo from a 1924 lesson book, and Roberta and I welcome visitors to our home in Atlanta, GA.”

Michael J. Stone '54, MD '58: “I recently completed my 11th book, *The Anatomy of Evil*, based partly on my having been host

to the Discovery Channel's TV show 'Most Evil,' focusing on serial killers and other spectacular crimes. I teach the forensics fellows at Columbia and lecture on personality disorders around the world. I serve on the board of Musica Sacra in New York, and my wife and I are patrons of the Metropolitan Opera."

Edward E. Wallach, MD '58: "Cornell trained me well. Having stepped down as chairman of gynecology and obstetrics at Johns Hopkins, something I never would have dreamed of while an ob/gyn student at Cornell, I'm taking time off to be with Joanne, travel, and get to know my grandchildren well. I picked the right career and have been able to do many positive things for my specialty throughout the world. I look forward to meeting up with my class at our 50th."

James A. Amlicke, MD '59: "I'm clinical professor of orthopaedic surgery at the Medical University of South Carolina. Specialty areas include pediatric orthopaedics, musculoskeletal rehabilitation programs, limb deficiency problems, and neuromuscular problems. Wife Patricia and I have six children and 12 grandchildren. Definitely plan to attend the 2010 Reunion for the Class of 1959."

James E. Shepard, MD '59: "Sally-Jean and I will be celebrating our 50th wedding anniversary this fall with a trip East. Sally wants to see Skidmore for the first time since she graduated. Also we will visit Cooperstown where I did internship and first-year residency while she converted North Ward from the 'Elephant Graveyard' into a well-functioning men's medical-surgical-psychiatric unit. When we left, she was six months pregnant with our oldest daughter. One of her orderlies had pseudocyesis and looked nine months pregnant at the same time."

James K. Van Buren '55, MD '59: "Now practicing half-time primary care IM with the Emory Clinic. Plan to go to full retirement in January. Hoping for more travel and golf, some with the Senior Golfers of America. Mary and I continue to be blessed with good health."

1960s H. C. Alexander, MD '61: "'Still crazy after all these years.' Keeping busy with teaching (English) and competitive bridge, and am currently on chapter five of my first novel. Six hours of tennis a week keeps me in enough shape to handle the grandchildren for now. Hang in there, everyone, at least until our 50th Reunion."

A. Mason Ahearn, MD '62: Last autumn Dr. Ahearn was installed as the 63rd president of the Society of Medical Consultants to the Armed Forces. He was invited to join the society in 1994 and was the recipient of its Seal Award in 2004. As SMCAF president, he says he is humbled to be in the shadow of such great physicians as Michael DeBakey, William Menninger, Elliot Cutler, Frank Berry, and Robert Zollinger, and such eminent Cornellians as Frank Glenn, **Ken Swan, MD '60,** and **Jim Peake, MD '72.** Dr. Ahearn writes: "I interned in surgery at the University of Chicago Hospitals, then joined the U.S. Army. Duty with the 82nd Airborne Division and the 5th Special Forces Group in the United States, Pakistan, and Vietnam preceded orthopaedic surgical residency at the Army's Tripler Medical Center. I served my payback as chief of orthopaedic service, Dwight D. Eisenhower Medical Center in Augusta, GA. Private practice followed in Georgetown, SC. In 1989, I rejoined the military, this time the

South Carolina Army National Guard to 'get my twenty,' just in time to go to Operation Desert Storm and enjoy six months vacation in sunny Saudi Arabia! I retired as State Surgeon for South Carolina in 1996. My wife, Rita, and I have five wonderful children, and our last is applying to medical school this year. I'm still in active practice, but, at least, semi-retirement nears."

Bryant Barnard, MD '62: "I just spent our 50th Reunion at Dartmouth College with **Bob Kells, MD '61.** He is fine and so am I—with my fourth pacemaker and second defibrillator. I still hunt and fish, but no more Africa work. Best wishes to all."

George McCracken, MD '62, professor of pediatrics, received the 2008 Kellogg Award for a distinguished career in pediatric medicine from Williams College in Williamstown, MA. The award, named for a graduate who went on to become chairman of the New York Stock Exchange, is presented annually to a Williams graduate with a similarly distinguished career. The college said of Dr. McCracken in its statement: "One of the first to explore ways of treating infectious diseases in infants and children, he conducted novel research that transformed the way doctors everywhere heal the youngest and most vulnerable of patients. Among other breakthroughs, he discovered that early use of steroids and antibiotics could prevent or eliminate deafness caused by bacterial meningitis." Dr. McCracken is the GlaxoSmithKline Distinguished Professor of Pediatric Infectious Diseases and holds the Sarah M. and Charles E. Seay Chair in Pediatric Infectious Diseases at UT Southwestern Medical Center. He is co-founder and editor-in-chief of *Pediatric Infectious Disease Journal*.

Nola R. Marx, MD '64: "Retired from private practice in developmental pediatrics in 2002. Busy with community activities including local homeowners' association board of directors and school board of trustees. Involved with yoga and dance classes. Recently attended and thoroughly enjoyed CAU; saw the Opera in Santa Fe program with my husband, Dr. Alvin J. Marx, BA '59, a retired pathologist and president of the local inventors group, Alamo Inventors. We have three married children and four grandchildren, and enjoy visits with them. Staying current in pediatrics and enjoying helping out with family pediatric questions."

James P. Baden '61, MD '65: "I have been retired since January 2004 and have remarried Sheila. We live part-time in Hilton Head, SC, and Hamilton, OH. Volunteering in a clinic in South Carolina. Please call if you are in the area. We're in the phone book."

Nicholas J. Fortuin, MD '65: "I was honored by Johns Hopkins this spring with the creation of the Nicholas J. Fortuin, MD, endowed professorship in cardiology, funded by grateful patients and friends. First recipient of the chair is Hugh G. Calkins, MD. I continue to enjoy an active academic practice and teaching role at Hopkins."

Andrew A. Dahl, MD '66: "In late 2000, I left Hudson Valley Eye Surgeons, the ophthalmology group I started in 1972. Since then I spend about two months in the summer and two months in the winter in Telluride, CO, where I have a second home, and where my wife, Ziva, and I ski, snowshoe, play golf, fish, bike, and hike and have made many new friends."

Anthony W. Middleton, MD '66: "My wife, Carol, and I have just completed a three-year call from the Church of Jesus Christ of the Latter-Day Saints to serve as the Mission President over British Columbia. We oversaw activities of 120 young men and women

who interrupted their college studies to serve as missionaries for two years in Canada, and we were required to travel the province every six weeks. The work was wonderful, and the province is beautiful. We return now to our home in Salt Lake City, to part-time urologic practice and a variety of community and church activities."

Paul F. Schellhammer, MD '66: "All is well in Virginia Beach, and 2010 is the retirement target if conditions and health permit."

Steven A. Muller, MD '67: "During my first year in medical school, I asked questions in anatomy about the crystal structure of bone and was referred to the research department at the Hospital for Special Surgery, where I became a research assistant during medical school and then an orthopaedic resident. When I completed my residency, I became a 'Berry planner' in the Navy and was first stationed at Parris Island Recruit Depot. This was a newly minted orthopaedic surgeon's heaven. Injuries and congenital defects and growth anomalies were rampant. After my obligation, I decided to stay in the Navy. During the next 21 years, I was an orthopaedic surgeon, a staff officer at the Bureau of Medicine and Surgery in Washington, DC, an executive officer and commanding officer at naval hospitals, the division surgeon with Second Marine Division, and the command surgeon for U.S. Naval Forces Europe. Along the way, I got married in medical school, divorced while at Parris Island, and remarried at Camp Lejeune. I have three kids and three grandchildren. After I retired from the Navy, I became a medical executive for about 11 years, then a professor and a consultant. Today, we live in a golf community just south of Atlanta, GA, and spend a lot of time traveling. We have lived in Europe and Japan and been to all seven continents. My time in the Navy and our travels have given me a view of the world that is bigger than Cornell and the United States, something I never thought about as a medical student.

Today, I think of myself as a citizen of the world with family in many places. I have friends and relatives that worship in different ways. My reaction to the turmoil of the world is that everyone believes in a Supreme Being and a common set of ethical and moral values. It is fanatics in all religions that cause the turmoil. Peace and hope for the world requires that people of good will respect and treasure their differences while acknowledging the commonality of our aspirations."

George Cooper, MD '68, is the Distinguished University Professor at the Medical University of South Carolina and director of the Gazes Cardiac Research Institute in Charleston, SC. His areas of research interest include cardiovascular physiology, cellular and molecular biology, biochemistry,

pharmacology, biomedical engineering, and anatomy.

Joan Page Gerring '64, MD '68: "Gaye Carlson, MD '68, and Harold Carlson, MD '68, and I traveled to the tip of Long Island on May 16 to have dinner with Ruth Bruun, MD '68. It was a great reunion and there was a lot to talk about. Ruth is in private prac-



PROVIDED BY DR. JOAN GERRING

Class reunion (from left to right): Joan Gerring, MD '68, Gaye Carlson, MD '68, Ruth Bruun, MD '68, Harold Carlson, MD '68

tice of psychiatry and a specialist in Tourette's syndrome. She recently had a family reunion that included her 18 grandchildren. It was wonderful to get back in touch with her after many years. Gaye and I see each other pretty frequently at meetings and are now planning our 40th Reunion in October. Gaye and Harold are at Stony Brook where Gaye is director of child and adolescent psychiatry and Harold is director of endocrinology. We are looking forward to seeing as many of you as possible. Our class dinner will be on October 24."

Allen A. Nimetz '64, MD '68: "Still practicing cardiology in Chevy Chase, MD, with Cardiocare, an 11-member group. Love the practice and hate the hassles, but plan to keep going. Most recent trip



was eight days in Scotland with seven different golf courses in seven days. Looking forward to reunion and hope many will attend."

John C. Wolfe, MD '68, is the associate director of Physician Health Services, the Massachusetts Medical Society physician health committee. He retired from private practice as president of Cape Ann Medical Center in 2007. Dr. Wolfe was the first recipient of the Physician Leadership Award from Partners Community Health. He served on the faculty of the Rutgers University Institute of Alcohol and Drug Studies and was chairman of the Gloucester Board of Health.

1970s B. Frederick Helm-kamp, MD '71: "I have retired after 24 years as head of gynecological oncology at Fairfax Hospital in Fairfax, VA. It's been a great run, but it's time to be done. I look forward to travel, golf, bridge, painting, and all other non-medical endeavors. My wife, Jenny, is curator of U.S. embassy fine and decorative arts around the world; daughter Casey is just starting her career in adolescent/pediatric psychiatry and forensics in Denver, and son Mark is with a computer consulting firm in Thousand Oaks, CA. I keep in touch with and visit **John Crowe, Eric Gutnick, Ivan Login, and Bruce Smith** (all MD '71). Our e-mail address is TheHelmkamp@gmail.com."

David Kalifon, MD '71, was recently installed as president of the California Association for Healthcare Attorneys. A partner in the law firm Jeffer Mangels Butler & Marmaro, Dr. Kalifon specializes in health-care law.

Ivan S. Login, MD '71: "After receiving a 'wish you were here' San Diego 1852 postcard from my daughter, Jessica, featuring the last Mexican governor of California, Pio Pico, I made a 'subway' diagnosis and the two of us began five years of research investigating the acromegaly that he appeared to manifest. No one had ever appreciated that medical condition in him, and we were most excited to have our work published in the peer-reviewed journal *Pituitary* (www.springerlink.com/content/u7645787h2435373/fulltext.html). Several newspapers and the radio show "As It Happens" featured the item after publication. We certainly had our five minutes of glory."

Bill S. Schnall, MD '71: "I have retired from my 30-year suburban Seattle practice of pediatrics, but have been so busy with other ventures that I don't know how I had time for patients over the years. I am currently president of the Kruckeberg Botanic Garden Foundation as well as an avid bonsai creator-enthusiast. Jan and I have plans to spend at least ten weeks in worldwide travel this



coming year, but when in Seattle we would enjoy hosting any retired (or even not retired) classmates traveling through town. Our older daughter, Lisa, with her MBA, works in mid-level management for the *Seattle Times*; our younger daughter, Amy, with her MPH, works in adolescent health/media for the Centers for Disease Control (CDC). Jan still works as head of information services for the University of Washington Medical School Library. And, of course, we continue to enjoy our West Highland terrier, Miss Queen of Scots."

James S. Reilly, MD '72, was an invited speaker at the European Society of Pediatric Otolaryngology meeting in Budapest, Hungary. His topic was "Prevention of Food Aspiration Injuries in Children."

James L. Bernat, MD '73: "I have been at Dartmouth-Hitchcock Medical Center since arriving as an intern in 1973. I am the longest-standing full-time member of the neurology section, and I also direct the Program in Clinical Ethics. My book *Ethical Issues in Neurology*, 3rd edition, was published this year by Lippincott Williams & Wilkins. Judy and I celebrated our 39th anniversary this year. Our children live in Southern California."

Richard E. Tosi, MD '73: "Having had three children go through Columbia, Penn, and Cornell, I entertain no plans to retire before age 90. My wife, Ann, a cardiologist, continues to work, but we don't work in the same office. We work in Massachusetts but live on the water along the Rhode Island shore and feel that we are always on vacation. Our off times are spent monitoring, advising, and cajoling our three young adult children and collecting antique American furniture and art. Finally, as a member in good standing of the Dean's Circle, I continue to support my favorite charity: NewYork-Presbyterian Hospital/Weill Cornell Medical Center."

Sidney E. Levinson '70, MD '74: "In 2004, after 25 years as a gastroenterologist in private practice in Chapel Hill, I was offered and accepted a position as medical director of a new outpatient endoscopy center opened in Chapel Hill by UNC Hospitals. I am now a professor of medicine in the Division of Gastroenterology and Hepatology. Alice and I continue to enjoy living in the country in neighboring Hillsborough. In our spare time we have had the good fortune to trek in places on four continents, including the Andes, the Himalayas, and the High Atlas Mountains."

Leonard L. Magnani, MD '74: "We moved to the Sacramento area in 1974 and never left. I am now the medical director of Alta California Regional Center, an agency that provides support for children and adults with developmental disabilities. My wife, Dr. Phyllis Magnani, is an autism expert and the agency's senior clinical psychologist. Frannie, our daughter, is a childhood education specialist, and she has also settled in Sacramento. Our son, Jared, is an EP cardiologist at Boston Medical College. We have four grandchildren, two near us and two in Boston, and our cup runneth over—way over! Regards to all."

Paul F. Miskovitz, MD '75: "My wife, Leslie, and I returned from a small-ship cruise of the Black Sea this summer with visits to Istanbul and Trabzon (Turkey); Yalta, Sevastopol, and Odessa (Ukraine); and Varna (Bulgaria). Additional excitement was provided by encounters with Russian warships and a hospital ship maneuvering off the coast of Georgia that had been dispatched from its home base in Sevastopol over the South Ossetia secession issue. We have come a long way from Crimean War medicine (Florence Nightingale

and Mary Seacole). Daughter **Sharyn Miskovitz, MD '06**, is a busy senior resident in pediatrics at the Children's Hospital at Montefiore."

Vincent de Luise MD '77: "*Tempus fugit!* Our 31st WCMC Reunion is just a few months away. I am still enjoying the practice of ophthalmology, specializing in cataract and vision correction surgery, despite the tremendous upheavals and changes in medicine. Ophthalmology remains the splendid career choice it has always been, with its ability to help improve the quality of life in so many of our patients. I continue to teach at Yale, where I am clinical assistant professor and attend with the residents at the Hill Health Center in New Haven. I also chair the education committee of the Connecticut Society of Eye Physicians. Tennis, volleyball, and clarinet round out my free time. Debbie (Debra Hinck, BA '74) and I are now empty nesters, with our daughters Linnea, 22, and Kyra, 24, in Denver and Boston pursuing professions and romance."

Paul Lachiewicz, MD '77: "After residency and fellowship at HSS in New York, I joined the Dept. of Orthopaedics at the University of North Carolina, Chapel Hill, School of Medicine and have been in academic orthopaedics/hip and knee replacements. My wife, Ave, a pediatrician at Duke, and I have been married for 31 years and raised our five children here, one of whom graduated from UNC med school this year and another is a third-year student. Another daughter has an MBA and lives/works in London; a son will graduate from the Air Force Academy in May 2009; and the 'baby girl' is in her junior year in high school. I enjoy skiing in Colorado, scuba diving in Cozumel and North Carolina, and jogging in Chapel Hill.

Have fond memories of Christmas shows and basketball in Olin Hall and the great medical foundation from Cornell. I have a prior commitment in Chicago and cannot attend reunion."

Luciano V. Barone, MD '78: "I have been working as a pediatrician in private practice for 27 years in Warwick, NY. I was selected by the Castle Connolly Firm for 'Top 90 Doctors in the Hudson Valley' for 2006, 2007, and 2008. Earlier this year, I was featured on the cover of *Hudson Valley Magazine*."

Jeffrey P. Gold '74, MD '78, was elected to the AMA Council on Medical Education and the Liaison Committee for Medical Education.

Nina C. Ramirez, MD '78: "I'm in practice as an allergist and pulmonologist with one of the largest allergy groups in South Florida. As clinical assistant professor of pediatrics at Nova Southeastern College of Osteopathic Medicine, I enjoy teaching a number of the residents. I am privileged to be on the speaker's bureau for GSK and Merck. They have afforded me opportuni-



ties to speak to physicians and nurse practitioners about novel therapeutics addressing asthma and the allergic airway. I have since become a devoted student of Gravity Pilates and golf. It is true what they say about the '19th hole.' My daughter, Natalie, 23, graduates from Florida International University this year with a BFA in theatre. No, not pre-med, not law school, not accounting. She is quite talented and still on Mommy's payroll. Wish me luck. Lastly, as I prepare for a second recertification in pediatric pulmonology, I am amazed at the recall my behind has. The ability to sit still, however, is more of a challenge at this age. Pillows do help, and so does Chardonnay. Wishing the Class of 1978 greetings and hallucinations of the moment. Hope to see many of you in the fall."

Harvey Guttman, MD '79: "The years continue to fly quickly after graduation. We remain well in suburban Philadelphia where I lead an 18-member GI group. Our son David returned from a Fulbright in Israel and has just begun his studies at Penn Medical School. Our daughter Allison is at the University of Rochester, also contemplating medicine as a career. Come visit if you find yourself near Independence Hall."

Harley Rotbart, MD '79: "Seems impossible for a guy who looks as young and buff as I do, but I'm now in my 26th year as a pediatric infectious diseases doctor at the University of Colorado School of Medicine/Children's Hospital of Denver, and my 12th year as professor and vice chairman of pediatrics. Sara and I have three kids. Matt (2010) and Emily (2012) are both Cornell undergrads in Ithaca. Sam is a junior in high school and still plays baseball for me. I've coached my kids' teams for more than 15 years, which led to *The On Deck Circle of Life: 101 Lessons from the Dugout* (www.theondeckcircleoflife.com), my 'life lessons' book for kids and their parents. My latest book, *Germ Proof Your Kids: The Complete Guide to Protecting (without Overprotecting) Your Family from Infections* (www.germproofyourkids.com) is a little more along the lines of my day job. Sara does property management, edits my writing, and is responsible for our kids being semi-normal. Contact me at harleyrothbart@uchsc.edu."

1980s

Karl Weyrauch, MD '80: "I am president of a global health and development nonprofit working in Rwanda and Laos (www.healthleadershipinternational.org). Our clients include the governments of Rwanda and Laos, the Batwa pygmies, and the Hmong Hill tribes. I am also founder and medical director of Coffee Rwanda (www.coffeerwanda.com), a social business that raises funds for development work in underserved regions of the world. Our goal is to create a sustainable model for building the health and development of indigenous persons that is generalizable to poor villages in Africa and around the world. Anyone interested in connecting with this work, please contact me at karl@coffeerwanda.com."

Sharon A. Strong, MD '81: "Phil Bossart, MD '81, and I have gone on humanitarian trips to Peru and Kenya with our three children. Our oldest son, Christopher, 21, is volunteering at a hospital in Calcutta, India, this summer. Our 18-year-old, Abby, starts at Occidental College in Los Angeles this fall, and Matt is a junior in high school. Phil continues in ER at the University of Utah, and I, after 26 years in family medicine, have accepted a position as

medical director of Cass Hospice in Salt Lake City."

John S. Blanco, MD '82: "In April 2008 I returned to NYC to join the faculty at Hospital for Special Surgery. I have a joint appointment at the WCMC. It's nice to be back home."

Paul N. Casale, MD '82: "I was elected to the board of governors of the American College of Cardiology and will serve as president of the Pennsylvania chapter of the American College of Cardiology beginning this fall. I have been a member of the board of trustees of the Pennsylvania Medical Society and the Pennsylvania Health Care Cost Containment Council for the past five years, where I've been working on health-care quality. I practice interventional cardiology in Lancaster, PA."

Jonathan Javitt, MD '82, who was commissioned by the Bush Administration to lead policy development in the area of health IT, accompanied President Bush on his visit to Jerusalem.

Thomas Pappas, MD '83, practices consultative and interventional cardiology out of St. Francis Hospital in Roslyn, NY. He was appointed director of the Cardiac Catheterization Laboratory at St. Francis Hospital. He lives with his wife, Ileanna, and daughters Jennifer and Victoria in Manhasset, NY.

David A. Haughton, MD '84: "Four paintings of my *Kinder-totentanz* series will be shown in the exhibition 'Marriage of Art, Science, and Philosophy' at the American Visionary Art Museum in Baltimore, MD. I will be coming back east for the October 3 opening party. In August I began advertising my artwork in *Art in America*, in addition to ongoing advertisements in *Canadian Art* and *Preview Magazine*. I remain exceedingly in love with my wife, Lyne Filiatrault, and grateful for all her support. I continue to work 60 percent-time in the emergency department at Children's Hospital."

Robert S. Bachner, MD '86: "I am living in Atlanta, and my wife, Connie, and I have three girls, 10, 12, and 14. I am doing non-operative orthopaedics."

B. Sonny Bal, MD '87: "Working as total joint surgeon and associate professor at the Dept. of Orthopaedic Surgery, University of Missouri, in Columbia, MO. Married, four kids; two girls and two boys. Still keep in touch with old roommate **Eugene Orientale**; we exchange Christmas cards. I think **Chris Chernesky** was in Springfield, MO, as a radiologist, last time I checked. Have not heard from other former roommates **Larry Herman** or **Sven Berg** (all MD '87). Drop me a line at balb@health.missouri.edu."

Susan Pannullo '83, MD '87, was honored with the Gary Lichtenstein Humanitarian Award by Voices Against Brain Cancer at their third annual fundraising event, "Sounding Off for a Cure," on June 12, 2008, at the Hammerstein Ballroom in New York City.

Molly E. Poag, MD '87: "In 2007 I became chair of psychiatry at Lenox Hill Hospital in New York City. I am honored to be directing the fine clinical and NYU-affiliated medical education programs within our department. I look forward to catching up with classmates and others at our 20th Reunion in October."

Burton A. Presberg '83, MD '87: "Ten years as director of Psychosocial Services at Alta Bates Comprehensive Cancer Center were followed by four years in the private practice of psychiatry in Oakland, CA. I continue to focus on cancer patients and their family members. I am happily married to Kathleen Crombie and have two wonderful sons, Zachary, 11, and Josef, 9."

Janet Wozniak, MD '87, a national authority on childhood and



for a TV medical reporter, give me a call. I appreciate **Steve Cabrales, MD '88**. After our first-year exams, we partied at McSorleys and I had a bit much. Steve helped me to a cab and saw me safely home. Thanks for being a gentleman. I'd like to hear from **Kitty Baldridge, MD '88**, and **Sonja Gray, MD '88**. I miss my California compadres. Our very first Christmas back in California, all of our mothers said the same thing to Sonja, Kitty, and me. They met us at the door and exclaimed, 'You are so white!' A winter in the Northeast sure takes away that suntan. Looking forward to seeing you at the reunion and the Christmas cards and stories we might get this year after the new addresses get sent around."

1990s Daniel Jones '86, MD

adolescent bipolar disorder, was featured in the May 26, 2008, issue of *Newsweek*.

Theresa M. B. Rohr-Kirchgraber, MD '88: "Paul R. N. Kirchgraber, MD '88, and I have been married for 19 years, and I'm still grateful to the admissions committee at CUMC for taking both of us. I started a new chapter in my life when I asked Paul to come and study with me one day before our pharmacology midterms in second year. Of course I didn't call it a date, because breakfast is not a date, but soon after that we did go on a real date, and the rest is history. Paul went into pathology, then earned an MBA and now works for a company doing clinical trials work. Based in Indianapolis, he does some global travel and has been to China, Scotland, Singapore, India, and Geneva. He is having a good time and keeps busy with all the fun activities and working on the older 'new' house. I'm associate professor of pediatrics and medicine at Indiana University School of Medicine. After hours: kids, kids, kids! Lots of ice hockey. I am the commissioner of girls hockey for Indianapolis and the mom of three teens. We 'enjoy' being in ice rinks even in the middle of summer. Started playing a little golf in our neighborhood, but I play best with a glass of wine. My oldest started college this year, and we have a senior in high school and an 8th grader. We enjoy going to California in the summer for vacation. I joined Indiana University in 2007 and moved from internal medicine to pediatrics. It is a bit different in the peds world, but I have an awesome Division of Adolescent Medicine. Doing some eating disorders, primary care of kids with chronic diseases, and primary care for cancer survivors. I run the adolescent medicine rotation for the house staff at IU. Keeping busy teaching medical students and residents, and developing new ways to teach. I love what I do: seeing patients, teaching a variety of learners, working with the Women in Medicine Minority Physicians group. I guess if I were to do something a little different, I'd enjoy doing more TV work. I loved being on CNN, so if anyone is looking

'90, is chief of the Section for Minimally Invasive Surgery and associate professor at Harvard Medical School. This year he published *Lap-Band Companion Handbook*, *Weight Loss Surgery: A Multidisciplinary Approach*, and *Obesity Surgery: Patient Safety and Best Practices*. He served as associate editor of the latest edition of *Mastery of Surgery*.

Carolyn S. Eisen, MD '91, is a radiologist specializing in breast imaging at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. "I live in Manhattan with my husband, **Mark Schwartz, MD '84**, a plastic surgeon in private practice who is also on staff at NewYork-Presbyterian/Weill Cornell. We have two daughters, Rebecca, 5, and Alexa, 3."

Christine I. Gould '87, MD '91, is happily thriving in life and career in emergency medicine in Fairfield County, CT where she is raising three "absolutely perfect" girls: Uma, 13, Hope, 11, and Wynne, 8, with **Eric J. Dieffenbach, MD '90**. She welcomes contact with old friends and classmates and wishes everyone well.

Rachel Glick Robbins, MD '92, is a pathologist in the North Shore-Long Island Jewish Health System. She works as the assistant director at Glen Cove Hospital's laboratory and as the director of clinical laboratories at New Island Hospital. She also works at the North Shore-Long Island Jewish Core Laboratory.

Geetanjali Akerkar '88, MD '93, says she is lucky to be partners with two other WCMC graduates, **Jim Reichheld, MD '92**, and **Win Travassos, MD '99**. All three work together in a GI practice north of Boston. Geetanjali also keeps in touch with **Jane Cecil '89, MD '93**, and **Matthew Brengman, MD '93**, who live in Richmond, VA. She lives in Carlisle, MA, with her husband, Russell Ruthen '88, and three sons, Avi, Amar, and Neil.

David W. Crumppacker, MD '93, is assistant chief of the Dept. of Psychiatry at Baylor University Medical Center. He and his wife, Anne, have been married 12 years and have "one beautiful daughter," 5-year-old Mason.

Kent V. Hasen, MD '95: "I'm in solo private practice in plastic surgery in Naples, FL. My wife and I have three wonderful kids: Kendell, 4, Kade, 3, and Kennedy, 1."

Amar S. Ranawat, MD '96, reports that the Ranawat orthopaedic practice has moved back to the Hospital for Special Surgery.

Estela O'Brien Ogiste, MD '97: "I am an assistant professor of clinical medicine at Mount Sinai Medical Center in the Dept. of Ophthalmology and the director of ophthalmology at North General Hospital in Manhattan. The majority of my time is spent in a thriving private practice in general ophthalmology in Manhattan and the Bronx. I live in an old brownstone in Harlem with my husband, Jason, and our two daughters, Jasmine and Indigo."

Alanna M. Coughlin '95, MD '99, is in pediatric practice in Branford, CT. She and her husband, Justin, have a son, Patrick, who was born in March 2008.

2000s Kathleen D. Keeffe, MD '00: "My married name is now Kathleen D. Keeffe Hough, and I am an assistant professor at the University of Maryland. My husband and I have a beautiful 20-month-old daughter, Samantha, who is the joy of our lives."

Jason Portnof, DDS '06, married Courtney Gross in Bridgehampton, NY, on June 14, 2008. Courtney teaches children with high-functioning autism and Asperger's syndrome. Jason graduated from Nova Southeastern University College of Dental Medicine in 2002 and Weill Cornell Medical College in 2006. He completed a residency in oral and maxillofacial surgery at NewYork-Presbyterian Hospital. His book, *First Aid for the NBDE, Part 2*, was published by McGraw Hill Medical in 2008. The newlyweds reside in Australia, where Jason is a fellow in the Dept. of Plastic and Maxillofacial Surgery at the Royal Children's Hospital of Melbourne.

IN MEMORIAM

'37 MD—Irving E. Sisman of Flushing, NY, May 12, 2008.

'46 MD—Donald L. Burnham of Bethesda, MD, July 27, 2008; psychoanalyst and researcher, National Institute of Mental Health; first director of research, Chestnut Lodge Hospital (Rockville, MD); president and supervising analyst, Washington (DC) Psychoanalytic Society and Institute; editor, *Psychiatry*.

'43 BA, '46 MD—Jerrold S. Lieberman of New York City, April 3, 2008; physician; cardiovascular researcher; associate professor of clinical medicine, Weill Cornell Medical College; veteran; author; active in community and professional affairs. Beta Sigma Rho.

'44 BA, '47 MD—Jacob Robbins of Bethesda, MD, May 12, 2008; scientist emeritus, National Institutes of Health; thyroid researcher; devised therapies to prevent thyroid disease from exposure to radioactivity; expert on pediatric thyroid cancer resulting from radioactive fallout; author; active in community and professional affairs.

'48 MD—Albert B. Craig Jr. of Rochester, NY, April 4, 2008; professor emeritus of physiology and pharmacology, University of Rochester Medical School; researched the biomechanics of swimming; veteran; author; president, American College of Sports Medicine; active in civic and community affairs.

'45 BA, '48 MD—Sheldon C. Kravitz of Baltimore, MD, July 8, 2008; retired oncologist and hematologist; chief of hematology oncology at Union Memorial Hospital; first director of medical residency program, St. Joseph Medical Center; served in the Epidemic Intelligence Service, U.S. Public Health Service; active in community and religious affairs. Beta Sigma Rho.

'49 MD—William P. McCann of Birmingham, AL, November 15, 2007; professor emeritus of pharmacology, U. of Alabama School of Medicine; also taught at U. of Colorado Medical Center; veteran; author; active in professional affairs.

'50 MD—Hartwell G. Thompson of West Hartford, CT, April 19, 2008; retired neurologist; chairman, Dept. of Neurology, U. of Connecticut Medical School; professor of neurology, West Virginia

U. Medical School, Morgantown; also taught at U. of Pennsylvania, West Virginia U. Medical School, Charleston, and U. of Wisconsin Medical School; active in community, professional, and alumni affairs.

'51 MD—Roger P. Lochhead of South Burlington, VT, formerly of Montclair, NJ, August 2, 2008; practiced internal medicine and cardiology at Mountainside Hospital, and later in Hawaii, Georgia, and Cape Cod; trustee, NJ Academy of Medicine, Essex County Heart Assn., and Cape Cod Heart Assn.; veteran; bonsai cultivator; Chinese brush painter; sculptor; active in community and professional affairs.

'54 MD—William C. H. Grimm Jr. of Evansville, IN, May 1, 2008; physician, Wellborn Clinic; veteran; active in community, professional, and religious affairs.

'55 MD—Richard R. Lower of Richmond, VA, and Twin Bridges, MT, May 17, 2008; cardiac surgeon and general practitioner; his surgeries on animals paved the way for the first successful human heart transplant; professor of thoracic and cardiac surgery, Medical College of Virginia, Virginia Commonwealth U.; manager, cattle ranch; active in community and professional affairs.

'62 MD—John W. Riley III of Everett, WA, May 13, 2008; associate clinical professor of medicine, U. of Washington; veteran; president, Washington State Society of Internal Medicine; active in community and professional affairs.

'84 MD—Caryn Nesbitt of Masons Island, CT, August 2, 2008; pioneer in the delivery of primary care and preventive medicine for women; founded the Women's Care Medical Center, Groton, CT; emergency room physician, Lawrence & Memorial Hospital, New London, CT. Husband, **Prior L. Parker, MD '83.**

Henry M. Selby of New York City, June 13, 2008; diagnostic radiologist; practiced at Memorial Sloan-Kettering Cancer Center; clinical assistant professor of medicine, Weill Cornell Medical College; director, Dept. of Radiology, Medical Arts Center Hospital and the Strang Clinic; founded and led the PMX Medical Group; veteran.

Music Therapy

A *cappella* group gives students something to sing about



JOHN ABBOTT

Scrubs & song: Performing with the AneuRhythms offers members a tuneful break from their medical studies.

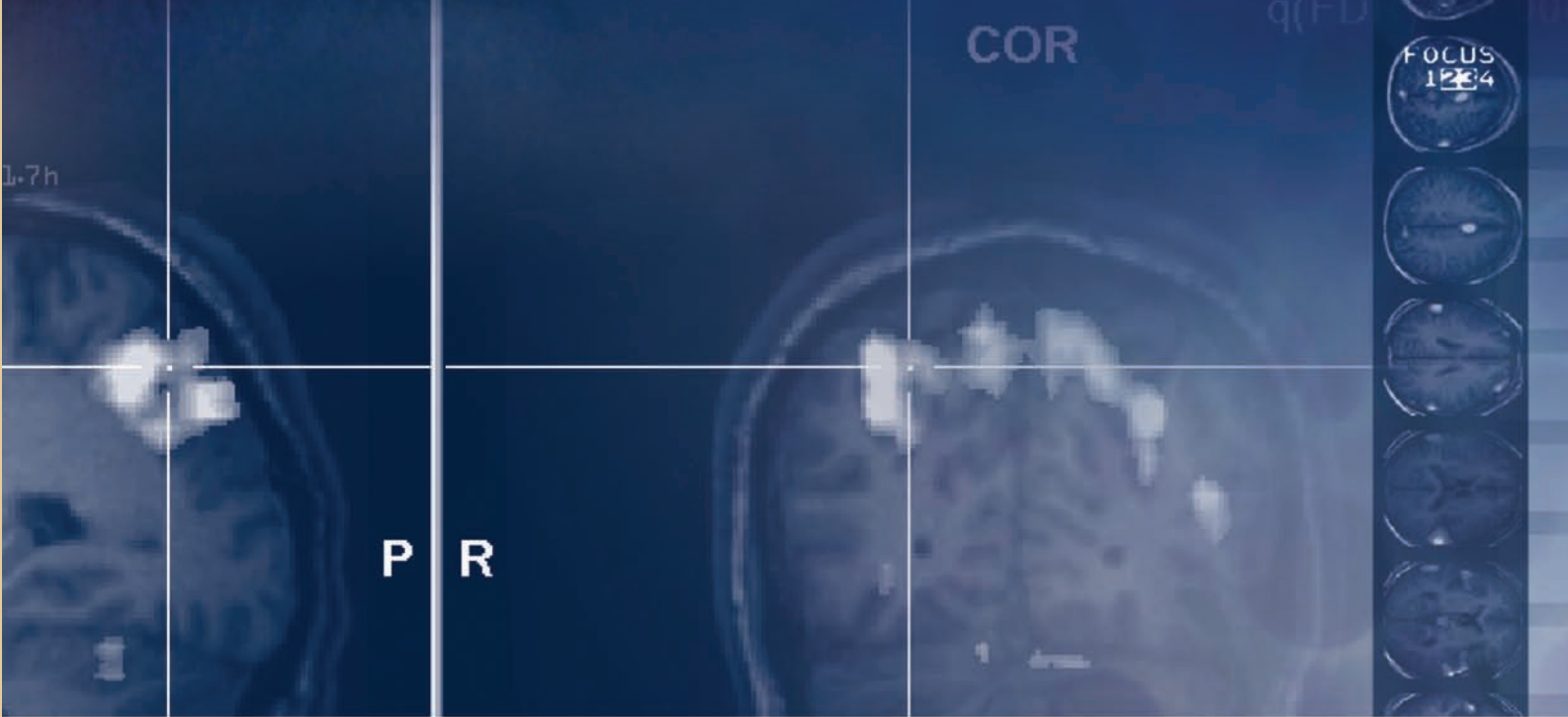
THEY DELIVER SINGING CANDYGRAMS ON VALENTINE'S Day and croon carols for pediatric patients during the holidays. They've performed at welcome ceremonies for new students and at a memorial service honoring people who donated their bodies to the gross anatomy lab. They even serenaded Medical College benefactor Sanford Weill on his seventieth birthday with a rendition of "For He's a Jolly Good Fellow."

Since 2001, the AneuRhythms *a cappella* group has offered medical students some stress relief along with a musical fix. Ten to fifteen participate each year, often performing in matching green scrubs and usually led by a second-year student. The group's repertoire leans toward R&B classics like "In the Still of the Night," show tunes like "Seasons of Love" from *Rent*, and hits by the Beatles and Billy Joel. "We try to add a new song or two every year," says outgoing co-leader Jennifer Rodriguez '09. Each semester, they give an open-mike show in Olin Hall, always beginning

with "Java Jive" and closing with "Good Night, Sweetheart." They invite other students to take the stage between sets, and a dozen or so usually do—singing or playing guitar, violin, or piano. Medical students seem to have an affinity for music, notes Rodriguez, a pianist who sang choral music in college. "At our white coat ceremony, they listed all the different instruments that people play," she says. "They said you could start an orchestra with just our class—we have two harpists."

Joshua Levinger '01, MD '05, started the AneuRhythms as a first-year, after having sung *a cappella* as a Cornell undergrad; he aimed to foster camaraderie and give his classmates a respite from their studies. "It's a nice way to take a break from everything," he says, "to sit down with other people, make music, and have fun." The time commitment is minimal, with rehearsals lasting just an hour and a half—which, says Levinger, "is about as much as you can get out of a medical student."

— Susan Kelley



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