UNIVERSITY OF ROCHESTER MEDICAL CENTER | SCHOOL OF MEDICINE AND DENTISTRY | 2016 VOLUME 2

Rochester MEDICINE

What will it take?

Fulfilling the promise of diversity in medicine

On the cover
Clifford Pierre (MD '14) is a Neurosurgery resident who continues to inspire and support a growing network of current and future minority medical students on their journeys to become physicians. As a leader of the UR chapter of the Student National Medical Association (SNMA), and co-founder of its annual pre-medical student conference, Pierre also introduces hundreds of minority high school students to health care careers. In 2013, he co-founded the Minority Male Leadership Association (MMLA), which aims to improve the Rochester city school district's nine percent graduation rate for young men of color through mentorship, role modeling, and academic support.

Photo by Antonino Barbagallo
fotoab.com

Athena
Athena statue in the main stair at the Rush Rhees library.

Photo by Adam Fenster

Mark B. Taubman, MD

CEO, University of Rochester
Medical Center
Dean, School of Medicine and Dentistry
Senior Vice President for Health Sciences

Across the University of Rochester and the Medical Center, we have embarked on a crucial and unprecedented journey to improve our diversity and cultural humility.

In doing so, we are being challenged to become increasingly aware of our own identities, fears, and biases, and to listen and learn from one another like never before.

Naturally, the conversations can be uncomfortable and emotionally-charged for both students and faculty, but we can't move forward without having them. As we begin, we need to be mindful that this is a never-ending journey. Like maintaining a house, everything is in a constant state of decline unless you are actively reinforcing and fixing something every day. There will always be ways our organization can be *ever better*.

Like the combination of different musical notes, distinct colors in a painting, or varied ingredients in a recipe, our strength lies in our differences, not our similarities. And in health care, diversity powerfully enriches learning, and makes us stronger teachers, researchers, and providers. I'm looking forward to walking this journey together.

At the time of this writing, we excitedly learned that URMC was one of only eight institutions selected by the American Council for Accreditation of Graduate Medical Schools (ACGME) to lead a national movement to improve residency training. Over the next four years, we will build and provide a sustainable model of how our residents—more than 750 across 80 programs—can be closely integrated in quality and safety improvement teams, so that they can hit the ground running with the core skills to vastly improve patient outcomes when they complete their training. This is yet another historic opportunity for the SMD to reshape the nation's thinking about how best to produce doctors skilled in the art and science of medicine.

Lastly, at Meliora weekend, October 6–9, we will celebrate the success of *The Meliora Challenge:* The Campaign for the University of Rochester, having raised more than $1.3 billion to support faculty, students, programs, and new facilities.

I'm proud to announce that the Medical Center raised nearly $700 million in the campaign—approximately $50 million more than our original goal—from more than 180,000 donors and community groups hailing from all 50 states, the District of Columbia, and 48 other countries. Your generous support has propelled our work to cure and prevent disease, educate future leaders in nursing, medicine, and dentistry, and set new standards for patient care.

With the continued support we receive for innovation, team-oriented education, collaborative research, and patient care improvements, we are tackling the world's toughest health problems.

Thank you for your continued partnership, as we strengthen our prominence as a world-class University and Medical Center.

What do you think?

Write to us! *Rochester Medicine* welcomes letters from readers. The editor reserves the right to select letters for publication and to edit for style and space. Brief letters are encouraged.

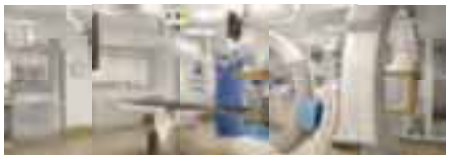
Email the Editor
christine_roth@urmc.rochester.edu

Submit Class Notes
RochesterMedicineMagazine@urmc.rochester.edu

Write to Us
University of Rochester Medical Center
601 Elmwood Avenue
Box 643
Rochester, New York 14642

Rochester MEDICINE

CONTENTS



Rochester Medicine is published by:
The University of Rochester Medical Center, Department of Communications, in conjunction with the Department of Alumni Relations & Advancement for the School of Medicine and Dentistry

Associate Vice President & Director Public Relations & Communications, Med Ctr.	Christopher DiFrancesco
Editor	Christine Roth
Art Direction & Design	Mitchell Christensen
Photography	Antonino Barbagallo Adam Fenster Ken Huth Jeff Witherow Matt Wittmeyer

For questions or comments, contact:
Dept. of Alumni Relations and Advancement
for the School of Medicine and Dentistry
300 East River Road, Rochester, NY 14627
Phone 800.333.4428 585.273.5954
Fax 585.461.2081

Comments on this issue, e-mail:
RochesterMedicineMagazine@urmc.rochester.edu

Find us on facebook at:
www.facebook.com/urmc.education

It was very enjoyable reading your article on Dr. Arthur Moss regarding his 45 years of scientific contributions.

The article however does not even come close to revealing the importance Dr. Moss has had in molding future physicians. As a fourth year student elective, I was able to spend a month with Dr. Moss on a one-to-one basis. I learned more in that one month than I did at any other time in my career. He is an amazing educator and he taught me all facets of being a complete physician. Morning rounds would begin in the library where we would view all the journals that had come in the night before. I now take great pride in making it a major point to keep abreast of the latest medical literature.

The mornings were then spent in the hospital doing rounds, teaching and procedures. As we walked through the hospital wards, the educational dialogue was intense, Dr. Moss always finding some new topic to teach; some new reference to read. No matter what the situation, Dr. Moss made sure there was always something to be learned. On Monday, Wednesday and Friday, I was with him during office hours and he would teach all the finer skills of a complete cardiovascular history and exam.

There was a myriad of fascinating cases including the patient you describe in the article with the first left sympathetic ganglionectomy for Long QT Syndrome. Today, my office exam is almost a mimic of his, and I pride myself on performing a complete exam including his famous two-hand grip of measuring the abdominal aorta.

On Tuesdays and Thursdays while Dr. Moss was at the research center, I worked on learning the art of publishing a scientific paper (mine was a comprehensive review article on nifedipine). The pearls he taught will never be forgotten.

In addition to the skills he provided on becoming a complete clinician, probably the most important lesson I learned from Dr. Moss was the importance of family. Never, and I mean never, would he miss the Friday evening dinner with his wife Joy and their children. I had the pleasure of dining at his home several times as a student, and the family bonds were so very special.

Many thanks to a man I am so very proud to call my mentor. There is not a day that goes by that I do not recall some clinical tidbit I had learned from this great educator.

Mark R. Milner (MD '81)
Johns Hopkins Physicians Heart Care
Besthesda, Md.

The news of Dr. Cohen's passing saddens me as I knew it would since 1995 when I earned my medical degree.

He was my faculty advisor beginning in my first year of medical school. The four students in his group had the pleasure of taking him to dinner when we were close to graduation as senior medical students. I will always remember him as a foundation of my medical education and his teachings are essential to my current identity as a physician.

Mustasim Rumi (MD '95)
Orthopaedic Associates of Central Texas – The Spine Center
Round Rock, Texas

Calling all School of Medicine and Dentistry alumni whose class years end in a 1 or 6...

IT'S TIME TO CELEBRATE YOUR REUNION!

With so many options for you to celebrate your reunion this year, we hope that you will join in the fun.

RECONNECT

with classmates by planning a mini-reunion in your city. We'll send you supplies!

REDISCOVER

your Meliora spirit by attending an event in your region (special discounts included). You could also volunteer for your reunion committee; there are opportunities for even the busiest schedules.

REMINISCE

at Meliora Weekend October 6–9, 2016.

TO LEARN MORE, VISIT
www.rochester.edu/alumni

UNIVERSITY of ROCHESTER
ALUMNI

URMC Education
@urmceducation
uofralumni
#URreunion

Remember *Why* ...

One-hundred-and-two men and women crossed the stage of the Eastman Theatre's Kodak Hall on May 13 to accept their medical degrees. University president Joel Seligman encouraged the graduates to "keep your minds open in this fast-changing world," and URMC CEO and SMD dean Mark B. Taubman, MD, said, "Looking out at our graduates, I know the future of medicine is in great hands." In his remarks for the class of 2016, Joseph W. Stewart (MD '16) said, "When I get nervous about residency, I take comfort that we're connected to the University of Rochester and will carry that support with us. Now, we're going to go forth and biopsychosocial-the-heck out of everyone." Associate professor of Clinical Medicine Robert K. Horowitz, (MD '93, Res '98), encouraged the young doctors to "be compassionate to your patients and yourselves, and tend to your relationships, your health, your pleasures, and your inner life." Lastly, in his keynote address, Richard Hodes, MD ('82M), who cares for thousands of refugees as medical director for the American Jewish Joint Distribution Committee in Ethiopia, implored graduates to "listen to your patients using your third ear; listen to what they're not telling you. Remember why you went to medical school, and remind yourself every day that this is a privilege."

Illuminating History:

Eastman Institute for Oral Health Turns 100

The Eastman Institute for Oral Health (EIOH) recently kicked off its year-long centennial celebration by capturing this dramatic photo of its iconic building at night. Hundreds of people bathed the building in light from individual flashlights while photographers took an extended exposure shot.

Since George Eastman established the Rochester Dental Dispensary 100 years ago, the mission of EIOH has evolved from serving indigent children, to offering a broad spectrum of clinical treatments for all ages and providing fertile ground for post-doctoral specialty training and innovative research.

"We train our residents to understand the significance of serving the community," said Jack Caton, DDS, MS (Perio '73, MS '73), chair of EIOH Periodontics and associate director for Education. "But we also emphasize the importance of innovation and discovery in the field of dentistry within the U.S., and around the world."

These efforts have reaped dividends. Today there are more than 1,600 EIOH alumni residing in more than 50 countries, and the institute consistently ranks in the top tier for funding. Countless EIOH alumni serve as university deans, department chairs, and hold leadership roles in local, regional, national and international professional associations.

Long before Eastman Dental became part of the University in 1998, the UR hosted a program in its Department of Dental Research, where dentists trained for their PhD's, a very unique initiative at the time. That program continues to flourish, with increasing numbers of dentists earning their master's degrees and PhD's. The University's dental-related clinical, educational and research components are all housed within the Eastman Institute for Oral Health umbrella.

"As a small institution, we've been extremely successful, thanks to the help of our alumni and other supporters," said EIOH director Eli Eliav, DMD, PhD. "We're known for providing a unique and rich environment for growth, and attracting people interested in leadership positions in dentistry. Building on what we've accomplished to date, the future has unlimited potential."

by Karen Black

Two hospitals join UR Medicine

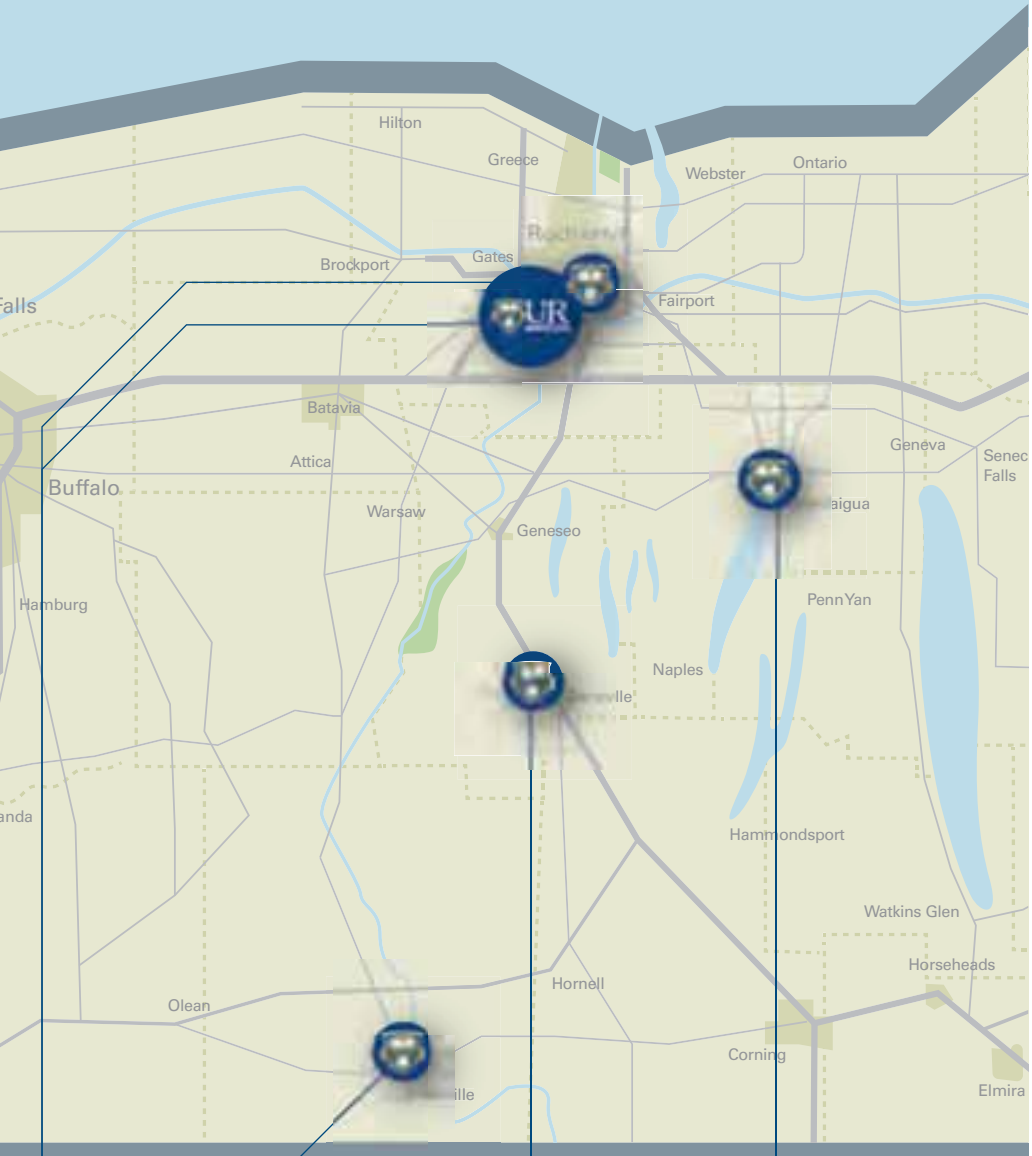
Jones Memorial Hospital in Wellsville and Noyes Health in Dansville have joined the UR Medicine family. The new affiliations expand the network to five hospitals, including Strong Memorial, Highland Hospital, and Thompson Health.

"The changes in America's health care system have significant implications for rural hospitals and the communities they serve," said University president Joel Seligman. "The regional approach of UR Medicine ensures that these hospitals remain the cornerstone of local health care and also an economic anchor for their communities."

The effort aims to strengthen health services across the Southern Tier, while enabling patients to continue to receive care within their own communities.

"Everyone's boat rises when we can expand the capabilities of local health care providers and reverse the need for many patients to travel to Rochester," said Mark B. Taubman, MD, URMC CEO and dean of the School of Medicine and Dentistry.

The boards of Jones and Noyes voted unanimously to affiliate with UR Medicine. Jones, a 70-bed, full-service acute-care community hospital, is about two hours south of Rochester, in Allegany County. Noyes, a 67-bed facility that anchors a diverse and comprehensive health care system, is about an hour south, in Livingston County.



Partnership creates cancer tissue bank

The URMC and a Germany-based company called Indivumed have entered a three-year partnership to create a top quality bank of human tissues and tumor samples that will be an invaluable resource for cancer treatment and research.

Department of Surgery chair **David C. Linehan, MD,** who directs clinical operations at the Wilmot Cancer Institute, is the partnership's supervising investigator.

"Collecting and properly preserving human tissue is critically important to cancer research, but it's difficult to fund, and requires a specialized set of skills and expertise," said Linehan "This coordinated approach will benefit all cancer researchers at Wilmot and across the URMC."

When it comes to deciding on cancer treatment, doctors must often consider a tumor's unique gene characteristics and whether those pathways can be targeted with newer drugs. But in order to run the sophisticated tests that reveal a cancer's precise genomic fingerprint, very high quality tumor specimens and tissue samples must be properly preserved with protocols designed to support genomic analysis.

The URMC-Indivumed tissue bank will include information that correlates with patient survival, response to treatment, and whether the tumor was resistant to certain therapies. Becoming part of Invidumed's global network also gives researchers access to a critical mass of biological samples and clinical data, and opens new opportunities for collaboration and innovation.

CMSR receives NIH grant scores over $15M

In 2015, URMC's Center for Musculoskeletal Research (CMSR) received NIH grant scores totaling more than $15 million. This represents the latest in a trend that has made the CMSR one of the NIH's top-funded orthopaedic research programs for almost 20 years.

"We have a system that emphasizes strategic planning and team science and has several philosophies that distinguish us from other labs in the nation," said CMSR director **Eddie Schwarz, PhD,** the Richard and Margaret Burton Distinguished Professor in Orthopaedics.

Rather than looking to industries for major research funding, the CMSR relies on the NIH as its primary funding source, which allows CMSR scientists to develop long-term research programs. CMSR also strategically recruits investigators who can fulfill a particular area of expertise.

"If we need a linebacker, we draft a linebacker," Schwarz said. "And then we go after an outstanding linebacker who will fit well within our program. Typically, new faculty members recruited to the CMSR have shown significant effort as a co-investigator on grants before they obtain their first NIH grant as principal investigator."

The Department of Orthopaedics and the CMSR are particularly proud of new investigators Joe Chakkalakal, PhD, and Cheryl Ackert-Bicknell, PhD, whose R01 grants on skeletal muscle stem cells and bone genetics respectively, received fundable scores.

Exercise reduces side effects of chemotherapy

Wilmot Cancer Institute researchers discovered something simple and inexpensive to reduce neuropathy in hands and feet due to chemotherapy: exercise.

The study, involving more than 300 cancer patients, was presented and honored as a "Best of ASCO" among 5,800 abstracts at the world's largest gathering of oncologists, the American Society of Clinical Oncology (ASCO) annual meeting. More than a dozen other Wilmot scientists also presented.

Investigators directly compared the neuropathic symptoms in non-exercisers to the pain among patients who took part in a specialized six-week walking routine with gentle, resistance-band training at home.

The exercisers reported significantly fewer symptoms of neuropathy, and the effects of exercise seemed to be most beneficial for older patients, said lead author **Ian Kleckner, PhD,** a biophysicist and research assistant professor in Wilmot's Cancer Control and Survivorship program. Kleckner also won an ASCO Merit Award in the pain and symptom management category, and gave a talk about his work.

Not all chemotherapy drugs cause neuropathy, but 60 percent of people with breast cancer and other solid tumors who receive taxanes, vinca alkaloids, and platinum-based chemotherapies will likely suffer this side effect, Kleckner said. Neuropathy is more commonly associated with diabetes or nerve

damage. No FDA-approved drugs are available to prevent or treat chemotherapy-induced neuropathy, he added.

Wilmot's Exercise for Cancer Patients (EXCAP) program was developed several years ago by **Karen Mustian, PhD, MPH,** an associate professor in the Cancer Control program. In recent years she has copyrighted and evaluated EXCAP in several clinical trials. Last year at ASCO, Mustian presented data from a randomized, controlled study of 619 patients showing that EXCAP reduced chronic inflammation and cognitive impairment among people receiving chemotherapy. Kleckner's study involved a subset of patients from Mustian's trial, which is the largest Phase 3 confirmatory exercise study ever conducted among cancer patients during chemotherapy. Their work is funded by the National Cancer Institute and Mustian's PEAK lab.

Specific cause of Gulf War illness unlikely to be found, report says

An Institute of Medicine committee report released in February, led by professor and acting chair of the Department of Environmental Medicine **Deborah Cory-Slechta, PhD** (Flw '82), said it is unlikely a specific cause of Gulf War illness will ever be found due to a lack of data.

"Unfortunately, we will never have exposure data from this war, other than what the veterans have told us themselves, said Cory-Slechta. "They are an incredible, dedicated, and proactive group, and we are grateful for their service and their input to our committee. Moving forward, it is my belief that we need to do a much better job of collecting data on exposure before, during, and after these types of military conflicts. The possibilities are far more accessible with advancements in GPS tracking and personal bio-monitoring devices. We hope this report opens the door to preventing health problems from future wars."

While few American soldiers died or were injured in the 1990–91 Gulf War, nearly 700,000 troops were exposed to chemical and biological weapons, vaccines, oil-fires, air pollution, bomb blasts, pesticides, extreme desert temperatures, and constant false alarms and fear of nerve-gas attacks.

After the war ended, a high number of veterans reported debilitating fatigue, muscle and joint pain, headaches, and cognitive symptoms which collectively became known as Gulf War illness. During the past 25 years, 10 committees have searched for evidence that would better define the illness and identify possible treatments. The latest committee, led by Cory-Slechta, concluded that no single mechanism can explain the myriad symptoms seen in Gulf War illness.

The report did say, however, that Gulf War veterans have a higher risk of post-traumatic stress disorder (PTSD), chronic fatigue syndrome, some gastrointestinal conditions, anxiety, depression, and substance abuse than their non-deployed counterparts. Limited evidence also suggests an association with war service and ALS, commonly known as Lou Gerhrig's disease.

The report also said more research is needed to find therapies that recognize the complex brain-body relationship, which can sometimes cause unexplained symptoms.

Privatera leads physician wellness program

Professor of Psychiatry **Michael R. Privatera, MD, MS** (Res '83), recently became the first medical director of URMFG's newly created physician wellness program.

"By nature, physicians are self-driven, high achievers," said Privitera, who is internationally known for his research on physician burnout and workplace violence in health care settings. "But the multiple demands of practicing medicine in today's environment can become unmanageable. My goal is to give clinical faculty the tools to help them address stressors, stay well, and avoid burnout." In 2014 Privitera gave a presentation about physician wellness that resonated with URMFG CEO **Michael F. Rotondo, MD, FACS,** who then recruited him to provide education wellness initiatives and prevention programs to all UR Medicine physicians, with the long-term goal of creating a national blueprint for preventing physician burnout.

> **"My goal is to give clinical faculty the tools to help them address stressors, stay well, and avoid burnout."**

"While the practice of medicine is deeply rooted in humanism and sensitivity to the needs of patients, the culture of medicine has traditionally ignored the fundamental needs of physicians as human beings," said Rotondo. To be successful in our strategic aims and achieve sustained success across our missions, we must confront the stressors on physicians in the workplace today. We must care for each other and for our patients."

Kessler Burn Center earns top ranks

This year URMC's Kessler Center became one of only two centers in New York State to be verified by the Burn Association (ABA), and one of only 65 in the country.

The three-year verification is a mark of distinction that signifies the burn center's ability to provide optimal care and resources to adult and pediatric burn patients from the time of injury through rehabilitation. It followed a rigorous review of the 25-bed center, an on-site visit, and a written report reviewed by the ABA verification committee and the American College of Surgeons' committee on trauma.

The ABA cited many strongpoints, including the vision and leadership of the center's director **Derek Bell, MD,** assistant professor of Surgery. Reviewers also acknowledged the center's quality assurance program, and its mortality rate as among the lowest in the country. Additionally, the report noted a seamless level of communication across disciplines, excellence in nursing care, a low nurse-to-patient ratio, and a breadth of pediatric resources within Golisano Children's Hospital, including a pediatric sedation service.

In New York State, the center joins William Randolph Hearst Burn Center within New York Presbyterian Hospital in New York City as the only other ABA-verified facility. A major tertiary referral center, Kessler serves patients from the metropolitan Rochester area as well as 1.8 million people in the 17-county Finger Lakes Region, and portions of northern Pennsylvania.

Kessler Trauma Center supports national move to reduce bleeding fatalities

The Kessler Trauma Center recently began leading a local educational effort to reduce the number of people who die from bleeding injuries.

The effort dovetails from an October 2015 initiative by the Departments of Homeland Security and Health and Human Services called 'Stop the Bleed.' In a concept similar to CPR, AED, or fire extinguisher training, the White House effort aims to lower the number of people nationwide who die of bleeding injuries following shootings and acts of terrorism, as well as motor vehicle accidents and other traumatic events.

This year, the Trauma Center trained the UR Public Safety team in bleeding control (B-Con) practices, and is now bringing the training to the larger community. The two-hour course uses simulation to give individuals hands-on experience fastening tourniquets and applying gauze to deep wounds.

People with severe bleeding can die in as little as two-to-three minutes without intervention, and more than a half million lives are lost nationwide to bleeding injuries every year.

URMC cardiologists first in region to use device to reduce stroke risk

URMC's Strong Memorial Hospital is the first in the Finger Lakes region to offer people a minimally invasive therapy to prevent strokes from atrial fibrillation. A team of interventional cardiologists and electrophysiologists implanted the Watchman, a lightweight device, into the left side of an aging woman's heart to eliminate stroke risk. The procedure took place on June 2.

About five million Americans suffer from atrial fibrillation, which occurs when the upper and lower chambers of the heart stop beating in harmony. The upper chambers beat irregularly and stop moving blood through and out of the heart, which increases the likelihood of blood clots forming in the left atrial appendage near the top of the heart. Strokes occur when these blood clots break loose and travel to the brain, lungs and other parts of the body. The Watchman implant is designed to stop clots from leaving that area of the heart. Atrial fibrillation is the cause of about 20 percent of all strokes.

"This is a significant advance in care for people with atrial fibrillation who are unable to use blood thinners," said associate professor of Clinical Medicine in the Cardiology Division **Thomas Stuver, MD** (Res '92, Flw '95, Flw '96), who is a cardiologist with Heart & Vascular's Rochester Cardiopulmonary Group. "Some physicians believe this could become one of the most common heart procedures in the nation."

Cardiologists make a small incision in the groin to insert a catheter into a vein. Using real-time imaging, the team feeds the device through the body, into the right and left chambers of the heart. Once at the left atrial appendage, cardiologists expand the Watchman device to cover the gap and eliminate clots from escaping that area. The procedure takes about 45 minutes and recovery typically takes about 24 hours.

The FDA approved the use of Boston Scientific Corp.'s Watchman in 2015, after extensive clinical studies. About 15,000 people in the U.S. have received it.

Top honors for cardiac, stroke programs

The American Heart Association/American Stroke Association has once again URMC's Strong Memorial Hospital given its highest awards for heart failure, stroke and resuscitation care. Strong Memorial is the only Rochester-area hospital to earn the highest levels of recognition for these categories of care.

Strong earned Get With the Guidelines (GWTG) Heart Failure Gold Plus and Target Heart Failure Honor Roll Award, Stroke Gold Plus and Target Elite Plus Honor Roll Award, and a Resuscitation Gold Award in the AHA/ASA's hospital-based quality improvement program.

Each year in the U.S., approximately 735,000 people suffer heart attacks, 5.7 million people endure heart failure and nearly 800,000 people suffer a stroke. The GWTG program is designed to measure outcomes and adherence to treatment guidelines to ensure high quality care at hospitals across the nation.

Dozier named Public Health Sciences chair

Ann Dozier, PhD (PhD '96N), whose commitment to education, research and community-based outreach spans nearly 40 years, was recently appointed chair of Public Health Sciences. She has been interim chair since July 2014.

The department's mission has taken on new importance since the adoption of the Affordable Care Act and the accompanying focus on quality of care, cost control and population health management. It attracts about $6 million a year in external research funding for a range of public health issues, including obesity, smoking cessation, cardiovascular disease, cancer screening and prevention, the impact of environmental exposures on children, the impact of pollution, and maternal and infant health.

Dozier received her BS and PhD in Nursing from the School of Nursing, and joined the URMC faculty in 1999. Dozier's research and fieldwork focuses on maternal and child health, with an emphasis on improving breastfeeding among low-income women and reducing infant mortality. She has worked on public health projects in Costa Rica, India, Grenada, the Dominican Republic, and Tibet, but she currently focuses on underserved communities in Rochester and New York State.

"The fundamental changes in health care over the last several years represent an opportunity to assess and ultimately improve the delivery and quality of care," she said. "I look forward to working with Medical Center leadership, faculty, and community partners to meet these challenges."

Swapping sick for healthy brain cells may slow Huntington's Disease

URMC researchers have successfully reduced the symptoms and slowed the progression of Huntington's disease in mice using healthy human brain cells. The findings, published in Nature Communications, could point to a new method to treat the disease.

In the study, the animals were implanted with human glia cells derived from stem cells. One of the roles of glia is to tend to the health of neurons, and the study's findings show that replacing sick mouse glia with healthy human cells blunted the progress of the disease and rescued nerve cells at risk of death.

"The role of glia cells in the progression of Huntington's disease has never really been explored," said **Steve Goldman, MD, PhD,** co-director of the University of Rochester Center for Translational Neuromedicine. "This study shows these cells are not only important actors in the disease, but may also hold the key to new treatment strategies."

The researchers conducted a series of experiments in which they isolated human glial progenitors—cells in the central nervous system that give rise to astrocytes—from both embryonic stem cells and brain tissue, and implanted the cells into the striatum of mice with Huntington's disease. Consistent with prior studies, they observed that the resulting human astrocytes out-competed the native glia cells, resulting in mice with native neurons but human glia.

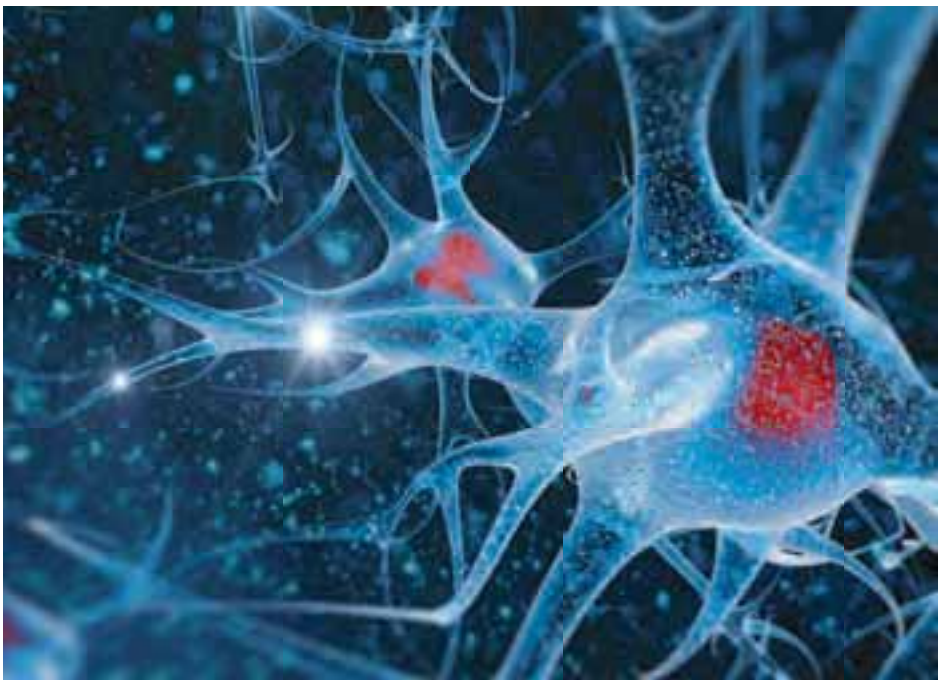
The researchers discovered that human glia transplanted into mice with the Huntington's disease mutation appeared to keep neurons healthier and extended the animals survival. They also conducted tests to measure the animals' behavior, memory, and motor skills, and the mice with healthy human glia performed significantly better than untreated mice with Huntington's disease.

Conversely, when healthy mice were implanted with human glia carrying the genetic mutation that causes Huntington's, the animals exhibited symptoms of the disease.

Because glia cells have been shown to migrate and proliferate throughout the brain once implanted, these findings could herald a new approach to rescue nerve cells threatened by the disease.

"The partial rescue of deficiencies we observed in this study tells us that there is a significant glia component in Huntington's disease and that we may be able to improve function and delay progression with glial transplants," said Goldman.

The study was supported by the CHDI Foundation, the National Institutes of Health, the Leila Y. and G. Harold Mathers Charitable Foundation, the New York State Stem Cell Research Program, and the Dr. Miriam and Sheldon G. Adelson Medical Research Foundation.



Dirk Bohmann to lead basic science research

Dirk Bohmann, PhD, an accomplished molecular biologist and scientific leader, has been appointed senior associate dean for Basic Research.

"I consider this to be a service function for the scientific community," said Bohmann, who holds the Donald M. Foster MD Professorship in Biomedical Genetics. "I hope to receive input from my colleagues and look forward to interacting with them to come up with ways to improve our existing strengths and foster new ideas."

Stephen Dewhurst, PhD, vice dean for Research, noted that Bohmann is a thought-leader and alliance-builder.

"Informally he's been representing the interests of faculty in this area for several years and this appointment formalizes his role so that he can actively build on the needs and priorities of researchers," said Dewhurst, who previously served as senior associate dean for Basic Research.

Bohmann will report to Dewhurst, together with Edith Lord, PhD, senior associate dean of Graduate Studies, and Karl Kieburtz, MD (MD '85, MPH '85, Res '89), senior associate dean for Clinical Research. The deans are focused on strengthening the research infrastructure, improving education and training, and promoting collaboration that will secure more research funding.

Bohmann has demonstrated his abilities by working with other top scientists across the campus to develop aging research initiatives and establish informatics as a priority. Engaging and preparing the next generation of scientists is also one of his top goals.

"The quality of the University's graduate student program and basic research are mutually dependent and there is room for creativity to revise the curricula, develop recruiting strategies, and support training grant applications," he said.

Bohmann will maintain his URMC laboratory, which uses fruit fly genetics to study the aging process and how environmental stressors promote age-related diseases such as cancer and degenerative conditions.

Are the brains of drug addicts different?

A recent study by URMC researchers offered new insight into how the brains of drug addicts may be wired differently.

The findings, published in the journal *Psychopharmacology*, showed that while drug users have very strong motivation to seek "rewards," they exhibit an impaired ability to adjust their behavior and feel less fulfilled once they achieve their desires. Addressing this disconnect between the craving for a drug and the ability to regulate behavior may be a key to breaking the cycle of addiction.

"The majority of people, when faced with something they want, will assess how achievable the goal is and adjust their actions and expectations in order to maximize their potential to achieve it," said **John Foxe, PhD,** chair of the Department of Neuroscience and the study's senior author. "However, it appears the integrity of this system of assessment and self-regulation is impaired in substance abusers. This may contribute to the risk-taking behaviors and poor decision-making commonly associated with this population."

The researchers speculated that the problems habitual drug users have with decision making and controlling behaviors may be related to how they process reward anticipation and achievement.

"Only about 10 percent of people who try cocaine become habitual users," said Foxe. "So clearly there is something different going on in the brains of addicts causing them to crave and abuse the drug."

Team-based treatment improves hypertension

Team-based treatment of hypertension led to a 30 percent improvement in blood pressure control at a Rochester clinic, URMC researchers found.

The intervention, highlighted in a study in the *Journal of the American Society of Hypertension*, helped low-income minority patients who typically face many barriers to treatment.

In the U.S., about one-third of adults have high blood pressure. However, only about half of those patients have their blood pressure under control, according to the National Center for Health Statistics. **Thomas A. Rocco, MD,** senior study author and clinical associate professor of Medicine, said the rates are even lower in minorities.

John D. Bisognano, MD, PhD, director of the URMC Comprehensive Hypertension Center and a member of the Heart & Vascular team, believes the study findings can have a profound effect on public health.

"By controlling high blood pressure you are preventing heart attacks, strokes, and kidney disease, which translates to lower health care costs in the long run," said Bisognano, a study author and president of the American Society of Hypertension. "You are also decreasing the emotional, physical, and financial burdens on families."

In the study, clinical teams of physicians, pharmacists, and nurses worked together to help patients best manage high blood pressure.

"Health care providers are accustomed to working with patients one-on-one, but it is hard to address a patient's needs in a 15-minute clinic visit," said Rocco, former chief of Cardiology at URMC's Highland Hospital. "Working together, providers can cover a wide range of issues and minimize roadblocks to treatment."

In addition to improving hypertension control, researchers noted a decrease in blood pressure severity. The number of patients with Stage 2 hypertension dropped from 11 to 6 percent.

"Prior studies have shown the benefits of multidisciplinary teams in highly controlled settings, but our study demonstrates these benefits translate to real-world primary care settings," said lead author Robert Fortuna, MD, MPH, assistant professor of Medicine and Pediatrics in Primary Care

The project was supported by a grant from the Greater Rochester Health Foundation and the University of Rochester Clinical and Translational Science Institute. Experts from St. John Fisher College, the Greater Rochester Health Foundation, the Canandaigua VA Medical Center and RAND Corporation also contributed.

Senate grant supports programs to curb youth suicide and substance abuse

When it comes to teenagers, one thing is pretty much a given: they usually listen more to their friends than to their parents, teachers, or other adult role models.

So in the effort to fight alarming rates of suicide and drug addiction in youth, why not cultivate programs that actually give students the most powerful voice? This was the question that prompted University of Rochester Medical Center professor of Psychiatry **Peter Wyman, PhD,** and his team to refine and test two school-based prevention programs that empower teens to become change agents for promoting health.

Substantiated by more than a decade of Wyman's research, the two interventions—called Sources of Strength and Above the Influence, respectively—are now being implemented at 60 high schools and middle schools across New York State, with the help of a $1.5M grant secured by Senator Rob Ortt, 62nd District. The grant will keep the programs active for three years.

Trained as a clinical psychologist, Wyman spent years working with adolescents and families in private practice before pursuing a desire to make a larger impact through preventive, population-based approaches. With young people especially, he sees vast potential in using what he calls a "social network health diffusion model."

"Research shows peers have enormous influence on adolescents' choices and decisions, especially when it comes to things like substance use, risk-taking and sexual practices," he said. "But rather than bemoaning this fact, it actually offers immense opportunity to capture and leverage peer group influence for prevention and health. Just as suicide can be contagious, so too can be the attitudes and behaviors that counter suicide, and help adolescents thrive."

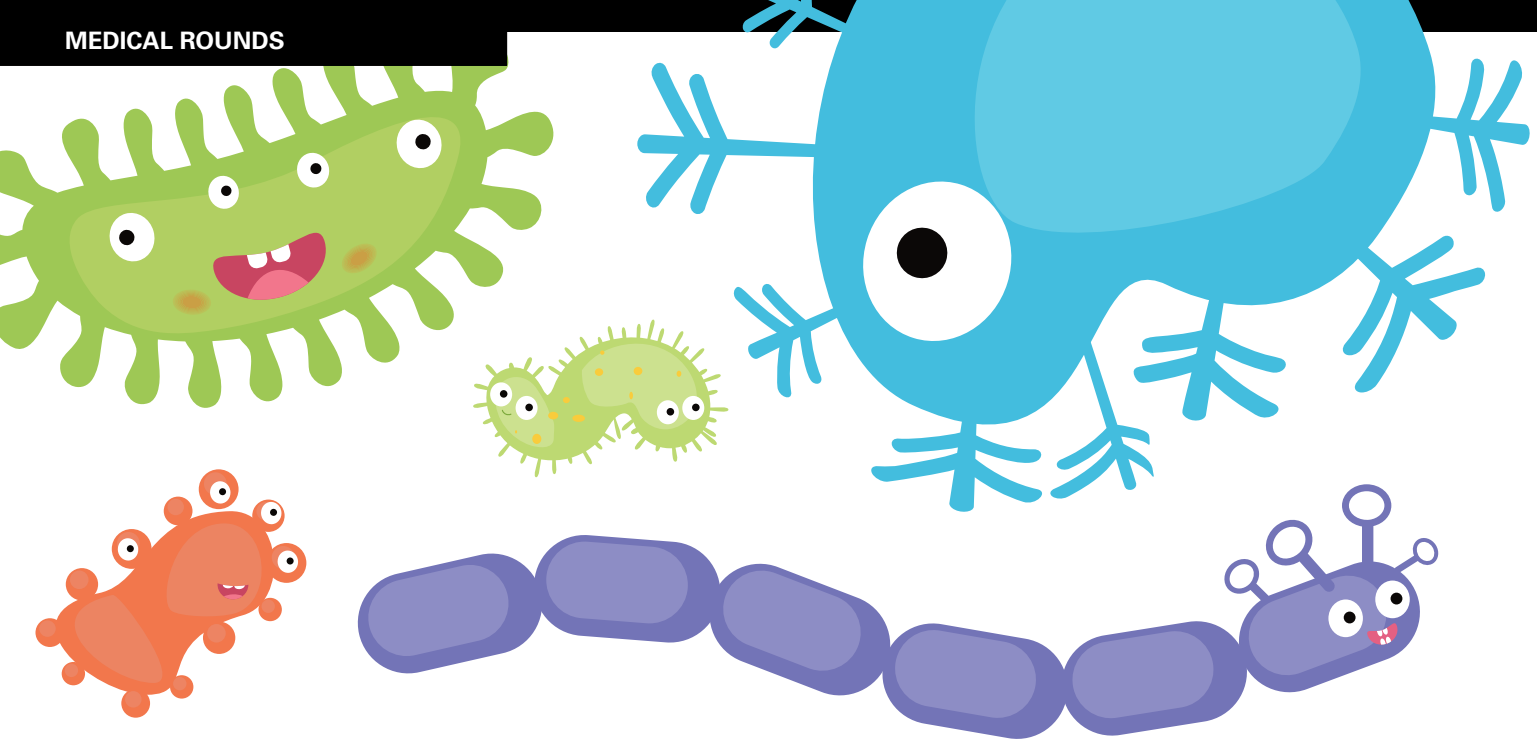
In a typical high school or middle school, students often gravitate to well-defined peer groups through activities such as sports, drama, or music, said Wyman, while others affiliate with groups less connected with school. The network health approach identifies the most influential members or "key opinion leaders" from each of these varied groups.

"By engaging peer leaders, and encouraging them to build healthy coping practices, better connections with adults, and the strengths to avoid problematic behaviors, we empower them to become effective change agents," he says. "We then prepare adults in each school to be effective mentors for their peer leader teams. The final step is to help peer leaders employ strategies to get their friends on board, and promote a culture change through their school."

Over the past 10 years, with support from the NYS Office of Mental Health, Wyman's team has been bringing the Sources of Strength program into predominantly rural schools in New York State where mental health resources are lacking and youth suicide rates are highest. His research to date shows that Sources of Strength increases peer leaders' positive coping skills and connectedness to adults, and that their activities, in turn, strengthen the school-wide culture and behaviors surrounding help-seeking and suicide. The data from his NIMH-funded evaluation of the program with 17,000 students in 40 schools will be published later this year as part of the largest youth suicide prevention study to date.

In addition to the Sources of Strength program, middle schools across the state will take part in the Above the Influence substance abuse prevention program, also implemented by Wyman's team. Adapted by Wyman from a national media campaign, the intervention engages eighth graders to encourage their peers to overcome pressures to abuse drugs and alcohol.

"The goal is for teens to lead the process, and show their peers that resisting substance use is something cool, and worthy of social status."



Safer nasal vaccine explored

The work of School of Medicine and Dentistry scientists may one day lead to a safer nasal vaccine for those at greatest risk of catching the flu.

Currently, children under the age of two, and adults over the age of 49, as well as asthmatics, are not eligible for the FluMist nasal vaccine. This is due to the fact that it causes a more robust immune response because it is made from live flu virus.

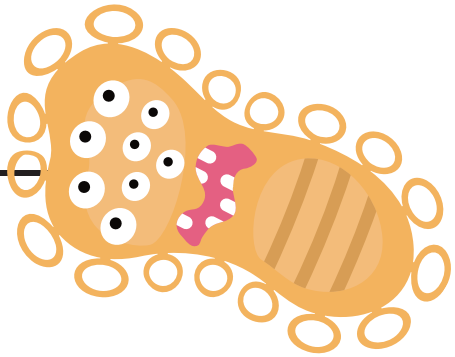
Working with a vaccine similar to FluMist that is used in mice, **Andrew Cox, PhD**, a fifth-year graduate student in the lab of vice dean for Research **Stephen Dewhurst, PhD**, used molecular genetics to alter the vaccine virus so it replicates only in the nose and not in the lungs. The main reason FluMist was not approved for use in children under two is that it was associated with wheezing in infants in clinical trials.

"No one has tried to tweak a vaccine virus like this before," said Cox, lead author of the study, published in the Journal of Virology. "If we can make the nasal spray flu vaccine safer for very young children, it should provide better protection and remove a shot, which makes children and parents happy."

FluMist is very safe in the populations that it is licensed for and creates a good immune response in kids ages two to five, who are very susceptible to flu, dded **John J. Treanor, MD,** chief of the Infectious Diseases Division. "It would be a major accomplishment if we were able to develop a live vaccine like FluMist for children ages six to 24 months," he said.

Cox is participating in a rigorous MD/PhD program at the School of Medicine and Dentistry and plans to specialize in pediatric infectious diseases.

A Technology Development Fund (TDF) award from UR Ventures—a branch of the University that brings ideas and technologies from the URMC and River Campus to the private sector—funded the research. A patent is pending on the vaccine technology. Dewhurst and Cox plan to continue their work in partnership with scientists from the Icahn School of Medicine at Mount Sinai.



Resident immune cells in the brain protect and repair

Research from the Center for Translational Neuromedicine has shown that the cells responsible for protecting the brain from infection and inflammation, are also responsible for repairing the defenses that separate the brain from the rest of the body. The findings have significant clinical implications because certain cardiovascular drugs might impede the brain's ability to repair itself after a stroke or other injury.

"This study shows that the resident immune cells of the central nervous system play a critical and previously unappreciated role in maintaining the integrity of the blood-brain barrier," said **Maiken Nedergaard, MD, DMSc,** co-director of the Center and the study's lead author.

"When this barrier is breached it must be rapidly repaired to maintain the health of the brain and aid in recovery after an injury—a process that could be impaired by drugs that are intended to prevent this damage in the first place," she said.

The brain possesses a dedicated system of defenses against infection. Nedergaard and her colleagues demonstrated that it also maintains its own unique process of removing waste.

Movement in and out of the brain is tightly controlled through a complex system of gateways and controls that are collectively referred to as the blood-brain barrier (BBB). When the BBB is breached the brain becomes vulnerable to infection and injury, so it's imperative that openings in the BBB are quickly resealed. This most frequently occurs during a stroke.

The study, published in the *Proceedings of the National Academy of Science*, reveals that the brain's immune system, specifically cells called microglia, play a central role in the process of repairing damage to the BBB.

"Our concern is that while certain types of blood thinning drugs may do a great job preventing strokes, they could have the unintended consequence of making them worse or hindering recovery," said Nedergaard.

The research was supported by the National Institute of Neurological Disorders and Stroke.

Scientists identify cells that may repair bones

URMC scientists have for the first time identified and isolated a stem cell population capable of skull formation and craniofacial bone repair in mice—an important step toward using stem cells for bone reconstruction of the face and head. The findings were recently published in *Nature Communications.*

Senior author **Wei Hsu, PhD,** dean's professor of Biomedical Genetics and a scientist at the Eastman Institute for Oral Health, said the goal is to better understand and find stem-cell therapy for craniosynostosis, a skull deformity in infants. Hsu's findings contribute to an emerging field involving tissue engineering that uses stem cells and other materials to invent superior ways to replace damaged craniofacial bones in humans due to congenital disease, trauma, or cancer surgery.

For years Hsu's laboratory team, which includes the study's lead author, **Takamitsu Maruyama, PhD,** a research assistant professor in the Department of Dentistry, focused on the function of the Axin2 gene and a mutation that causes craniosynostosis in mice. Because of a unique expression pattern of the Axin2 gene in the skull, the lab began investigating the activity of Axin2-expressing cells and their role in bone formation, repair and regeneration. Their latest evidence shows that stem cells central to skull formation are contained within Axin2 cell populations, comprising about one percent—and that the lab tests used to uncover the skeletal stem cells might also be useful to find bone diseases caused by stem cell abnormalities.

The National Institutes of Health and NYSTEM funded the research.

How does hospital length of stay affect hip fracture outcomes?

A recent paper by Department of Orthopaedics investigators was noteworthy not just for the questions it asked about hip fractures, but for the tool used to find the answers.

In a first for URMC, the researchers built analytics software to mine New York's Statewide Planning and Research Cooperative System (SPARCS) database, which contains records of virtually every patient case in New York State.

Their goal? To determine how the length of hospital stay affects the odds of surviving a hip fracture. The study was published in the *British Medical Journal.*

Questions about fragility fractures and length of hospitalization are of particular interest at URMC, home to an internationally renowned Geriatric Fracture Center that has improved patient outcomes while reducing patients' time in the hospital. The center's research over the past decade suggests patients do better with shorter hospital stays. But a January 2015 study of Swedish hip fracture patients published in the *British Medical Journal* offered a seemingly opposite finding.

The contrast struck the study's lead author **John C. Elfar, MD** (Res '07), associate professor in the Department of Orthopaedics, who had been leading residents in a journal club dedicated to reviewing and critiquing emerging orthopaedics papers.

He and his team decided to launch their own study, which found that longer hospital stays spelled worse results for U.S. patients

"Patients in New York State spend far less time in the hospital than their counterparts in Sweden, but it doesn't mean that they are being released prematurely here," said. "It also does not mean that being in the hospital for a long period of time in New York State is a cause of complications or a driver of poorer outcomes."

Rather, Elfar's analysis shows that the difference in hospital stays and results between Sweden and the U.S. is related to a difference in health care systems.

"Patients do as well here with short hospital stays as they do with longer hospital stays in Sweden because U.S. hospitals focus on acute care and transfer patients to rehabilitation facilities as soon as possible," he said. "Such facilities are not available in Sweden, so patients rehab in the hospital setting and spend longer periods of time there."

Best new seats in the house:
Adolph Auditorium gets $1.4M facelift

Farewell to the cramped, squeaky, faded-red seats with springs poking through the threadbare cushions. The clunky flip-top tables, unwieldy chalkboards, dim lighting, and dull grey carpeting, too, are now but memories. And, no more straining to hear a professor's voice through an antiquated microphone system, or scrambling to find a nearby electrical outlet before the start of class to charge a dying laptop or iPad.

For SMD students, faculty, and alumni—and thousands of others across the Medical Center who have frequented the Edward F. Adolph Auditorium since it was built in the

early 1960s—it's okay to shed a few tears of nostalgia for the familiar old "Adolph." But the learning facility has gracefully entered a new era thanks to a year-long $1.4 million makeover.

Accessible from the first or second floors of the SMD, the Adolph has been renovated as part of the second phase of the Center for Experiential Learning's (CEL) build-out. The first phase included the creation of several learning laboratories on the second floor.

Senior associate dean for Medical Student Education David R. Lambert, MD, noted that the auditorium is "a perfect example of how educational facilities across the University and Medical Center are modernizing aesthetically, ergonomically, and technologically" to keep pace with the way students learn today.

For example, the bright and spacious room has full Wi-Fi connectivity, an audio-visual system with around-the-world videoconferencing capabilities, and a wireless surround-sound system that enables lecturers to walk around and be heard from anywhere in the hall. More room for seating was created by pushing out walls and moving the old media booth to a side closet. Whiteboards and video screens have replaced chalkboards. And forget about searching for a power outlet; there are plugs near each seat for students to connect laptops and other devices.

"The average medical student today has at least two-to-three handheld devices that need Wi-Fi connection," says Sarah Peyre, EdD, assistant dean for Interprofessional Education and director of the CEL, which provides a centralized simulation and educational support center for learners from across the Medical Center.

Completion of the project was also key to the school earning six-year reaccreditation with commendation from the Accreditation Council for Continuing Medical Education.

Fulfilling the promise o

# of diversity in medicine

AT IT TAKE?

by Christine Roth

As the University of Rochester embarks on the most visible diversity movement in its history, we explore what it takes to attract and nurture a diverse physician workforce, the barriers to culture change in academic medicine, and why diversity matters.

The first class of students admitted to the University of Rochester School of Medicine and Dentistry in 1925 consisted of twenty men and two women, all white, and all hand-selected by dean George Whipple, MD. Notorious for his anti-Semitism and unabashed bigotry toward African-Americans, Whipple systematically excluded students based on race and religion until 1940, when the New York State Legislative Commission threatened to take away the school's tax exemption status if it did not open its doors to all. For years later, only one African-American male was admitted per class, until more conscious efforts to diversify the student body began in the 1970s.

While the URSMD was not unlike many other predominantly white medical schools in its discriminatory practices, it bears the burden of a tarnished legacy of racism nonetheless. For decades, URMC's Strong Memorial Hospital, which had separate white and black nurseries until they were abolished in the 1960s, was perceived as the "white hospital" serving predominantly white, wealthy residents, while Rochester General (formerly known as Northside) Hospital, tended more to the city's poorer, black communities.

By many accounts, an imbedded culture of bias and discrimination—whether intentional or unintentional—still lingers across the Medical Center, so much so that it has stimulated a top-down, reinvigorated emphasis on inclusion and diversity as top strategic priorities. The renewed focus is fueling candid, often-uncomfortable—yet vital—conversations about past and present failures, and the big and small ways the Medical Center must change in order to "walk the talk" and truly improve diversity in medicine.

"The University and the Medical Center are made up of people who come from the Rochester community," says assistant professor of Clinical Medicine **Gina Cuyler** (MD '92, Res '95), co-founder and president of the Black Physicians Network of Greater Rochester, Inc. "Students and residents come and go, but the faculty and staff who work here, are from here.

There is a lot of racial and socioeconomic divide that exists in Rochester, and a lot of the sentiment that you find in the community can poison the heart and soul of an organization unless you set a different tone. To this day, I still hear members of the community refer to Strong as the 'white hospital.' I think things are changing now, but having come up through the system as a medical student, I felt it. It was palpable."

Linda Chaudron ('92 MD), associate vice president and senior associate dean for URMC Inclusion and Culture Development, acknowledges that the Medical Center "definitely has a lot of work to do," but is ahead of the curve in many ways, and is embarking on its most visible and ambitious effort yet to evaluate and improve its climate of diversity as part of an unprecedented UR campus-wide movement formally initiated by UR president Joel Seligman in 2015. Through numerous town halls, focus groups, and surveys, the Presidential Commission on Race and Diversity has now collected substantial data from students, residents, faculty and staff during the past year, and will issue a report and subsequent recommendations this fall.

Chaudron's Office for Inclusion and Culture Development, created in 2015 by SMD dean and URMC CEO Mark Taubman, MD, is unique within academic medical centers. It is responsible for assessing the culture, integrating multiple diversity efforts across URMC, and advocating at leadership tables. The office also develops collaborative models that nurture a more affirming cultural climate for faculty, students, residents, staff, and patients.

Linda Chaudron, MD, and Gina Cuyler, MD

"Today we are tackling problems that we just haven't historically put the time and energy into solving," says Chaudron. "Was it purposeful, or was it because we just didn't know? I don't believe the majority of people are intentionally discriminatory. I think for a long time there was a sense of complacency. We didn't know because we didn't ask, and we definitely didn't ask the right questions of the right people. Now that we're asking, we'd better listen and respond. If medical centers don't listen and act, they're going to lose excellent faculty and students—not just those from underrepresented groups—but anyone who wants to go someplace that really supports diversity. And of course, we'll lose excellence in patient care. Diversity is an institutional imperative now, but it's not a comfortable thing to talk about. You feel guilty, you feel responsible. But we have to experience these feelings to make meaningful change."

Building an inclusive environment for everyone, says Chaudron, means bravely peeling back the pages of history, acknowledging the blemishes, and taking a fresh, unfiltered look at the needs and challenges of every group. In medicine, underrepresented groups have traditionally identified as Black or African-American, Hispanic or Latino, Native American or Alaska Native, Native Hawaiian or other Pacific Islander. The national conversation has also broadened to include individuals with disabilities, those from the LGBT community, and people from varied religious, ethnic, and international communities.

"Every group has issues unique to them, as well as commonalities they share," says Chaudron. "One of the challenges we have is developing broad solutions, even as we work hard to remedy the concerns of one specific group. Nothing is ever one size fits all, but what we're finding is that you can learn from one another. Understanding the mentorship models, networks or educational pipeline programs that work for one group, can only help other groups. The beauty of diversity efforts—if you're doing them right—is that everything can be viewed as an 'and' not an 'or.' If we do this, it will help this group and this group. It's not exclusion, it's inclusion."

Of all underrepresented groups in medicine, U.S.-born African-American males still face the toughest climb to become physicians, not only in Rochester but across the country. Over the last 25 years, their numbers have plummeted in medical schools nationwide, more than any other demographic. There were 542 black male enrollees in 1979 and a mere 515 in 2015, according to a report by the American Association of Medical Colleges released last summer.

Today we are tackling problems that we just haven't historically put the time and energy into solving.... Building an inclusive environment for everyone means bravely peeling back the pages of history, acknowledging the blemishes, and taking a fresh, unfiltered look at the needs and challenges of every group.

Steve Morgan (MD '16) cares for Hector Gonzales through the student-run Street Outreach program, which serves Rochester's homeless community.

To see a video of Steve's story, go to:
https://vimeo.com/174682589


Steve Morgan, Jr.
Medical Student
MEDIC

Steve Morgan (MD '16)

Emergency Medicine Intern, Case Western Reserve Hospital

It's impossible to tell Steve Morgan's story without mentioning the 'mudbugs.' In March, when his 74 year-old grandmother Mary was in Rochester for Match Day, she happened to hear that the URMC public relations writer working on her grandson's story had never tasted the Louisiana delicacy.

A little over a month later, in Rochester once more to see her grandson accept his medical degree, she greeted the writer with a warm hug and 10 pounds of home-cooked crawdads—complete with corn and potatoes—that she had singlehandedly carried in a cooler on the plane.

It's the kind of gesture that typifies the selfless generosity of a close-knit family from the Louisiana bayou who faithfully carried each other through the devastation of Hurricane Katrina, and never stops seeing the bright side of life.

"You don't get any further south of New Orleans than Gray, Louisiana," says Morgan, raised primarily by his grandmother, grandfather and mother, while his dad, Steve Sr., worked the oil rigs in the Gulf Coast, and later, off the coast of Nigeria. "You don't even think there's land where we are, but that's where we are."

Morgan was only 15 when Hurricane Katrina hit in 2005, and remembers seeing the walls and windows of his grandparents' home bend and break, and later slept in tents with his family in 100-degree heat and total darkness. He often kept a gun by his side to protect against people trying to steal the family's generator—vital to pumping water out of the basement and keeping their food cold.

"In our family, the grandparents make the decisions, and they wanted to stay with the house, so we all stayed," recalls Morgan. "But it was rough, it was chaos, and it took a long time for any help to come. Bourbon Street and the tourist areas were rebuilt quickly, but most of the African-American communities never recovered and some are still deserted. It was a tragedy I didn't think could happen in the United States."

Always interested in science, Morgan's high school science project explored planting mangroves to help strengthen the Louisiana levee system. He later expanded on the internationally-recognized project at Xavier University of Louisiana, growing hundreds of plants in a greenhouse and planting them with other students by boat.

"I love science, but I also want to find ways to help people," says Morgan, who was nicknamed "Weepee" by his grandmother for his tendency to cry easily as a child. "I have a soft heart, and when I see people struggling it affects me very deeply. In my community it was just a way of life that you give whatever you can spare, and whatever ability you have, to help your neighbor."

Both he and his younger sister were encouraged to get a college education.

"My family members were not rich people and didn't have college degrees, but they were hard-working, had a very strong faith, and really supported education," says Morgan, whose mother worked as a school custodian, cafeteria worker, and substitute teacher to keep tabs on him and his sister in school.

Morgan's high school performance and accomplishments were so good that he earned acceptance to the Air Force Academy, but when he failed a last-minute medical exam, he had to change plans. The academy wrote recommendation letters so he could squeeze into Xavier University's pre-medical program at the last minute.

"Xavier turned out to be the best thing that ever happened to me," says Morgan, who took advantage of UR's Early Assurance Program, and spent time volunteering and doing research with various physicians to prepare for medical school. "I met my wife at Xavier, got my degree, and got into medical school in Rochester."

But on the day after he and his wife, Chante, graduated from Xavier, they learned the surprising news that Chante was pregnant.

"Here we were, excited to start medical school in Rochester, and we didn't know how we were going to do it now with a baby on the way," he recalls. "I thought we would have to wait and re-apply. But the admissions people put together a package that enabled Chante to work a paid fellowship for the first year until the baby came, and start school a year later. They really cared about us, and that's when I knew we were in the right place."

Morgan also joined the U.S. Army Reserves to help support his family and get health care benefits. In addition to attending regular required training, he spent one weekend a month at Fort Drum, N.Y. After completing residency, he'll serve a four-year commitment, with 90 days of active duty every two years.

"It wasn't easy, but the reserves helped provide for my family and I also gained incredible military EMT experience," says Morgan, whose goal is to blend his emergency medicine knowledge and military background so that he can one day direct emergency medical services (paramedic, firefighter, SWAT) in his hometown.

But beyond being an army reservist in medical school, and a husband and father to Jeremiah (now 4), during his time in Rochester, Morgan also transformed the SMD's Street Outreach program into a broad-reaching mobile unit, and along the way, earned a master's degree from the Simon School of Business. Over four years, he also initiated, and completed, volunteer medical experiences in Ethiopia (with Richard Hodes, MD ('82M), in Costa Rica, and most recently in the Bahamas.

"I'm one of those people who sets his sights on something and won't give up until I see it through," says Morgan, whose exemplary leadership of the Street Outreach program, serving Rochester's homeless community, helped earn him a national award for humanitarianism and an MD with Distinction in Community Health. "I don't take 'no' very easily. I have a lot of courage, and if there's a way to do something, I'm going to find it."

At Case Western University Hospital, Morgan hopes to oversee a mobile unit to serve Cleveland's homeless community, similar to what he ran in Rochester, but it will respond to emergency calls and include more primary care, house-checks and vaccinations. The program, and the opportunity to do an EMS fellowship, were key reasons he chose Case Western for his residency. He says the school "went above and beyond" to recruit him and Chante, who will finish her medical degree there.

"With the homeless unit, I'll be going to even rougher neighborhoods in Cleveland than in Rochester," he says. "But it's easier for me to do because of my experience. Working with underserved populations is about building trust and making connections, and I think I've been called to do that."

A Model That Works

Of the 7,756 graduates in the UR School of Medicine and Dentistry's history, only 83 are U.S.-born African-American males—a little more than one percent. However, the tide has been changing. In academic 2015–16, the school boasted the largest number of black male students in its history—22 including four 2016 graduates—the fourth-highest in the country among non-Historically Black Colleges and Universities (HBCUs).

What's attracting black male students here?

"The School of Medicine and Dentistry has a model that's working," says Chaudron. "The school is drawing students of all races, cultures, ethnicities, and backgrounds to Rochester, giving them an affirming environment, supporting and encouraging their success, and providing them with a world-class education. Faculty and staff are also deeply invested in educating and inspiring underrepresented minority youth in the community toward careers in health care, which not only develops a pipeline of future students, but attracts students looking to give back to the communities they came from. It's a model I believe the Medical Center can learn from, so that we can keep more of these exceptional physicians in Rochester after they graduate."

Adrienne Morgan, PhD, who directs the URSMD Center for Advocacy, Community Health, Education and Diversity, wrote her dissertation on the experiences of U.S.-born black males in medical schools, and the factors that help them succeed academically. She now oversees several community-based "pipeline" programs aimed at sparking the interest of local minority elementary and high school students toward the sciences and health care careers. She also advises affinity groups, serves on the admissions committee, and helps recruit potential students.

Morgan credits **John T. Hansen, PhD**, associate dean for Admissions since 1996, with leading a sustained and concerted effort to build classes of men and women from all backgrounds, races and ethnicities that are both representative of the community and responsive to its needs.

"John has been a true champion of bringing in students who are committed to bettering the community, committed to diversity, and who are unafraid to leave their comfort zone and work with marginalized populations to resolve health care disparities," says Morgan. "That strikes a powerful chord with minority students. They want to be a part of that."

Across the country, federally-funded, minority-focused pipeline programs—partnerships between academic medical centers and selected K-12 schools initiated in the 1990s—have helped to steer promising students toward the profession by offering tailored educational programs, shadowing and mentoring.

"Nationally, these programs are making a difference and we are doing a much better job of identifying and helping promising young men of color realize at a very early age that they can do this—they can work in medicine," says Morgan. "The problem now becomes that we're all vying for this very small, talented group of students. It's all the more reason why you have to have a great program and set yourself apart."

In addition to looking for good financial aid packages, scholarship, strong curriculum and a culturally diverse location, minority students are very interested in contributing to the same type of programs that helped guide them along the challenging path to medical school.

"The opportunities we offer, particularly in terms of local and international outreach and research, are very attractive to them," says Morgan. "For example, our black male students are eager to take part in our partnership programs with the city schools, mentoring or tutoring students, because every one of these young men had someone reaching out to them along the way. And, I think we do it better than most schools because we have a coordinated, dedicated office to sustain our programs and give structure to them."

The School of Medicine and Dentistry has a model that's working. The school is drawing students of all races, cultures, ethnicities, and backgrounds to Rochester, giving them an affirming environment, supporting and encouraging their success, and providing them with a world-class education.

Neurosurgery intern David Paul (MD '16), right, on the Neuromedicine Intensive Care Unit (8-1200).


UR
MEDICINE

URMC Neurosurgery intern David Paul (MD '16) spent many hours in the Rochester Center for Brain Imaging as a medical student working on his pilot research study which verified a new way to measure myelin changes in the brain.

David Paul (MD '16)

Intern, URMC Department of Neurosurgery

When David Paul returned to his undergraduate alma mater, Hope College, earlier this year to deliver the college's Martin Luther King Day, Jr. keynote speech, it occurred to him that he was the same age—27—as Martin Luther King, Jr., when he led the historic five-day, 54-mile march from Selma, Ala., to the capitol steps of Montgomery in 1965.

"Not only did Dr. King pass up prestigious career opportunities that he could have easily enjoyed, but he put his life, and his family's life, in danger to transform Montgomery, Alabama—a citadel for despair in racial relations—into a tower of hope," Paul told the mostly white audience of faculty and students. "Think about the courage that took."

The youngest person to ever give the keynote address, Paul challenged the audience to think about racism as little more than "unchecked vulnerability" and to explore pre-conceived notions of race and identity. His powerful talk is characteristic of how Paul challenges himself to stretch the boundaries of his own courage, abilities and influence.

In elementary school, his high energy and tendency to get bored easily, got him labeled as a special education student until his mother fought the Kentwood, Mich., Board of Education to have him rightfully placed in a gifted program. From fourth grade on, Paul then had to adjust to being one of only two black students in the gifted class. "For me, it was beneficial because it allowed me to develop friendships across many cultures and races, and I had to focus more on relationships than the color of someone's skin," he says.

He honed his abilities to switch between social groups by taking part in a spectrum of activities, including basketball, the business club, and playing saxophone in the band. Within the business club, he created his own marketing consulting firm, developing business plans for companies and designing trade show booths for national conventions.

It's a work ethic inspired by his parents, but even more by his maternal grandfather, Robert Brown, a successful business owner of Brown Weld and Steel, who later became a pastor.

"He set the tone for my family and showed me what the bar for success was," says Paul. "He built his house with his own hands, grew his business from the ground up. Even before I was of age to have a job, he was asking me, 'What are you going to do with your life?'"

As a pastor, his grandfather would take Paul along with him to the nearby hospital when he visited patients. "That left a big impression on me as I could see what a difference he made with people," says Paul. "A lightbulb went off about being a doctor and what an impact you could have."

His mother, a marketing copywriter with a bachelor's degree in Engineering from the University of Michigan, and his father, a packaging specialist, made college an expectation.

Paul chose to attend Hope College, a predominantly white, Christian-based school of only 4,000 students, after learning that 93 percent of its pre-medical students got into medical school.

"I knew it would be challenging, but that's what I was looking for," he says, adding that there were only four other African-American men in his graduating class.

"There was discrimination," he says. "There were times when people would say, 'I don't know why you're here because black students are academically inferior.' But on the whole, I learned to block out racial stuff, to find ways to get along with everyone, and really try to understand where people were coming from. I had very strong coping mechanisms by that point."

Still, he grappled with his identity while trying to shift between white and black worlds.

"Let's just say you can't wear khaki pants and a polo shirt when you're going to hang out in your hometown barber shop with your black friends," he laughs. "I did a lot of changing clothes back then, until my senior year, when I finally became comfortable with my own blended style that is just me."

Paul chose the UR for medical school because of the welcoming impression it made. "Meeting second-year Neurosurgery resident Clifford Pierre (MD '14) when I visited really sealed the deal for me, and I felt like everyone in the school was genuine. No one was haughty or prideful here," he says.

In time, Paul forged connections with his current mentor, associate professor of Neurosurgery G. Edward Vates, MD, and others, which fueled his passion for research and set his sights on becoming an academic neurosurgeon. In 2015, his pilot study of a new way to measure myelin changes within the brain's visual system was published in *Science* magazine, and paved the way for further funded research.

The desire to continue his research was a major reason he selected URMC as his top choice for residency, and was ecstatic to learn on Match Day that the feeling was mutual. He and his wife, who recently earned her MBA from the Simon School of Business and is starting her career at Wegmans, are eager to remain in Rochester.

"We have an extended family within our church, a circle of friends, and a sense of belonging here," says Paul. "Everything hasn't been perfect in terms of acceptance and diversity, but as a black man I have felt generally supported. Still, my story is only my story. Here and elsewhere, we all need to continue to evolve in the way we understand and relate to one another."

For example, **Steve Morgan** (MD '16), (no relation to Adrienne) took the reins of SMD's student-run Street Outreach program, and over the course of two years transformed it into a full-service mobile unit that helps address physical, social and psychological needs of Rochester's large homeless community. Morgan created a business plan and galvanized community support to retrofit a van with exam tables, lighting, telemedicine capabilities and medical equipment. Today, the van makes rounds in the city three nights a-week, and students and faculty advisors are able to give vaccines, and diagnose and treat issues like diabetes, high blood pressure, infected cuts and wounds, colds and flu, and frostbite.

"I have a passion for helping the underserved," says Morgan, a native of Gray, La., a tiny predominantly-black town on the bayou, hit hard by Hurricane Katrina in 2005. "The medical school really saw that desire in me, and nurtured it. I'm very proud of what I was able to accomplish here in Rochester."

As a medical student, **David Paul** (MD '16), now a first-year Neurosurgery resident at URMC, was hungry to do research. He was able to lead a pilot research study that verified an effective way to view and measure changes in myelin within the brain's visual system following pituitary tumor removal. Published in Science Magazine, the path-breaking study offers new insight into how the brain fixes itself, and helped Paul earn a place in AAMC's Future Leaders of Academic Medicine. He credits the support he received from his mentors, associate professor of Neurosurgery G. Edward Vates, MD, and assistant professor Bradford Mahon, PhD, with the Rochester Center for Brain Imaging.

"They gave me guidance and direction, but also the space and independence to take ownership of the project," says Paul, who took two years off medical school to focus exclusively on his research. "I knew they believed in my abilities, and that gave me confidence to overcome every hurdle I encountered."

Affinity Groups

The presence of strong and active affinity groups such as the UR chapter Student National Medical Association (SNMA) and Minority Male Leadership Association (MMLA) also plays a crucial role in attracting minority students and keeping them here.

Established in 1964, SNMA is the oldest and largest student-run organization in the country committed to supporting current and future underrepresented minority medical students. Students can join the group as undergraduates and form lasting relationships that continue through their medical careers. One of the local chapter's crowning achievements was the 2010 creation of an annual pre-medical student conference that exposes

Clifford Pierre (MD '14) leads the discussion with MMLA members as they mentor students at Dr. Charles T. Lunsford School No. 19 in Rochester.

hundreds of minority high school and college students to health care careers and features a national speaker, hands-on learning and networking opportunities.

The MMLA, founded in 2013, is a group unique to the UR and open to graduate and undergraduate students, faculty and staff from across the University. Its more than 50 members aim to improve the Rochester City School District's alarming nine percent graduation rate for young men of color by providing them with role models and mentorship, workshops and presentations. High school students also learn key employment skills, how to interact and interview confidently, and how to network across varied social circles. There is also an annual symposium and awards ceremony. By mentoring to younger students, MMLA members are also mentoring to one other, says the group's co-founder **Clifford Pierre** (MD '14), a third-year Neurosurgery resident at URMC, who is also a leader of SNMA.

"These groups are not just about building a brotherhood bond and supporting one another through the challenges of medical school," says Pierre, a native of Brooklyn, N.Y., and graduate of New York University. "They are about taking those brotherhood bonds and doing something with them, reaching back to help those behind you. And when you do that, you develop leadership skills that will serve you the rest of your life."

Pierre realized quickly that UR undergrads were essential to MMLA's sustainability.

"So I challenged the undergrads to be on executive boards, be a treasurer, reach out to faculty members, run meetings, coordinate fundraisers, speak in public … things most of them had never done before," says Pierre. "For many, it was daunting, and they were hesitant in their abilities. But I could see the promise in them, and watching them grow as leaders was incredible. And I know they will pass the torch on."

A New Resource

With nearly 90 affiliated providers, the independently-run, nonprofit Black Physicians Network of Greater Rochester Inc., formed in 2015 by Cuyler and two physician colleagues, is the newest resource available to UR students of color, youth of all ages, and physicians across the community. Cuyler partnered with URMC clinical instructor of Dermatology Nananamibia Duffy, MD (Res '10), and local Occupational Medicine physician Linda Clark, MD, on the endeavor.

A primary care physician with Pulsifer Medical Associates, Cuyler says she wasn't looking to make a change in her life, but change came looking for her.

Clifford Pierre (MD '14)

Third-Year Neurosurgery Resident, URMC

Walking through the rough streets of his hometown of Flatbush in Brooklyn, N.Y. in the late '90s, Clifford Pierre (MD '14), was easy to spot. "My senior year, I decided to wear a shirt, tie, and slacks to school every day," recalls Pierre, the son of Haitian immigrants who moved to Brooklyn for a piece of the American dream.

"Everyone would ask me, 'Why are you dressed this way?'" he says. "In the inner city, everything is about the latest fashion and best pair of sneakers. But to me the first impression always counts, and I wanted to dress in what, to me, success looked like. No one hassled me because it was my identity and I was confident about it. One thing I've never been afraid of is being a leader."

It was a character trait instilled by his hard-working father, a school bus driver, and his mother, an in-home aide. His father had finished high school in Haiti and completed some college courses. His mother, one of nine children, never attended school, but taught herself English in the U.S. so she could earn money for her family.

"My parents' message was, 'Work hard in whatever you do and that will lead to success,'" he says. "They were grounded in the church, and instilled in us core values of discipline, structure, doing what's right, and being positive members of the community. They encouraged reading and getting an education, and never put a ceiling on our goals."

Although violence and crime were common in his neighborhood—made up of first-generation Caribbean and African-American families—he resisted joining a gang like many of his peers, and instead found his sense of belonging in school and on the varsity basketball team.

"My father taught me about being a leader by example," says Pierre. "How he led his life is what I watched and observed. For example, he told me what to do if you are ever stopped by the police in terms of cooperating, and how important it is to not be resistant about why they're stopping you, especially in Brooklyn. He constantly reminded me about giving back to others, and that positive things lead to more positive things."

An avid reader at a young age, Pierre was funneled into gifted programs in school, but they were mostly self-taught. In his high school of more than 5,000 students, he and other students often had to stand in overcrowded classrooms without enough seats.

"But I kept at it, I liked learning, and along the way I was fortunate that there was a teacher or member of my church who would take time to make a phone call for me, or sit down for coffee, or challenge me to be part of a science competition," he says. "That's why I stay true to giving back today, because I stand on the shoulders of so many who helped me."

Still, some would say Pierre's desire to give back began early on. Just ask his high school basketball teammates.

"Our coach was not pleased because some of the players would be ineligible due to their grades," says Pierre. "So I began encouraging them to come to study hall with me, and we built a brotherhood like that. It ended up that they all made it to college. I was so proud of that."

Pierre did the same as a student at New York University, starting a group called Gentlemen of Quality—dedicated to leadership, service and scholarship—that is still going strong now 13 years later.

"I loved that NYU is a private university in a public city, with no quad, no university walls," says Pierre. "To succeed there you have to have a go-getter mentality, pull yourself up by your bootstraps, keep asking questions, and be flexible to multiple situations. But it was a mostly white student body there, so it was great to bring together men of color, and mobilize our bonds of friendship to help the community."

Along the way, Pierre learned the value of feeling comfortable in one's own skin, and in any type of clothing. "It's very important for young men of color to be solid in their identity," says Pierre, who shares this message with members of UR's Minority Male Leadership Association that he co-founded in 2013. "But also to be able to code-switch between social circles of various backgrounds and ethnicities without losing your identity. It's a skill that isn't taught in any textbook but can only be learned by interacting with different types of people over time. College offers that to black men."

With all of his experiences and hard work, getting into medical school still wasn't easy, Pierre admits. To gear up for the MCAT, he did two years of post-baccalaureate medical school preparation at Southern Illinois University. "Ultimately, I chose Rochester because it's a place that's very supportive," he says.

A perfect example of this is when Pierre's beloved father suffered a cerebral aneurysm while he was in medical school.

"It was such a difficult time and it was also so profound to me, because I already had an interest in the field of Neurosurgery," says Pierre. "I connected with my mentor, Dr. (G. Edward) Vates, and he was there for my family, offering incredible support and connected me with wonderful neurosurgeons at Columbia University who could help my father. Dr. Vates is an amazing man, an amazing mentor, and the whole experience really solidified my decision to study Neurosurgery."

Sadly, a year later, his father passed away from the effects of a heart attack, never getting to see his son graduate from medical school.

"I came back to Rochester after he had his aneurysm, instead of taking a break, because it was my dad's dream that I finish medical school," he says. "Knowing that he was getting sicker made me really want to finish for him. So that was very hard, but I know he did see me from above. Every time I talk to a younger student, and encourage them to make better decisions, and think about college, and not be afraid to be the voice of reason among their peers, I always see and hear a little of my father, and that makes me smile."

Clifford Pierre (MD '14) evaluates a patient on the Neurosurgery Unit (5-3600).

"Since coming back to the University of Rochester in 2005—to become the only black URMC primary care physician out of about 100 at the time—I had resolved in my mind I was just going to work, do my time, stay in my bubble, and retire at some point," says Cuyler, who remembers a painful and difficult road as a UR medical student and resident in the early '90s. "Frankly, I did not think anyone in the Medical Center cared a lick about diversity, outside of the good things the medical school has been doing. But I was invited to a UR Board of Trustees diversity gathering, and I realized there was something different going on. People were voicing the same issues and the same problems, but for the first time, someone was asking about them. I really got the sense that (UR president) Joel Seligman cared, and it was something very important to him."

Cuyler's husband is a police captain for the City of Rochester Goodman Street section, so she knows all too well the desperate plight of many urban black youth.

"'Cuffs or coffins' is what I once heard a kid say as he was being led away in handcuffs at a courtroom sentencing," she recalls. "I sat there and cried, thinking that in this day and age, in this community, there was a black child who believed those were his only two options. That's a monumental failure on the part of every single person in this community. When these kids somewhere along the way lost their hope of becoming doctors, or lawyers, or politicians … where were we?"

So Cuyler left her bubble. "You keep waiting for someone to implement change, and at some point you realize that someone is you," she says.

Together with Duffy and Clark, she tackled the arduous task of building a database of all physicians, and other health care providers, of color in the Rochester area, and then worked to identify ways the organization could help youth at all stages of the educational journey through mentoring, shadowing, networking, educational stipends and scholarships.

"Within five years I would like the network to be a living, breathing resource for every person, teacher or parent who knows of a young person of color interested in health care," says Cuyler. "I want it to be very easy to access, where they can learn about the infinite kinds of jobs they can pursue in the field, and get in touch with the people and resources that will help them learn what it takes to get there. So all kids can feel these doors are open to them, instead of hopelessness. Hope is having opportunities presented to you."

On her journey, Cuyler reached out to her fellow URSMD '92 alumna, Chaudron, in URMC's Office for Inclusion and Culture Development. Although they only spoke occasionally in medical school, they became fast friends and collaborators, quickly finding common ground in their goals, and helping each other advance them. They expanded the network's vision so that it offers another valuable resource to medical students and residents.

"For students and residents of color, the network is a place they can come to find mentorship and guidance, and share problems or issues they're having with impunity," says Cuyler, adding that there was no such resource available to her as a medical student. "We are a freestanding entity unaffiliated with any organization, with no membership dues, so we offer total impartiality. It's just a place where you are welcome. And when there are issues of bias and discrimination happening, I can take them anonymously to Linda, who can take them to the leaders who make the policies … and together we can bring about change."

A Tradition of Friendship

While affinity groups play an important part in building a welcoming environment for black students—and any student—in medical school, nothing replaces simply having a friend who shares common life experiences. Nearly every black male student currently enrolled at SMD can say the friendships they enjoy today all started with Clifford Pierre.

"I guess we can all blame Cliff now," says **Allan Augillard** (MD '16) with a laugh, recalling Pierre's enthusiastic greeting in the school's admissions area when he was a visiting undergrad. "He had a lot confidence that I would get in, and that gave me confidence, and he just kept saying, 'It's great here, you really have to come to Rochester.'"

2016 graduate Paul also recalls Pierre hanging out near the SMD lobby's coffee pot on his interview day.

"He was a year above me, and he came over with this big smile and introduced himself and shook my hand," says Paul. "I immediately breathed a sigh of relief. I knew I could make it here. Then on second-look weekend, I saw him and other guys playing basketball right in the med school gym. And it was good basketball, too. So I liked that."

Later that year, Pierre started a tradition with Paul and his three other first-year black male classmates.

"He sat us down in a classroom, and said 'Alright, this is the lowdown if you want to be successful here,'" recalls Paul. "He showed us which books we needed for which classes, and talked with us about how we needed to study, take notes, how to interact with our classmates, how to socialize at weekend events, all of the codes of being a medical student. He said, 'Don't ever buy a book … if there's a book to buy, ask me first,' and 'If you're interested in a certain competitive specialty, don't tell your classmates right away. Wait.' It made such a difference

'Cuffs or coffins' is what I once heard a kid say as he was being led away in handcuffs at a courtroom sentencing. I sat there and cried, thinking that in this day and age, in this community, there was a black child who believed those were his only two options. That's a monumental failure on the part of every single person in this community.

Allan Augillard (MD '16)

Intern, Emergency Medicine, University Hospital,
Louisiana State University

On one of the first few days after Hurricane Katrina hit in 2005, Allan Augillard was driving his Acura Integra back to his family's home on a predominantly white street in the town of Destrehan, La., when five police cars flashed their lights and pulled him over.

"I was following behind my mom, my grandmother and my brother in their car, going back to our home," he says. "When the police pulled me over, I took out my license and registration, and held it out the window for them. The next thing I knew, they pulled me out of the car, put me on all fours, and put the cold steel barrel of a gun against my head. They thought I had been looting or stealing. The police officer was scared, I could feel his hand trembling through the barrel of the gun, and I knew he was going to shoot me. It was weird, that this calm came over me thinking, 'I'm going to die right now.'"

As his mother and grandmother began running hysterically toward him against his urging to stay back, Augillard could feel the situation turning from bad to worse, until he heard one of the police officers speak.

"'Wait, wait, wait … that's a good kid, that's a good kid,'" said one officer who was the father of a high school classmate of Augillard's, he recalls. "And they realized their mistake, and let me up, and left like nothing ever happened. No apology, no nothing."

For Augillard, the incident was an unforgettable bookend to a childhood shaped by many challenges and inequities. He spent much of his youth in the rural, predominantly black, working class town of St. Rose, La., wedged between "the swamp and the French Quarter."

His father, a shift worker in the nearby chemical refineries, left the family when he was three.

"I haven't seen him much since, and don't remember at all what he looks like," says Augillard. "All I remember is that when it was his visitation weekend, my brother and I used to put on nice clothes, fix our hair, and sit on the front steps waiting, but he never showed up."

He was raised by his mother, Shelia, a kindergarten teacher who earned her master's degree at Southeastern University, and his grandmother, Anna-mae, who owned a house nearby that had been built by his maternal grandfather. "Those two women mean everything to me," says Augillard.

In the absence of a father, he sometimes looked to TV for male role models. "Like Uncle Phil from *The Fresh Prince of Bel Air,* and Heathcliff Huxtable on *The Cosby Show,*" he says. "But not having a real-life father also gave me the opportunity to be my own man, and figure out what manhood was for myself."

Even though he grew up in a home with bars on the windows and drug deals taking place on the street, Augillard's mother made it clear that college was non-negotiable.

"My mother's influence was a game-changer for me," he says. "My reality was, you go to elementary school until you become a big kid and then you go to high school and then you go to college and get a job. That was what was taught to me. But for most of my friends, that wasn't the reality at all."

As a bright and hard-working minority student in a large public school district, Augillard found himself often having to prove he belonged among the mostly white, privileged students in the accelerated classes.

"When I walked through the doors of the honors classes, all of the white kids would walk through, but they would constantly stop me to make sure I was on the roster," recalls Augillard. "When I took a test and did well, they would often make me re-take it. Or, they would make me re-write a paper in front of them if they didn't think I really wrote it."

In Destrahan High School, he was routinely excluded from study groups, and forced to work all that much harder to stay on top of the material.

"I would be up studying many nights until early in the morning, especially working on key concepts in math," he says. "On the bus the next day, one of my white classmates would ask for my math homework to copy from and I would always give it to him. He would scribble it down on the 10-minute ride while the bus is bumping along. The amazing thing was, he would end up getting on A on his, while I would get a C or a D on mine. That was when I really began to understand what racism meant. But what stuck with me more, fortunately, was learning how to make the sacrifices."

On his last day of high school, Augillard remembers a white teacher telling him not to be disappointed if he didn't make it through medical school, "because I could always be a nurse or a technician or something. That summed up my experience in high school."

Augillard was courted by Yale, Howard and Emory Universities, but chose Xavier for Biology/Pre-Med because it was the best at placing African-Americans in medical school. Poignantly, his own father had started as a pre-medical student at Xavier but never finished.

There, he formed a friendship with future SMD colleague Steve Morgan (MD '16) during his junior year. When they weren't working in the tutoring center together, they fished for trout and redfish in the nearby marshes and bayous, frying up whatever they caught.

"His friendship helped me a lot," says Augillard, who utilized the Early Assurance Program (EAP) and committed to Rochester in his sophomore year.

"It was nerve-wracking because EAP is risky, and I didn't have a back-up plan if I didn't get in to Rochester," he says. "I wanted to go there because it ranked so highly, and I had heard UR students at Xavier pre-med meetings talking about how great it was."

At the UR, Augillard was dismayed to experience instances of racism that reminded him of his upbringing. Once, a fellow student spoke out in class about how she felt Xavier students were not as smart, and had an easier route to medical school because of the EAP.

"I don't think she realized I was from Xavier when she said it," says Augillard. "And then, my professor (professor of Pediatrics Jeffrey Rubenstein, MD) pointed out that, 'No, in fact Xavier students are very intelligent, and it's an asset to have them here. For instance, Allan.' At that point, she just got up and walked out."

Now with his medical degree in hand, Augillard is eager to apply his education to his residency in Emergency Medicine closer to home at LSU's University Hospital.

"I've learned that when I feel injustice is happening, and there's an opportunity to educate the person that's committing it, I can't live with being quiet," he says. "My silence affirms whatever injustice they're doing. It's therapeutic for me to educate someone and make sure it doesn't happen again. If that means I have to raise my hand and say something, or talk to an instructor about a racially-energized joke, that's just what I have to do. And, if you fail me because of that, then I just failed. I can't just shut up and let it happen, because nothing's going to be different for the next person."

to us, because this was all of the hidden stuff that no one else was going to tell us."

Paul remembers the sobering words Pierre shared with them that day, and has since passed them on to other incoming students.

"He said, 'I want to make sure you succeed," says Paul. "'Because if one of you doesn't succeed, it's on all of us. If you don't succeed, the school might say we can't cut it, and we can't accept any more black men because they're dropping out. So you are here not just for yourselves, but your classmates, and all of the black students working hard behind you and dreaming one day of being a doctor.'"

Today more than 20 black male students across all four years of medical school benefit from this informal support system, getting together three or four times a year just to talk.

"It's amazing how that support keeps you going through hard times," says Steve Morgan. "Cliff was the role model who started it all, and now we just keep passing the torch so no one ever feels alone in what they might be facing. I think that's something we can say we have above other medical schools, this great support system, and it's a strong foothold. The lack of diversity in hospitals and the medical field is something being faced nationwide, not just in Rochester. But the medical school is ahead of many others now because of the good things we've started here."

Achieving the Vision

Today's emphasis on diversity within the SMD is one late professor emeritus of Medicine (Cardiology) Jules Cohen ('53, MD '57, Res '59, Flw '60) would have approved of. As then-senior associate dean for Medical education, Cohen recruited **Brenda D. Lee, MEd,** as assistant dean for Medical Education and Student Affairs in 1987 to improve the academic and cultural experiences of students of color.

"Dr. Cohen saw the character of a person, not their skin color, and he believed passionately in diversity and how it elevates and enriches medical education, research, and patient care," says Lee, who retired in the spring after nearly 30 years with the University. "He had a vision of seeing more black medical students here and believed it would happen. But he cautioned me to be patient. 'Change in Rochester doesn't happen by revolution, but by evolution,' he told me. He was a wise man."

During her tenure, Lee developed a tutoring program and an early warning system to identify students who were struggling academically. She helped prepare African-American students for residency interviews, edited their personal statements, and advised them on how to dress and present themselves. She also coached minority males on how to diffuse any fears and discomfort expressed by white faculty and staff.

"I would tell them to watch the dynamics of their interactions with white people, and in particular, to be careful about seeming to loom over them," Lee recalled in 2007, in a paper written by Adrienne Morgan. "Many people experience fear in the presence of these young men; they can't help it. I always encouraged them to put the professor and staffer at ease."

Little by little, Lee says, progress has been made, particularly in the maturation of the school's recruitment philosophy which looks beyond academics to consider all of the strengths and talents medical school candidates—especially minority men—need to be successful.

"Male medical students of color need to have a very strong sense of their identity," says Adrienne Morgan. "They need to understand what it means to be a black man in America and the stereotypes surrounding that, but they can't buy into those stereotypes. They need to be able to move within any social circle with grace. And they need academic resilience. They can't let problems deter them in any way. They can't listen when people say 'you can't do it.' They have to figure out ways to get past any barrier in front of them."

Every medical student needs these abilities, she says, "but black males need them to an even higher degree because of the negative narrative that exists today, and how people perceive them."

Another positive move by the medical school's administrative team was the development of a formal process to respond to discriminatory incidents impacting students.

"All of the advisory deans work together, and everybody is on the same page about accountability," says Morgan. "We have a safe place for them to come to voice their concerns, and a process to deal with bias or discrimination, whether it's due to race, disability, religious beliefs, or something else. It makes a huge difference for students to know where they can go and who they can talk to. There's very much a culture at the school that we don't let incidents slide, and we help students work through them."

Understanding the Challenges

Yet with all the strides the school has made, keeping black male graduates at URMC for their residencies remains a challenge. Only one graduate of the 2016 class chose to stay in Rochester, and he was one of only two to stay in the last ten years. "For as far as we've come, it's a sad reality that there are still major issues we need to work on collectively across the medical center if we want to be a place where students of all cultures and backgrounds want to grow as faculty and establish their careers," says Lee. "This is the most visible University-wide

Male medical students of color need to have a very strong sense of their identity. They need to understand what it means to be a black man in America and the stereotypes surrounding that, but they can't buy into those stereotypes. They need to be able to move within any social circle with grace. And they need academic resilience.

Brenda D. Lee, MEd, left, at her retirement party in May, served as assistant dean for Medical Education and Student Affairs since 1987.

Kendrick Law (MD '16) with his mentors, Emergency Department attending physicians Eric Rueckmann, MD, and Flavia Nobay, MD.

effort I've seen since I've been here. But if we're going to be serious about making this a place where everybody feels welcomed, affirmed and comfortable learning and working, we need to first and foremost understand the experiences of the people who are facing the challenges here."

Kendrick Law (MD '16), a native of Pasadena, Ca., who is now an Emergency Medicine intern at Philadelphia's Thomas Jefferson University Hospital, says the medical school does a good job of supporting students of color, but remains a sheltered environment.

"Once you venture outside the cocoon of the school and get to the floors of the Medical Center, you can't control the type of interactions you may have, the biases you may encounter," he says. "And I definitely encountered them."

Law says the lack of black physicians was a frustration.

"I had trouble finding mentors, black or white, and there weren't any black faculty coming to lecture to us," he says. "The majority of black people I saw work in Environmental Services."

In fact, Paul recalls stepping into a hospital elevator on a busy morning earlier this year—while still in his surgical scrubs—when a University executive turned to ask how his job in Environmental Services was going.

"I said, 'Excuse me sir, I'm a fourth-year medical student just coming from a neurosurgical case in the OR, it's a pleasure to meet you,'" he recalls. "He looked at my scrubs and my skin color and just assumed I worked in Environmental Services. Another time, I went to evaluate a patient in emergency in my white coat, shirt and tie, and the patient thought I was from transport to take them for a CT. I guess it's somewhat forgivable because around here you're as hard-pressed to find a white person in green Environmental Services scrubs as you are to find a black person in a white coat. But those little slights can eat away at a person."

Augillard, who learned hard lessons about racism at an early age in his hometown of St. Rose, La., said he never expected to experience it in Rochester.

"I felt I'm coming to the north, a place of higher education, surrounded by great minds, some of the most beautiful and intelligent minds in the world," he says. "The admissions committee and school itself is extremely welcoming and supportive. I'm coming in with the expectation that I'm not going to experience racism here to the level I did growing up. So, it did surprise me, and initially I re-set myself and said 'It's not real, that didn't happen, maybe it's me. I'm not going to believe that's the environment I'm in, that people are truly this ignorant.' But after my freshman year I realized that racism and bias and micro-aggression are really something I'm going to have to deal with while I'm here."

Hidden Curriculum

All of the most recent black male graduates speak of a "hidden curriculum," a pervasive feeling that their white counterparts—especially those hailing from families of physicians—had a distinct edge on them in terms of navigating the rigors of medical school.

"It's hard to describe it, but it's a feeling of always being late to the party, or trying to enter a secret society," says Augillard, who was raised by a single mom and grandmother, and was the first male to finish college in his family. "Sons and daughters of doctors naturally have more of a roadmap than we do. They know what books to use, what's important, what's not. We have to figure everything out the hard way like solving a mystery."

Law recounts many moments during clinical rotations where he felt he was "just expected to know things without any prior explanation. Like there were unwritten rules to follow that only the other students were aware of. Many times I would see white students getting special instruction from a resident off to the side that I wouldn't be included in. And when I would come over, they would stop talking."

Steve Morgan recalls asking questions of doctors on rotations, and having them say, "'I can't believe you don't know that. I'm not going to teach you, if you don't know.' I'm thinking, but that's why I'm here is to learn the things I don't know. But of course, I don't say that.'"

Paul describes an instance on a hospital floor when he tried to study during down-time. He was told by the supervising resident it was inappropriate.

"But then I'm with that same resident, and we came across a group of white students studying, and he says, 'Oh that's a great idea, why don't we all study?'"

Invisibility

Another recurring issue for the men is feeling invisible.

"You might be talking about a case with your peers and a physician, and so many times you speak, and say your opinion, but no one says anything," says Augillard. "It's just silence, like you didn't say anything, your voice is ignored. And five minutes later, somebody else says the exact same thing and everyone will say, 'Wow, what a great idea.' I also felt as though many faculty and students pretty much assumed I wouldn't do well, and were surprised when I did."

Paul was completing an elective, and remembers the attending physician being "not mean, but very nonchalant and dismissive of me. I wasn't getting great reviews from him.

It's hard to describe it, but it's a feeling of always being late to the party, or trying to enter a secret society. Sons and daughters of doctors naturally have more of a roadmap than we do. They know what books to use, what's important, what's not. We have to figure everything out the hard way like solving a mystery.

Kendrick Law (MD '16)

Intern, Emergency Medicine, Thomas Jefferson University Hospital

Just 25 years old, Kendrick Law (MD '16), originally from Pasadena, Calif., is one of the youngest of the most recent class of SMD graduates.

"Everybody calls me the baby," says Law, who knew in high school that he wanted to work in health care. "But it was part of my plan to get through school as quickly as I could and get out practicing in the field. I've always been a little bit in a hurry."

Raised by his mom, a high school math teacher, and his father, a sound engineer for motion pictures and television, Law always knew college was a given.

"They impressed it upon me very early," says Law, whose public high school was composed of half African-American and half Hispanic students. "But for most of the peers I grew up with, that wasn't the case. College wasn't on their radar. Many just couldn't afford it because they had to provide for their families. Others didn't have anyone pushing them, and got caught up in the wrong things. It's a trap that exists in a lot of cities."

Law excelled in math and the sciences, but was also a talented baseball player, so he traveled from California to Mississippi to attend Jackson State University, where he was able to walk on and play four years of college ball. Physical Therapy was his first choice of study, but a shadowing experience convinced him to pursue medicine where he would have a wider choice of specialty options.

The summer after his sophomore year, he seized a chance to take part in URSMD's ten-week Summer Undergraduate Research Fellowship (SURF) program, where he gained experience working in a lab, took a condensed anatomy course, attended lectures, shadowed doctors in varied specialties, and practiced for the MCAT.

"The program was very intense, they kept us busy 24-7," he recalls. "It wasn't on par with what medical school was really like, but it gave me a taste, and I could see it as attainable. Everyone was very welcoming and I knew this was where I wanted to go. Once I got accepted here, I didn't go to any other interviews."

Once in medical school, Law gravitated toward the pace of Emergency Medicine and the support he received from the department's attending physicians, assistant professor Eric Rueckmann, MD (Res '05, Flw '06), and associate professor Flavia Nobay, MD, during his rotations.

"They complement each other very well in their mentoring styles," says Law. "They were very open and encouraging and I grew so much under their guidance. I realized I needed something fast-paced with constant stimulation. The chance to use my hands, do a lot of procedures, work in trauma bays, put in lines, assist with codes … that excites me. That gets me going."

Emergency Medicine also forces you to stay on top of your medical knowledge, he says, "because you never know what's coming through the door. You need to build a rapport with patients quickly, and I see this tremendous opportunity to capture patients who don't often see a doctor and help them better manage their health. It's a young, but rapidly growing field and I want to contribute to that." Law, who was active in the SNMA and MMLA affinity groups and devoted a large amount of time volunteering with Rochester elementary and high school students, considered applying to the UR for his residency.

The fact that the Emergency Medicine physicians and residents "are such cool, good, trustworthy people made a huge difference to my experience here," he says. "They're people I would choose to spend time with even if I wasn't a doctor."

But other factors swayed his decision to leave for the more culturally-diverse dynamic of Thomas Jefferson University Hospital in Philadelphia. "I wished there were more black doctors here," he says. "There is a feeling that I perceived from physicians in other specialties that I would never meet their standard or image of what a doctor looks or acts like … that I just don't measure up. I don't take it personally because it's a broader societal problem that can only be fixed through education and awareness. Helping people out of their longstanding comfort zones takes time."

Law, who rarely saw his family during medical school, also wanted to get closer to friends and family in either Southern California or the New York City area.

"I'll always think of Rochester as another home, though," he says. "My experiences, and particularly the relationships I enjoyed with patients here, confirmed my decision to be a doctor. No matter what else might be going on, anytime a patient says, 'Thank you very much,' those are the moments I realize why I'm still doing it. And they always came at the right time."


24

Then one day he was grilling me on my credentials as if I wasn't smart enough to go into Neurosurgery. When I told him about my recent research published in *Science* magazine, he literally shook his head and said, 'That's not possible. I do not believe you.' After I googled it and showed him, he talked to me after rounds and I was suddenly the greatest thing since sliced bread. Then I got great reviews. That, to him, shaped his perception of me, even though it had absolutely no bearing on anything I was doing clinically."

Law says the grading system was confusing to him.

"The specialty rotations are difficult, because you really have no idea what they're basing the reviews on," he says. "One person said I was great, another said I had a lot to work on. Which one do I listen to? I'm left wondering if my skin color had something to do with it. A lot of it is personal preference. There is a lot of tradition here, which isn't always bad, but sometimes doctors can only picture a certain type of person working in their field. They can't visualize someone different. A lot of people here just don't like change."

Lasting Impressions

While the students say these incidents were never enough to deter them from their goal of finishing medical school, more egregious examples of racism and discrimination here have left lasting impressions on these young doctors.

"I was doing my emergency rotation, and an elderly African-American gentleman came in who was diabetic and his leg was visibly necrotic, and the team knew he would probably need his leg amputated," recalls Steve Morgan. "When the white female surgeon came in, she just said to him bluntly, 'We're going to have to cut that off,' and walked back out. I couldn't believe it. No explanation or anything. The man was visibly upset and crying, so I went and sat with him and talked with him, explained that his leg was infected, that he had options to try treating with antibiotics, but this was the best course. So he finally agreed, and he understood. But I got into a lot of trouble because of the conversation I had with him, for not respecting hierarchy. I got hit with a bad grade. But I don't think hierarchy is the best thing, because I'm not going to follow you when you do something like that. I had to ask myself, 'Do I want to get a good grade or do I want to follow my heart?' I would always do the same thing."

Augillard was working in the ED's Trauma Bay on the night of the 2015 shooting following a basketball game at the Boys and Girls Club in Rochester.

"All of the traumas came in one after another, and I was doing CPR on one guy, and I'm looking around realizing these are all young African-American males around my age, and it sunk in with me what a horrible loss it was," he says. "After everything settled down, one of the nurses said something to the effect of, 'That's what they get for living that lifestyle, and I bet they will say they were all just walking to church.' Some of them had dreadlocks, and she was saying they must have been involved in illegal activity, and they deserved to get shot. The reality was they were leaving a charity basketball game, doing something productive for their community, and some random lunatic came by and shot them for no reason at all. I confronted the nurse about it, and said, 'That could just as easily have been me.' But she stayed in that mode of thinking and there was just nothing I could say to change her mind."

Cuyler recounts a day a few years ago when a black resident was working in her primary care office, with Cuyler's white partner as his preceptor.

"They were seeing a Caucasian patient who was racist and made inappropriate comments to the black resident," says Cuyler. "I learned about it later, and watched as that single event transformed the resident from someone who was happy and excited about practicing medicine to a very sad, withdrawn individual. But the most disturbing thing is that my partner, who I have worked with a long time, said to me, 'I just did not know what to do.' That to me, is heartbreaking because you have a professional who, had he known what to do, would have done it. It's just that nobody ever taught him what to do when a patient treats a resident this way."

An incident like this fails everyone, says Cuyler.

"The institution failed the patient because the patient doesn't know they can expect diversity here," she says. "It fails the student because they're in a situation with nobody to defend and advocate for them. And, it's failing the faculty member because they weren't given the tools to know what to do, and until this point never had to think about it, because he's used to being somewhere where everybody looks like him. I think this is a great time we're in now, because we clearly have work to do, but we've identified what those issues are and can start working on models and strategies to rectify them. At the end of the day, there are people now who are interested in doing that, which is huge."

Adds Pierre, who hopes to complete his Neurosurgery residency at URMC and make Rochester his home: "I've never seen a place like Rochester being so forthcoming about issues and trying to make changes as they are now. In my experience, we have people here who care. All of the higher-ups, including president Seligman, Dr. Taubman and Dr. Chaudron, have been very receptive to hearing us out and trying to make changes. I know there is always room for improvement, but the fact that they've been so open—and listening—has made a world of difference to me."

I think this is a great time we're in now, because we clearly have work to do, but we've identified what those issues are and can start working on models and strategies to rectify them. At the end of the day, there are people now who are interested in doing that, which is huge.

Parkinson's App celebrates one-year milestone, featured by Apple

A Parkinson's iPhone app developed by Sage Bionetworks and URMC neurologists recently marked the first anniversary of its release. The mPower app—which gathers real-time data from Parkinson's patients in an effort to more fully understand the disease and its impacts on daily life—was also highlighted by Apple during its semi-annual product launch event.

The mPower (Mobile Parkinson's Observatory for Worldwide, Evidence-based Research) app was created by Sage Bionetworks, a Seattle-based nonprofit biomedical research organization, in collaboration with URMC neurologists Ray Dorsey, MD, MBA, and Karl Kieburtz, (MD '85, MPH '85, Res '89). With the additional support of the Robert Wood Johnson Foundation, the app was first unveiled in March 2015 during Apple's "Spring Forward" product launch event.

This year, Sage released an updated version of the app that includes an improved user interface and functionality developed in response to user feedback. Sage also announced that mPower would be the first app incorporated into a new Apple software platform called CareKit, which will make the app a valuable tool to better inform patients about their symptoms and care.

The mPower app allows patients to track symptoms and see how treatments are impacting the progression of their disease. For example, it can measure the severity of the disease by analyzing the subtle changes in the voice of Parkinson's patients. In addition, the app uses other iPhone functions—touch screen, motion sensors, GPS—to measure dexterity, balance and gait, and memory, multiple times per day.

"mPower allows researchers to follow day-to-day fluctuations in Parkinson's disease symptoms and allows for insights that would be impossible to achieve when a patient is only being examined every six months," said Stephen Friend, MD, PhD, president of Sage Bionetworks. "This kind of data has never been tracked and captured before, and now with the help of CareKit, we can provide quantitative insights to inform the dialog a person has with a health professional about his or her own disease."

Since its launch, the app has been downloaded more than 60,000 times, and with more than 12,000 registered users, represents one of the largest studies of the disease ever conducted. mPower has participants from all 50 states and user feedback has informed researchers about new and better ways to track medication use, complete tasks within the app, and convey information back to participants.

"With mPower, the patient is increasingly at the center of the study, representing a disruptive model for conducting research that has applications well beyond Parkinson's disease," said Dorsey. "mPower has been an unprecedented success, with thousands of individuals taking part in a research study conducted entirely over a smartphone, without ever needing to visit a research site. Participants can conduct assessments anytime, anywhere, receive real-time feedback, and can identify what is making their symptoms better or worse."

Sage recently released a significant portion of data from more than 9,500 mPower users who consented to have their information shared. Composed of millions of individual data points, the dataset will give researchers unprecedented insight into the lived experience of Parkinson's patients.

by Mark Michaud

Eric Caine to step down as Psychiatry chair

Eric D. Caine, MD, John Romano professor and chair of the Department of Psychiatry, will step down as chair in June 2017, having served for nearly 25 years. He will stay on as tenured faculty, and continue to pursue his nationally-funded research in suicide prevention. Jeffrey Lyness, MD, senior associate dean for Academic Affairs, is leading the national search for a successor.

Lyness said that under Caine's leadership, the department has "deepened and broadened its activities caring for patients and families, educating multidisciplinary trainees and colleagues in practice, conducting innovative research and scholarship, and partnering with individuals and organizations in the communities" in pursuit of these goals.

"Eric never stands still, and no one stands still around him," said **Yeates Conwell, MD,** professor and vice chair for the Department of Psychiatry, who says Caine has been a valued mentor to him since 1985. "That's the mark of a very strong, inspiring, creative leader."

Caine joined the faculty in 1978, following medical school at Harvard, residency training at the Massachusetts Mental Health Center and National Institute of Mental Health (NIMH), and further postdoctoral research at NIMH. During this time he became fascinated with the relationships between organized brain functioning and behavioral disorders. He also pursued additional training in neuropsychology as a means of exploring neuropsychiatry.

His early research dealt with Huntington's disease, Tourette's syndrome and, to a lesser extent, Alzheimer's disease. This led to studies of depression in later life and to the interface between mood disorders and general medical conditions. Since the late-80s Caine, together with colleagues in what is now the Center for the Study and Prevention of Suicide (CSPS), has carried out continuous NIH- and CDC-funded research to understand the risk factors that lead to suicide, and has collaborated with investigators in the U.S. and internationally to develop public health and therapeutic approaches for suicide prevention.

Upon succeeding Haroutun Babigian, MD, as Psychiatry chair in the mid-90s, Caine crafted a new identity for the department. Collaboratively he worked to ignite an enthusiastic commitment to research, mentor junior faculty, and build sustainable partnerships within local, national and international communities. Specific to the Rochester region, he worked to enhance support for educational programs and build new, more accessible clinical services for patients and families in need.

The department has made its greatest strides in advancing and synthesizing the creative interactions of molecular, intervention, and prevention scientists. These scientists currently devote themselves to the integrated study of diverse yet carefully selected areas: development and aging, response to stressful life events, serious psychopathology, violence and suicide, and therapeutics and prevention.

"What we work hard to do is build programs for populations that historically haven't had access to behavioral health care—from kids and youth, to the elderly, veterans, women, and for persons in the criminal justice system and schools," he said. "And we challenge ourselves to integrate multiple perspectives when considering human behaviors, the causes of health, and the treatment of illness. One thing that's very important to nurture going forward, across all areas, is the understanding that neuroscience isn't just defined by what's going on in your brain and how it affects your environment. We also need to consider what's going on in our environment that affects our brain and our biology."

With the advent of health reform initiatives like DSRIP, population-based health care has become an institutionalized imperative, bringing additional relevance to the department's research philosophy.

"Psychiatry tends to focus on the individual—what's going on in that person's state of mind, and that's still critically important," he said. "At the same time we understand so much more now about how the context makes a difference. And we know that we can't wait for someone to come to our door. We have to engage people where they live."

Caine has encouraged the department's multidisciplinary teams—which include psychologists, nurses, counselors, social workers and other professionals, as well as physicians—to embrace the move toward population-based health care with an approach that is plugged into the needs of the community. The department has been particularly focused on improving access to behavioral health resources to help underserved, hard-to-treat populations avoid unnecessary hospitalizations.

"There's a shared philosophy in the department now that, if someone has to come to the emergency room for care, it's a failure," he said. "It's a failure of ours to prevent the onset, to prevent the recurrence, to know how to make a difference in people's lives in such a way that they don't have to view the emergency room as their only recourse. And it's a good thing that we're now thinking that way."

With an eye on the future, Caine shifted more energy and resources to support and mentor junior faculty in their clinical, teaching and scientific endeavors, and encouraged faculty at all levels to identify and pursue their research passions.

"When I mentor someone, I do it with the expectation that they will grow taller than me," he said.

by Christine Roth

Educating students to bridg

How can health care providers improve the way they care for patients and families from diverse ethnic and socioeconomic backgrounds?

A newly designed, award-winning course has been teaching UR medical and nursing students how to do just that. Created under the direction of assistant dean for Interprofessional Education **Sarah Peyre, EdD**, the day-long course presents curriculum based on real-life scenarios to help students understand how and why factors such as race, education and environment can significantly affect the type of care individuals receive.

By taking a hard look through the lens of a typically-underserved multigenerational family in Rochester, the students learn ways to collaboratively reduce barriers to care, and address the complex and interconnected biopsychosocial health issues that often exist. In just its second year, the course won an Innovation in Medical Education Award from the American Association of Medical Colleges Northeast Group on Educational Affairs in 2015.

Peyre developed and co-teaches the course together with a multidisciplinary team of primary care providers, including physicians and nursing leaders, ethicists and community health workers. Other faculty who took leading roles in the course development include Caren Gellin, MD, Theresa Green, PhD, Patrick Hopkins, DNP, David R. Lambert, MD, Christopher J. Mooney, PhD, Anne Nofziger, MD, Margie Shaw, JD, PhD, and Andrew Wolf, MS, RN, ACNP.

"Making room in a curriculum for a new topic can be hard," says Peyre. "But in this particular case, it came together very organically because we had such enthusiastic involvement from all areas. We didn't want it to be a lecture, but rather a full day of learning that helps students see health care from a totally different point of view, and shows them how working as a team elevates care delivery."

In the morning, students are divided into mock care teams of physicians, nurses and social workers. The teams are then presented with a case centered on a family living in the Rochester "Crescent," the northern part of the city known for its high-level of poverty and crime. The family includes a hard-working interracial couple in their second relationship, a pregnant teenage daughter, a teenage son with a history of asthma and potential substance abuse issues, and a 64-year-old grandmother who is diabetic but not receiving regular care.

The students are shown actual video footage of the family's neighborhood to better understand their environment,

"This is a family with a lot of difficult dynamics and facing major struggles in their health and wellness," says Peyre. "Over the course of the day we want the students to consider and integrate in their care delivery such things as the power of the zip code, and the family's access to resources. How does this family's experience differ from a family living on the east side, in terms of their access to banks and pharmacies, grocery stores, healthy food options, transportation, safety and security? How do religion, race and socioeconomics play into decision making? And we challenge them to think about relationships, their values and judgments, and ethical decisions. We want them to imagine what they will do when a member of this family walks into their clinic. What are all of the many pieces they will need to consider, and how can these elements impact their care and wellness."

The experience fosters a rich dialogue.

"For example, the physicians may be focused on yearly screenings while the nurses consider social support and family dynamics, so you can very quickly see how a team effort provides a complementary approach that results in a much better support network for this family," says Peyre. "The students also gain a better understanding and appreciation for their colleagues' scope of practice, roles and responsibilities."

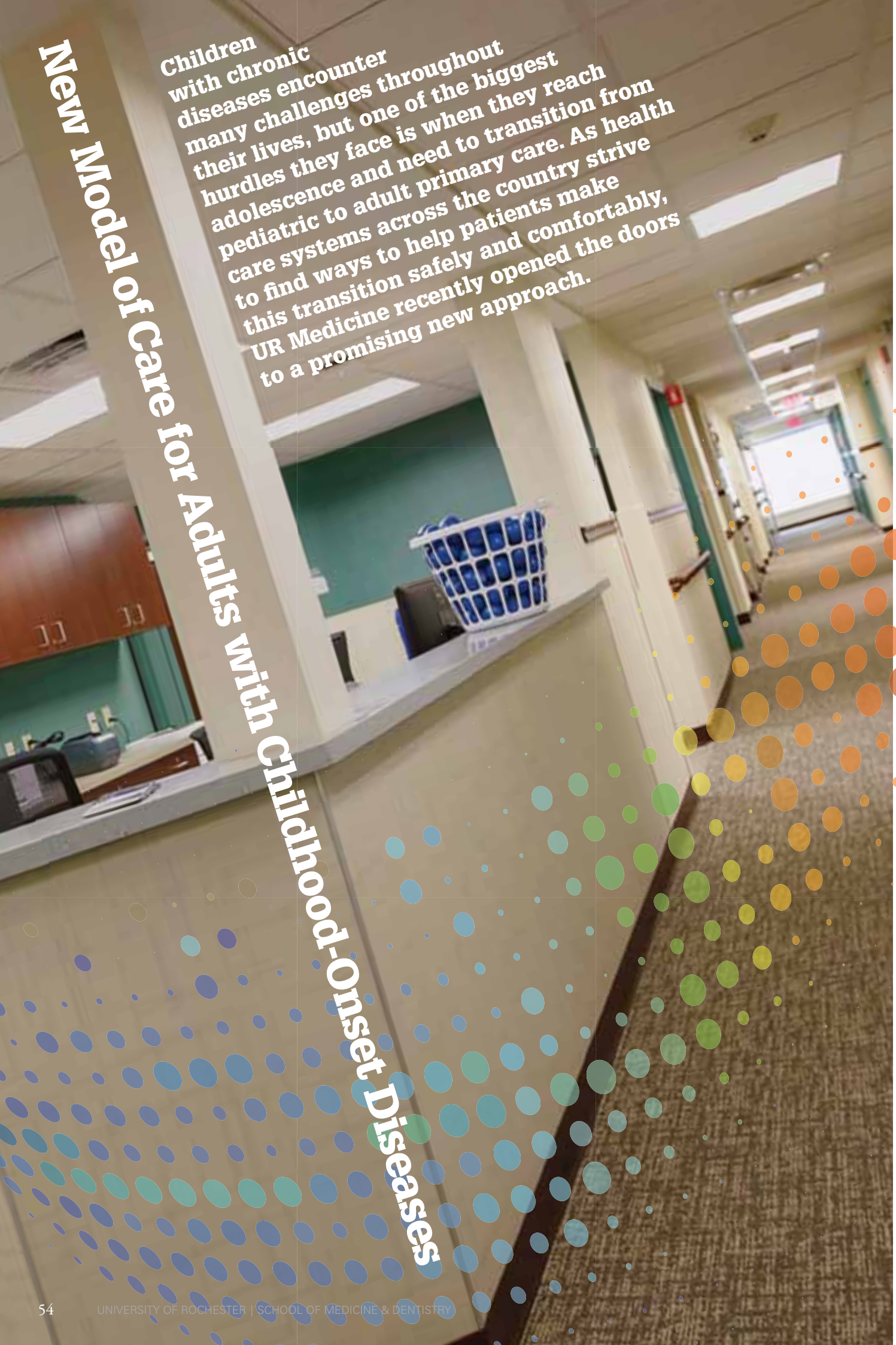
At the end of the day, the students have an opportunity to hear from, and speak with, a real family facing similar issues, and the members of their care team. This was a new component added to the course this year.

"Getting the students to shift their perspective, engage in problem-solving and make shared decisions is the goal," says Peyre. "But we also want them to leave the day struggling a little bit. We want them to leave the day frustrated knowing that just because you solve today's problem with a patient or family, the challenges they face continue. It definitely demands a long-term commitment to patients, and to the philosophy of integrated care, in order to move the needle, and provide the best care possible."

by Christine Roth

New Model of Care for Adults with Childhood-Onset Diseases

Children with chronic diseases encounter many challenges throughout their lives, but one of the biggest hurdles they face is when they reach adolescence and need to transition from pediatric to adult primary care. As health care systems across the country strive to find ways to help patients make this transition safely and comfortably, UR Medicine recently opened the doors to a promising new approach.



In March, UR Medicine opened Rochester's first dedicated internal medicine practice for developmentally disabled patients and adults with childhood-onset diseases such as cystic fibrosis and sickle cell anemia.

Only a few medical centers across the nation have built practice models like these, and Rochester's is the most comprehensive and ambitious model to date.

Tiffany L. Pulcino, MD, MPH (Res '08), directs the new Complex Care Center. As a Medicine-Pediatrics resident at the School of Medicine and Dentistry, she saw the challenges faced by this population, especially as they "aged out" of pediatric care.

And, as a junior faculty member, she developed curriculum for Medicine-Pediatrics trainees on caring for complex patients, which further fueled her seven-year pursuit of a better outpatient approach.

"I felt there had to be a better way of giving them the care they needed," says Pulcino.

She soon found that many of her residency mentors—including Department of Primary Care associate chair Wallace E. Johnson, MD (Res '97), Internal Medicine-Pediatrics associate professor Steven M. Scofield, MD (Res '95), and Medicine-Pediatrics Residency Program director Brett W. Robbins, MD (Res '97)—felt the same way, and wholeheartedly supported her in the project.

"All of the providers and administrators thought a specialized practice for these patients was a good idea, but couldn't facilitate it because the payment structure wasn't there," Pulcino says. "The time wasn't right for this program until value-based payment came along."

Pulcino says the Complex Care Center model was developed over the past several years by really listening to patients and families.

"We know the challenges they face, and our entire team is passionate about making health care better for them," she says. "We want to give them a medical 'home' in the truest sense of the word—a place where they can feel welcome, cared for, and supported."

The goal of the Complex Care Center is to provide accessible, effective outpatient care to patients with chronic medical conditions, aimed at improving their health and quality of life while reducing unnecessary ED visits and hospitalizations. The center's goal is to reduce ED utilization by approximately 20 percent within five years of opening, demonstrating that appropriate outpatient care is better for patients and more cost-effective.

Pulcino and Scofield, who specializes in treating cystic fibrosis patients, have been treating complex patients at Culver Medical Practice, many of whom will transition to the new center. Scofield will divide his time between Culver Medical and the new center, located next door at 905 Culver Road.

Access to oral health care is a significant unmet need for this patient population, largely because so few dentists are trained to care for them. To meet current needs of patients and help reduce the shortage of qualified oral health providers, Eastman Institute of Oral Health has three clinic rooms at the center to provide patient care and train dentistry residents. A HRSA grant supports residency training.

Because patients with complex medical issues see multiple providers regularly, the Complex Care Center has integrated key services under one roof, including nutrition counseling, physical therapy, respiratory therapy, occupational therapy and a lab draw station. Mental health services will be added soon.

The 2,500 square-foot center is tailored to the needs of developmentally and physically disabled patients, with input from patients and family members on its design. Four-foot-wide automatic doors and lower counters at reception areas make access easier for wheelchair-bound patients. A quiet room offers respite for patients with sensory issues. Air Glide dental chairs can be moved and adjusted for wheelchair-bound patients and those with mobility issues.

In addition to providing patient care, the center offers support and resources for providers. Medicine-Pediatrics providers can refer their patients for dental, nutritional or other specialty services. The center also plans to offer information and support to primary care providers in Rochester and the region who also see patients with complex conditions. This includes phone consultations, educational sessions, and patient care protocols designed for them.

The Complex Care Center team will also explore new approaches to caring for patients with complex needs. Only a generation ago, patients with conditions like sickle cell disease or cystic fibrosis did not survive to adulthood, so medical providers haven't reached consensus on the best ways to care for adult patients.

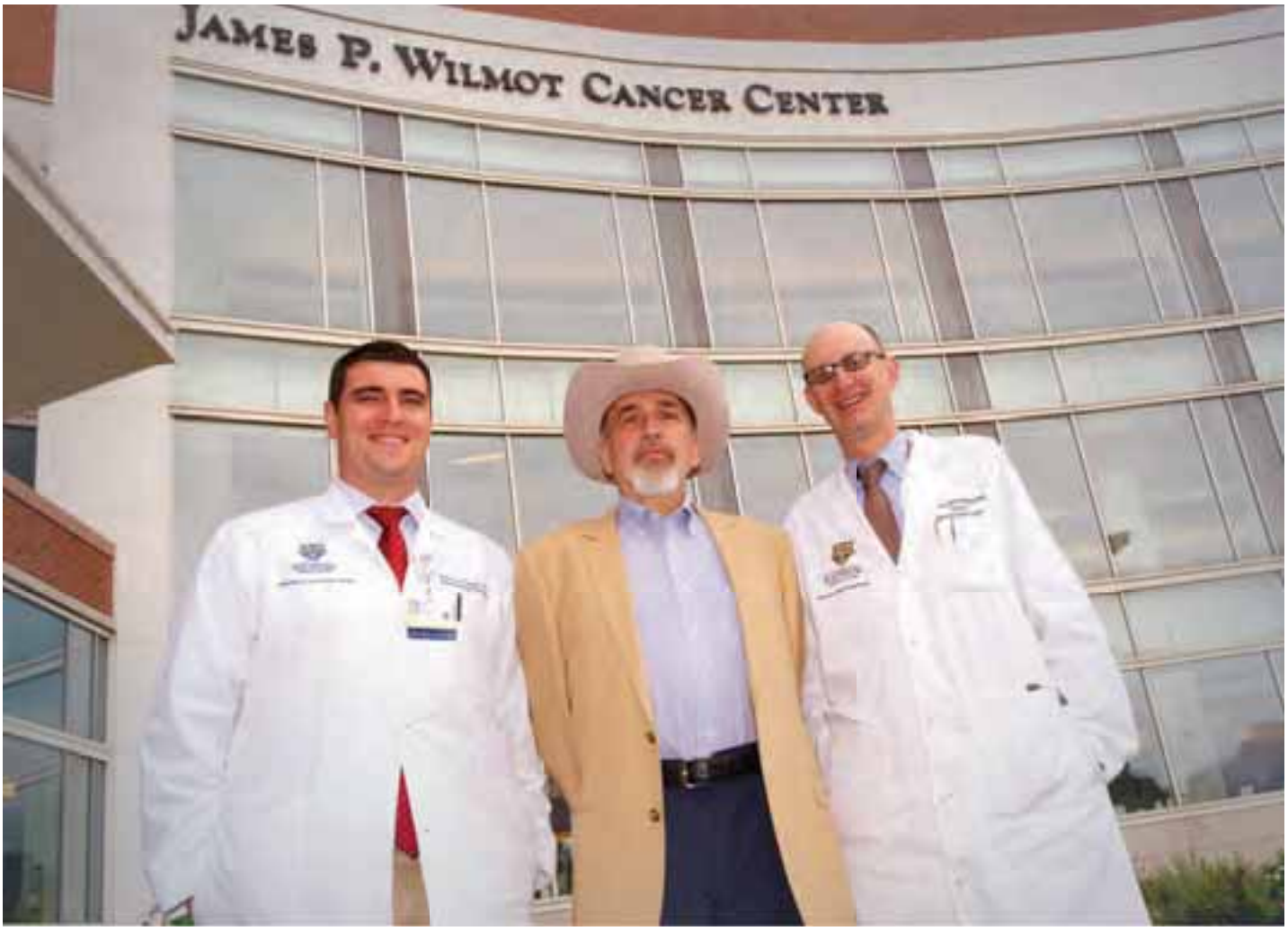
The center's concentration of patients with childhood-onset conditions makes it an ideal setting for research on the long-term impact of these conditions and how to optimize their health and functional status.

Research scientists from the Ernest J. Del Monte Institute for Neuromedicine will have space on site to work together with the center's care providers toward the discovery of more effective therapies and interventions.

"The key to cutting-edge health delivery is a deep understanding of patients' underlying issues, and our researchers will benefit from close collaboration with providers and their patients at the Complex Care Center," said **John J. Foxe, PhD,** director of the Del Monte Neuromedicine Institute, adding that the research enterprise will give patients access to advanced diagnostic testing and emerging treatments in clinical trials.

by Barbara Ficarra

Photo group: Complex Care Center director Tiffany L. Pulcino, MD, MPH (Res '08), front row, third from left, with members of the center's provider team.



A promising start

Wilmot embarks on first big test of immunotherapy

The Wilmot Cancer Institute has treated its first patients in upstate New York with a new, powerful, immunotherapy that harnesses a person's own immune system to fight cancer.

A physician from a rural community 125 miles south of Rochester became "patient zero" at Wilmot—and as a result of the experimental treatment he is doing well.

Ed Foster, 64, of Elmira, N.Y., had diffuse large B-cell lymphoma that didn't respond to two courses of standard chemotherapy. Around the same time that his initial treatments failed last winter, Wilmot was selected to participate in a national, phase II, immunotherapy study to investigate the use of engineered CAR T-cell therapy to treat lymphoma.

"It's an immense privilege and an endorsement of our program that we were asked to be part of this important nationwide clinical study," said professor of Medicine (Hematology/Oncology) **Jonathan W. Friedberg, MD, MMSc,** who directs Wilmot and serves as the trial's principal investigator. Wilmot was selected for the study because of Friedberg's prominence in the lymphoma field, and because of the strength of the institution and its lymphoma and blood and marrow transplant program. Friedberg assembled a specialized team of nurses and physicians to deliver the treatment and manage each patient's recovery, which can take several weeks. Oncologists nationwide and at the National Cancer Institute (NCI) are closely watching preliminary data as it becomes available.

Foster's prognosis was poor when he qualified for enrollment in Wilmot's CAR T-cell study. But the married father of three decided this was his best option, despite the risk of severe side effects and other unknowns about the therapy.

"I have not lost a second of sleep over the therapy because, what's the alternative? I'm surrendering myself to the process and I feel great," Foster said at the time.

Chimeric antigen receptor (CAR) T-cell therapy involves removing and separating T-cells from a patient's immune system, genetically modifying the cells outside the body in tightly controlled conditions to train the cells to attack cancer, and then infusing the engineered T-cells back into the patient. In 2009, an investigator at the NCI was the first to introduce the therapy for blood cancers, and since then several biotechnology firms and academic medical centers have worked to improve the treatment and evaluate it in the clinic.

With CAR T-cell therapy, patients are cautioned that their immune system will likely go into overdrive, which is associated with cytokine-release syndrome as a result of T-cell activation. Life-threatening complications are possible, and during that time many patients must be admitted to the ICU. As required by the clinical study, Wilmot had trained a group of doctors and nurses to care for its CAR T-cell study patients during this precarious period—and that team successfully managed Foster's side effects in the days following his March 15 infusion.

"Our ICU team was excellent and our team at Wilmot performed above and beyond," said Friedberg. "And there's nothing more satisfying than to see your patients do well."

Left: Elmira doctor Ed Foster, center, with his doctors, Jonathan Friedberg, MD, MMSc, and Patrick Reagan, MD, is responding well to the immunotherapy treatment he received in March of this year.

In early April, Foster was discharged. At home in Elmira he worked hard to combat frailty by cooking and eating healthy meals and staying active. He took part in physical therapy and learned to pace himself. He bought an acoustic guitar before he left Rochester, hoping that strumming would alleviate the treatment-induced neuropathy in his hands and fingers. He began watching movies with complex plot lines to strengthen his brain in the aftermath of the treatment's temporary neurotoxicity. An avid outdoorsman, he went turkey hunting in the spring and did a little fishing.

Foster returned to Wilmot for follow-up appointments several times after his discharge. In June his oncologists—Friedberg and Wilmot senior instructor Patrick Reagan, MD (Flw '15)—were encouraged about Foster's excellent response to treatment so far, and that their patient had begun to feel as good as he felt before cancer was diagnosed.

"The way I'm feeling, I knew it was going to be good news, nothing but good news," Foster said, smiling. "Hopefully my experience will help people and inspire patients to consider clinical trials. Not every situation is the same, but very often an experimental protocol offers something you can't get otherwise." Wilmot oncologists have treated and discharged a second patient in the CAR T-cell study, and hope to enroll other lymphoma patients who meet the trial's strict eligibility criteria. Wilmot is also planning to expand the treatment to individuals with leukemia.

The study is continuing at several institutions across the country, but it's too early to know how the other patients are responding. Preliminary data is not expected to be available until later this year.

CAR T-cell therapy received plenty of attention at the American Society of Clinical Oncology (ASCO) annual meeting earlier this summer, attended by more than 30,000 physicians and scientists. The NCI, for example, reported durable responses among some of the first patients treated. And immunotherapy in general continues to make headlines as oncologists can offer this option to more cancer patients when it's available and appropriate.

"We're still a long way off from using CAR T-cell therapy in place of standard treatment for blood cancers," said Reagan, who was Foster's primary oncologist. "But based on the experiences of the NCI, our institution, and other cancer centers, it looks promising."

by Leslie Orr

Ciccone honored with Kaiser Medal

The Rochester Academy of Medicine recently bestowed its highest honor—the Albert David Kaiser Medal—upon **J. Richard Ciccone, MD** (Res '72), professor of Psychiatry and founding director of the Psychiatry and Law Program.

The medal recognizes him for more than four decades of distinguished service and contributions to the medical community as a clinician, teacher, and leader. Among his major achievements, he is best known for his work to bring modern forensic psychiatry into the American courtroom.

He is the fourth psychiatrist to receive the Kaiser Medal in the academy's 85-year history. The first was his mentor and friend John Romano, MD (1908–1994), the inaugural chair of the Department of Psychiatry. During Ciccone's psychiatric residency at the University of Rochester from 1969 to 1972, Romano was a major influence on his progression as a forensic psychiatrist.

As a medical student at the University of Pittsburgh, Ciccone initially planned to become an internist, following in the footsteps of his uncle, but became intrigued with the connection between psychiatry and medicine.

"In my rotations, I encountered many patients who had emotional problems that influenced the presentation of their physical problem," he said. "So I asked one of my professors for some guidance, and he said, 'you've got to go to Rochester to study with John Romano and George Engel.' And, so I did."

In Rochester, Ciccone was struck by the fact that Romano opened the doors of Strong Memorial Hospital to provide compassionate psychiatric treatment to prisoners—even those under armed guard—who would previously have been sent to a state institution. Romano also reached out to the community to create a court clinic that provided psychiatric consultations to the legal system.

It was one of those court clinic rotations, during his third year of residency, that awakened his latent interest in the law.

"I saw for the first time the very real possibility of creating an academic discipline of forensic psychiatry, and I knew that's what I wanted to do," he said. For Ciccone, it was also a chance to follow a passion for justice that his father, a first-generation Italian immigrant, instilled in him while growing up in their multigenerational home in Brooklyn in the 1940s.

Ciccone's career was also nurtured by the teachings of Rochester psychiatrist George Engel, MD (1913–1999), who created a consultation liaison service to provide psychiatric consultation across the Medical Center, in such areas as Obstetrics/Gynecology, Orthopaedics, and the ICU.

"From Dr. Engel I learned the principles of consulting to another system," he says. "For example, if I'm going to consult with a doctor about an orthopaedic patient, I have to know the language of that floor. I have to understand the issues the providers are confronting and the culture they're working in, so that I can understand what they're asking, conduct a thoughtful evaluation, and provide them an answer in terminology they can use."

The ability to bridge two distinctly different worlds proved essential to his life's work, and helped to elevate psychiatry to a critical place within the legal system.

"In order to have a meaningful impact, you have to know the language of the legal system, understand the questions they're asking, why they're asking them, the context in which our answers are

Continued over

going to be used, and be able to speak in the language that's meaningful to them," he said. "If I talk in my own psychiatric jargon, it's not going to mean a whole lot to an attorney or a judge."

Romano and Engel fostered an environment that was "fertile soil" for the development of forensic psychiatry, said Ciccone. Most widely known for its criminal applications—such as the insanity defense and competency to stand trial—forensic psychiatry is also relevant in civil law and can be used to determine psychiatric damages from injuries, or settling custody matters.

Under Ciccone's leadership, the UR was among the first to offer a Psychiatry and Law program, and its fellowship program—which accepts two trainees a year—was one of the first eight accredited in the country in 1986. The program also recently became the first to offer a training track in child and adolescent forensic psychiatry.

"Despite his numerous accolades and achievements, Richard speaks with humility, shows compassion to trainees, and is quick to spread credit to his colleagues," said associate professor of Psychiatry **Robert Weisman, DO** (Flw '95), who today co-directs the Fellowship in Psychiatry and Law, and is one of more than 45 doctors who completed their fellowships during Ciccone's tenure.

"Richard has selflessly shared his principles for excellence in practice since my fellowship days, and continues to share numerous gifts and teachable moments with me," said Weisman.

Ciccone earned his bachelor's degree from Columbia University with dual concentrations in Chemistry and History, before earning his medical degree at the University of Pittsburgh and completing his residency in Rochester. He also served two years in the U.S. Navy, rising to the rank of Lieutenant Commander, where he was head of Psychiatry at the Pensacola Naval Hospital. Among his many career achievements, he is past-president of the American Academy of Psychiatry and Law (AAPL), and founded APPL's Forensic Psychiatry course. He is also past-president of the Association of Directors of Forensic Psychiatry Fellowship, and chaired the American Psychiatric Association (APA)'s Commission on Judicial Action from 1993 to 2000, where he provided amicus briefs to the Supreme Court and chaired the Commission on Public Policy, Litigation and Advocacy.

by Christine Roth

Stassen President of Nation's Largest Academic Trauma Organization

In January, **Nicole A. Stassen, MD, FACS, FCCM,** associate professor of Surgery and Pediatrics, was installed as the 30th president of the Eastern Association for the Surgery of Trauma (EAST). With more than 2,000 members, EAST is the largest academic trauma organization in the United States, and is dedicated to providing an inclusive and supportive forum for trauma surgeons to exchange scientific knowledge and advance patient care. The organization is particularly focused on developing young trauma surgeons and scientists through interdisciplinary collaboration, scholarship and fellowship.

Stassen, who directs the Kessler Burn Center's Intensive Care Unit, as well as the Surgical Critical Care Fellowship and Third Year Surgery Clerkship, is the second SMD faculty member to serve as EAST president. Vice dean for Clinical Affairs and UR Medical Faculty Group chief executive officer **Michael F. Rotondo, MD, FACS,** was president of EAST in 2005. All URMC trauma surgeons are also members of the society.

"It's truly an honor to serve as president of such a dynamic and innovative organization known for its ability to inspire young trauma surgeons to not just follow in our footsteps but to continue to take our field to new and better places by advancing science, fostering relationships and building careers," said Stassen, an EAST member for 13 years, who names Rotondo as one of her mentors and credits him for encouraging her to serve on her first EAST committee. "As president I will continue to focus on EAST's main mission, which is paying it forward to the young trauma surgeon by continuing to be the go-to organization for trauma education, research and professional development."

EAST surgeons from across the country and outside the U.S. meet yearly at a four-day conference to present scientific papers and push for advances in the field. The organization has also established lectureships, scholarships and a foundation to promote and recognize trauma professionals.

"EAST works through its extensive committee structure to engage members in coordinated efforts to advance the field of injury care," said Rotondo. "Over its history it has become a driving force to improve the survival of injured patients and develop talented young trauma surgeons into mature leaders. Dr. Stassen is well-suited to the leadership imperative that EAST creates through its inherent energy and dynamism. She brings the vision and direction necessary to catapult the association to the next level."

Beyond her work as a critical care surgeon, Stassen is author or co-author of more than 40 publications, and the recipient of numerous teaching awards. She earned a BS in Chemical Engineering from Washington University in St. Louis, Mo., and her medical degree from the Robert Wood Johnson Medical School at the University of Medicine and Dentistry of New Jersey. She completed her residency in General Surgery at the University of Chicago and her fellowship in Trauma and Critical Care at the University of Louisville. She joined the UR School of Medicine and Dentistry faculty in 2003 and was a Paul F. Griner Dean's Teaching Fellow from 2005–07.

Distinguished Alumnus Satcher establishes endowed fund to improve community health

David Satcher (Res '72, '95M Hnr) continues to make an impact on community health in the Rochester community and Finger Lakes region, through a strong desire to improve the health of vulnerable populations. Satcher, together with his wife, Nola, recently made a generous commitment to establish the Dr. David Satcher '72M (Res) '95 HNR Community Health Improvement Endowed Fund, in memory of his parents, Wilmer and Anna Satcher.

The fund will support the annual Dr. David Satcher Community Health Improvement Awards Program and URMC's Center for Community Health. Named in Satcher's honor and created in 2010 by the center, the awards recognize individual faculty and staff for significant contributions to community health through research, teaching, practice and/or outreach programs. The awards also reflect the shared mission of the Center for Community Health and URMC to develop and expand University-community partnerships that support participatory research and interventions to reduce health disparities and/or improve the community's health.

"The Center for Community Health is very thankful for Dr. Satcher's constant generosity," said the center's director **Nancy M. Bennett, MD.** "He has been critical to the creation and success of URMC's community health mission with his commitment, advice, support, and now, this wonderful gift."

After earning his MD and PhD from Case Western University, Satcher completed his residency in Internal Medicine and Pediatrics at Strong Memorial Hospital in 1972. From 1998 to 2002, he served as the 16th Surgeon General of the United States, where he led the department's effort to eliminate racial and ethnic disparities. He also held the posts of the Director of the Centers for Disease Control and Prevention, and Administrator of the Agency for Toxic Substances and Disease Registry from 1993 to 1998. He is currently founding director and senior advisor of the Satcher Health Leadership Institute at the Morehouse School of Medicine in Atlanta.

$1 million gift to support SMD students and Eastman Institute for Oral Health

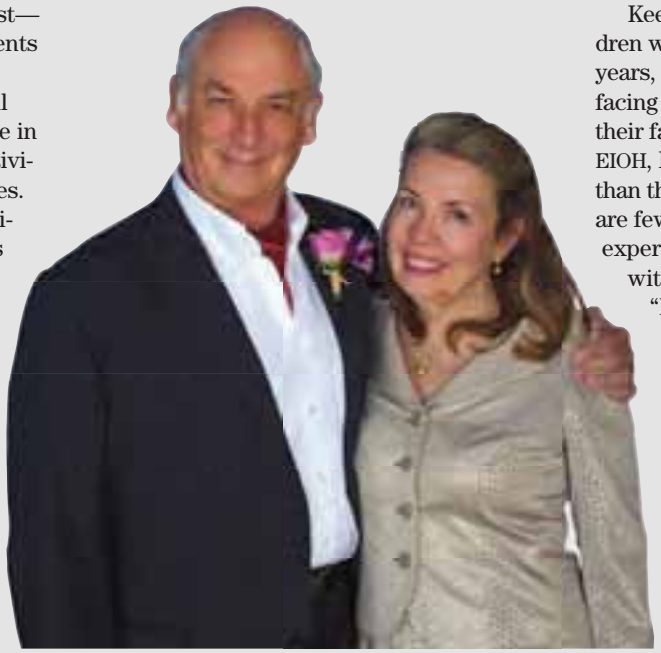
Two health care professionals who are passionate about children's health, especially children with special needs, have committed $1 million to the University of Rochester Medical Center. Pediatrician **Dennis A. Clements III (MD '72), PhD, MPH,** and his wife pediatric dentist **Martha Ann Keels, DDS, PhD,** said the gift is in perfect alignment with their values, philanthropic interests and the unique work being done at the School of Medicine and Dentistry and Eastman Institute for Oral Health (EIOH).

Half of the commitment—a bequest—will establish the Dr. Dennis A. Clements III and Dr. Martha Ann Keels Student Support Fund. The endowed fund will enable medical students to participate in educational, research and clinical activities in countries with health disparities. Clements, who serves as chief of Pediatric Primary Care at Duke Children's Hospital, said the individualized, personal education he received at UR shaped the person and professional he's become.

"The University of Rochester's philosophy is one we'd like to reinforce and reward," said Clements. "As a medical student, I was given a unique opportunity to go to Uganda. That experience was transforming for me, and I think it would be to other students. If we aren't aware of other cultures, we certainly can't help them."

Clements also directs Duke's Exploring Medicine in Foreign Cultures. Every year since 2000, he has taken several students to a village in rural Honduras to provide basic health care. He also led efforts to build a maternal and child health clinic there.

"The opportunity for students to travel and learn from other cultures will make them smarter and better at home," said Clements. "The students benefit from this experience as much, if not more, than what we provide in other clinical experiences."



The remaining $500,000 will establish the Dr. Dennis A. Clements II and Dr. Martha Ann Keels EIOH Pediatric Dentistry Clinic. The funds will enable renovations and technology updates that will provide an optimal learning environment for EIOH residents and enhance the quality of care for patients.

When Keels and Clements heard that EIOH was recently awarded a five-year, $3.5 million grant to train more than 100 pediatric and general dentists—plus numerous hygienists, dental assistants and ancillary staff—to better meet the oral health needs of patients with special needs and medically complex conditions, they wanted to lend their support, as well.

Keels has provided dental care for children with special needs for more than 30 years, and knows first-hand the challenges facing medically compromised children, their families, and providers. Similarly to EIOH, Keels has patients who travel more than three hours to see her because there are few pediatric dentists who have expertise in treating children with special health care needs.

"It's incredibly hard work, and I commend Eastman Institute for taking on this challenge," said Keels, who also has about 100 patients over age 30 because very few general dentists are comfortable treating adults with special health care needs. "Training pediatric and general dentists, and other staff, in this area is critical to reducing disparities for patients with special needs."

Major gifts propel next phase of GCH construction

Two large donations totaling $2.75 million will support the next phase of construction within Golisano Children's Hospital.

The gifts—from donors Rita Buzzard, Andy McDermott and Rob Burch—will help bring the facility to the forefront of pediatric surgery and pediatric cardiology centers in the Northeast. The contributions bring the University to within $7 million of the GCH project's $190 million goal.

Rita Buzzard has given $2 million to fund the Clay E. and Rita M. Buzzard Pediatric Cardiology Cath Lab Suite, a dedicated pediatric cardiac catheterization suite in the hospital. Buzzard, of Buffalo, N.Y., made the gift to honor her late husband, Clay, and their six children. Five of their children were involved in the family business, while their daughter Carol Buzzard, MD, pursued a career in medicine. A pediatric cardiologist, Buzzard has worked at Golisano Children's Hospital since 1992, and her long tenure and dedication to the hospital inspired her mother to make the gift.

The new suite will allow physicians to insert cardiac catheters in an environment designed specifically for the procedure. Cardiac catheters are used to diagnose and define cardiac anatomy, gauge the success of surgical treatments, and perform interventional procedures and electrophysiological studies.

Clay Buzzard, who died in 2013, was the owner of Middle Atlantic Warehouse Distributor, Inc., an auto parts distribution company that began in Buffalo and now spans the country. Prior to his business career, Buzzard served in the U.S. Army during World War II.

"We were very blessed, we had a great life together and had six healthy children who didn't have to use a facility like Golisano Children's Hospital," said Rita Buzzard. "I'm just trying to give back to people who may not be as fortunate, and whose children may need more care."

Andy McDermott and Rob Burch, creators of the Fairport Music Festival, have pledged $750,000 to the second phase of construction. The gift brings the music festival's total support of Golisano Children's Hospital to $1.7 million over the past 11 years. The new pediatric cardiac operating room will be named in honor of the music festival's efforts.

Contributions from the music festival have already helped support the hospital's play room, a private patient room, and a major nursing station. McDermott and Burch have also provided funds for the play area in the treatment center, the purchase of large flat-screen televisions for patient rooms, and other needed items.

"There are so many supporters of the Fairport Music Festival, and it's easy to anticipate that their families may one day need the children's hospital," said McDermott. "If they do, we hope that they can reflect happily that their contributions through the festival have helped contribute to the excellent care they'll receive."

The Buzzard Pediatric Cardiology Cath Lab Suite and pediatric cardiac operating room will be part of the William and Mildred Levine Pediatric Surgical Suite, located on the fourth floor. The suite will also include five other new, larger pediatric-only operating rooms, 23 new private pre-op and post-op recovery rooms, and a gastroenterology surgical procedure suite.

Also part of the second phase—located on the sixth floor—will be an expanded Pediatric Intensive Care Unit and Pediatric Cardiac Intensive Care Unit. Together, they serve more than 1,000 children a year, making it the largest intensive care service for children in western and central New York.

Phase II construction commenced shortly after the hospital's dedication in May 2015 and is scheduled to be completed in 2017. Once the project is complete, Golisano Children's Hospital's pediatric operating capabilities will surpass anything in the region and will be on par with children's hospitals in the country's largest cities.

Endowed Professors

Edward A. and Alma Vollertsen Rykenboer Professorship in Neurology

Martha M. Freeman, MD, Professor in Biomedical Genetics

Gretchen Birbeck, MD, MPH, DTMH, conducts research on neurologic disorders in resource-limited tropical settings. She spends six months of every year in Zambia's rural Southern Province where she is the founding director of Chikankata Hospital's Epilepsy Care Team. As a medical student, Birbeck undertook a rotation at the sub-Saharan hospital because she was interested in seeing how medicine was being practiced without the aid of advanced technology and resources. What she saw was a lack of treatment for epilepsy. In addition to her work in Zambia, Birbeck is currently a collaborator in cerebral malaria research and neuro-HIV clinical trials in Uganda. The Edward A. and Alma Vollertsen Rykenboer Professorship in Neurology was created through a bequest from its namesakes, the late couple Edward A. Rykenboer, a member of the University's Class of 1912, and Alma Vollertsen Rykenboer. Pictured with Birbeck is UR Medicine and Medical Center CEO and SMD dean Mark Taubman, MD, left, and Joel Seligman, University president, CEO and G. Robert Witmer, Jr., University Professor.

Mark Noble, PhD, director of UR Medicine's Stem Cell and Regenerative Medicine Institute, is leading the Medical Center's efforts in stem cell research. He is the inaugural Martha M. Freeman, MD, Professor, created by late alumna Martha Mann Freeman ('44, '45N, MD '51) and Donald M. Foster (MD '50). Noble and a team of colleagues are addressing a wide range of areas related to stem cell biology and regenerative medicine.
In 2014, he received a New York State stem cell grant to investigate lysosomal storage disorders, which cause devastating damage to the brain and spinal cord. There are currently no treatments for these diseases, but Noble and his colleagues aim to change that by looking for properties in existing drugs that prevent their toxic activities. Freeman was a passionate researcher and proud alumna, and her generous provisions for the University in her will helped establish the professorship. Foster, a radiologist and longtime supporter of the School of Medicine and Dentistry, made similar arrangements in his estate plan.

Endowed professorships are among the greatest honors bestowed upon distinguished faculty. Since *The Meliora Challenge*—the University's $1.2 billion comprehensive campaign—began in 2006, 55 new professorships have been created by generous donors, raising the total number of School of Medicine and Dentistry professorships to 94, as of May 1, 2016.

Founders' Distinguished Professorship of Pediatric Allergy

Eric M. Dreyfuss, MD, a pediatric allergist at the Medical Center for more than 50 years, established the Founders' Distinguished Professorship of Pediatric Allergy to ensure that children who suffer from allergies will be given the best possible care for generations to come. Kirsi M. Järvinen-Seppo, MD, PhD, a pediatric allergy champion, is the first recipient of the professorship. Järvinen-Seppo, director of the Center for Food Allergy, has clinical interests in various types of food allergy and other allergic disorders. Her translational research program, which is focused on prevention of food allergy, including breast milk immunologic factors, is funded by the National Institutes of Health. The professorship honors the founders of pediatric allergy in Rochester.

Donald M. Foster, MD, Distinguished Professor in Biostatistics and Donald M. Foster, MD, Professor in Biomedical Genetics

Robert Strawderman, ScD, chair of the Department of Biostatistics and Computational Biology, was installed as the Donald M. Foster, MD, Distinguished Professor in Biostatistics. Strawderman, who focuses his work on survival analysis, is exploring new statistical methods to help us better understand how a patient's age, type of cancer, genomic profile, and treatment plan influence the risk of death and other related events.

Dirk Bohmann, PhD, co-director of the Rochester Aging Research Center, was installed as the Donald M. Foster, MD, Professor in Biomedical Genetics. He is director of the Genetics, Genomics and Development Graduate Program, and focuses his research on the molecular biology of gene and cell regulation as it applies to topics such as aging or the movement of cancerous cells in living tissue. Donald M. Foster (MD '50), was a longtime contributor to the School of Medicine and Dentistry annual fund and a charter (and lifetime) member of the George Hoyt Whipple Society. To ensure his support was everlasting, he included a generous provision to the University in his estate plans. After his death in 2013, his loyalty and giving were recognized with the creation of the Foster Professorships.

Photo (from left): Dirk Bohmann, PhD; David Foster, JD, brother of Donald Foster; and Robert Strawdermann, ScD.

If you see any alumni whom you would like to contact, use the Online Directory at *www.alumniconnections.com/URMC* to find address information.

Submit class notes to your class agent or to *RochesterMedicineMagazine@urmc.rochester.edu.*

Note: MD alumni are listed alphabetically by class, resident and fellow alumni follow in alphabetical order, and graduate alumni are listed separately in alphabetical order.

MD Alumni

1948

Charles M. Ross has been named as one of five 2016 San Diego Legends: Living Well by the San Diego County Library and Aging & Independence Services. This is an annual recognition and exhibit of local elders who lead by example. The Legends exemplify lifestyles that embrace inclusion, spiritual integrity, humanism and healthy living. Their lives and accomplishments are a testament to the nobility of hard work, as well as respect for each other and one's self. The exhibit is displayed at a new library each month, and residents have the opportunity to meet the Legends, hear about their experiences, and participate in related programs. For the past 14 years, Charles has worked with the Laubach Literacy Council of San Diego County, which offers free tutoring to English as a Second Language learners from all parts of the world. The award coincided with his 90th birthday.

Thomas H. Shepard, professor emeritus, Department of Pediatrics at the University of Washington, is keeping up with his online Catalog of Teratogenic Agent, now in its 13th edition and available on Amazon, in addition to "missing old friends, and fighting old age."

1953

Wilbur (Bill) Y. Hallett writes: "Happiness has been with me most of the days and places I've been, for more than 90 years. The University of Rochester stands out in my mind as the greatest contributor to me, my career, and in finding my proper place in life! In addition to making my experience a most joyful one, any uncertainty was ameliorated with guidance from Dr. Whipple and his faculty who provided excellent and useful curriculum. Life with my wife and all our co-students has given us warmth and dreams coming true ever since. Thanks."

1959

Marvin Pomerantz is emeritus professor of Surgery at the University Of Colorado School Of Medicine, the 25th Chairman of the American Board of Thoracic Surgery, and past-president of the Western Thoracic Surgical Association. He and his wife, Peggy, are enjoying retirement in Tucson, Ariz.

1960

William E. Powell ('56), writes: "I am still busy in spite of the scourge of old age. I teach Physical Assessment to nurses at the University of Texas Health Sciences Center in Houston. I sing bass in the Noteables, a chorus sponsored by the Houston Symphony League-Bay Area (HSL-BA). I recently wrote a 40-page history of the HSL-BA for their 40th anniversary. I published a novel called *From Here to There: Anatomy of a Divorce* (Amazon, 2011). We have downsized from our home across the street from the Manned Spacecraft Center to an apartment in uptown Houston, leaving all of the astronauts that we had lived among since our arrival to Space Town in 1966. I delivered the first Astrotot. All in all, life is good."

1962

Charles H. Halsted writes: "I recently retired after a 43-year academic medical career at the University of California-Davis. Over that time span, I practiced Gastroenterology and Clinical Nutrition and maintained continuous NIH funding for clinical and basic science research on folate metabolism and alcoholic liver disease. I am a member of numerous academic medical societies, a Fellow of the American Association for the Advancement of Science, and I served as editor of the *American Journal of Clinical Nutrition.* My first wife was our former classmate Crystie Halsted. We married in medical school in 1959, were divorced in 1986, and she died of diabetic complications in 2008 after a long career in pediatrics. I continue to live in Davis, Calif., with Ann Wyant Halsted, my second wife of 30 years, and we have three children/stepchildren and three grandchildren who live in Sacramento, New York and London. I have maintained close friendships with classmates Ezra Amsterdam and Gil Simon who live here and in Sacramento, and with Herb Machleder in Los Angeles. Lastly, I am an avid fly fisher and playgoer in northern California and Oregon, and am working towards a second career as a poet."

1963

Lauro Halstead has published his memoir, *An Unexpected Journey: A Physician's Life in the Shadow of Polio* (Amazon). It details his lifelong battles overcoming serious physical handicaps, the residuals of a bout of polio with which he was stricken at age 18. It also includes excellent passages about his life as a University of Rochester medical student.

Joseph Lyon "Joel" Andrews is a physician, author, activist and history buff, who now lives in Concord, Mass. He is a licensed Concord Guide, founding director of Concord Guides Walking Tours: Revolution, Renaissance and Renewal, a longtime member of the Thoreau Society, and a former member of the Concord Historical Commission. He has also been a free-lance writer for *The Boston Globe, The Concord Journal,* and other newspapers and magazines. Joel is a Vietnam-era veteran of the Air Force Medical Corps.
A descendent of Revolutionary War soldiers and patriots, Haym Salomon, Col. Isaac Franks and Major Benjamin Nones, he is honorary surgeon of the Massachusetts Sons of the American Revolution (MASSAR) and previous president of the Old Middlesex (Concord) Chapter of MASSAR. He is author of the best-selling history and guide book, *Revolutionary Boston, Lexington & Concord: The Shots Heard Around the World!* (Amazon, 2002), and of an introductory overview of Concord's world-famous authors, *Literary Concord Uncovered: Revealing Thoreau, Emerson, Alcott, Hawthorne and Fuller* (Amazon, 2015).
A trained internist and chest specialist, he practiced medicine for twenty years at Lahey Clinic Medical Center in Boston and Burlington, Mass., was chief of Pulmonary Medicine at New England Deaconess Hospital in Boston and taught and did clinical research at Harvard Medical School. Now semi-retired, he is a lecturer in Medicine at Tufts University School of Medicine and practices Internal Medicine and Pulmonary Medicine on a part-time basis.
A widower, he has three children and four grandsons.

1965

Kurt Stenn recently published *Hair: A Human History,* which gives a microhistory in the vein of Mark Kurlansky's books, *Salt* and *Cod,* and explores the biological, evolutionary, and cultural history of one of the world's most fascinating fibers.

1967

Kenneth J. Maiocco is still practicing Dermatology in Bridgeport, Conn. He has been named to the Best Doctors in America list for 15 consecutive years, the Top 128 Doctors of Fairfield Connecticut, the Best Doctors in America, the Top Doctors in Fairfield County and Top Doctors in the New York Metropolitan Area.

After 43 years, **Peter Rubin** and his wife, Joanie, are still enjoying the practice of traditional acupuncture in their home office in Wayne, Pa. Their two children and three grandkids are all doing well.

1969

Lee Witters, professor of Medicine, Biochemistry and Biological Sciences at Dartmouth College's Geisel School of Medicine, (below) has been honored with the creation of the Lee A. Witters Award for Outstanding Teaching and Social Justice. This award was created in recognition of his years of service as an educator and mentor to pre-health students. Tim Lahey, MD, faculty director of Dartmouth's Health Professions Program, said of the award, "My goal was to bring pre-health undergraduates into collaboration with Geisel medical students and other graduate students in health sciences to honor someone who embodies the ideals we hope to teach them. With his thirty years of service to the students of Dartmouth College, Lee Witters was the obvious choice."

1972

After 23 years at Duke University, **Dennis Clements** is stepping down from his role as division chief of Duke Children's Primary Care. He will now be teaching more at the Duke Global Health Institute, which includes designing a course in collaboration with the Innovation and Entrepreneurship Initiative. He and his wife, Martha Ann Keels, now have six grandchildren (five boys and a girl), all living in San Francisco.

1973

Peter Elias writes: "After 38 years of loving full-time active primary care and part-time teaching of family practice residents, I retired in January 2016 from the practice I co-founded in Lewiston-Auburn, Maine. I am still active in the Society for Participatory Medicine. I plan to spend more time with my grandchildren and pursue some of the passions that played third fiddle to medicine: writing, photography, woodworking, hiking, Nordic skiing, and guitar. A big shout-out to all my fellow cohabitants on The Farm during our Rochester years."

James A. Delmez is now working part-time as professor of Medicine in the Renal Division at Washington University School of Medicine in Saint Louis and Barnes-Jewish Hospital, where he began his internship in 1973. He hopes to return to the University of Rochester for the next reunion in 2018.

1974

Philip Greenland (Res '78) was recently honored with two awards. He received the Epidemiology Mentoring Award from the American Heart Association's Council on Epidemiology and Prevention in March, 2016. This is presented to one individual annually in recognition of outstanding personal and institutional mentoring and commitment to early career scientists. In 2014 and 2015, he was also one of only 400 physicians in Clinical Medicine worldwide to be noted as a Thomson Reuters Highly Cited Researcher, for his work from 2002 to 2012.

1976

Gail L. Brown was appointed chief medical officer for ARMO BioSciences, Inc., a clinical-stage biotechnology company. She is responsible for the clinical development of the company's pipeline of immunotherapies including the lead product candidate AM0010, several cytokines with therapeutic potential, and an anti-PD-1 monoclonal antibody for the treatment of advanced solid tumors.

Jean Ann Hinlicky writes: "To all of my memorable 1976 classmates, a lot has happened to our family in the last year. I just closed my Child Psychiatry practice of more than 32 years. The decision was precipitated by the need to renew the five-year lease! But we had been planning to sell our house in Maryland and finally return to the Southwest, so it seemed like the right time. Ambivalence definitely reigns here; it's hard to make so many changes at once. As soon as our house sells, we will make the formal transition to Santa Fe, N.M. and hope it works for us. As I go through all of my "memory boxes" during the decluttering process in preparation for our house sale, I have come across endless memories of the times and people at med school from 1972 to 1976. I found photos, notes from classmates, evaluations, test scores. Wow! It's very fitting for our 40th anniversary of graduation. It made me remember so many of the intense experiences of those Rochester years.

Not practicing for the first time *ever* is not easy. I welcome the lack of stress. but miss the stimulation. So my expectation is that something will need to take the place of the interest and excitement that medicine has always contributed. I just can't see myself in the rocking chair just yet. On the list: Spanish and actually learning Calculus! Also, taking a carpentry class, renovating houses, and probably locating a suitable community service organization to work with. Our 31-year-old son Matt is having his second wedding anniversary next week, and we are hoping to hear about some grandchildren in about a year as they settle into their professional futures. Daughter Sarah, 28, lives and will remain in the Bay area. She works at UCSF in women's reproductive health, and will be married in July 2017. Sarah just turned down a position in a post-bac program for med school, and is now considering becoming an Ob-Gyn nurse practitioner vs PhD in public health, plus balancing her hope to have kids fairly soon. Husband Larry is still teaching at Hopkins in Law and Psychology, and his transition has yet to be set in stone. He may continue to go back and forth between Maryland and New Mexico for a while… hard to know. It would definitely be hard to have *both* of us professionally and personally floundering at the same time! I was saddened to hear about the death of Dr. Jules Cohen last fall, and had hoped to attend his memorial service in Rochester in April, but things were just

too crazy with all the transitions above. Dr. Cohen interviewed me for med school, and was highly instrumental in my choosing UR for med school. It was definitely the right choice and I have never had regrets. Dr. Cohen was also a major influence in my initial clinical clerkship, and I will always be grateful for his sensitivity in the classroom and out. I know I became a much better physician because of his teaching and support. A quintessential physician, he will be missed.

Once we settle in New Mexico, you should all remember what a great place Santa Fe is to visit. We have a guestroom that we hope to fill up! My email and cell phone (410) 409-0800 will stay the same. We will welcome all comers. Is it *really* forty years since graduation?"

1977

Jim Powers was promoted to professor of Medicine in the Division of Geriatrics at Vanderbilt University School of Medicine. He also serves as associate clinical director of the VA Tennessee Valley Geriatric Research, Education and Clinical Center in Nashville.

Michael R. Ugino (Res '82) writes: "Donna and I have been living in Columbia, S.C., since 1983. I am the senior partner of a private practice group involving four neurosurgeons, 13 orthopaedic surgeons, and family practice and pain management physicians. Our three daughters are married and our son lives in Los Angeles. We have four beautiful grandchildren. Life is good. My best wishes to all of my classmates."

1978

Jeffrey Charen's son, Daniel Charen, is a graduate of the University of Rochester School of Medicine, class of 2016, earning an MD degree with honors in research. He started his Orthopaedic Residency at the Icahn Mt. Sinai program in New York City in June.

Bruce Z. Kaplan has been appointed director of the pain management program at the Betty Ford Center, part of the Hazelden Betty Ford Foundation. He is the Hazelden Betty Ford Foundation Addiction Medicine Fellow for 2015–2016.

1979

Timothy Lind is now the department chair of Allergy and Asthma, for HealthPartners in Minnapolis-St. Paul, Minn.

1983

Paul Bleicher (MS '83, PhD '83), CEO of OptumLabs, joined the board of directors of MC10 Inc., in April. MC10 has partnered with the University of Rochester to unite the company's powerful technological capabilities in physiological sensing and pattern recognition algorithms with the University's clinical expertise and commitment to big data analytics. Together, they are working to develop solutions for today's most pressing health care challenges.

1985

Tim Benning provided volunteer pathology services at Mbingo Baptists Hospital, in the northwest region of Cameroon, for the month of January while the full-time missionary pathologist was stateside. He is pictured with Abby Schneider, a UR student who recently completed the undergrad portion of her combined UR undergrad/med school program, and volunteered six months at the hospital before starting medical school. The picture is at the summit of Mbingo Mountain, where they hiked to see the sunrise.

1987

Robert A. Montgomery, whose groundbreaking work in kidney transplantation includes laparoscopic innovations and the "domino" chain of transplants, recently joined the faculty of NYU Langone Medical Center as director of its newly created Transplant Institute. He previously served as chief of the Division of Transplantation at The Johns Hopkins Hospital, where he was a professor of surgery and director of the Comprehensive Transplant Center and the Incompatible Kidney Transplant Program. While at Hopkins, he was part of the team that developed laparoscopic

procurement of a live kidney donation through small incisions in the abdomen. This approach is now a standard practice for kidney donation worldwide.

1989

Josyann Abisaab of New York City is a senior attending physician in the Department of Emergency Medicine at the New York Presbyterian Hospital in New York and on the teaching faculty at Weill Cornell Medicine. She is also a fellow at the FXB Center for Health and Human Rights at the Harvard School of Public Health.

1990

John J. Folk was appointed assistant dean for Clinical Sciences at SUNY Upstate Medical University College of Medicine in Syracuse, N.Y., and is responsible for oversight and development of the third and fourth years of medical school.

Gary M. Hollenberg (Flw '96), along with his co-authors Eric P. Weinberg and Steven P. Meyers, were honored in the 2016 PROSE Awards, in the Clinical Medicine, Thieme Publishers category, for their textbook Differential Diagnosis in Musculoskeletal MRI. The PROSE Awards annually recognize the very best in professional and scholarly publishing by bringing attention to distinguished books, journals, and electronic content in 54 categories. Following his medical school education at the UR, he also completed a Fellowship in Cross Sectional Imaging in the Department of Radiology at Strong Memorial Hospital in 1996. He and his wife have two children who are both University of Rochester undergraduates.

1992

Ellen Rich (Res '96) was recently named medical director of UBMD Internal Medicine at the Youngs Road location.

2001

Jeremy D. Richmon is leaving Johns Hopkins to start a new position at Mass Eye and Ear/Massachusetts General Hospital where he will continue as a

head and neck cancer surgeon and direct the Head and Neck Robotics program.

2006

David Katz is the newest member of the UCHealth Heart Center in northern Colorado. As an electrophysiologist, his clinical interests include treatment of abnormal heart rhythms, including supraventricular tachycardia, atrial fibrillation, ventricular tachycardia and bradycardia due to heart block or other causes. He also is especially interested in pacemakers, implantable cardioverter-defibrillators, syncope and congestive heart failure.

2009

In celebration of **Cathy Lee-Miller's** Pediatric Hematology/Oncology Fellowship completion, classmates **Todd Liu, Kate O'Connor** and **James Hildebrand** took to the snowy hills of Colorado (Photo, top).

2011

Matt Malek has been appointed medical director for the Tri-Town Health Center of Rhode Island's health centers in Johnston and North Providence. In 2012 and 2014, Malek traveled to Lesotho in Africa to practice medicine and obstetrics through the Lesotho-Boston Health Alliance. He has made presentations at conferences in Boston, Mass., New Haven, Conn., Rochester, N.Y., and Houston, Texas, and is a member of the Pisacano Leadership Foundation in Lexington, Ky.

Nirav Patel writes: "I will be entering my chief resident year (PGY-6) this July at UC Davis Medical Center with the Division of Plastic & Reconstructive Surgery. Following graduation next June 2017 (when my wife Erica and I will be celebrating 10 years of marriage!), my family and I will be moving to Birmingham, Ala., where I will be the Advanced Breast & Aesthetic Surgery Fellow for Dr. James Grotting, current president of the American Society for Aesthetic Plastic Surgery. Following this fellowship, I will be the Oculoplastic & Aesthetic Surgery Fellow for Dr. Mark Codner in Atlanta, Ga. We are excited about the next phase of my career as we tend to our son Aidan, currently in first grade and learning violin, and his little sister Antonia, who is turning four this September.

Resident & Fellow Alumni

Julian Aroesty (Flw '65) writes: "I am the first volunteer in a federally-sponsored pilot program MAVEN (Medical Advanced Volunteer Expert program) that recruits retired physicians to provide pro bono specialty care via the web to undeserved clinics. The program has uncovered the difficulties that are inevitable in a totally new effort, but things continue to improve and I have little doubt that the lessons learned will result in a wider application of these techniques. There is a secure web connection that allows direct communication between me and the patient, and I can view EKGs. The two clinics in Massachusetts are in Franklin (which has a high rate of heroin addiction) and Lynn (which has a large Hispanic population with hypertension, obesity, diabetes and coronary disease).

I was saddened to learn of the death of Jules Cohen. He and I attended the same inner-city grammar school and high school and then reconnected and wrote several research papers together when I did my Cardiology fellowship under Paul Yu at Strong. Even after leaving Rochester to accept an academic appointment at Harvard Medical School, I continued to meet with Jules occasionally during my regular trips to see family in Rochester. Jules had a spectacular intellect, was a compassionate physician and was the model of the physician scientist. Among the many thousands that we have trained, we both hoped that there might be many who were influenced to follow our example."

Christopher C. Battaglia (Res '11, Flw '12, Flw '15) has been appointed clinical assistant professor in the Department of Anesthesiology at the University at Buffalo Jacobs School of Medicine and Biomedical Sciences. Additionally, he is an assistant professor of Oncology and Critical Care at Roswell Park Cancer Institute.

Nancy S. Curry ('68, Res '79) spent 35 years as a professor of Radiology and Urology in the College of Medicine at the Medical University of South Carolina. Her eldest son, Scott R. Curry, MD, will join the faculty at MUSC this summer in the Infectious Disease division of Internal Medicine.

Mary Lee Ciotoli DiRubbo (Res '98) has been appointed chief of Emergency Medical Service at Syracuse VA Medical Center. She has been with the organization since 2011 as an emergency department physician.

Samuel Frank ('93, Res '01), has taken a new position at Beth Israel Deaconess Medical Center, after more than 11 years working in the Neurology department at Boston University.

Philip Greenland (MD '74, Res '78) – *See MD Class of 1974*

Reginald Q. Knight (Flw '86), an orthopedic surgeon at the Bassett Healthcare Network in Cooperstown, N.Y., has been named vice president of Medical Affairs at A.O. Fox Hospital. He is also director of Bassett's Spine Care Institute and president of the medical staff.

Kaj H. Johansen (Res '71) writes: "I spent only 366 days in Rochester—the duration of my 1970-71 Medicine/Surgery internship at Strong Memorial Hospital—but count it as absolutely formative to my subsequent professional career. I arrived at Strong quite certain that I would likely go into academic internal medicine, but soon became convinced that I lacked the personality for managing chronic disease (all the more amusing since, as a vascular

surgeon, all I do is care for—yes—chronic vascular disease). I subsequently trained in General Surgery, en passant completing a PhD in Physiology/Pharmacology, at the University of California-San Diego. Thereafter I have spent my entire career in Seattle, Wash., half as full-time faculty at the University of Washington and the other in community practice. Fun fact: the other occupant of that 1970–71 med/surg internship dyad was Richard Green, MD, who also became a prominent and active academic vascular surgeon (testimonial, I think, to the seminal role at that time of Rochester vascular icons Charles Rob, James DeWeese, Jim Adams and others). I continue in full-time vascular practice, focusing particularly on thoracic outlet syndrome and diabetic foot problems. At some point I need to stop operating (indeed, the variables governing when physicians, and particularly surgeons, should stop practicing are a current research interest of mine). My year in Rochester was a seminal one for me and I continue to treasure my memories of my time there."

Barbur B. Lateef (Res '00), a comprehensive ophthalmologist for Advanced Ophthalmology Inc., was recently appointed to the University of Virginia Board of Visitors. Lateef is a volunteer physician for both the Greater Prince William County Community Health Center and Prince William Area Free Clinic, and a fellow of the American Academy of Ophthalmology.

Ellen Rich (MD '92, Res '96) – *See MD Class of 1992*

Michael R. Ugino (MD '77, Res '82) – *See MD Class of 1977*

Graduate Alumni

Paul A. Bleicher (MS '83, MD '83, PhD '83) – *See MD Class of 1983*

Tracey A. Ignatowski (PhD '97) is now assistant professor in the Department of Pathology and Anatomical Sciences at the University at Buffalo Jacobs School of Medicine and Biomedical Sciences. She specializes in behavioral pharmacology, gene expression, gene therapy and immunology. Her research focus spans three interrelated fields: chronic pain, depression and inflammation.

Thomas Montine (MS '87, PhD '88) has been appointed the new chair of the Department of Pathology at the Stanford University of Medicine. Thomas is a neuropathologist, a national expert in the study of the molecular and structural causes of cognitive decline in aging. He moved to Stanford from the University of Washington.

Match Day 2016

The National Resident Matching Program (NRMP)'s Match Day took place March 18, and once again URSMD graduates are beginning their careers at some of the country's finest hospitals, including here in Rochester.

Of 104 newly minted doctors, 19 have remained in Rochester and 30 will begin their residencies elsewhere in New York State. Pennsylvania was the third-highest destination state, and the remainder will start their residencies in 28 other states, from Maine to Hawaii. Among the many esteemed residency programs where UR graduates will be continuing their journeys, are those of Johns Hopkins, Vanderbilt, Yale, Georgetown, Stanford, Northwestern, Duke and Case Western.

Internal Medicine was the top specialty choice again this year—selected by 20 students—where it has ranked consistently for many years. Family Medicine ascended to the second most popular spot, with 10 students choosing this specialty, the highest number here in more than a decade. Indicative of the community-minded focus of URSMD students, the Family Medicine focus is also a response to shifts in health care and the growing needs across the United States. In fact, 39 SMD graduates elected to enter Primary Care (either Family Medicine, Pediatrics or Internal Medicine, not including research tracks), a bump from 36 last year.

Within URMC's 23 residency programs, students were matched to 161 of 162 openings, with Internal Medicine, Family Medicine, Anesthesiology and Pediatrics accepting the highest numbers of students from across the country.

Nationwide, almost 30,000 medical school graduates—about 94 percent of this year's MDs—matched to residencies. Close to 80 percent matched to one of their top three choices.

Student	Place	Program
Sarada Abraham	University of Chicago Med Ctr, IL / Northshore	Family Medicine
Sara Ackroyd	Temple University Hospital, PA	Obstetrics / Gynecology
Shah Ahmed	Hofstra NSLIJ SOM, North Shore LIJ, NY	Medicine – Preliminary
	NYU School Of Medicine, NY	Anesthesiology
Hanna Algattas	UPMC Medical Education, PA	Neurological Surgery
Sarah Pearl Aronow-Werner	Kaiser Permanente, Oakland, CA	Obstetrics / Gynecology
Allan Augillard	LSU SOM, New Orleans, LA	Emergency Medicine
Joshua Back	Swedish Medical Center, WA / Downtown	Family Medicine
Josef Bartels	Family Medicine Res of Idaho	Family Medicine
Randall Bess	U Nevada Affiliated Hospitals, Las Vegas	Emergency Medicine
Tristan Bice	U Illinois COM, Chicago	Internal Medicine
Jason Birnbaum	Hofstra NSLIJ SOM, Lenox Hill Hospital, NY	Medicine – Preliminary
	Montefiore Med Ctr/Einstein, NY	Radiology-Diagnostic
Braun Melanie	U Rochester/Strong Memorial, NY	Neurology
Chad Brizendine	Providence Health, OR / St. Vincent	Internal Medicine
David Brodell	U Rochester/Strong Memorial, NY	Medicine – Preliminary
	U Rochester/Strong Memorial, NY	Dermatology
Linden Brown	U Rochester/Strong Memorial, NY	Internal Medicine
Kim Bui	Montefiore Med Ctr/Einstein, NY	Family Medicine
Elton Chan	U Southern California / Los Angeles	Psychiatry
Daniel Charen	Icahn SOM St Luke's, Roosevelt, NY	Orthopaedic Surgery
Daniel Chun	U Michigan Hospitals, Ann Arbor	Internal Medicine
Alyssa Cohen	Northwestern McGaw/Lurie Peds, IL	Pediatrics
Kathryn Cooper	Stony Brook Teach Hospitals, NY	Med-Prelim Neurology
	Stony Brook Teach Hospitals, NY	Neurology
Spencer Craven	Wake Forest Baptist Med Ctr, NC	Neurology
Georgia Davies	Rutgers, New Jersey Medical School	Emergency Medicine
Danielle deCampo	Johns Hopkins Hospital, MD	Child Neurology
Candy Ezimora	U North Carolina Hospitals	Anesthesiology
Michael Feldman	Vanderbilt University Med Ctr, TN	Neurological Surgery
Erin Finn	U North Carolina Hospitals	Internal Medicine / Pediatrics
Laura Fornarola	U Rochester/Strong Memorial, NY	Anesthesiology
Robert Fuino	University of Vermont Medical Center	Neurology
Michael Geary	Carolinas Med Ctr, NC	Orthopaedic Surgery
Michael Goettelman	U Rochester/Strong Memorial, NY	Anesthesiology
Natalia Golub	Bassett Medical Center, NY	Transitional
	Johns Hopkins/Bloomberg, MD	General Preventive Medicine
Krista Grande	Cincinnati Children's Hospital MC, OH	Child Neurology
Adrian Hadiono	U Texas Southwestern Med School, Dallas	Neurology
Trevor Hansen	U Rochester/Strong Memorial, NY	Plastic Surgery (integrated)
Jeremy Herrmann	Northwestern McGaw/Lurie Peds, IL	Pediatrics
Christopher Hudson	LSU SOM, New Orleans, LA	Emergency Medicine
Bridget Hughes	Nationwide Children's Hospital, OH	Pediatrics
Chanh Huynh	U Rochester/Strong Memorial, NY	Family Medicine
David Ivanick	U Washington Affiliated Hospitals	Neurology
Anna Jaffe	Duke University Med Ctr, NC	Pediatrics
Patrick Joynt	Denver Health Med Ctr, CO	Emergency Medicine
Felipe Juarez	University at Buffalo SOM, NY	Anesthesiology
Viki Katsetos	U Rochester/Strong Memorial, NY	Psychiatry
Elizabeth Kistler	UPMC Medical Education ,PA	Psychiatry
Jason Kopec	University of Chicago Med ,Ctr, IL	Emergency Medicine
Akosua Korboe	Vanderbilt University Med Ctr, TN	Internal Medicine
Franca Kraenzlin	Johns Hopkins Hospital, MD	Plastic Surgery (integrated)
Victor Kucherov	Thomas Jefferson University, PA	Surgery – General – Preliminary
	Jefferson Medical College, Philadelphia, PA	Urology
Erin Lauer	Mtn Area Health Ed Ctr, NC	Obstetrics / Gynecology
Kendrick Law	Thomas Jefferson University, PA	Emergency Medicine

Student	Place	Program
Donna Lee	Montefiore Med Ctr/Einstein, NY	Internal Medicine
Pei-Shan Lee	UC San Diego Med Ctr, CA	Pediatrics
Tiffany Lee	U Cincinnati Med Ctr, OH	Surgery – General
Daniel Lighthouse	U Rochester/Strong Memorial, NY	Internal Medicine
Claire Lyons	Brown Med School/Memorial Hospital, RI	Family Medicine
Kelly Makino	University of Hawaii	Family Medicine
Kevin Makino	University of Hawaii	Pediatrics
Dimitrios Manou	U Rochester/Strong Memorial, NY	Neurology
Benjamin Mazer	Yale, New Haven Hospital, CT	Pathology – Anatomic & Clinical
Mark Miller	University of Nebraska Med Ctr	Otolaryngology
Steve Morgan	Case Western/University Hospitals Case Med Ctr, OH	Emergency Medicine
Eric Nielsen	Navy – San Diego Naval Hospital, CA	Medicine
Sarah Nevarez	University at Buffalo SOM, NY	Internal Medicine / Pediatrics
Hannah Niebulski	Maine Medical Center	Obstetrics / Gynecology
Lisa Niswander	Children's Hospital, Philadelphia, PA	Pediatrics
Caitlin Orner	U Rochester/Strong Memorial, NY	Orthopaedic Surgery
Thomas Osinski	U Rochester/Strong Memorial, NY U Rochester/Strong Memorial, NY	Surgery – General – Preliminary Urology
Tiffany Panko	NTID, Rochester Institute of Technology, NY	Visiting Lecturer
Lauren Patrick	UC San Francisco, CA Neurology	
David Paul	U Rochester/Strong Memorial, NY	Neurological Surgery
Christian Pingree	Air Force – San Antonio Military Medical Center, Fort Sam Houston, TX	Otolaryngology
Jason Poon	U Utah Affiliated Hospitals	Neurology
Matthew Preslar	U Rochester/Strong Memorial, NY	Internal Medicine
Emily Redman	UPMC Medical Education, PA	Obstetrics / Gynecology
Kevin Rhie	Hershey Med Ctr/Penn State, PA	Internal Medicine
Kyle Rodenbach	UPMC Medical Education, PA	Psychiatry
Rachel Rodenbach	UPMC Medical Education, PA	Internal Medicine
Lauren Roussel	Rhode Island Hospital/Brown University	Plastic Surgery (integrated)
Brandon Ruderman	Duke University Med Ctr, NC	Emergency Medicine
Kieran Sahasrabudhe	U Wisconsin Hospital and Clinics	Internal Medicine
Colin Samoriski	U Rochester/Strong Memorial, NY	Internal Medicine
Andres Sanchez	Yale, New Haven Hospital, CT	Internal Medicine
Drew Scoles	Lankenau Medical Ctr, PA Scheie Eye Institute / U Penn	Medicine, Preliminary Ophthalmology
Paul Shin	NYP Hospital, Weill Cornell Med Ctr, NY	Surgery – General
Serena Shung	U New Mexico SOM	Family Medicine
Hannah Smith	Children's Hospital, Philadelphia, PA	Pediatrics
Jonathan Soh	U Rochester/Strong Memorial, NY U Rochester/Strong Memorial, NY	Medicine – Preliminary Dermatology
Eric Soriano	Yale, New Haven Hospital, CT	Internal Medicine
Sara Spinella	U Rochester/Strong Memorial, NY	Internal Medicine
Courtney Stewart	Sutter Med Ctr of Santa Rosa, CA	Family Medicine
Joseph Stewart	Sutter Med Ctr of Santa Rosa, CA	Family Medicine
Christine Stypula	Stanford University Programs, CA	Anesthesiology
Whitney Talbott	Winthrop, University Hospital, NY Icahn SOM at Mount Sinai, NY	Medicine – Preliminary Dermatology
Shaun Toomey	U Massachusetts Med School	Internal Medicine
Beatrix Traa	Georgetown University Hospital, DC	Pediatrics
Sasha Waldstein	University of Vermont Medical Center	Internal Medicine
Li Wang	U Massachusetts Med School	Internal Medicine
Kristina Warner	University at Buffalo SOM, NY	Obstetrics / Gynecology
Helen Wei	U Rochester/Strong Memorial, NY	Surgery – Preliminary
Daniel Whitley	Temple University Hospital, PA	Surgery – General
Nan Zhu	VA Greater LA Health Sys, CA	Psychiatry

Anesthesiology – 13 Students

George Washington University of School of Medicine and Health Sciences
Iran University of Medical Sciences
Jagiellonian University Medical College
Medical School of Shanghai
New York Institute of Technology College of Osteo.
New York Medical College (2)
Northwestern University - Feinberg
Pennsylvania State Univ.
Univ. at Buffalo SUNY School of Med.
University of Rochester School of Medicine and Dentistry (2)

Dermatology – 3 Students

George Washington University School of Medicine and Health Sciences
University of Rochester School of Medicine and Dentistry (2)

Emergency Medicine – 14 Students

Case Western Reserve University School of Medicine
Georgetown University School of Medicine
George Washington University School of Medicine and Health Sciences
Lake Erie College of Osteopathic Medicine
Mercer University School of Medicine
Pennsylvania State University College of Medicine
State University of New York Upstate
University of Iowa Roy J. and Lucille A. Carver College of Medicine
University of Missouri – Kansas City School of Medicine
University of Wisconsin School of Medicine and Public Health
University of Virginia School of Medicine
University of Toledo College of Medicine
University of Vermont College of Medicine
Western University of Health Science College of Osteo Medicine of the Pacific

Family Medicine – 12 Students

Jagiellonian University Medical College (2)
Lake Erie College of Osteopathic Medicine (2)
School of Medicine at Stony Brook University Med Center
State University of New York Upstate
Tufts University School of Medicine
University at Buffalo State University of New York School of Med
University of Chicago – Pritzker School of Medicine
University of Rochester School of Medicine and Dentistry
University of Texas Medical Branch at Galveston
Wayne State University School of Medicine

Internal Medicine/Pediatrics – 8 Students

Michigan State University College of Human Medicine
Tufts University School of Medicine
University of Colorado School of Medicine
University of Minnesota Medical School (2)
University of Texas Medical Branch at Galveston
University of Texas School of Medicine at San Antonio
University of Toledo College of Medicine

Internal Medicine – Preliminary – 5 Students

State University of New York Upstate
Tufts University School of Medicine
University of Hawaii – Burns School of Medicine
University of Rochester School of Medicine and Dentistry (2)

Internal Medicine – 18 Students

Mount Sinai School of Medicine
New York Medical College
Pennsylvania State University College of Medicine
State University of New York Upstate (5)
Tulane University School of Medicine
University at Buffalo State University of New York School of Medicine
University of Iowa
University of Minnesota School of Medicine
University of Rochester School of Medicine and Dentistry (3)
University of Texas Southwestern Medical Center at Dallas
University of Texas School of Medicine at San Antonio
West Virginia School of Osteopathic Medicine

Internal Medicine – Primary Care – 4 Students

School of Medicine at Stony Brook University Medical Center
University of Maryland School of Medicine
University of Rochester School of Medicine and Dentistry (2)

Neurology – 6 Students

Ohio State University College of Medicine
State University of New York Downstate
University of Minnesota Medical School
University of North Carolina at Chapel Hill
University of Rochester School of Medicine and Dentistry (2)

Child Neurology – 2 Students

Hofstra North Shore LIJ School of Medicine
Vanderbilt University School of Medicine

Neurological Surgery – 2 Students

Geisel School of Medicine at Dartmouth
University of Rochester School of Medicine and Dentistry

Obstetrics/Gynecology – 8 Students

The Commonwealth Medical College
Medical College of Georgia at Georgia Regents University
Pennsylvania State University College of Medicine
University of Minnesota Medical School
University of New England College of Osteo
University of North Carolina at Chapel Hill School of Medicine (2)
University of Wisconsin School of Medicine

Orthopaedic Surgery – 6 Students

State University of New York Upstate (2)
University at Buffalo State University of New York School of Medicine
University of Rochester School of Medicine and Dentistry
University of Texas School of Medicine at San Antonio
Washington University in St. Louis School of Medicine

Otolaryngology – 3 Students

Ohio State University College of Medicine
University of Chicago – Pritzker School of Medicine
University of Washington School of Medicine

Pathology – 4 Students

King Edward Medical College
Lake Erie College of Osteopathic Medicine
Texas Tech University Health Sciences Center Paul L. Foster School of Medicine
University of Aleppo

Pediatrics – 14 Students

Case Western Reserve University School of Medicine
Jagiellonian University of Medical College (3)
Pennsylvania State University College of Medicine
Oregon Health and Science School of Medicine
Rutgers Robert Wood Johnson Medical School – Piscataway
State University of New York Upstate (3)
University at Buffalo State University of New York School of Medicine (2)
University of Texas Medical School at Houston

Physical Medicine and Rehabilitation – 3 Students

Albany Medical College
DesMoines University College of Osteopathic Medicine
Morehouse School of Medicine

Psychiatry – 8 Students

Albany Medical College
Drexel University College of Medicine
Ponce School of Medicine
State University of New York Upstate
University at Buffalo State University of New York School of Medicine
University of Rochester School of Medicine and Dentistry (2)
University of Tennessee Health Sciences Center College of Medicine

Radiation Oncology – 2 Students

Tulane University School of Medicine
University of Mississippi School of Medicine

Diagnostic Radiology – 9 Students

Jagiellonian University Medical College
Michigan State University College of Osteo
Rutgers New Jersey Medical School
State University of New York Upstate
Universidad Central del Caribe School of Medicine
University of California, San Diego
University of Kansas School of Medicine
University of Michigan Medical School
Western University of Health Sciences College of Osteo

Surgery – 6 Students

Boston University School of Medicine
Case Western Reserve University School of Medicine
Chicago Medical School at Rosalind Franklin
Raymond and Ruth Perelman School of Medicine at University of Pennsylvania
State University of New York Downstate
University of Alabama School of Medicine

Surgery Preliminary (Urology) – 2 Students

Robert Wood Johnson Medical School – Piscataway
University of Rochester School of Medicine and Dentistry

Thoracic Surgery – 1 Student

Howard University College of Medicine

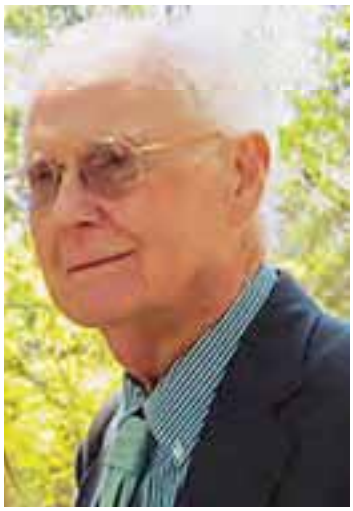
Plastic Surgery – Integrated – 2 Students

Temple University School of Medicine
University of Rochester School of Medicine and Dentistry

Michael Bryson, MD

Michael Bryson, MD, an outstanding pediatric endocrinologist and longtime faculty member beloved by the children and families in his care, passed away November 22, 2015.

Born in Brooklyn, N.Y., Dr. Bryson earned his bachelor's degree in Chemistry from Cornell University and his medical degree from Columbia University College of Physicians and Surgeons in 1957. He later served in active duty in the U.S. Air Force, and continued to serve in the Reserves, retiring at the rank of Colonel in 1984.



He spent the majority of his medical career in Rochester as a URMC attending physician and faculty member through the 1980s, and as a physician in occupational medicine for the Eastman Kodak Company until retiring in 1998. At the Medical Center, Dr. Bryson is best remembered for his work to expand the reach and capabilities of the Pediatric Nephrology Clinic.

"His vision and efforts to improve the quality of care for children on dialysis, and for those awaiting and receiving transplants, was nothing short of exemplary," said Elizabeth "Lissa" McAnarney, MD (Flw '70), professor and chair emerita of the Department of Pediatrics. "Much of the way the clinic operates today can be traced back to his work in those days to better meet the unique physical, educational, social and emotional needs of this high-risk population of kids and families."

A heart attack in the late '80s forced Dr. Bryson to cut back on his work, and transition to a role at Kodak, but not before he had left an indelible impression on the Department of Pediatrics, and those who worked and trained alongside him.

"I began working with Mike in the Pediatric Nephrology Clinic after I finished my master's in Pediatrics back in the late '70s and it was clear to see how beloved he was by the families he served so tirelessly," recalled Beverly Faro, RN, MS, PNP, now program coordinator for the Monroe County Department of Health Nurse Family Partnership Program. "When he received a small grant from the Knights of Pythias, we began holding a monthly diabetes clinic on Saturdays, which filled a huge gap for families, and was met with a great response. Like many other initiatives propelled by Mike's ambition and positive spirit, the program just continued to evolve from there."

While in Rochester, Dr. Bryson was a founding member of the Perinton Presbyterian Church and a faithful member of the choir. He volunteered throughout the community and was a former chairman of the board of directors of the ARC of Monroe County. His first wife Barbara passed away in 1992, and in 1998, he moved to Bronxville, N.Y., with the second love of his life, Laura, where they enjoyed golfing, bird-watching and scuba diving, and spending time with their children and grandchildren.

Nancy Yanes-Hoffman

Nancy Yanes-Hoffman '50, '68 (MA), the wife of clinical professor emeritus of Medicine Marvin J. Hoffman '45, '50M (Res), and a passionate advocate for medical student education, passed away on May 29, 2016.

The former president of NYH Healthcare Communications Group, she was a highly accomplished author, medical writer, and preventive health expert. She was also one of the first full-time female faculty members at St. John Fisher College, where she taught 18 years as a beloved professor of English.

Born and raised in Newton, Mass., Mrs. Hoffman earned her bachelor's degree in 1950 and her master's degree in English in 1968, both from the University of Rochester, with high distinction. Known professionally as "the writing doctor," she dedicated her career to improving physician-patient communication. She lectured worldwide and authored several books, including *Change of Heart: The Bypass Experience.* Among other accomplishments, she was a weekly book reviewer for the Los Angeles Times and most recently served as senior medical writer for *U.S. News & World Report.* She appeared on *Oprah* Winfrey's Chicago-based program and on *Larry King Live.*

Her husband Marvin, who earned his bachelor's degree from the UR in 1945, is the former senior medical director at Excellus Blue Cross/Blue Shield of Rochester, where he played an integral role in establishing its first health maintenance organization, Blue Choice. In 1951, he opened his medical practice in Rochester and was named instructor of Medicine at the School of Medicine and Dentistry. After his promotion to clinical professor in 1984, he accepted a post as the first full-time physician at Blue Cross/Blue Shield, where he worked until his retirement in 2008.

Throughout their lives, the Hoffmans have been fierce supporters of medical student education. In 1972, a grateful family, who had been former patients, established the Nancy and Marvin Hoffman Medical Scholarship at the School of Medicine and Dentistry. The fund—which continues to be supported by friends, former patients, and the Hoffmans—has supported dozens of Hoffman Scholars on their way to becoming prominent physicians. A separate fund at the Rochester Area Community Foundation, also started by former patients, underwrites the University's Dr. Marvin Hoffman Day, an annual event featuring clinical lectures by world-renowned speakers.

Morris Shapiro, MD

Longtime faculty member Morris J. Shapiro, MD ('33, '34M), a professor of Emergency Medicine and professor emeritus of Surgery, died Feb. 25, 2016 at the age of 102.

Dr. Shapiro was the oldest active faculty member at URMC. As recently as January, he was still participating in the education of residents and medical students, attending lectures, and presenting grand rounds.

He leaves a legacy as a revered physician, colleague, mentor and friend to many in the Rochester community, said Michael F. Kamali, MD, chair of the URMC Department of Emergency Medicine.

"Dr. Shapiro had a never-ending love of teaching and learning, and throughout his career and to the very end of his life, he was always curious and inquisitive," Kamali said. "To those of us in medicine, he constantly reminded us that we are caring for people with particular diseases and conditions, not just treating a disease. His passion for medicine and his philosophy of compassionately caring for each individual continues to inform how we practice."

A native Rochesterian, Dr. Shapiro received a full scholarship to attend the University of Rochester in the first class on River Campus. He graduated Phi Beta Kappa in just three years with a bachelor's degree in Biology in 1933, using his fourth year to earn a master's degree in Chemistry. He went on to attend medical school at Jefferson Medical College in Philadelphia, graduating in 1938.

He began practicing medicine as a military surgeon in the U.S. Army during World War II, serving in Africa and Italy. He led the surgical team of the 16th Evacuation Hospital in northern Africa and Italy.

It was during the war that Dr. Shapiro met his wife, Miriam, who was a nurse serving on a ship sent to support the Allied troops. When her ship was sunk off the Italian coast, she and the surviving nurses rowed ashore and set up their hospital. After the war, Mrs. Shapiro taught Biology at the UR and maintained incredible scientific interests that included many travels.

Dr. Shapiro worked at Rochester General, Genesee and Strong Memorial hospitals. He established Rochester's first free clinic for the early detection of breast cancer. He served as a general surgeon in the URMC Department of Surgery until his "retirement" 30 years ago, when he began work in Emergency Medicine, practicing and most recently teaching through January of this year.

Colleagues recall Dr. Shapiro as a gifted clinician who had extraordinary rapport with patients and equally impressive technical skill in the operating room.

"It made him a great teacher, with broad knowledge of medicine, surgery, and human nature," said colleague and close friend Joel Pasternack, MD, PhD, professor of Clinical Emergency Medicine, who met Dr. Shapiro in 1979 when Pasternack was a resident in training,

"Morrie demonstrated all the characteristics we're teaching the medical students today—medical knowledge and technical skill, but also respect for colleagues and other health care professionals, and sensitivity to patient and family needs."
His outlook on life and his work made him a role model for all who knew him.

"You don't get to be 100 by being negative, but by looking on the bright side, giving others the benefit of the doubt, and doing your best every day," Pasternack said.

Anthony P. Tartaglia, MD

Anthony P. Tartaglia ('58 MD), the son of an Italian immigrant who rose to become a prominent blood disease specialist and dean of Albany Medical College, passed away March 21, 2016.

Dr. Tartaglia was a graduate of Albany High School and Union College and earned his medical degree at the University of Rochester in 1958, where he was elected to the Alpha Omega Alpha Honorary Society. After completing his residency in Albany, and a fellowship in Hematology, he began a long association with Albany Medical Center Hospital. He served as the hospital's head of Hematology in the early '70s before becoming chief of Medicine at St. Peter's Hospital. He rejoined Albany in 1984 as senior vice president for patient care, and in 1987 was named executive director of the hospital. He served as dean of Albany Medical College from 1990 to 1995, where he oversaw the activities of 500 medical students and 100 graduate students, and was credited with recruiting outstanding faculty and highly credentialed department chairs.

Known for his ability to "make blood interesting" and inspire medical students, residents, fellows and staff toward their career pursuits, Dr. Tartaglia was also known for his rapport with patients, and for teaching others how to communicate with thoughtfulness and compassion. In particular, he provided an example for students on how to discuss end-of-life issues and other difficult concerns with patients and families.

Throughout his career, he received numerous awards and recognitions, and a scholarship in his name was established at Albany Medical College. He and his wife Jeanne remained lifelong champions of medical education and maintained close ties with his Rochester alma mater as well.

With an outgoing personality and friendly demeanor, he demonstrated an unwavering love of life through travel, art, opera, friends and family. He especially relished his many trips to Italy with Jeanne, his children and grandchildren.

Photo: Dr. Tartaglia and his wife Jeanne celebrated the 55th reunion of the class of 1958 in Rochester in 2013.

David A. Weber, MD

Nuclear Medicine physicist and alumnus David A. Weber, (PhD '71), who worked at URMC from 1970 to 1987, died at his Pittsford home March 31.

Dr. Weber was a scientist, educator, and an international expert in radiation dose measurement. At URMC, he served as an associate professor in the Department of Radiology, now called Imaging Sciences, and was acting chief of the Division of Nuclear Medicine from 1974 to 1975.

In 1978, he received the National Institutes of Health Fogarty Senior International Fellowship to study bone repair in elderly adults with hip fractures at Lund University Hospital in Sweden. Imaging Sciences chair David Waldman, MD, PhD, was Weber's last graduate student at URMC and has fond memories of his mentorship.

"He was an all-around good guy who focused on honesty and integrity in all that he did," Waldman said. "His tutelage helped shape my career, and there were so many others who benefited from his expertise and leadership."

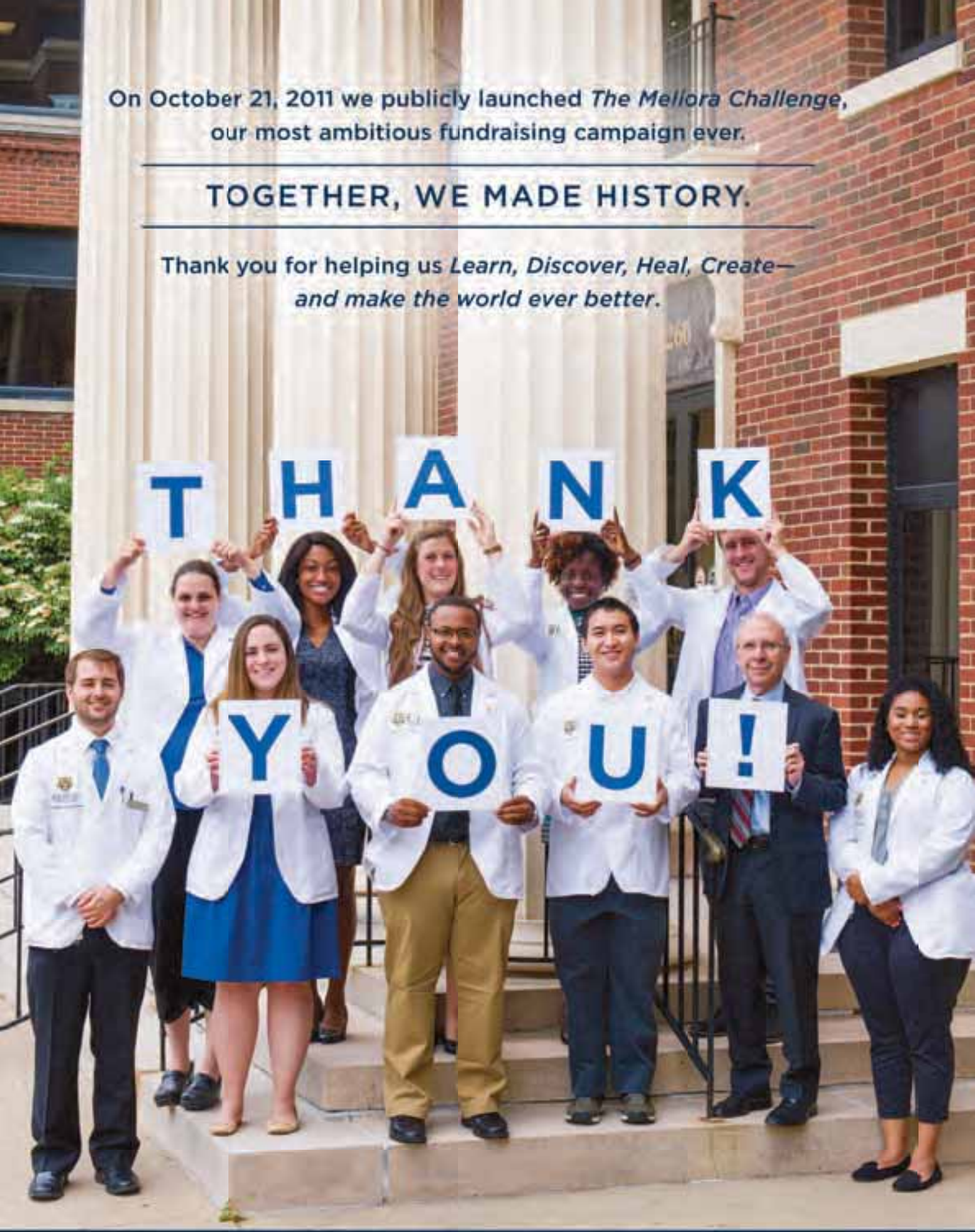
A graduate of St. Lawrence University, he earned a doctorate in Radiation Biology and Biophysics at the UR School of Medicine and Dentistry in 1971, and completed fellowship training in Biophysics at Roswell Park Cancer Institute.

He served as a technical expert for the International Atomic Energy Agency and chaired the Society for Nuclear Medicine's Medical Internal Radiation Dose Committee, compiling a widely-used handbook of radionuclide usage.

Weber also led research and worked at Memorial Sloan-Kettering Cancer Center, Rochester Institute of Technology, Brookhaven National Laboratory, SUNY-Stony Brook, University of California-Davis, and the Department of Veterans Affairs in Bedford, Mass., and Washington, D.C., before retiring in 2006.

In Memoriam

Carolyn Albrecht (MD '50)
Stuart A. Babcock (MD '64)
Richard F. Bakemeier ('52, MD '57)
Alfred K. Bates (MD '46)
David W. Bentley (MD '63)
William H. Bergstrom (MD '45)
Bruce Scott Brown (MD '63, Res '64)
Michael F. Bryson (Res '62)
Jose F. Calimlim (Res '72)
Stephen F. Cleary (MS '60)
James Monroe Cole ('44, MD '46)
Robert W. Coon (MD '44)
Emmett R. Costich (Res '47, MS '49, PhD '54)
Robert Olsen Crapo (MD '69)
John J. Culligan ('46, MD '48)
John Paul D'Souza (Res '74)
Frederick J. Duhl (Res '55)
Thomas S. Ely (MS '63)
Donald L. Errante (MD '60)
Thomas Charles Fearon (PhD '75)
Joseph H. Field (Res '56)
F. Joseph Flatley (MD '54, Flw '59)
George William Fouse (MS '76, PhD '78)
David Ramsey Gair ('49, MD '53)
John Robert Goff (MD '51)
E. Bruce Hallett (MD '46, Res '53)
John G. Hamilton ('44, MD '46, Res '53)
Robert J. Hanss (MD '61)
James L. Harrington (MD '49, Res '50)
Arthur Lyman Haskins ('38, MD '43)
Samuel J. Hessel (MD '68, Res '69)
Thomas Hyslop (MD '64)
Robert E. Hyatt ('46, MD '49)
John Foster Irwin (PhD '70)
Robert O. Jensen (MD '55)
Theodore Inslee Jones (Res '59)
Francis Michael Kelley (Res '72)
Charles Kennedy (MD '45)
David Lee Klawon (MD '72, Res '76)
Martin R. Klemperer (Res '60)
Jan Leard-Hansson (Res '01)
John W. Mill ('49, Res '58)
John C. Moench (MD '45)
Kenneth J. Monty (PhD '56)
Gardner N. Moulton (MD '50)
Janet Elaine Olson (MD '74)
Lisa Jo Palmer ('91, MPH '93)
Leon Peltz (Flw '86)
John Polio (Res '86)
Paul E. Reeves (MD '49)
Paul S. Rohwer (MS '61, PhD '67)
Carlton W. Shaw (MD '53)
J. Darrell Shea (MS '56, MD '60)
Paul O. Simenstad (MD '54)
Burton Lyle Speiser (Res '74, MS '77, Flw '83, Res '93)
Richard O. Spertzel (MS '62)
Carlton C. Stewart (MS '64, PhD '67)
Scott VanWagenen Sutton (MS '84, PhD '87)
Richard P. Taber (MD ' 48)
Anthony P. Tartaglia (MD '58)
A. Raymond Terepka (MD '51)
B. Robert G. Thomas (PhD '55)
John Patrick Tischio (PhD '71)
Richard B. Tobin (MD '49)
David Alexander Weber (Res '71, PhD '71)
Jay B. Wells (PhD '64)
James F. Whitacre (MS '48)
Joseph L. Williams ('52, MD '56)
Peter M. Winter (MD '62)
Clyde Y. Wu (Res '58)
J. Robert Yoder (MD '54)



UNIVERSITY of ROCHESTER MEDICAL CENTER | The MELIORA CHALLENGE

campaign.rochester.edu

UR MEDICINE

MEDICINE *of* THE HIGHEST ORDER

University of Rochester
School of Medicine and Dentistry
601 Elmwood Avenue, Box 643
Rochester, NY 14642