

# Columbia Medicine

Columbia University Vagelos College of Physicians & Surgeons

SPRING/SUMMER 2022

## Patients as Teachers

Searching for  
answers to  
rare diseases

## Mailman Centennial

MDs with  
MPH degrees



*“Let’s expand  
our greatness to  
benefit everyone.”*

**KATRINA ARMSTRONG,**  
NEW VP&S DEAN

## Dear Readers,

My first few months as dean and CEO of this legendary medical school and medical center have only reinforced my decision to join Columbia and embrace my new home, New York City. To be a part of such a vibrant city and campus generates a special energy that I know you can appreciate from your own unique experiences here.

My career-long passion in academic medicine has been to expand our opportunities to benefit greater numbers of people. Every day in Columbia labs, hospital rooms, doctor's offices, and classrooms, we produce superb science, successful patient outcomes, and a great rising generation of physicians and scientists—as we always have. But we have come to an important point in our history where we must turn our attention to not just producing greatness, but also ensuring that it benefits everyone. This focus on diversity, inclusion, and equity is the signature movement of our time, one underscored by the stark health care disparities and racism revealed by the pandemic. We are an incredible community capable of rising to these challenges: If we can eradicate disease, we also have the power to eradicate racism and inequity in health care.

Inside this issue, you will read a few examples of how we are meeting this challenge: medical students devoted to ensuring anti-bias in the curriculum, vision screening for vulnerable populations in our community, a program that gives hope to patients with rare diseases, and VP&S graduates who have embraced the intersection of medicine and public health to help individual patients and entire populations. These programs touch the education, research, clinical care, and community missions that make academic medicine one of the wonders of our time. I am so grateful to have a chance to be along as we seize the possibilities that our future holds, and I look forward to working with our faculty, staff, trainees, students, alumni, and other supporters who believe as strongly as I do in the potential of academic medicine.

All my best,



**Katrina Armstrong, MD**

Dean



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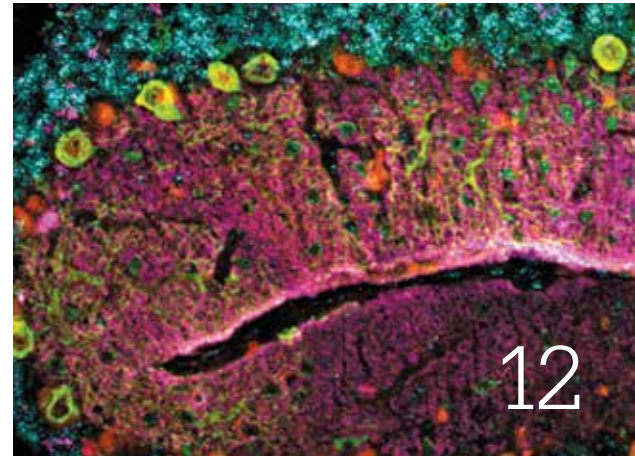
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## Katrina Armstrong, MD

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## Class of 2025: Class Oath

Thanks for sending Fall/Winter 2021. I was particularly interested in the Oath drafted by the Class of 2025. Nicely written, with appropriate reference to issues of the day, including justice, equity, diversity. I was sorry, though, not to see any acknowledgement of the major problems (cost, un- and under-insured, job lock, etc.) in the health care system they are about to enter. Lots of mention of "my patients" (3), "individuals...I will serve," "my future patients," "our patients," "relationships I build with patients" but precious little about how their generation might finally make up for my generation's failure to ensure that all Americans have a doctor and equitable care.

Daniel C. Bryant'65

## Class of 1921: Inquiry About Photo

I am writing with an inquiry about the picture and accompanying brief article about women at VP&S in the 2020-2021 VP&S Annual Report (page 30). The article states that Gulli Lindh Muller graduated first in the class of 1921, which included a total of six women. However, the picture, which does identify six women, does not identify Dr. Muller. It is labeled Class of 1921. Furthermore, it includes the famous Dr. Armand Hammer, who did graduate in 1921. What gives?

Robert Meyers'76



*Editor's response:*  
*The Class of 1921 had two group photos taken. The group photo we have always used to illustrate the first coed class does not show Dr. Muller, as you note. She appeared in the*

*other photo, but that photo appears to consist of several photos pasted together. (Dr. Muller is on the right in the photo above.) We did include a photo of Dr. Muller in the Spring/Summer 2021 issue's article about the centennial of women medical graduates.*

*It is interesting to note that the group photo we used in the magazine and the annual report shows six women, but not all of those women graduated in 1921. Some dropped out and other women joined the class in later years.*

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## The New Dean: Katrina Armstrong, MD

VP&S Alumni  
Describe an  
“Inspirational,”  
“Transformational,”  
“Empathetic” Leader

**T**he route Katrina Armstrong took from her teenage years in Alabama to her appointment as dean of the Vagelos College of Physicians and Surgeons and chief executive officer of Columbia University Irving Medical Center has been filled with eye-opening first impressions.

Shortly after moving to Tuscaloosa, Alabama, from Buffalo, where snow is a normal part of winter, she learned that just a bit of snow in the South can close school for a week. She learned that the hard way after waiting at the school bus stop for three hours. At Johns Hopkins, she interviewed for medical school on the day of a heavy snowfall. She

was unable to find a taxi, so her interviewer gave her a lift to the train station—then mailed back the gloves she left in his car, along with a handwritten note. Her first day as chair of medicine at Massachusetts General Hospital was the day of the Boston Marathon bombing, and she saw the best that academic medicine has to offer. “The energy changed across the hospital, people stood up, and everyone came together to take on the challenge.”

Dr. Armstrong didn’t have to wait until her March 1, 2022, start date to develop an impression of Columbia’s academic medicine enterprise. “The scientific mission of this institution, this campus, is unparalleled,” she said in a February interview. “Everywhere I turn is a scientist advancing how we understand disease, biology, health. My initial experience has been truly overwhelming in terms of the incredible talent that exists across this campus, across the university, on every level.”

What she wants to happen next is her signature passion: “The commitment to having an impact in our community needs to be grounded in the values that we have a responsibility to ensure that our scientific and medical advances reach everyone.” Her passion for health equity stems from those years in Alabama, where she saw the effects of structural inequity and divisions in race, economics, and urban vs. rural. “It was one of the most formative parts of my journey. It has driven everything that I’ve done since. It proved the adage that talent is equally distributed, but opportunity is not.”

Her commitment to moving medicine forward is equally at the forefront of her aspirations for academic medicine. “Too many people still die of cancer. We have to constantly be driving these fields forward to make a difference in Alzheimer’s, in any form of neurological disease, in our basic ability to prevent the complications of diabetes, how we ensure children stay healthy. There’s so much to do.

“We have a social responsibility to be thinking about how care should be done, where should we



JORG MEYER

go. As soon as somebody has a family member who's sick, you understand that so deeply, because you just want them to have the best possible chance."

Dr. Armstrong joined Columbia, CUIMC, and VP&S after eight years at Mass General, where she was the first woman to chair the Department of Medicine. At Columbia, she is the first woman to serve as dean of VP&S and CEO of the medical center.

Her role at Mass General followed 17 years at the University of Pennsylvania, where she rose through the ranks from physician scientist fellow to full professor with leadership roles as chief of general internal medicine, associate director of the cancer center, co-director of the Robert Wood Johnson Foundation Clinical Scholars program, and director of research at the Leonard Davis Institute of Health Economics.

At Mass General from 2013 until earlier this year, Dr. Armstrong led a department that records 1.2 million ambulatory visits annually, and she oversaw the work of 2,000 faculty, residents, and fellows in 10 clinical divisions and 11 research units. She also oversaw the

department's educational programs in undergraduate and graduate medical education. She was a faculty member in Harvard Medical School and the Harvard T.H. Chan School of Public Health.

At Columbia, her formal titles are Executive Vice President for Health and Biomedical Sciences, Dean of the Faculties of Health Sciences and the Vagelos College of Physicians and Surgeons, Chief Executive Officer of Columbia University Irving Medical Center, and the Harold and Margaret Hatch Professor in the Faculty of Medicine.

In announcing Dr. Armstrong's appointment, Columbia University President Lee Bollinger described her contributions to academic medicine. "As a leader in academic medical education and leadership, Dr. Armstrong has prioritized advancements that strengthen patient-centered care, promote innovative educational programs, and support advancement for junior faculty."

VP&S alumni who have worked with Dr. Armstrong at Mass General reinforce the contributions she made there and envision what VP&S might look like under her leadership.

## Katrina Armstrong, MD

**BORN:** New Haven, Connecticut, but raised mostly in Alabama

### EDUCATION:

- BA, Architecture, Yale University
- MD, Johns Hopkins University
- MS, clinical epidemiology, University of Pennsylvania

### TRAINING:

- Internal Medicine Resident, Johns Hopkins
- Chief Resident, Medicine, Johns Hopkins
- Physician Scientist Fellow, General Internal Medicine, University of Pennsylvania

### FACULTY:

- Clinical faculty, Medicine, Greater Baltimore Medical Center, 1994-1995
- University of Pennsylvania, 1998-2013. Titles ranged from assistant professor of medicine and assistant professor of biostatistics and epidemiology to professor of medicine and professor of obstetrics & gynecology. She also was chief of general internal medicine, associate director of the Abramson Cancer Center,

co-director of the Robert Wood Johnson Clinical Scholars Program, and director of research at the Leonard Davis Institute of Health Economics.

- Jackson Professor of Clinical Medicine at Harvard Medical School, Physician-in-Chief of Harvard-affiliated Massachusetts General Hospital, and Professor of Epidemiology at the T.H. Chan School of Public Health at Harvard, 2013-2022 (member of Board of Trustees at Massachusetts General since 2017)

**ELECTED MEMBER:** National Academy of Medicine, the American Academy of Arts and Sciences, the Association of American Physicians, and the American Society for Clinical Investigation

**CURRENT EDITORIAL BOARD MEMBER:** Journal of the American Medical Association

**KNOWN FOR:** She is an internationally recognized investigator in medical decision making, quality of care, and cancer prevention and outcomes, an award-winning teacher, and a practicing primary care

physician. She has conducted innovative research that has helped transform understanding of cancer, genomics, and health care disparities. She has identified ways to improve cancer care using observational data, modeling, and personalized medicine. Her work has focused on cancer risk and prevention in Black and Latinx patients, examined racial inequities in genetic testing and neonatal care, and analyzed the roles that segregation, discrimination, and distrust play in the health of marginalized populations. Her most recent research studied disparities in rural areas and include partnerships with Lakota tribal communities and organizations in western South Dakota.

**AWARDS:** Outstanding Junior Investigator of the Year Award from the Society of General Internal Medicine, Outstanding Investigator Award from the American Federation of Medical Research, and the Alice Hersh Award from Academy Health

**FAMILY:** Husband Tom Randall, MD, a gynecologic oncologist, and three adult children



Katrina Armstrong at a welcome assembly Feb. 28

**David F.M. Brown'89**, president of Massachusetts General Hospital and the Trustees Professor of Emergency Medicine at Harvard Medical School, called Dr. Armstrong an extraordinary and inspirational leader whose tenure as chief of medicine at MGH was marked by remarkable growth in all aspects of the mission. "She restructured the teaching service, enhanced mentorship for clinicians and scientists, and expanded our commitment to diversity and health equity in tangible ways. Her impact here will be felt for years to come and I am sad to lose easy access to a dear friend, confidant, and inspiration but am also thrilled for VP&S to have recruited such a transformative leader."

**Meghan Sise'09**, assistant professor of medicine and a nephrologist at MGH, described Dr. Armstrong's commitment to the career development of trainees and junior faculty. "She established numerous mentoring programs, networking opportunities, and novel funding opportunities to support junior investigators at MGH. Her brilliance and vision are balanced with her approachable and light-hearted nature, making her an empathic and inspiring leader."

**Hank Kronenberg'70**, professor of medicine at Harvard and former chief of the endocrine division at Mass General: "Like all P&S graduates I know at MGH, I'm jealous! Katrina Armstrong has a way of imaginatively restructuring organizations to bring out the best in people. P&S is quite different from when I was there, but every organization can use some shaking up. Katrina will do that, but gently and always with a smile!"

**Christiana A. Iyasere'02**, executive director of the MGH Department of Medicine Innovation Program, said Dr. Armstrong's pragmatic and inspirational leadership style will be missed at MGH. "I worked closely with Dr. Armstrong over the past five years to create a successful platform for investment in promising translational science in the Department of Medicine. Through that relationship I can attest to her energy, enthusiasm, and dedication to the practice of medicine and the research community that moves the field forward. Katrina worked to elevate the careers and opportunities for women and was a staunch advocate for creating a more inclusive and diverse community for both clinicians and our patients. She emphasized the importance of collaboration and community in times of adversity and led us through the uncharted waters of the COVID pandemic."

**Jules L. Dienstag'72**, the Carl W. Walter Professor of Medicine at Harvard, called Dr. Armstrong a transformational leader who brought a new paradigm of exciting and creative engagement to her role as chair of medicine. "She gave so much of herself and modeled for us the important message that being a good doctor, physician scientist, and/or leader has to be grounded in being a good person. Never before had we seen a Department of Medicine

chair so engaged at a very personal and individual level with our many divisions and with our faculty. She was exactly the right person for our time, and one of her most indelible and visible legacies was her enlightened, effective leadership of our department, hospital, and medical school through an unprecedented pandemic."

**Jonathan Rosand'94**, holder of the J.P. Kistler (VP&S'64) Endowed Chair in Neurology at Mass General and a Columbia University Trustee, says Dr. Armstrong's values are clear to all who work with her. "Shortly after Dr. Armstrong had arrived at Mass General, I admitted a patient whom I knew would benefit from a visit from her. Despite having had few interactions with Dr. Armstrong, I picked up the phone and left a message with her office. By afternoon she was at the patient's bedside. Touching base with me on her way off the ward, she was grateful for my having called, grateful for having been given an opportunity to help a patient in need. Dr. Armstrong embraces the central role that trust plays in our excelling as healers, scientists, staff, and colleagues working side-by-side. It is hard not to link this value, along with her boundless intellectual curiosity and engagement, to the astonishing range of new collaborations and initiatives launched under her watch, from physician well-being to health care disparities to genomic medicine to transformational research partnerships."

**Stefanie Gerstberger'19**, a third-year internal medicine resident at Mass General, says: "I'm so excited that she is coming to Columbia; we are so lucky to have her lead P&S and CUIMC. She is such an incredible leader and at the same time is always down to earth, open, and approachable to all of us. Residents could just walk into her office and pitch an idea or raise a concern. She cares for health disparities and access to health care for all patients. At the same time, she has an academic focus on strengthening the support of physician scientists and academic research and in particular women in medicine. She rolled out grants for research support for women in their research years during maternity, recognizing the challenges of being a parent and trying to complete a research project. She challenged us in every conversation around science and medicine to think outside of the box and to think about what has to happen to tackle a problem for the next discovery and innovation in medicine."



THE WHITE HOUSE

## ▲ Act Honors Lorna Breen, MD

The **Dr. Lorna Breen Health Care Provider Protection Act** was signed into law in March 2022 by President Biden. The act is named for the late Lorna Breen, MD, a Columbia emergency medicine physician who died in 2020. The act will offer federal funding for mental health education and campaigns to protect the well-being of health care workers. President Biden was joined at the signing by Congressional representatives, the Health and Human Services secretary, and members of Dr. Breen’s family.

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## VP&S Now Ranked #3

The **U.S. News & World Report** medical school rankings announced in March showed VP&S reaching its highest ranking ever—No. 3 among research-oriented medical schools. VP&S shares the No. 3 spot with Johns Hopkins and the University of California, San Francisco. VP&S moved up from No. 4 last year. Dean Katrina Armstrong, MD, acknowledged the contributions of Dean Emeritus Lee Goldman to the medical school’s rise in the rankings over the years. VP&S ranked No. 11 when Dr. Goldman became dean in 2006. He stepped down as dean in 2020.

## Transitions

**Every year**, second-year medical students participate in the Steven Z. Miller Student Clinician’s Ceremony to mark the transition from classroom-based instruction to patient-centered training.

The White Coat Ceremony for this class was virtual (in August 2020), so the April transition ceremony provided the first opportunity for faculty members to cloak the students in their white coats. The class members also wrote their own class oath to better represent their values and commitment to medicine and serving underserved populations.

The Steven Z. Miller Student Clinician’s Ceremony celebrates the start of each student’s Major Clinical Year, a series of rotations through different hospital and ambulatory settings, including NewYork-Presbyterian.

Hetty Cunningham, MD, associate professor of pediatrics at CUMC, represented the clinical faculty in giving remarks to the students. The class honored Alan Detton, PhD, assistant professor of pathology & cell biology at CUMC, with the Fundamentals Outstanding Teacher Award, which recognizes classroom teaching.



## Columbia-Bassett Program: 10 Years Later

Since welcoming its first students in 2012, the Columbia-Bassett medical student education program has embraced a simple premise: The health care system in the United States has room for improvement, and a tailored curriculum can prepare aspiring physicians to lead improvements of the well-being of patients and physicians.

The Columbia-Bassett program combines science-based coursework in Manhattan with clinical education at Bassett Medical Center in Cooperstown. A longitudinal integrated curriculum allows students to follow a panel of patients for a full year across specialties. In addition, students use Systems, Leadership, Integration, and Management (SLIM) modules to learn the tools and principles of process improvement.

The first class of 10 students began their major clinical year in Cooperstown in 2012. The program has a lot to celebrate one decade—and 70 graduates—later, says Henry Weil, MD, the chief academic officer at Bassett Healthcare Network and a

VP&S professor of clinical medicine who serves as senior associate dean for the program. “Our graduates know more about performance improvement than 99% of doctors of any age,” says Dr. Weil, who led development of the SLIM curriculum, which was expanded to all VP&S students in 2014.

A third training focus has emerged at Bassett in recent years. Known as LEC (Life Experiences Curriculum), the track prepares students to recognize and respond to the roots of emotional trauma underlying physical illness in people who might offer only subtle hints of emotional struggle. Maeve O’Neill’16 was in the first class at Columbia-Bassett; now a psychiatrist, she co-directs the LEC.

“Columbia-Bassett is really trying to consistently ask questions about what we can do better in medicine and medical education,” says Dr. O’Neill, who also leads the Bassett Research Institute’s nascent effort to understand how sub-clinical emo-



Henry Weil

tional and psychological stressors affect people living in the Cooperstown area and what the medical center can do to support their well-being.

The LEC origin story exemplifies the best of Columbia-Bassett, says Dr. O’Neill, who notes that students and faculty together identified the need for better training about trauma and its effect on clinical care. “It’s that ethos of looking at where we need to change and improve and really living that out, making those changes, that sets us apart.”

Sam Porter’16, also a member of the first Columbia-Bassett class, credits the program for setting the trajectory of his career. Now an assistant professor of medicine at the University of Colorado School of Medicine, Dr. Porter leads training programs in medical leadership and quality improvement for internal medicine residents. “Going through Columbia-Bassett made me realize that there’s a connection between getting to have a relationship with patients and being a transformative agent of change in health care,” says Dr. Porter. “If you have the tools to improve the system, you can make your patients’ outcomes better and safer, make the system work more efficiently, and design a system that gives you the time to connect with patients. It helped me see that vision not just for my career, but for how other physicians can have that power, too.”

— Sharon Tregaskis



Columbia-Bassett student Peter Suwondo with Daryl Gildenblatt, an obstetrician and gynecologist at Bassett Medical Center



GETTY IMAGES

## Columbia Tapped to Lead Preparations for Future Pandemics, Other Health Emergencies

**Stressing the importance** of preparing for future health emergencies, including pandemics, New York City selected a proposal submitted by ICAP at Columbia to lead a Pandemic Response Institute—PRI—to transform the way the city prepares for and responds to emerging health threats. PRI, supported by the New York City Economic Development Corporation, corporate and academic partners, and private donors, is intended to help reinforce and diversify New York City's public health infrastructure.

ICAP, located at the Mailman School of Public Health, partnered with the School of Public Health and Health Policy at City University of New York and a consortium of non-profit, community, and industry collaborators to submit the winning proposal to develop and manage the institute. Partnerships at Columbia University include the Mailman School of Public Health, the Fu School of Engineering and Applied Sciences, Columbia World Projects, and the Data Science Institute. Other collaborations are being sought within and beyond Columbia.

PRI plans to prepare for future emergencies by addressing gaps in the city's response to COVID-19 and critical needs for access, awareness, and preparedness across the five boroughs. "The COVID-19 pandemic has opened our eyes to the critical need for strong and vibrant multisector partnerships to effectively protect New Yorkers from emergent health threats," says Wafaa El-Sadr, MD, University Professor of Epidemiology and Medicine and director of ICAP and Columbia World Projects. "The Pandemic

Response Institute will create an unprecedented nexus for engagement, expertise, and resources from across our city and beyond that will enable us to equitably prepare, predict, prevent, detect, respond to, and recover from major health emergencies."

To prepare for threats that range from infectious disease outbreaks to climate-related health emergencies, PRI will develop best practices for responding to crises, which will include identifying innovations in technology and communications. The institute also will work with city institutions and community stakeholders to collate and analyze data, conduct simulations on the impact of interventions, and create forecasts of health, social, and economic impacts of public health emergencies, all taking into account social determinants of health and seeking an equitable response to such emergencies.

PRI will focus on data collection and analysis, epidemic modeling, technology innovation, training, and preparation of the health workforce. The primary goal is to reduce health disparities and build strong communication channels among stakeholders and community members to share information and build trust. As the pandemic evolves, PRI, with its emphasis on preparedness, will surge its activities to marshal expertise and resources from across the city and work with New Yorkers to develop and deploy locally tailored interventions, information, and capacity.

While PRI's current focus is on pandemics, its goal is to bolster the city's ability to respond to all kinds of health emergen-

cies, including climate change-related catastrophes such as the flooding that happened in the wake of Hurricane Sandy, which overwhelmed some of the same neighborhoods that have been hit hardest by the pandemic.

PRI builds on ICAP's long and successful track record of partnerships with governments, non-profit organizations, communities, and corporate entities worldwide. It also builds on ICAP's experience and expertise in global health security work around the world. The global organization has worked for decades to train and mentor tens of thousands of community health workers to take services to the people and build trust and confidence in the health system. According to Dr. El-Sadr, this framework will be key to the success of PRI and could provide a template for how cities and countries prepare for pandemics and other major health threats.

"We are committed to leveraging this powerful public health initiative to make a measurable difference in the lives of all the people of this great city," says Dr. El-Sadr. "At the same time, we are confident that this effort will serve as a model for other cities across the United States and beyond."

#### **PRI Director Named**

Mitch Stripling, MPA, is director of the PRI. He has served in multiple leadership roles in emergency management and disaster response, most recently at the Planned Parenthood Federation of America and previously at the NYC Department of Health and Mental Hygiene and the Florida Department of Health.

Mr. Stripling calls New York City the ideal setting to design and build a public health model that successfully incorporates the diverse voices of the city in a way that will be emulated around the world. "We are one city, but we are also a city of hundreds of unique neighborhoods. If we can figure out how to respond in a tailored way for each neighborhood in a true partnership, that will create lessons for large and small cities alike."

One priority for PRI is to identify and address workforce gaps related to the city's response to health emergencies, from operational support—getting people the food and health services they need—to high-level analysis by epidemiologists, engineers, and statisticians who are knowledgeable about specific neighborhood needs. To build on existing capacity around data collection and sharing, PRI will work with community partners to identify opportunities for technologies and innovations that reach people where they are in existing networks, such as large employers, unions, community centers, senior centers, and other places that have daily interaction with New Yorkers.

Research is an important part of the PRI mission. Researchers at Mailman and across Columbia, at CUNY, and at other partner institutions will work with the New York City Department of Health and Mental Hygiene and other city agencies to identify gaps in knowledge and priority areas for study. Research may involve using computer modeling to provide insights into hospital-

izations and deaths, scaling and testing systems for rapid-response planning and health information dissemination, and exploring such priority questions as the impact of long COVID-19.

As the infrastructure for the institute came together late last fall and earlier this year, Mr. Stripling described his vision for the institute and its potential to develop a clearer, more inclusive road to preparedness. "PRI is a unique pathway to not just learn how to respond to crises better but to prepare in a way that works directly with community groups, neighborhoods, and populations on the ground that are most impacted. This really requires a revolution in how we think about health response. It's not just about doing tasks better. We must think differently about these problems and solutions. This doesn't start in an ivory tower somewhere. It starts at the neighborhood level."

The institute's review of the COVID-19 response in New York City will include talking to the people and groups that have been affected to include their perspectives of the response and what will be needed in the future. "We will aim to establish a joint collaborative vision that will speak to the needs and the goals of the people who have lived through this pandemic," says Mr. Stripling. "A response that focuses on the social determinants of health needs to focus on the whole life cycle of a person, not just when they're sick, but all the dominoes that fall based on their actions and who they are."

Mr. Stripling notes that most people would agree that the country fell short in its pandemic response. "More than 800,000 Americans have lost their lives to COVID," he said in January, "and it's evident why this happened. Foundational public health

**"The COVID-19 pandemic has opened our eyes to the critical need for strong and vibrant multisector partnerships to effectively protect New Yorkers from emergent health threats."**

has been eroded for decades, and our ability to collaborate as a society has been frayed. The things that you measure in a health security index—how many hospital beds we have and how much money we spend on research, for example—can be off the charts, but if people don't trust that they are going to be taken care of, all this does not matter.

"A lot of organizations may focus solely on examining the data, but what we lack is an institute that has a broad perspective and a long reach. Having access to the diversity encompassed in New York City neighborhoods and vibrant civil society organizations as well as academic and corporate depth will put us in a unique position to both make the city an example of public health response and give our country lessons on how to do this better next time."

## Using Focused Ultrasound to Treat Tremor Disorders

**S**pend a day watching Gordon Baltuch, MD, PhD, at work in the ultrasound suite and it is easy to believe the neurosurgeon is at least part magician.

“For people with tremor, the result is instantaneous. They go into a machine, then they come out with a functional hand that doesn’t shake anymore,” says Dr. Baltuch, who joined VP&S to expand his pioneering work in the use of focused ultrasound to treat symptoms of essential tremor and Parkinson’s disease.

“It seems like magic.”

The technology behind focused ultrasound—a relatively new non-surgical treatment for essential tremor—is not based on magic, of course, but on physics and neuroscience.

Treatments of movement disorders seek to disrupt circuitry in the brain that is causing the tremor. But unlike deep brain stimulation, in which wires are surgically implanted in the brain to interrupt the circuits electronically, focused ultrasound accomplishes the same thing by directing soundwaves to the affected area. No surgery is needed.

Formerly director of the Penn Center for Functional and Restorative Neurosurgery, Dr. Baltuch has long been considered one of the nation’s leading-edge neurosurgeons, particularly in the use of deep brain stimulation to reduce tremor and other motor symptoms in people with movement disorders.

When focused ultrasound was approved in 2016 to treat essential tremor, Dr. Baltuch was eager to add the procedure to his repertoire. He developed Penn’s focused ultrasound program and has performed the procedure hundreds of times, with positive results.

At Columbia, Dr. Baltuch is co-chief of the Division of Functional Neurosurgery and professor of neurosurgery at VP&S.

Focused ultrasound is available only at select medical centers. Even though no incisions are made during focused ultrasound, only highly trained neurosurgeons can perform the procedure, in which sound waves are directed at the brain while the patient is inside an MRI machine.

Crucially, the patient is awake, which enables the neurosurgeon to control the intensity and location of the treatment, customizing the technique to each unique brainscape.

“You’re in an area of very high-priced real estate,” Dr. Baltuch says. “You can see where you’ve targeted and whether you’re suppressing the tremor before the patient leaves the machine. With focused ultrasound, you’re going to produce a result as good, if not better, than traditional techniques and much more safely.”

Dr. Baltuch has successfully performed the outpatient procedure on patients ranging in age from 21 to 94. And he is excited about what the treatment can mean for the nation’s approximately 12 million people with essential tremor and 1.5 million with Parkinson’s.

“Anyone who has essential tremor is a candidate for this procedure,” says Dr. Baltuch. “Typically, they’ve tried medications, and the medications have either stopped working or caused bad side effects.

“In medicine, it’s very rare to see such immediate effects from a treatment. To witness how people are changed: It’s just a complete privilege to be able to do this for people.”

— Tom Mellana

For more information or to refer a patient, call (212) 305-7349 or email [gb2774@cumc.columbia.edu](mailto:gb2774@cumc.columbia.edu).



ALLEN JIMMERSON

## Botulinum Toxin: An Effective Treatment for Sialorrhea

First used for the treatment of strabismus in children in the 1980s, injections with botulinum toxin (BoNT) have found myriad uses. One of these is for sialorrhea, or drooling, a frequent problem for many patients with neurological diseases, including about 70% to 80% of people with Parkinson's.

Sialorrhea has medical consequences, including infections, dehydration, and increased risk of pneumonia from inhaling saliva. It is most often caused by problems swallowing, not by excessive production of saliva.

Since the introduction of medical uses of BoNT injections in the 1980s, Seth Pullman, MD, professor of neurology and clinical motor physiologist at VP&S, has been using BoNT-B (rimabotulinumtoxinB or Myobloc) or BoNT-A (onabotulinumtoxinA or Botox) to treat patients for movement disorders, such as blepharospasm (a chronic twitching of the eyelids), torticollis (when the neck muscles contract and hold the head at an angle), and musician's dystonia (when fingers are pulled into abnormal positions). He also uses the injections to treat children with cerebral palsy.

The injections block nerve signals from reaching the muscles involved in the disorder, which relaxes the muscles and relieves symptoms.

"When it was noted that BoNT-B had an effect of causing dry mouth, many other neurologists and I considered the possibility of using it for sialorrhea and started to do so in the early 2000s," Dr. Pullman says. "The relief patients experience can be profound."

The effect of the injections is typically felt within five to 10 days of the first treatment.

Many physicians, even fellow neurologists, are unaware of the treatment, Dr. Pullman notes, but BoNT has advantages compared with anticholinergics, the standard treatment. Systemic or topical anticholinergics don't always help and have notable potential adverse effects, including confusion, memory loss, hallucinations, drowsiness, urinary retention, constipation, and blurred vision.

Anticholinergic medications often need to be administered several times per day to be effective, while a BoNT injection lasts about three months.

The injections are made near a patient's ear and sometimes under the jaw using a very fine needle. The toxin relaxes the muscles in the salivary glands and reduces saliva release.

"The injections may sting or burn for about five seconds, but that is usually the only side effect," says Dr. Pullman. Very rarely, weakness develops in nearby muscles that can result in trouble swallowing or moving the neck for a short time, "but these are not typical and can be related to the technique and skill of the injector."

Dr. Pullman says successful management of sialorrhea can alleviate the associated hygienic problems, improve appearance, enhance self-esteem, and significantly reduce caretaking time. — Jeff Ballinger

For more information, call (646) 426-3876.

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## Smarter Radiation Therapy for Cancer Patients

The latest advance in radiation therapy—using artificial intelligence to adjust treatments as needed without delay—is now available for select patients at Columbia. The new advance solves a long-standing issue in radiation oncology: the difficulty of adapting treatment to anatomical changes in the patient or the tumor that can occur during many weeks of therapy.

"Patients may undergo physical changes during radiation treatment—the size and shape of the tumor may start to change, the patient may lose weight, or nearby organs may shift position," says Tony Wang, MD, professor of radiation oncology at VP&S.

With the new system, known as adaptive online radiation therapy, patients undergoing weeks of radiation treatment may

have their treatment plan reassessed and optimized before every session, allowing the maximal radiation dose to be delivered to the tumor while reducing the dose to nearby healthy tissues.

At the beginning of each treatment, 3D CT imaging identifies changes in the patient's anatomy—including the tumor and nearby structures—that have occurred since the patient was last treated. A machine learning module then automatically recalculates the plan based on the patient's changed anatomy.

Each recalculated treatment plan is reviewed and approved by the radiation therapy team before it is implemented. The entire process adds only a few minutes to each treatment.

"The adaptive radiotherapy system predicts what the treatment team would do

when faced with the patient's anatomy on the day of treatment versus day zero, giving us the ability to align the plan to the patient," says Michael Price, PhD, associate professor of radiation oncology at VP&S and director of the system's installation at Columbia.

The adaptive radiotherapy system is being used to treat patients with anal, cervical, rectal, and prostate cancers, which are located near organs that frequently change in volume, such as the bladder, bowel, and colon. The system also may be used to treat head and neck cancers and other tumors that tend to shrink quickly when treated with radiation.

For more information, contact the Department of Radiation Oncology at (212) 305-7077.



Sally Jackson  
with her daughter,  
Susannah Rosen.

CHRISTOPHER RYAN JONES

# Patients as Teachers in Quest for Answers to Rare Diseases

**E**very year as part of the genetics block for first-year medical and dental students at Columbia, Wendy Chung, MD, PhD, the Kennedy Family Professor of Pediatrics in Medicine, includes a session she calls “Patient as Professor.” Since 2018, Luke Rosen has given the lecture, speaking on behalf of his family, including daughter Susannah, who was 2 years old in 2016 when Dr. Chung became her doctor.

Susannah has degenerative KIF1A Associated Neurological Disorder (KAND), a rare genetic disorder. Her diagnosis transformed her father from an actor and teacher into the co-founder of KIF1A.ORG, a \$1.5 million nonprofit patient advocacy group founded with his wife, Sally Jackson, to identify families with children like Susannah and create a community driven to urgently find a cure for their kids. “This mission to cure KAND and galvanize an ultra-rare disease community required critical guidance from Dr. Chung,” says Mr. Rosen.

In 2021, the day of Mr. Rosen’s annual lecture coincided with a school holiday, so he and Sally brought along Susannah (“Sus”) and her older brother, Nat. At the end of his talk, Mr. Rosen asked Sus if she wanted to add anything. The 7-year-old brunette rolled onto stage in her wheelchair, took the microphone from her father, and crooned one of her favorite Disney ballads—“Let It Go” from the movie “Frozen,” embellished with her own stylings. “Susannah is a pioneer,” says her father. “People who see how she communicates and how she sings, those people want to help her.”

Back in 2016, relatively little was known about the molecular mechanisms by which KIF1A would progressively steal Susannah’s words, her sight and mobility, and, most recently, even the restorative rhythms of a REM cycle. With no cure on Susannah’s horizon, her parents clung to hope. They asked Dr. Chung what they could do to extend her quality of life. Find more people

**National Organization Recognizes Columbia's Excellence in Tracking Clues to Elusive Genetic Mysteries**

**By Sharon Tregaskis**

**“It gives me great hope that one by one we’ll be able to address these rare diseases in ways that are safe, lasting, and help the greatest number of people possible.”**

**TOP RIGHT:**  
Wendy Chung  
with Susannah Rosen

**BELOW:** The cerebellum  
of the *Kif1a* leg dragger  
mouse model for  
KIF1A Associated  
Neurological Disorder,  
a rare genetic disorder

with KIF1A, Dr. Chung told them. At the time, just 15 cases of KIF1A had been described. Since then, the nonprofit Susannah’s parents founded has identified more than 350 people with KAND in more than 25 countries and, together with a growing community of families, raised funds to support the only global KIF1A Patient Registry and National History Study—housed in Dr. Chung’s lab.

Says Mr. Rosen, “She gave us a roadmap of what we had to do to forge progress.”

Dr. Chung started medical school in 1990, the same year that the Human Genome Project launched. In the decades since, the field has grown by leaps and bounds, with Dr. Chung often leading the way. Now chief of the Division of Clinical Genetics in the Department of Pediatrics and medical co-director of the university’s genetic counseling graduate program, Dr. Chung has identified more than 50 genetic conditions and regularly partners with families—as with KIF1A.ORG—to combine natural histories and basic molecular research in pursuit of better testing, clinical care, and cures.

That effort kicked into high gear in November 2021 when the National Organization for Rare Disorders—NORD—named Columbia Univer-



THE GENE: AN INTIMATE HISTORY / PBS

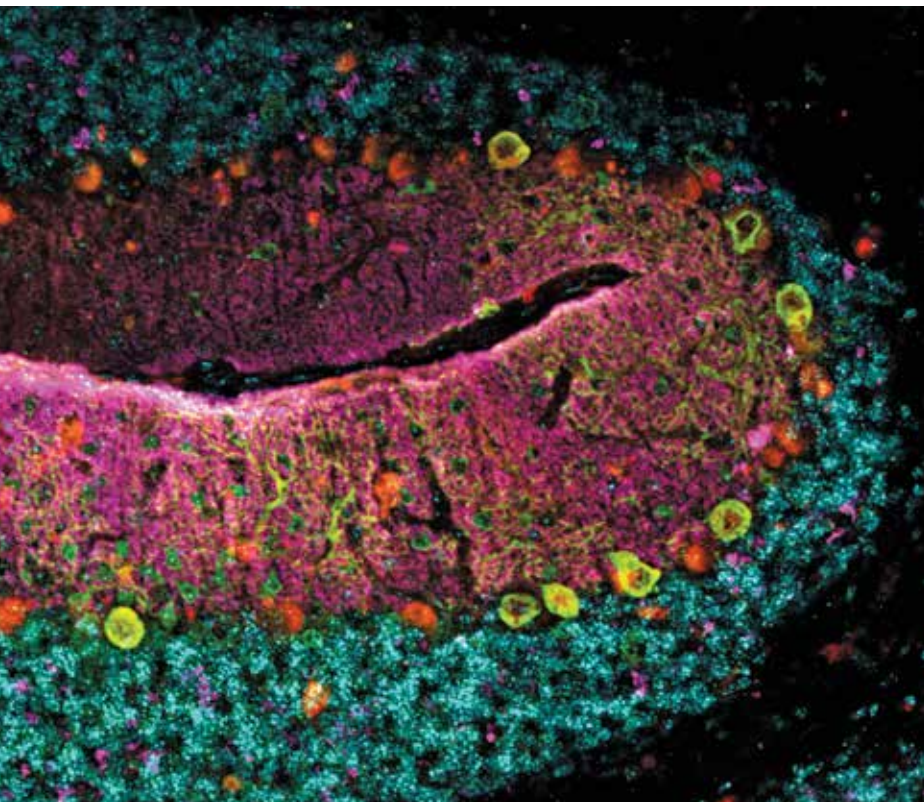
sity Irving Medical Center/NewYork-Presbyterian a Center of Excellence for rare diseases under Dr. Chung’s leadership.

A disease is considered rare if it affects fewer than 200,000 people. More than 7,000 rare diseases affect 25 million to 30 million children and adults in the United States, spanning every organ system and every stage of life. Combined, rare diseases rival diabetes rates at the population level, yet FDA-approved treatments are scarce. Even diagnoses can be elusive because of the lack of clarity about the underlying genetic causes. As at Columbia, each of the 31 institutions designated as a NORD Center of Excellence has experts across multiple specialties dedicated to meeting the needs of patients with rare diseases through clinical, patient education, and research programs.

“This is the Good Housekeeping seal of approval,” says Dr. Chung, whose patients credit her with a knack for plain speaking on subjects both scientifically complex and emotionally fraught. “That nod from the National Organization for Rare Disorders is really important in terms of patient care. It is an endorsement that we’re not just providing excellent clinical care today, but thinking about the future and pushing the envelope in terms of treatments.”

Take, for example, Dr. Chung’s work on spinal muscular atrophy (SMA), the leading genetic cause of death among children under 2 years of age. A recessive gene for the degenerative disease affects one in 54 Americans. One person in every 11,000 has two copies, leading to a shortage of the spinal motor neuron protein, which is vital for muscle development and movement. Over time, the spinal motor neurons of people with SMA waste away, leading to problems with movement and eventually breathing and swallowing as well.

In 2004, Dr. Chung partnered with Columbia’s Darryl De Vivo, MD, the Sidney Carter Professor of Neurology and also a professor of pediatrics,



COURTESY WENDY CHUNG



and the Spinal Muscular Atrophy Foundation to establish a clinical research network to better characterize SMA and set the stage for clinical trials. From 2014 to 2017, with a promising treatment on the horizon, Dr. Chung led the pilot newborn screening study of SMA in New York state that helped lead to nationwide adoption of the test in newborns. “Children are alive today and thriving because they got early diagnoses and had opportunities to start treatments that were not yet FDA approved but have since become available,” says Dr. Chung. “SMA is one of the greatest success stories in terms of being able to diagnose every baby and get them one-and-done gene therapy.”

Yet millions of people have one of the thousands of rare diseases that do not yet have FDA-approved treatments. They stand to benefit most from the NORD designation, says Dr. Chung, whose hundreds of peer-reviewed publications have elucidated the genetic underpinnings of such comparatively common diagnoses as autism, cancer, heart disease, and pulmonary hypertension.

Beyond the trust engendered among patients seeking clinical care, the NORD designation will create the conditions for families, clinicians, and scientists to scale up their efforts. “The more rare the disease, the more challenging it can be to find enough people with the condition. It is also challenging to convince funding agencies and philanthropists that it’s important enough to put resources toward that effort,” says Dr. Chung. “With 90% of those diseases, we’re still in that sloggling-it-out phase in terms of describing the natural history of the disease, identifying its mechanism, discovering therapeutic strategies.”

Often, the search to uncover a genetic mechanism for a disease and the search for strategies to alter its molecular pathways move forward together. Throughout her career, Dr. Chung has championed the rights of patients in that process, helping to shape the ethical and legal context for genomic discovery and therapeutics. In 2013, the Supreme Court unanimously struck down patents on natural genes, with Dr. Chung as the first plaintiff. She worked with the ACLU on behalf of people at risk of hereditary breast cancer who could not access testing due to patents on the relevant genes. In the wake of that victory, the availability and affordability of genetic diagnostics of all types have expanded significantly.

Today, Dr. Chung is in the early stages of developing what she calls a modifiable “news you can use” diagnostic panel for newborns. Envisioned as

a genomic corollary to the universal screenings that already detect phenylketonuria, cystic fibrosis, and now SMA, the panel would give every family access to diagnosis and treatment even before symptoms manifest and damage becomes irreversible. Families would receive diagnoses as clinical trials—or FDA-approved treatments—become available.

“I can feel the momentum rising in terms of clinical trials. Sickle cell disease is one example,” says



CHRISTOPHER RYAN JONES

Dr. Chung. “It gives me great hope that one by one we’ll be able to address these rare diseases in ways that are safe, lasting, and help the greatest number of people possible.”

Even as Dr. Chung tackles population-scale strategies for early screening and treatment to give every newborn the best shot at a healthy future, she continues her efforts on behalf of patients like Susannah Rosen, living with rare diseases for which cures have not been found.

“As a NORD hub, we can be a resource for all physicians,” says Dr. Chung. “I’m hoping that we can help researchers share what we’ve learned. That includes best practices in terms of how to share information, honor privacy, and set up research infrastructure for collecting and storing data. We have so much we need to learn that we can’t afford not to work together on behalf of patients.” ❖

Luke Rosen with daughter, Susannah Rosen, son, Nat, and wife, Sally Jackson.



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# BUILDING A MORE INCLUSIVE ENVIRONMENT THROUGH EDUCATION

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## As Equity and Justice Fellows, Students Apply an Anti-Racist Lens to the Curriculum

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By Danny McAlindon

**W**hen Hetty Cunningham, MD, joined the Columbia faculty more than 20 years ago as an attending physician, she noted that residents did not consistently use interpreters for Spanish-speaking patients.

“I noticed that with very limited Spanish-speaking skills, residents were missing so much richness in terms of the patients’ lives, and of course quality of care would suffer,” she says. “Not only that, but their interest in the patients and their joy in practicing medicine were significantly decreased.”

In an effort to improve patient outcomes, Dr. Cunningham began advocating for residents to make better use of the hospital’s volunteer interpreter service corps. Then she lent her talents to programs that promote more empathetic communication with patients, build cultural competency, and address health disparities in people of color. Those 20-plus years put her at the forefront of anti-racism work in medicine before it was elevated to a mainstream goal in recent years.

“This anti-racism work that we’re doing now has gone by many different names over time—cultural competency, implicit bias—

and the foci have changed over time, too, but the emphasis on equity and the passion for the work remain the same,” she says.

Today, as director of equity and justice in curricular affairs at VP&S, Dr. Cunningham oversees the VP&S Equity and Justice Fellowship. In 2020, the combination of the COVID-19 pandemic and the Black Lives Matter movement helped raise awareness of anti-racism work, particularly in health care settings.

“COVID made health disparities more apparent than they had been in 20 years, and at the same time the Black Lives Matter movement really began to crystallize everyone’s awareness of these issues,” Dr. Cunningham says. “At the same time, many students were asking for more anti-racism programming in the curriculum.”

The fellowship grew out of work students were already doing to support anti-racist curricula and was endorsed by medical center and VP&S task forces established to recommend ways to build a more inclusive learning, research, and patient care environment at the medical center.

The VP&S Equity and Justice Fellowship formally gives voice to students leading anti-racism efforts. The fellowship’s goal is to improve curricular programming by applying an anti-racist lens to the VP&S curriculum.

Each year, the fellows work alongside Dr. Cunningham on a collection of shared efforts and individual projects. In 2021, the second class of fellows worked on developing longitudinal anti-racism threads for the Foundations of Clinical Medicine pre-clinical course, helped with the inaugural Anti-Racism Curriculum Summit, and collaborated with faculty to evaluate equity in medical student grading.

Laura Benoit, an MD/PhD student who was in the first class of fellows, helped create the first VP&S Guidelines for Promoting a Bias-free Curriculum in 2017. Joining the fellowship gave her the opportunity to aggregate student feedback and adjust the guidelines as needed.

Dr. Benoit’s efforts began in 2015, when she and her classmates began their own anti-racism work within VP&S as first-year medical students.

“As first-years, we were often confused or frustrated by the content in our classes,” she recalls. “Sometimes lecturers would say things, and it would seem off somehow, even if we didn’t exactly know how.”



PORTRAITS BY JÖRG MEYER

Hetty Cunningham

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One example occurred during the first-year anatomy course, in which lecture materials about the oral cavity described healthy gums as coral pink. “Some of us in the class heard that and started looking around at each other, thinking, ‘That’s not true for everybody. Something is missing here,’” Dr. Benoit says.

The students brought the issue to the instructor’s attention, citing that healthy gums in a person of color may not be pink at all. The professor was receptive to their feedback and revised the materials; she also encouraged the students to use the example in discussions with faculty about revisions to the curriculum.

“Bias in the curriculum may not always be caused by overt racism, but it can still result in ill-taught physicians,” Dr. Benoit says. “That’s very clear from the amount of bias in medical providers, which results in worse outcomes for patients.”

In another instance, a genetics professor was describing genetic testing for cystic fibrosis and other genetic disorders. The professor noted the discrepancy in the tests’ accuracy across racial backgrounds but did not elaborate on why those discrepancies exist. Students in the class asked for more context, prompting a discussion about the history of research funding for certain genetic disorders and how that history might explain the disparities in testing efficacy among different races.

“I think we were just pushing for those kinds of experiences in the classroom. We were pushing for more transparency, open communication, and context,” Dr. Benoit recalls. “We realize that our professors don’t know everything, but they should know more

**“It’s become more acceptable to just say this out loud; systemic racism is real so let’s just dive in.”**

## Anti-Racist Transformation in Medical Education

VP&S is among 11 medical schools selected to participate in the Anti-Racist Transformation (ART) in Medical Education project. As director of equity and justice in curricular affairs at VP&S, Hetty Cunningham, MD, will co-lead the project at Columbia with Jean-Marie Alves-Bradford, MD, founding director of the Department of Psychiatry’s Office of Equity, Diversity and Inclusion. ART seeks to replicate a model originally developed by the Icahn School of Medicine to dismantle systemic racism and bias in work and learning environments.

More VP&S anti-racism education resources can be found at [vagos.columbia.edu/education/academic-programs/md-program/about-md-program/anti-racism-resources](http://vagos.columbia.edu/education/academic-programs/md-program/about-md-program/anti-racism-resources).

than we do, and we want to be given the proper context so that we can avoid some of these common pitfalls that we may fall into.”

Conversations among Dr. Benoit and other students led to the creation of the VP&S Task Force for a Bias-Free Curriculum, which ultimately produced the VP&S Guidelines for Promoting a Bias-Free Curriculum. The guidelines, which were adopted by the Committee on Education Policy and Curriculum in 2017, provide educators with a toolkit for combating systemic racism and weeding out bias in the curriculum. They include a feedback portal for students to provide additional feedback for faculty.

The guidelines were met with enthusiasm and published in *Academic Medicine*, the peer-reviewed journal of the Association of American Medical Colleges. Dr. Cunningham cites the group’s publication as exemplary anti-racist work and notes that the guidelines have become a national model for other medical schools and academic medical centers. But when the task force’s work began drawing to a close in 2018, Dr. Benoit and her peers still didn’t feel their work was finished.

“On that task force, I got to spend a lot of time with Dr. Cunningham, and she always had a lot of ideas about where to go next. We wanted to keep going,” Dr. Benoit says. The VP&S Equity and Justice Fellowship provided the platform the group needed.

The fellowship has provided a space to build upon the group’s work by revising the guidelines and taking in new feedback, providing improved resources and support, and finding avenues for continuing dialogue between faculty and students.

“The idea with the guidelines was always for them to be a living and breathing document,” says Dr. Benoit. “In that regard, the VP&S Equity & Justice Fellowship has provided a really helpful space for iterative self-reflection.”

During her six years on campus, Dr. Benoit says that she has witnessed positive change at VP&S, not only in the curriculum, but also in the culture and in the community’s ability to address bias within the institution.

“Especially in the early going, there was a lot of hesitation around this work,” she recalls. “People would say, ‘We don’t want to ruffle too many feathers here. We don’t want to be too blatant.’ But that’s changed a lot.

“Revamping the guidelines included them being more explicit, more direct than we had been before. It’s become more acceptable to just say this out loud; systemic racism is real so let’s just dive in.”

The fellowship also creates space for individual projects, which fellows decide with Dr. Cunningham’s input and pursue during their time at VP&S. Ahmed Owda’22, a fellow in the second class, has dedicated his time to creating an oral history of race and racism at VP&S.

“I am trying to document this narrative from the school’s founding to the present day,” he says of the project. “A fair amount of people here now know the history of Dr. Samuel Bard—a founding member of the medical school, George Washington’s physician, and a slave owner. But between the school’s founding and up to the last 20 to 30 years of progress, there’s a very long history there that needs to be explored.



Laura Benoit



Ahmed Owda

“For much of American history, medicine in general has been, overall, a very racist institution. Columbia is a preeminent leader in medicine, and we need to acknowledge its place in that history.”

Dr. Owda’s goal is to tell the entire story, from the beginning of VP&S up to 2020, when the school announced its blueprint for becoming a fully anti-racist medical school.

“I would like to create this lecture and have it presented to students, ideally in their first year. I think it’s important to give them that context and hopefully empower them to do something with it,” he says. “We’re only here for a short period of time, so the question is, what do you want to do with the four years you’ll spend here?”

Dr. Owda, who was born in England but is of Sudanese descent, grew up near Flint, Michigan. Health disparities among people of color were a primary motivator on his journey to becoming a doctor. A self-described history nerd, he advocates for physicians’ broader understanding of historical inequities between racial groups.

“When you really try to unpack racism, you realize that science can only take you so far. We have to think outside of the box—outside of our hospitals and health care settings—if we’re going to right these wrongs.”

Within the fellowship cohort, he has discovered a greater appreciation for what it takes to effect change at the institutional level, and he hopes that the fellowship’s work will inspire lasting growth at VP&S and beyond.

“It’s great that we’re doing this work as students, but we can only do so much. I hope that this fellowship will help create the

next generation of medical school faculty who will continue that work,” he says.

“The fellowship has inspired me to potentially pursue a more academic path, because I see real change happening in medical education. There’s real power among medical faculty, especially in making change and dictating what medicine is and how it serves people.”

Dr. Cunningham shares those aspirations for the future of the program. Though the fellowship is still in its infancy—it will welcome its third cohort this year—she hopes to expand its reach to all four schools at the medical center.

“I would like to help create the next generation of leaders in this space. I’d like to train these fellows to be leaders in this work in medical education,” she says. “I’d also like to broaden the fellowship to serve more students, to really bring a wider group of students together around this cause.”

She also hopes for continued and expanded support from fellow medical center faculty members, ideally leveraging their expertise to create more inclusive curricular programming.

“I think a lot of faculty feel bad, or they feel ashamed in this space. To them, this anti-racism work can feel like a critique,” she says. “But I think it’s really important to note that our faculty have been doing this work all along. It’s what they do: They get up every day, they go into the hospital, and they care for vulnerable populations. These are people who could work anywhere in the world, and they’re right here in Washington Heights, in Harlem, serving these populations. They are doing anti-racist work every single day. This programming simply helps us do it even better.” ❖



**TAKING  
EYE  
CARE  
INTO THE  
COMMUNITY**



**STUDY OFFERS OLDER  
NEW YORK CITY HOUSING AUTHORITY  
RESIDENTS VISION SCREENING  
AND FOLLOW-UP EYE CARE**



BY ALEXANDER GELFAND / PHOTOGRAPHS BY JÖRG MEYER

It's a sunny December day in Harlem, and Bernadette Lovett, a 69-year-old woman who suffers from blurred vision, has just had her eyes examined for the first time in five years.

The eye exam was conducted free of charge as part of a five-year CDC-funded randomized controlled trial run by Lisa Hark, PhD, professor of ophthalmic sciences. By offering free eye care and related support and services to New York City Housing Authority residents over the age of 40 in Washington Heights and Harlem, the Manhattan Vision Screening and Follow-up Study in Vulnerable Populations seeks to improve access to eye care and early detection of serious eye diseases, such as glaucoma, cataracts, diabetic retinopathy, and macular degeneration, among at-risk, underserved populations.

Judging by Ms. Lovett's experience, the program is succeeding.

After completing a telephone pre-screening with Dr. Hark, Ms. Lovett received on-site vision screening at the Central Harlem Senior Citizens Center at St. Nicholas Houses, located in the basement of a 14-story NYCHA residence

on West 131st Street. She returned to the center a week later to meet with optometrist Daniel Diamond, OD, instructor in optometric science, who reviewed her screening results, performed a thorough eye exam, then informed her that she may need cataract surgery.

For many people, this would not be welcome news. But for Ms. Lovett, the diagnosis came as a relief. Like many participants in the study, she worries about her vision but has not seen an eye doctor in years—largely because she gave up on receiving decent eye care. The various prescription eyeglasses that she has purchased proved so ineffective that she turned to over-the-counter readers instead. At one point, she grew so discouraged that she abandoned a \$250 deposit on yet another pair of prescription lenses that she figured would not help her.

"I never went back. I just gave them the money," she says.

But when the director of the Central Harlem Senior Citizens Center where Ms. Lovett works told her about the screening program, she decided to give it a try.

She's glad she did.

Ms. Lovett was afraid that she might have glaucoma, a leading cause of blindness for people over age 60. When Dr. Diamond explained that she had a cataract and referred her to an ophthalmologist for evaluation and possibly cataract surgery, she was more thankful than dismayed. (He also wrote her a new prescription for a free set of progressive lenses that will correct her vision for both distance and reading.)

"I feel so relieved," she says.

#### REACHING THOSE AT RISK

Ms. Lovett is reasonably certain that had she not heard about the screening program, she would not have sought medical attention for her vision problems. And that is not unusual.

Preliminary analysis shows that 58% of study participants, most of whom are Black or Hispanic, rate their vision as "fair," "poor," or "very poor"; 64% say they worry about their vision "some of the time," "most of the time," or "all of the time." Even though 96% of the study participants have insurance, most have not visited an eye doctor in at least two years. That may help explain why 78% failed the vision screening and required a follow-up eye exam.







These findings align with previous research by Dr. Hark and others. Studies have shown that glaucoma and diabetic retinopathy, another leading cause of blindness, disproportionately affect minority populations. Compared with whites, Blacks are three to four times more likely to develop glaucoma, while Hispanics are twice as likely to develop diabetic retinopathy. Yet 50% of people with glaucoma and 25% of people with diabetic retinopathy go undiagnosed.

“They recognize they have blurry vision—they worry about their vision getting worse—they’re not scheduling that eye exam,” Dr. Hark says. “We hope to solve that.”

Dr. Hark, who is director of clinical trials for the Department of Ophthalmology and also has an MBA degree, specifically designed the Manhattan Vision Screening and Follow-up Study to reach people where they live as a way to improve access and utilization of eye care services.

The study in 10 NYCHA housing developments can reach 6,000 people that most need eye care yet are least likely to receive it. Each development has a space for screenings, such as a senior center funded by the NYC Department for the Aging, and each is close to the Harkness Eye Institute

at Columbia or Harlem Hospital Center, where participants are scheduled for follow-up eye care. (Harlem Hospital Center, which is part of the NYC Health + Hospitals system, has an affiliation agreement with Harkness, and Noga Harizman, MD, associate professor of ophthalmology at VP&S, is chief of ophthalmology there.)

During telephone pre-screenings, Dr. Hark and her bilingual team assess eligibility, gather information on demographics and medical/ocular history, conduct quality-of-life surveys, and schedule vision screenings for those enrolled in the study.

During on-site screenings, participants read a Snellen eye chart to gauge their visual acuity and have their eye pressure checked for signs of glaucoma. They also have photos taken of their retina and optic nerve for remote analysis by ophthalmologists. Anyone who fails the on-site screening or whose images prove unreadable is scheduled to see an optometrist for an eye exam within three weeks at the same location. Participants whose images are abnormal, or in whom the optometrist finds signs of eye disease, are referred to an ophthalmologist at Harkness or Harlem Hospital for follow-up eye care.

**THE STUDY WAS SPECIFICALLY DESIGNED TO REACH PEOPLE WHERE THEY LIVE AS A WAY TO IMPROVE ACCESS AND UTILIZATION OF EYE CARE SERVICES.**



All participants who require corrective lenses receive a prescription, and everyone in the study will have a follow-up vision check after one year in the same location as the initial screening. Participants screened at an intervention site such as St. Nicholas receive free progressive glasses from Warby Parker, the New York City-based eyewear retailer and a study partner. They also are assigned a navigator who will schedule follow-up eye appointments and make reminder calls for 12 months.

Participants screened at a control site, on the other hand, receive a list of optical shops and are scheduled for their first appointment with an ophthalmologist, but they do not receive free glasses or ongoing support from a navigator.

The idea, explains Dr. Hark, is to evaluate whether interventions, such as navigators and free glasses, improve visual acuity and adherence to follow-up eye appointments.

#### **SUCCESS IN MANY FORMS**

By the end of May, 709 people had been screened. Approximately 80% of participants who failed

their screenings or had unreadable images kept their appointments with the optometrist, a significant increase over the 20% who kept their follow-up appointments in previous community-based studies. “There is a great need for community-based vision screening and these show rates for the eye exam are impressive,” says Dr. Hark. “I suspect the success is related to the convenience and free service, because we are bringing eye care to where people live or visit every day, such as senior centers. There has been a very high level of satisfaction reported by participants in post-screening surveys. It’s a promising sign for boosting early detection and treatment aimed at preventing blindness.”

Ellen Caldwell, a 68-year-old retiree with hypertension and blurred vision, had an abnormal image. Like Ms. Lovett, she wondered if she might have glaucoma. “That’s the first thing you worry about: ‘Oh my god, am I going to go blind?’” Ms. Caldwell says.

Her eye pressure was normal, however, and after Dr. Diamond examined her, she was referred to an ophthalmologist. At her follow-up at





Columbia, she was told she had early signs of macular degeneration and is now being treated.

Like Ms. Lovett, Ms. Caldwell probably would not have had her eyes checked had she not heard about the study. “I attribute everything to age. I’m not 20 anymore,” she says. Yet the quality of care she received from Dr. Hark and her team, which also includes community health workers who help with screenings and bilingual study coordinators

who make reminder calls, left Ms. Caldwell feeling enthusiastic about her next appointment.

“They treat you like human beings. You ask questions, and they give you direct answers,” she says.

On-site screenings can occasionally be dramatic, with a handful of participants requiring urgent attention due to extremely elevated eye pressure, which can lead to blindness if left untreated. In one case, Dr. Hark personally walked a 67-year-old man whose eye pressure reading put him at high risk of vision loss directly to the medical center so that he could be seen immediately by an ophthalmologist. After he was diagnosed with glaucoma, she took him to the pharmacy to get the prescription eye drops that have since returned his eye pressure to normal.

But even less eventful cases also represent victories. Harriet Addamo, a 69-year-old with diabetes who heard about the study while exercising at the senior center at St. Nicholas Houses, noticed that she had to take off her glasses to read. But she wasn’t in any discomfort and probably would not have seen her eye doctor for “a couple more years” even though annual exams are recommended for diabetics. (Studies show that 50% do not get them.)

Ms. Addamo’s image proved unreadable, necessitating an on-site exam with Dr. Diamond. In the end, Ms. Addamo did not need a referral to see an ophthalmologist. But in addition to prescribing her a new set of progressive lenses, Dr. Diamond took the opportunity to emphasize just how important yearly dilated eye exams are for people who have diabetes.

Ms. Addamo got the message. “I’m elated,” she says of the care she received. And she is determined to get her next annual eye exam. ❖

**“I SUSPECT THE SUCCESS IS RELATED TO THE CONVENIENCE AND FREE SERVICE, BECAUSE WE ARE BRINGING EYE CARE TO WHERE PEOPLE LIVE OR VISIT EVERY DAY, SUCH AS SENIOR CENTERS.”**





# MAILMAN AT 100: FIGHTING FOR HEALTHIER COMMUNITIES

BY NANCY AVERETT · PORTRAITS BY MAKSYMILIAN NOSEVICH

One lesson the pandemic has taught the world is that even the wealthiest countries cannot forget the importance of public health. Columbia's medical and public health schools give students the opportunity to be medical leaders in public health, teaching them how to treat individual patients as well as advocate for and conduct research on the health of the larger population.

"I was a better clinician for having public health training," says Linda P. Fried, MD, dean of the Columbia Mailman School of Public Health and herself a dual degree holder, "and I was a better scientist on the public health side for being a clinician."

## 100 YEARS OF PUBLIC HEALTH

The Mailman School of Public Health was officially founded in 1922 as the Institute of Public Health, one of the first three public health schools in the United States. It followed a 1908 urgent call from Columbia's College of Physicians and Surgeons for a "new public health" that would integrate medical and social sciences with biostatistics and sanitary engineering. What became known as the DeLamar Institute of Public Health opened its doors as a unit of P&S 13 years later and in 1945 became the Columbia University School of Public Health. It was renamed the Mailman School of Public Health in 1998. The school—ranked No. 4 among public health schools nationally—is a global leader in education, research, and practice, with over \$250 million in sponsored research and projects in more than 100 countries.

The school began with a single student in a single room on West 59th Street in Manhattan and since then has educated generations of leaders, led groundbreaking scientific discovery, and delivered solutions to protect and improve the health of individuals and populations everywhere.

## PUBLIC HEALTH PHYSICIANS FOCUS ON PATIENTS' LIVES BEYOND THE EXAM ROOM

The school's deep connections to New York City developed early on, and in 1939 the city's Department of Public Health and the Institute agreed to share a building on 168th Street. Committed to marrying health education with service delivery to the local community, the partnership laid the foundation for the school's continuing interest in urban health care and population-based research. Years later, in 2001, Mailman moved to its current home in the former New York State Psychiatric Institute building, now known as the Allan Rosenfield Building. About the same time, Columbia formally recognized Mailman's administrative independence and made the school a self-supporting Faculty of Public Health, one of the four faculties at the Columbia University Irving Medical Center.

Columbia Mailman's scientists, educators, practitioners, and advocates have led global efforts on healthy longevity, launched the world's first multination HIV care and treatment program, identified hundreds of emerging pathogens, exposed the dangers of pollutants, improved maternal and child survival, guided health policy and offered ethical expertise, and developed data models to predict the spread of COVID-19. Mailman is a global leader in advancing education, research, and practice to prevent disease and disability and improve the health of entire populations. "Our vision is a healthy and just world for everyone," says Dr. Fried. "We are guided by the fundamental principle that health is a human right."

## MDS WITH MPH DEGREES

A dual MD/MPH degree is one of 10 dual degrees now offered at Mailman. The many VP&S graduates who also have earned MPH degrees from Mailman have used their dual degrees in myriad ways, as shown by these VP&S and Mailman graduates.

MORE ABOUT THE CENTENNIAL OF THE MAILMAN SCHOOL OF PUBLIC HEALTH:

[www.publichealth.columbia.edu/centennial](http://www.publichealth.columbia.edu/centennial)



## THE EQUALIZER: MADELINE SUTTON, MD/MPH, 1993

In 1989, Madeline Sutton was working a summer job at Mailman and preparing to matriculate at Vagelos P&S when she was invited to spend a week in Rye, New York, to learn about Mailman's MPH program. The week left a lasting impression. She had grown up in Harlem and was aware of how desperately her neighbors needed better health care. "I loved public health because it was about taking care of the entire community," she says. While studying for her dual degrees, Dr. Sutton says she was especially inspired by the late Allan Rosenfield, former dean of Mailman, a 1959 VP&S graduate, and a fierce advocate of women's reproductive health, and by Janet Mitchell, a Harlem Hospital OB-GYN who pioneered the use of AZT to treat pregnant HIV-positive women so they would not pass along the virus to their babies. "I was very passionate about HIV in those early years," she says, "because I was seeing it firsthand in Harlem, seeing loved ones affected by it, losing people who were dear to me."

After her residency and internship, Dr. Sutton worked at the CDC's Division

of HIV Prevention, where she focused on preventing the virus in minority communities. Eventually Dr. Sutton became head of the CDC's Minority AIDS Research Initiative, where, among other things, she mentored and allocated grant money to early career scientists who self-identified as Black, Latino, Hispanic, or LGBTQ and were working in disproportionately affected settings. "I was able to directly support Black and Brown scientists and Black and Brown communities that are disproportionately affected by HIV and other STDs," she says. "I loved it."

She retired from the CDC in 2019 and now serves on the faculty of Morehouse School of Medicine and runs her own consultancy, One Brain 4Health, where she provides mentoring and scientific writing support. She also accepts invitations from health care organizations to speak about health equity. "I love mentoring," she says. "When I was a little girl in Harlem, I had this dream but I didn't have a road-map. I want to help the next generation."



## THE ADVOCATE: HILLARY KUNINS, MD/MPH, 1996

Mailman Professor Carol Vance's classes on medical anthropology helped crystallize Hillary Kunins' interest in becoming a public health doctor. The classes covered such topics as Victorian-era laws that allowed police officers to arrest women suspected of being prostitutes and force them to be examined for venereal disease. While learning about that historical public health reaction, Dr. Kunins was watching policies around HIV transmission unfold in real time. "I really appreciated the historical background in how public health policy was set to drive health outcomes," she says, "and

the opportunity to be critical of it and to think about how to design it better."

Before medical school, Dr. Kunins had been an abortion counselor and during her medical training she continued to pursue an interest in reproductive health. But during her training, she began to pivot from a focus on reproductive health to addiction medicine. She did her residency in internal medicine at Montefiore Medical Center in the Bronx then took a position there as a primary care physician treating patients with chronic and acute health issues as well as substance use problems. Through that

work she prescribed the highly regulated drug methadone and saw that patients could overcome their addictions. “It was a chance to work at the intersection of policy and practice,” she says. Later, Dr. Kunins joined the New York City Department of Health and Mental Hygiene and spearheaded a new public health approach to substance use that included distributing 100,000 naloxone doses citywide and allowing residents arrested for misdemeanor drug possession to choose treatment over prosecution.

Today she leads Mental Health SF, a project to provide access to mental health services, substance use treatment, and

psychiatric medications to San Francisco’s homeless population. In this new role, Dr. Kunins says she is trying what she calls “low threshold and engagement strategies,” such as creating street opioid response teams and building a psychiatric respite center where people who live on the streets can do their laundry, take a shower, get a meal, spend the night in a bed and, if they choose, get linked to care for physical or behavioral health needs. Public health officials must do more to decriminalize mental health and substance use, she says, “so we don’t just keep producing cycles of these folks going from jail to the hospital to the street and back again.”



## THE POLITICIAN:

MICHELLE AU, MD, 2003/MPH, 2019

The morning after the 2016 presidential election, Michelle Au started researching MPH programs. An anesthesiologist working in Atlanta, Georgia, Dr. Au had long been frustrated with her inability to change the problems that often caused her patients to end up in the hospital, such as a lack of health insurance that kept them from getting preventive care.

Now, with the election of Donald Trump, who had vowed to dismantle the Affordable Care Act, she felt she could no longer sit on the sidelines. So Dr. Au enrolled in Mailman’s Executive MPH program, which she chose in part because it had a significant in-person component. “It wasn’t just about the piece of paper,” she says. “I wanted to be surrounded by ideas and innovative people.” After getting her degree, Dr. Au dipped a toe into advocacy work, lobbying Congress on behalf of the American Society of Anesthesiologists. Then in 2020, Dr. Au’s state senator decided not to run for reelection. Dr. Au entered the race after seeing that no other candidates had a medical background.

With the pandemic raging, it was a good time for a public health doctor to

run for office. Dr. Au won, and in January 2021 was sworn in as Georgia’s first female Asian American state senator and the only Democratic physician in the state legislature. Her first bill seeks to make it illegal for insurance companies to retroactively deny coverage to patients who go to the emergency room as long as those patients reasonably believed they were having a medical emergency.

“This is a bill that we can all get behind because everyone could be that patient,” Dr. Au says, pointing out that she has bipartisan support. “Everyone understands why it’s wrong for insurance companies to deny coverage if a patient truly thought they were having an emergency.” Despite optimism that the bill will pass, Dr. Au says her new career has been challenging. “In medicine, you always work in a team and even though we might not always agree on some things, we always agree on the goal—to maximize the benefit for the patient. Politics is not always that way. Political motivation trumps all.” Still, she says, bringing a public health perspective to the Georgia legislature by stepping into the political arena was the right thing to do.



## THE INNOVATOR: RYAN CLOSE, MD/MPH, 2012

Ryan Close first realized the risk his patients on the Fort Apache Indian Reservation in northeastern Arizona faced during the pandemic when he went to the home of an elderly woman who had recently been discharged from the hospital after contracting the virus. As with many on the reservation, multiple generations lived in the woman's home, including her adult son who told Dr. Close that day that he felt fine. But the man had several comorbidities, so Dr. Close slipped a pulse oximeter on the man's index finger, which indicated critically low blood-oxygen saturation levels.

The patient, who was indeed infected with SARS-CoV-2, was flown by helicopter to an intensive care hospital and survived. "It was at that moment that we realized, if we don't actively seek out our patients who are at high risk if they get COVID, if we wait until they present themselves at the hospital, they might not survive," says Dr. Close, who is director of preventative medicine at the Indian Health Service at Whiteriver Indian Hospital. So he and his

team began making daily visits to vulnerable patients, assessing their blood-oxygen levels. Their work halved the death rate in comparison with the rest of the state.

Dr. Close says he discovered long ago while he was a Mailman student that public health is all about learning as you go along. For instance, while working with Mailman's ICAP program as a graduate student, he traveled to Ethiopia for three months to collect data on pregnant women who were HIV positive. No one told him exactly how to do that. He showed up at rural clinics and started asking questions and digging through whatever records he could find, he says. Figuring out how to relate to the Ethiopian staff and decipher their record-keeping on his own gave him confidence that he could handle other difficult public health assignments.

"Every time a new public health crisis happens, the reason it's usually a crisis is because you haven't seen it before," he says. "So it's often an opportunity where you just have to figure things out."

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## THE TEACHER: ESTHER CHUNG, MD/MPH, 1991

The 1970s television videos of malnourished children in East Africa influenced Esther Chung's desire to work in public health. During her first year in medical school, Dr. Chung and some of her classmates applied to Mailman. "We've been lifelong friends ever since," she says, "and a lot of it was that we came to medical school thinking about how we could impact the community beyond treating individual patients."

Through the tutelage of Columbia professors David and Sheila Rothman—strong believers in teaching students about the social determinants of health—Dr. Chung

traveled to Malawi to work with the World Health Organization and the Malawi Ministry of Health. While there, she surveyed health care workers about HIV infection during the AIDS epidemic that left behind thousands of orphaned children. She saw that health professionals were reusing gloves and needles because of limited supply. "That experience was very impactful for me as I was starting out in medicine," she says.

After her pediatrics residency in Philadelphia, she started her career in academic medicine, where she studies health disparities impacting mothers and young children. To gain expertise in health advocacy





work, Dr. Chung completed a Physician Advocacy Fellowship with Columbia's Institute on Medicine as a Profession in 2009. In this fellowship, she worked on breastfeeding issues with Maternity Care Coalition, an organization that helps low-income women and children.

"Working for a nonprofit organization gave me a whole new perspective on advocacy," says Dr. Chung. At Sidney Kimmel Medical College at Thomas Jefferson University and the A.I. DuPont Hospital for Children, she launched and led an advocacy education program, JeffSTARS, teaching public health advocacy to medical students and residents. She also helped teach Rwandan medical students who traveled to the medical school each year and volunteered

as a medical provider in Honduras and Panama through the nonprofit Global Brigades. Now a professor of pediatrics at the University of Washington School of Medicine and Seattle Children's Hospital, she is starting similar programs. She sees her role working with medical students as a chance to impart in the younger generation the importance of a public health mindset no matter what kind of career they eventually pursue. "I think we all have our own role in fighting racism and disparities in health care," she says. "Sometimes this advocacy and equity work can be done at the patient level through human interactions we have with a patient who's in front of us; sometimes it's more at the systems level. The important thing is that we do the work."



## THE NUMBER CRUNCHER: THERESA DIAZ, MD/MPH, 1986

While Theresa Diaz studied for her dual degrees, she shadowed a community health doctor in Mexico and took an internship coding causes of death during the HIV epidemic in New York City. Those experiences piqued her interest in public health. After she finished her residency and internship, she took a job with the CDC, where surveillance work included gathering data on HIV infections in the U.S. Hispanic population.

"I'm Latina," she says, "so that was really important to me." Later Dr. Diaz spent two years in Brazil, where she did surveillance work on injection drug users with HIV and AIDS who were getting AZT. "This was one of the first countries in the world giving HIV medications for free," adding that her efforts helped the CDC understand if patients were taking medication as prescribed, if they started to show resistance to it, and if they were changing their risky behaviors.

Dr. Diaz's data analysis skills led her to head the data branch of the CDC's global AIDS program, then later to a job at UNICEF, where she helped evaluate a program that enlisted volunteers to help with the

treatment of pneumonia, malaria, and diarrhea in children in two countries in Africa. In certain Ugandan and Sierra Leone villages, she says, volunteers were trained to assess children for the three conditions and administer basic treatments; other villages served as controls. Dr. Diaz and her group found significantly higher rates of appropriate treatment among children in the villages with volunteers.

"There was definitely a positive impact," she says, "so those programs still exist there today."

In 2016, Dr. Diaz left UNICEF for the World Health Organization, where she is again using her data skills, this time to help compile and organize information for the organization's new Maternal, Newborn, Child, and Adolescent Health and Ageing data portal. Users can search the portal and download reports, graphs, and other visuals. "A country can go into the portal and say, 'Well, I'm doing better than most of my neighbors, or I'm doing worse, or I'm doing better at this but not at that,'" Dr. Diaz says. "Our goal is to make sure the world has data so we can improve health globally." ❖

# Alumni News & Notes

By Marianne Wolff '52, Alumni Editor,  
and Bonita Eaton Enochs, Editor

## 1973

**Don Syracuse** was named Golfer of the Year in a retirement group called the Stroke Savers. The group is comprised of mostly retired cardiovascular surgeons and plays selected courses in northern New Jersey. Don was chief of surgery of Mountainside Hospital in Glen Ridge, New Jersey. He retired five years ago. He remains director emeritus of the New Jersey Society of Thoracic Surgeons, one of the oldest societies of its kind.

## 1979

After 50 years of solving crossword puzzles and 40 years of practicing interventional radiology, **Rich Taus** constructed an IR-themed crossword puzzle. "The Journal of Vascular and Interventional Radiology, which had never published anything light, accepted it and asked for another," he writes. "A year and a half later, my monthly puzzles have become a popular feature in an otherwise serious academic journal." Rich continues to practice full time at Cambridge Health Alliance, a safety-net system based at Cambridge Hospital, a Harvard-affiliated community/teaching hospital.

## 1981

**Angela Diaz**, who also has PhD and MPH degrees, was named dean for global health, social justice, and human rights at the



Angela Diaz '81

Icahn School of Medicine at Mount Sinai. Angela, the Jean C. and James W. Crystal Professor in Adolescent Health in the Departments of Pediatrics, Global Health and Systems Design, and Environmental Medicine and Public Health, will continue in her roles as chief of the Division of Adolescent Medicine and director of the Mount Sinai Adolescent Health Center. In her new role, she will partner with governmental and nongovernmental organizations, civil societies, and donor agencies to advance social justice and human rights globally through research, training, advocacy, policy, and technical assistance.

## 1987

**Joanne Stone** is now chair of obstetrics, gynecology, and reproductive science for the Icahn School of Medicine at Mount Sinai and the Mount Sinai

Health System. She previously was director of the maternal-fetal medicine fellowship program for the Mount Sinai Health System, vice chair for diversity and inclusion for the OB/GYN department, and immediate past president of the Faculty Council. She completed her residency in OB/GYN and a fellowship in maternal-fetal medicine at Mount Sinai. She also holds a master's degree in health care delivery and leadership from Icahn Mount Sinai. She is president of the Society of Maternal Fetal Medicine and associate editor for Expert Review and Current Opinion of the American Journal of Obstetrics & Gynecology.

## 1992

See Alumni in Print to read about a book written by **Anthony M. Avellino**. Tony, who also has an MBA, is a pediatric neurosurgeon, health care administrator, and ultra-runner. In October 2019 and January 2021, Tony was a deckhand on the F/V Saga, a commercial crab fishing boat profiled on the Discovery Channel's "Deadliest Catch." He found the communication and teamwork lessons he learned on these expeditions surprisingly translatable to health care and inspired his commitment to help others achieve a healthier, more purposeful life with optimum performance in mind, body, and spirit. He started his pediatric neurosurgery career at Johns Hopkins University Hospital, where he was Ben Carson's partner. He is now medical director of pediatric neurosurgery at Valley Children's Healthcare. His career has included roles as Michigan State University's assistant vice president for health sciences, chief clinical and medical officer, and interim director of athletic medicine and chief executive officer for



Anthony M. Avellino '92

OSF HealthCare Illinois Neurological Institute. He also was the first director of the UW Medicine Neurosciences Institute and chief of neurological surgery at the University of Washington. He completed his neurosurgery residency at the University of Washington, which included a year at Atkinson Morley's Hospital in Wimbledon, England. He also completed a pediatric neurosurgery fellowship at Seattle Children's Hospital.

## 1998

**Sandy J. Falk** was named editor-in-chief of the Merck Manuals and the MSD Manuals, a digital medical reference available online and as mobile apps with versions for health care professionals and consumers. Before joining Merck & Co., Sandy was executive editor-in-chief and vice president for digital content at Elsevier Health, where she led an editorial team of physicians, nurses, and allied health professionals to disseminate evidence-based information, including about COVID-19, to provide rapidly evolving clinical decision support. She began her career as an obstetrician/gynecologist at Brigham & Women's Hospital in Boston and continues to have an active clinical role in the Adult Survivorship Program at Dana-Farber Cancer Institute in Boston. She

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Sandy J. Falk '98

is a clinical instructor, part-time, at Harvard Medical School.

### 1999

The career of **Livia Santiago-Rosado** took what she calls an interesting turn. In late 2021, she was appointed and confirmed as the health commissioner for



Livia Santiago-Rosado '99

Dutchess County, New York. This followed 20 years in emergency medicine and medical education, culminating in her relocation to the Hudson Valley to serve as chair of the EM department and nascent residency program at Vassar Brothers Medical Center in Poughkeepsie. She also was

adjunct clinical associate professor at Touro College of Osteopathic Medicine. As Dutchess County health commissioner, she leads the county's Department of Behavioral and Community Health, which encompasses public health, mental health programs, social determinants of health, equity issues, community engagement, environmental health, and overall promotion of healthier living. She also is pursuing an MPH at SUNY's University at Albany. "Wish me luck," she writes. "Let's just say I have not been a student since the last millennium." Livia and her 1999 classmate, **Mark Stillman**, have been married for 21 years. "Our 14-year-old daughter and 12-year-old son wouldn't exist were it not for Columbia!"

### 2001

**Michelle McMacken** has been appointed executive director of nutrition and lifestyle medicine for the NYC Health + Hospitals (NYC H+H) system, a newly created role in which she will lead system-wide efforts to advance nutrition and lifestyle education for patients and health care professionals and increase patients' access to nutritious foods and plant-based meals. The work will build on the Plant-Based Lifestyle Medicine Program she launched in 2019 at NYC H+H/Bellevue. In her new role, Michelle will lead the expansion of the lifestyle medicine model to six new NYC

H+H sites in all five boroughs of New York City. Michelle will continue to practice in the NYC H+H/Bellevue Adult Primary Care Center, where she also directed the hospital's Adult Weight Management Program from 2005 to 2022. She is associate professor of medicine at NYU Grossman School of Medicine.

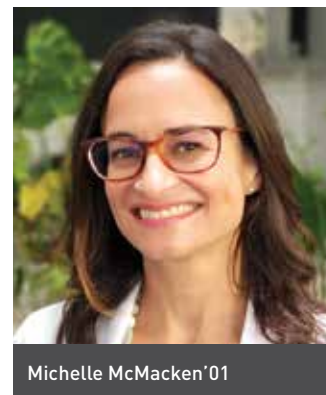
### 2006

**Brian Bateman** became chair of Stanford Medicine's Department of Anesthesiology, Perioperative and Pain Medicine in October 2021. He joined Stanford from Harvard, where he was chief



Brian Bateman '06

of obstetric anesthesia and vice chair for faculty development in anesthesiology, perioperative and pain medicine at Brigham and Women's Hospital and associate professor of anesthesia at Harvard Medical School. Brian's interest in obstetrics began during medical school when his wife, **Stephanie White-Bateman '06**, gave birth to twin boys in the hospital where he conducted his clinical rounds. "We were in medical school together. I was doing my obstetrics rotation while my wife was a patient. I was experiencing the family perspective while training." Brian also has a master's degree in epidemiology from the Harvard University School of Public Health. Stephanie is a psychiatrist who will also join the Stanford faculty.



Michelle McMacken '01

## alumni *in print*



### Finding Purpose: A Neurosurgeon's Journey of Hope and Healing

**Anthony M. Avellino '92**

[findingpurposeavellino.com](http://findingpurposeavellino.com), 2021

Dr. Avellino has triumphed over a life-long battle with stuttering, obsessive-compulsive tendencies, depression, and suicidal thoughts. He attributes

his success to family, friends, and ultra-running. In this book, he shares his story so he can raise awareness of mental health and help readers gain the insights and skills they need to heal, find purpose, and live their best life. He hopes his book will be a resource for his medical colleagues who routinely underestimate the fatigue, trauma, and stress they experience until, as he learned, they become one of the statistics—burned out, depressed, and suicidal. "I wish I knew 35 years ago what I have come to learn," says Dr. Avellino, "that the road to a healthier, more purposeful life requires that you listen to discover your life's journey, learn from your failures, and then take the steps to heal."

*send books (published within the past two years) to:*

Bonita Eaton Enochs, Editor  
Columbia Medicine  
Vagelos College of Physicians & Surgeons  
via email: [columbiamedicine@columbia.edu](mailto:columbiamedicine@columbia.edu)

● ALUMNI IN HISTORY

## Anne Pappenheimer Forbes '36, Noted Endocrinologist

By Andrew Vagelos

*“The combination of amenorrhea and persistent lactation, not associated either with a recent pregnancy or with acromegaly, has been sporadically noted in the past. Nevertheless, it was brought to our attention afresh by a patient who came to the Ovarian Dysfunction Clinic of the Massachusetts General Hospital nine years ago.”*

The passage above introduces a paper published March 1, 1954, in the *Journal of Clinical Endocrinology and Metabolism*. It describes a rare condition where a pituitary tumor secretes excessive prolactin, which can interrupt menstruation and trigger lactation. The condition would come to be known as Forbes-Albright Syndrome. The “Forbes” of the syndrome, and the first author on the paper, was Anne Pappenheimer Forbes '36.

Dr. Forbes was born on Nov. 11, 1911, in New York City. Her father, Alwin Max Pappenheimer, was a physician and professor of pathology at what was then known as the College of Physicians and Surgeons. Her mother, Beatrice Leo, was a homemaker and an accomplished pianist. Dr. Forbes attended the Lincoln School and then Radcliffe College, where she graduated cum laude before enrolling in P&S.

After Dr. Forbes completed a two-year internship at Johns Hopkins Hospital in Baltimore, she accepted a fellowship at Massachusetts General Hospital/Harvard Medical School with Fuller Albright, the preeminent clinical and investigative endocrinologist of the time. For the next 40 years, Dr. Forbes would flourish as physician, scientist, and teacher.

Rounds took place daily at 11 a.m. for every medical attendant and every patient in the 10-bed endocrinology unit, where patients and healthy participants were carefully monitored. Early on, Dr. Forbes proved adept as a clinical researcher. In 1941, she co-authored a paper on hypopituitarism, a disorder of the testes, in

Transactions of the Association of American Physicians as well as a methods paper in the *Journal of Clinical Endocrinology*.

In 1947, Dr. Forbes debuted as first author in the *Journal of Clinical Endocrinology* with “The Effect of Trauma and Disease on the Urinary 17-Ketosteroid Excretion in Man.” Within three years, she was recommended for and admitted to the American Society for Clinical Investigation. And by the mid-1950s, her name had become part of endocrinology’s nomenclature. In all, Dr. Forbes would publish over 100 articles, abstracts, monograph chapters, and editorials.

Dr. Forbes’ research reflected a prodigious energy and an insatiable curiosity. She investigated Cushing’s, Turner’s, and Klinefelter’s syndromes, calcium and phosphorous metabolism, amenorrhea, kidney stones, bone disease, parathyroid gland pathologies, and the link between osteoporosis and menopause. She published on various aspects of ovary and testicle dysfunction, and she helped establish the Ovarian Dysfunction Clinic at Massachusetts General Hospital.

In addition to caring for patients and conducting research, Dr. Forbes taught sections of pathophysiology courses at Harvard Medical School and lectured on endocrine diseases at the Massachusetts General Hospital School of Nursing. Dr. Forbes also lectured on issues of global health, such as population growth and implanted birth control. And throughout her career, Dr. Forbes mentored numerous interns and fellows who were new to endocrinology.

By the time of her retirement in 1978, Dr. Forbes was a full professor of clinical medicine at Harvard Medical School. She took up gardening and raising sheep and cared for her husband, who had developed Alzheimer’s disease. Anne Pappenheimer Forbes died of Hodgkin’s lymphoma in 1992. She was 80 years old.

*The author acknowledges the use of Harvard Medicine magazine’s Autumn 2015 article, “A Woman’s Work.”*



SARAH EGAN



Laszlo Bito

## FACULTY

**Laszlo Z. Bito, PhD**, professor emeritus of ocular physiology (in ophthalmology), died Nov. 14, 2021.

**Stanley Epstein, MD**, clinical professor of medicine, died Nov. 7, 2021.

**Salvatore Raymond Gambino, MD**, former faculty member in the Department of Pathology & Cell Biology, died Jan. 1, 2022.



Scott Hammer

**Scott Hammer, MD**, professor of medicine, died Nov. 17, 2021. Read more in Alumni In Memoriam (Class of 1972).

**Theodore Robinson, MD**, retired professor of clinical radiology, died Jan. 1, 2022. Read more in Alumni In Memoriam (Class of 1956).

**Alan Seplowitz, MD**, retired associate professor of medicine at CUMC, died Feb. 24, 2022. Read more in Alumni In Memoriam (Class of 1972).



Zena Stein

**Zena Stein, MBBCh**, professor emeritus of public health (in psychiatry), died Nov. 7, 2021.

**C. Dominique Toran-Allerand, MD**, retired professor of pathology & cell biology, obstetrics & gynecology, and neurology, died Nov. 22, 2021.



Dominique Toran-Allerand

## ALUMNI 1947

**Grange S. Coffin**, an internationally recognized pediatrician who discovered the Coffin-Siris syndrome and the Coffin-Lowry syndrome, died Jan. 4, 2022. He was 98. Dr. Coffin completed a fellowship in bacteriology at the University of Chicago and served as a doctor in the U.S. Air Force at Lake Charles, Louisiana. He com-



Grange S. Coffin '47

pleted his residency in pediatrics at Johns Hopkins and later taught pediatrics at UCSF. He maintained a private practice in South Berkeley. Dr. Coffin contributed to discovery of a combination of drugs that proved highly effective in treating bacterial infections. The drug, marketed as Bactrim, was designated by WHO as an “essential medicine.” He volunteered in the city of Can Tho, Vietnam, for several challenging months during the war. He is survived by his wife, Heidi, seven children, and two grandchildren.

## 1948

**James and MaryParke Manning** died within months of each other



James Manning '48

in 2021. They had been married for 74 years after meeting during medical school. James Manning, also a graduate of Columbia College, died July 5, 2021, after a brief illness. He completed

college and medical school in six years through the Navy's World War II-era V-12 training program. He was a pediatric cardiologist and a pioneer of the field, having studied under the specialty's founder, Dr. Helen Taussig of Johns Hopkins; he held board certification #21. He spent his career at the University of Rochester School of Medicine, where the children's cardiology service bears his name. MaryParke Manning died Sept. 1, 2021. She became director of the pediatric clinic of Genesee Hospital in 1957 and stepped away from active medical practice in 1962 to raise her children. As a full-time mom, she launched decades of volunteer civic and public health activities. She was elected to two terms on the Penfield School Board and was active in the League of Women Voters. She was president of the board of the regional Planned Parenthood chapter and served on the boards of the Finger Lakes Health Systems Planning Agency (now Common Ground Health) and the AI Sigl Center. The Mannings are survived by four



MaryParke Manning '48

children, eight grandchildren, and two great-grandchildren.

## 1950

**Arnold Ritterband**, an internist devoted to family, medicine, and

public health activism, died Dec. 14, 2021. He was 95. He trained in pathology, neurology, and rheumatology at several New York City hospitals before practicing internal medicine in Schenectady for 60 years. During World War II, he served in the U.S. Navy as a radar technician on an aircraft carrier. He taught medicine at Albany Medical College and founded the Schenectady County Committee on Health Care Issues, which increased nursing home beds and helped establish the Schenectady County Public Health Services. Dr. Ritterband was also an anti-tobacco crusader who helped eliminate smoking in Schenectady restaurants. Upon retirement, he became co-medical director of the Schenectady Free Care clinic, which retired physicians and nurses staffed for nearly a decade. His wife, Phyllis, three children, and eight grandchildren survive him.

## 1951

**Lila Amdurska Wallis**, known as the “godmother of women’s health” for her pioneering advocacy for women’s health issues, died at age 100 on Jan. 3, 2022. She served as a clinical professor of medicine at New York Hospital-Cornell Medical Center for 55 years. Dr. Wallis was born to Jewish parents in Poland. After the Nazis invaded, Dr. Wallis’ husband and brother were deported to the Klooga concentration camp, where her brother was murdered. Her husband, Ben, was one of 85 survivors. Dr. Wallis reunited with her mother and husband after the war, and they emigrated to New York to join her father. She graduated from Barnard College before medical school. She helped develop the teaching model for breast and pelvic exams used in medical schools today and authored numerous articles and textbooks on women’s

health. Dr. Wallis was elected a Master of the American College of Physicians, served as president of the American Medical Women’s Association, and founded the National Council on Women’s Health. She is survived by two sons and three grandchildren.

## 1952

**Joseph C. Shipp**, a diabetes specialist, died Dec. 28, 2021, just a month before his 95th birthday. He trained at Columbia, Peter Bent Brigham, and Oxford University. He was chair of internal medicine at the University of Florida and University of Nebraska and professor of medicine at UCSF at Valley Medical Center. He served on the boards of the Sansum Diabetes Research Institute and the American Diabetes Association. A Markle Scholar and Fulbright-Hayes Scholar, Dr. Shipp taught diabetes care across the globe. He established diabetes camps for children and



Joseph C. Shipp '52

was among the first to introduce insulin pumps. He is survived by his wife, Marjorie, four children, and a granddaughter.

## 1953

**Frank T. Thomas**, an ophthalmologist who founded Bronxville Eye Associates, died Oct. 5, 2021. He was 96. He served as a medic in the U.S. Navy before attending Columbia College and

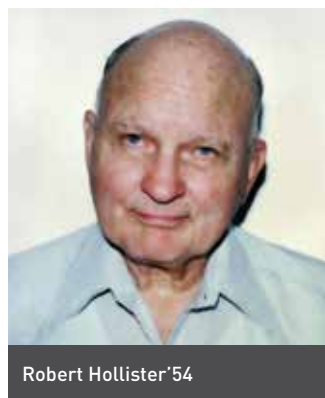


Frank T. Thomas '53

VP&S. He was an active golfer and tennis player, a longtime member of the Bronxville Lion’s Club, and an elementary school tutor. He is survived by three children and five grandchildren.

## 1954

**Robert “Bob” Hollister**, an internist who practiced in Franklin, Tennessee, for almost 40 years, died at age 94 on Dec. 19, 2021. A native of North Carolina, Dr. Hollister spent his childhood in



Robert Hollister '54

Korea, where his parents were Presbyterian medical missionaries. He joined the U.S. Navy in the closing years of World War II. He was medical director at Hospital Albert Schweitzer in Deschappelles, Haiti, from 1962-64. He founded the first cardiac care unit at Williamson County Hospital in Tennessee. He later joined two local physicians to found the nonprofit Claiborne and Hughes

Nursing and Rehabilitation Center, still in operation. Dr. Hollister is survived by his wife, Cornelia, two sons, and two grandsons.

## 1955

**Jerome “Jerry” Blum**, who practiced ophthalmology for 30 years in Santa Clara, California, died at age 92 on Jan. 24, 2022. After medical school, he enlisted in the U.S. Navy and later served as an officer attached to the U.S. Marine Corps. He trained at Tulane University and Johns Hopkins and later taught Stanford University medical residents at Valley Medical Center. He led volunteer medical care missions to China, Israel, the Czech Republic, and Bosnia Herzegovina. Dedicated to veterans affairs, Dr. Blum proposed legislation requiring screening and treatment for veterans returning from Afghanistan and Iraq for traumatic brain injuries and PTSD. It became California law in 2008. He is survived by his wife, Jocelyn, four children, and six grandchildren.

## 1956

**Frederick “Fred” Pasternack**, a doctor who practiced law for 43 years in Miami, died Aug. 27, 2021. He was 92. Enterprising from a young age, he worked morning shifts at his parents’ bakery as a boy and drove a Good Humor ice cream truck as a teen. He trained at Jackson Memorial Hospital in Miami before working as a medical research liaison at Lederle Laboratories in New Orleans. He earned a law degree from the University of Miami. Dr. Pasternack is survived by his wife, Elizabeth, seven daughters, 20 grandchildren, and two great-grandchildren.

**Theodore “Ted” Robinson**, a radiologist who practiced in New York for 50 years, died Jan. 1,

2022, at age 90. He began and ended his service at Columbia University, where he received his B.A. degree in 1952, completed medical school, trained as a resident at Columbia-Presbyterian, and was an attending radiologist. Dr. Robinson also served in the U.S. Public Health Service at the NIH. He held academic appointments at Cornell, the State University of New York/Downstate Medical Center, and Albert Einstein College of Medicine. His hospital appointments included Brooklyn, Long Island Jewish, Fordham, Queens, Kings County, and Roosevelt hospitals. Dr. Robinson was an avid tennis player. He is survived by his wife, Jo Ann.

**1957**

**Robert Grossman**, one of two neurosurgeons who attended to President John F. Kennedy when he was shot, died Oct. 7, 2021, at age 88. Dr. Grossman's parents

and was working at Parkland Hospital on Nov. 22, 1963. Dr. Grossman founded the Neurological Institute at Methodist Hospital in Houston and the North American Clinical Trials Network for Spinal Cord Injury. He also chaired the neurosurgery department at Baylor College of Medicine. He never refused a patient who could not pay and never retired. Dr. Grossman enjoyed photography, sundials, and fly fishing. He is survived by his wife, Ellin, three children, and nine grandchildren.

**Allan E. Jackman** (aka "Dr. Ajax"), an attending physician at UCSF's Medical and Arthritis Clinics for 40 years, died Oct. 20, 2021. He was 88. After medical school, he joined the U.S. Air Force Medical Corps, serving for two years as a captain at the American Hospital in Ankara, Turkey. He later trained at Stanford and UCSF before join-

**1958**

**Paul Donald Harris** of Morristown, New Jersey, died Feb. 15, 2022, at age 89. He attended Princeton as an undergrad. After medical school, he trained at the University of Rochester, Harvard, and Columbia. He was a cardiac surgeon at Roosevelt Hospital in New York City and Hackensack Medical Center in New Jersey. In retirement he devoted his time to baseball, his passion. He was part owner of the Norwich Navigators, a Yankee AA farm team. Dr. Harris is survived by his wife, Sarah, his children, and his stepchildren.

**Donald Hofreuter**, a family practitioner who served the community of Wheeling, West Virginia, for three decades, died Nov. 21, 2021, at age 89. He trained at Allegheny General Hospital in Pittsburgh and the Kettering Institute at the University of Cincinnati and served in the

his career, he practiced thoracic cardiovascular surgery in Pennsylvania at St. Joseph Hospital, Community General Hospital, and the Reading Hospital, where he was appointed chief of thoracic surgery. Beginning in 1991, he completed medical missions in Zambia and became the medical director at Luampa Mission Hospital in Kaoma, Zambia, through 1995. Dr. Jewell was elected "Missionary of the Year" by Christian Medical and Dental Associations, and he helped found the Pan-African Academy of Christian Surgeons, a volunteer surgical training program. He is survived by his wife, Eleanor, seven children, 16 grandchildren, and 12 great-grandchildren.

**Marvin Henry Marx**, who practiced urology in Lansdale, Pennsylvania, and at North Penn Hospital for 45 years, died Feb. 14, 2022. He was 89. He



Robert Grossman '57



Allan E. Jackman '57



Donald Hofreuter '58



Marvin Henry Marx '58

were immigrants from Hungary and Lithuania. He trained in the surgical service at the University of Rochester and joined the U.S. Army Reserve Medical Corps. He later worked at the Walter Reed Army Institute of Research in Washington, D.C. He became chief resident in the Department of Neurological Surgery at the Neurological Institute of New York. He later practiced in Texas

ing a downtown San Francisco medical practice. He also was an attending and teacher at UCSF. In retirement, Dr. Jackman served on the Fromm Institute for Lifelong Learning's Student Advisory Council and the board of the Marin Shakespeare Festival. He collected stamps. He is survived by two sons, two grandchildren, his partner, Evelyn, and his adopted family.

U.S. Navy. In 1993, he became CEO of Wheeling Hospital. Dr. Hofreuter joined other physicians in 1985 to found Wheeling Health Right, which provides equal access to basic medical services regardless of ability to pay.

**James Jewell**, who taught surgery at the University of Zambia for 20 years until 2017, died Oct. 30, 2021. Early in

was president of the North Penn Hospital staff and Montgomery County Medical Society. He and his wife, Carol, lived in a stone farmhouse in Worcester, Pennsylvania, where, in addition to their children, they raised cows, horses, dogs, chickens, ducks, and bees. Dr. Marx retired in 2000. He is survived by five children, seven grandchildren, and four great-grandchildren.

**Michael Porder**, a Freudian psychoanalyst, died Oct. 15, 2021. He spoke to patients until shortly before his death. Dr. Porder joined the New York Psychoanalytic Institute in 1964 and taught psychiatry at Columbia through 1990 and at Albert Einstein College of Medicine through 2000. He was a member of the Center for Advanced Psychoanalytic Studies, edited the *Psychoanalytic Quarterly*, and mentored generations of psychoanalysts. He and his friends, Drs. Martin Willick and Sander Abend, wrote a treatise on the treatment of borderline patients. New York City was Dr. Porder's home, but his spiritual center was a summer cabin on Spednic Lake in New Brunswick, Canada. He is survived by his wife, Peggy, seven children, 13 grandchildren, and a great-granddaughter.

## 1959

**Fred Huntley Allen Jr.**, who founded Carolina Neurological Clinic and made contributions to research in Alzheimer's, died Feb. 3, 2022. He was 87. After training at the University of Virginia and Vanderbilt University, he graduated from the Neurological Institute of New York. He served in the U.S. Army as chief of outpatient neurology at Walter Reed Army Hospital. Dr. Allen conducted one of the original drug trials for Aricept and contributed to research at Duke University that identified the APOE gene as a risk for early-onset Alzheimer's. He was a board member of the American Academy of Neurology, the Alzheimer's Association, and the Southern Clinical Neurological Society. He was a deacon at Myers Park Baptist Church. He is survived by his wife, Gretchen, three children, and four grandchildren.

**A. John "Bones" Elliot**, an orthopedic surgeon and diagnostician, died Aug. 11, 2021. He was 88. Born in Trenton, New Jersey, to Italian immigrant parents, he was christened Amerigo John Eleuteri. He chose to change his last name during his medical residency because the attendants said "Elliot" over the loudspeaker. He completed a surgical internship at Johns Hopkins Hospital, a surgical residency at St. Vincent's Hospital in New York City, and an orthopedic residency at Yale University. In 1968, he was honorably discharged from the U.S. Army Reserves as captain from a MASH unit. Dr. Elliot chose to practice in the Italian American community of Westerly, Rhode Island. He rose to chief of staff and surgery at Westerly Hospital and taught orthopedics at Yale University. In the early 1980s, he attended Cambridge College in the UK to learn arthroscopy. He later taught this new orthopedic procedure in China and, in 2020, was named a professor emeritus by the West China Medical University. He enjoyed hunting fowl, fly fishing, opera, dancing, tennis, and golf. He self-published a historical novel, "The Last Trumpet." Dr. Elliot is survived by his wife, Judith Metzger Elliot, two daughters, and a stepson.

**Veronica "Ronnie" Stinnes Petersen**, a pediatrician who taught at Harvard Medical School, died July 28, 2021. She was 88. Born in Germany, her family fled in 1938 and settled in Philadelphia. In retirement, she served on the boards of numerous Boston area educational and artistic organizations. At Haverford College, she endowed a professorship in peace studies. She enjoyed travel, music, and



Veronica Stinnes Petersen '59

art. Dr. Petersen is survived by her husband, Robert, three children, and eight grandchildren.

## 1960

**Stephen Flagg**, a plastic and hand surgeon who practiced in New Haven, Connecticut, for 35 years, died Jan. 8, 2022. He was 85. He trained at Roosevelt Hospital and New York University and worked at the Royal Victoria Infirmary in Newcastle upon Tyne, England. He taught at Yale from 1971 until his retirement in 2006. He helped found the New England Society of Hand Surgery, and in 2010 the New England Society of Plastic and Reconstructive Surgeons presented him with a Lifetime Achievement Award. Dr. Flagg competed in international masters rowing events, winning numerous medals. He is survived by his wife, Edith, three children, a stepson, and seven grandchildren.

**Peter "Paul" Kronfeld**, staff anesthesiologist at El Camino Hospital in Mountain View, California, for 30 years, died Nov. 12, 2021. He was 88. Originally from Austria, Dr. Kronfeld came to the United States to attend Wesleyan University. In 1966, he was appointed chief of anesthesiologists at the U.S. Public Health Service in San Francisco's Presidio. Dr. Kronfeld was an instrument-rated private pilot and flew his Cessna 182 all over the United

States, Canada, Mexico, and the Caribbean. He survived an emergency landing after engine failure at 5,000 feet. He was an avid tennis player who loved music across many genres. Dr. Kronfeld is survived by two daughters and three grandchildren.

**Charles Leach Jr.**, a cardiologist who co-founded Connecticut's first cardiac rehabilitation program, died Aug. 10, 2021. He was 86. Dr. Leach met his future wife, Joan (Gross), at Bellevue Hospital. He served as a captain in the Army Medical Corps. He later became director of cardiology at New Britain General Hospital and learned Polish to better connect with his patients. He briefly returned to private practice and taught at the University of Connecticut Medical School. He brought his first-year students to the New Britain Museum to find the connections among medicine, music, and art. In retirement, he dressed as a Colonial doctor at museum events for the Stanley Whitman House. He volunteered with the Farmington Land Trust and advocated for open space protection. His wife, Joan, a sister, four children, and seven grandchildren survive him.

**Charles Rucker**, a cardiothoracic surgeon in private practice for over 30 years in Phoenix, Arizona, died Nov. 25, 2021. He was 87. Between his residency at St. Luke's Hospital in New York City and his fellowship in thoracic surgery at Columbia-Presbyterian, Dr. Rucker served in the U.S. Army as a general surgeon at an Army hospital in Tehran, Iran. He served in numerous clinical leadership positions at St. Luke's Hospital and chaired the cardiovascular & thoracic surgery department at St. Joseph's Hospital. He was





Charles Rucker '60

devoted to his Episcopal faith. Dr. Rucker is survived by his wife, Alexandra, three children, and seven grandchildren.

### 1961

**John Robinson**, a cardiologist and faculty member at Ohio State University for 40 years, died Jan. 7, 2022. He was 86. He received awards for teaching and patient care and was honored with a volunteer clinical faculty award for teaching electrocardiogram interpretation to medical students and house staff. He was a founding member of the volunteer medical advisors, Worthington Emergency squad, and a member



John Robinson '61

of Worthington Presbyterian Church. Dr. Robinson was a private pilot and enjoyed studying history. He is survived by his wife, Carol, two children, and four grandchildren.

### 1963

**Albert V. Assali**, a urologist in private practice in Fremont, California, for nearly five decades, died Jan. 19, 2022. He was 84. Born in Les Cayes, Haiti, Dr. Assali trained at Bellevue Hospital and St. Luke's Hospital in New York. He served as a lieutenant commander in the Navy at Balboa Naval Hospital for two years. Dr. Assali later opened his private practice in Fremont and joined the medical staff at Washington Hospital. He joined several mission trips to Haiti and Honduras. He loved gardening



Albert V. Assali '63

and classical music. He is survived by his wife, Cora, three daughters, seven grandchildren, a brother, and four sisters.

**Paul Mosher**, a psychoanalyst whose contributions included advances in patient confidentiality and the digitalization of psychoanalytic literature, died Sept. 14, 2021. He was 84. Through the American Psychoanalytic Association, he coordinated the funding and production of an amicus brief presented before the Supreme Court (*Jaffee v. Redmond*) on psychotherapist-patient confidentiality. He originated a consolidated full-text archive of the English language psychoanalytic literature and was a founding board member of Psychoanalytic Electronic Publishing. He trained in psychiatry and psychoanalysis at Columbia and

practiced for over 50 years in New York City and later in Albany. He was self-taught in several computer languages. Dr. Mosher is survived by his wife, Paula, two children, and six grandchildren.

**John Noble**, an internist who devoted his life to treating vulnerable populations, died Oct. 3, 2021. He was 84. He trained at Massachusetts General Hospital. Before joining Boston University School of Medicine, he held clinical leadership positions at Middlesex County Hospital in



John Noble '63

Waltham and Lexington, Massachusetts, and North Carolina Memorial Hospital. He was chief of general internal medicine for 20 years at Boston City Hospital (now Boston Medical Center), where he initiated programs to improve outcomes for the homeless, frail elders, and people with smallpox, tuberculosis, and HIV/AIDS. He helped establish specialized clinics for Haitian and Hispanic communities, young Black men, and homebound seniors. Dr. Noble helped create the Society of General Internal Medicine. He is survived by his wife, Ewa Kuligowska, MD, three sons, two stepsons, and their families.

### 1964

**Harris Berman**, dean emeritus of Tufts University School

of Medicine and an infectious disease consultant, primary care doctor, and founder and CEO of not-for-profit health plans, died Oct. 30, 2021. He was 83. Dr. Harris and his wife, Ruth, served together in the Peace Corps in India. There he became the chief medical officer responsible for the care of some 1,500 volunteers. In 1971, Dr. Berman co-founded one of the first staff-model health maintenance organizations—the Matthew Thornton Health Plan in New Hampshire—which provided care to 50,000 people by the



Harris Berman '64

mid-1980s. He later became CEO of Tufts Health Plan, which grew from 60,000 to 1 million members over his 17-year tenure. He held several administrative positions at Tufts University before stepping into the role of medical school dean at age 73. He is survived by his wife, Ruth Nemzoff, four children, and 11 grandchildren.

### 1969

**David Berke**, a cardiologist who practiced in Fremont, California, for 30 years, died Dec. 27, 2021. He was 78. He completed internal medicine residencies at Columbia and UCSF and a cardiology fellowship at Stanford. He developed the cardiac program, including a catheterization lab, cardiac rehabilitation, and heart surgery, at Washington Hospital. Late in his career, he worked for Palo Alto



David Berke '69

Medical Foundation and in Castro Valley. He is survived by his wife, Terry, and her family, two daughters, and two granddaughters. His business card quoted Hippocrates: "Cure sometimes, treat often, comfort always."

**Conrade Carl Jaffe**, an internist with a long career as a professor and clinician at Yale University and Yale-New Haven Hospital, died Nov. 4, 2021, his 79th birthday. At Yale, he founded the Center for Advanced Instructional Media, which created award-winning interactive instructional software for teaching medical diagnostic imaging. He later served as a branch chief of the National Cancer Institute's Cancer Imaging Program. He helped create the Cancer Imaging Archive, which has assisted thousands of scientists in their research. After 2008, Dr. Jaffe was professor of radiology at Boston University's medical school. He is survived by his wife, Toini, two sons, and four grandchildren.

**Charles "Chuck" Jackson Jr.**, a psychiatrist in private practice in New York City and at Columbia University Health Service for 20 years, died Nov. 20, 2021, at age 78. He retired and moved to Northampton in 1989. Dr. Jackson loved sports and games such as bridge, poker, and chess. He is survived by his partner, Susanne, two children, and six grandchildren.

## 1972

**Scott M. Hammer**, professor of medicine at VP&S and professor of epidemiology at the Mailman School of Public Health, died Nov. 17, 2021. He also was emeritus chief of the Division of Infectious Diseases at VP&S. A brilliant scientist and beloved clinician, Dr. Hammer was a giant in his field who framed and defined the current standard of HIV care both domestically and internationally. He changed countless lives. One of the first to treat HIV/AIDS patients in the United States, Dr. Hammer led the two most extensive national trials of antiretroviral therapy in the 1990s. In later years, he focused on HIV prevention, helping to lead vaccine trials and studies of monoclonal antibodies to prevent HIV. He was at the forefront of work to develop an HIV vaccine. Dr. Hammer graduated magna cum laude from Columbia College, trained at Columbia and Stanford, and was a chief resident in medicine at Columbia/NYP. He was recruited from Harvard Medical School in 1999 to lead the Division of Infectious Diseases at Columbia. Under his leadership through 2019, the division experienced unprecedented growth in research, training, and patient-centered clinical care. Dr. Hammer's unique qualities of humility, determination, and generosity affected each person under his care and training. He inspired vast numbers of students, fellows, researchers, and clinicians to become the next generation of public health and infectious disease innovators. A visionary leader, he singularly led the recruitment of virologist David Ho, MD, and the Aaron Diamond AIDS Research Center to Columbia, a transformative accomplishment just in time to address the pandemic at its epicenter. Dr. Hammer is survived by

his wife, Susan Lorch, a brother, and other family members.

**Alan Sepowitz**, an internist and endocrinologist at Columbia for four decades, died Feb. 24, 2022. He was 74. He trained in internal medicine at New York-Presbyterian before serving in the U.S. Public Health Service for two years at the NIH. He was honored by VP&S in 2011 with an outstanding teaching award. He enjoyed tennis and playing Scrabble with his children and



Alan Sepowitz '72

grandchildren. Dr. Sepowitz is survived by his wife, Betty, three children, and several grandchildren.

## 1974

**Lewis "Lew" Evans II**, a non-invasive cardiologist who practiced at the Guthrie Clinic in Sayre, Pennsylvania, for 25 years, died Jan. 31, 2022. He was 80. He completed a law degree at Cornell in 1964 and worked for several years at the firm of Sherman and Sterling in New York City before medical school. He completed a cardiac fellowship at Presbyterian Hospital. His passion was crew, which he coached at Cornell in 1964 and at Columbia during medical school. Dr. Evans is survived by his wife, Katherine.

## 1975

**Frances Cohen**, a psychiatrist, psychoanalyst, and couples

therapist with over 40 years of experience, died Oct. 1, 2021, of a heart attack. She was a prominent member of the New York Psychoanalytic Society and was honored for her exceptionally empathetic insight. She is survived by her husband, Stephen, a daughter, and a grandchild.

## 1976

**Cynthia McClennon Charity**, a pediatrician in private practice for 26 years in Richmond, Virginia, died Oct. 13, 2021.



Cynthia McClennon Charity '76

She was 73. As the salutatorian of her high school class in Winston-Salem, North Carolina, she was selected in the first wave of Black students to integrate Vanderbilt University in Nashville, Tennessee. There she met her husband, OB/GYN Renard Adkins Charity Sr., then a student at nearby Meharry Medical College. Dr. Charity trained at the Medical College of Virginia and opened her practice in 1980. The couple later built medical offices together. After her retirement in 2006, Dr. Charity was happiest during creative pursuits such as sewing a garment, crocheting, or elaborate cross-stitching. She was a member of Gilfield Baptist Church in Charles City, Virginia. She is survived by her husband, Dr. Renard Charity Sr., three children, and five grandchildren.



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A nurse oversees a ward in the Babies Hospital's Summer Hospital in Rumson, New Jersey, circa 1895

## Legacy in Children's Health

**A** new book honors the history of Babies Hospital, now known as Morgan Stanley Children's Hospital. Five women founded the hospital in 1887 in a brownstone on 55th Street and Lexington Avenue. The hospital was the first freestanding children's hospital in New York City and is the fourth oldest in the United States.

In 1929, the hospital relocated to a new 200-bed facility as part of the Columbia-Presbyterian Medical Center, which opened in 1928. The *New York Times* referred to the new Babies Hospital as "the last word in hospital design and equipment." Under the leadership of Rustin McIntosh from 1931 to 1960, the hospital became a beacon for discovery and innovation, assembled a department of noted subspecialists, and was one of the first children's hospitals to develop programs in neonatology, surgery, radiology, neurology, hematology-oncology, and psychiatry.

The book, "Images of America: The Babies Hospital of New York," includes 171 images largely from Archives &

Special Collections at Columbia's Augustus C. Long Health Sciences Library. The book was published in January 2022 by Arcadia Publishing. It includes a foreword written by Jordan S. Orange, MD, PhD, chair of the Department of Pediatrics at Columbia.

The book's authors are Michael Weiner, MD, the Hettinger Professor of Pediatrics, and Stephen E. Novak, head of Archives & Special Collections at the Columbia University Irving Medical Center. Dr. Weiner is also vice chair of pediatrics and former director of the pediatric oncology division. He is the author of "Living Cancer: Stories of an Oncologist, Father, Survivor."

Royalties from the sale of the book will be donated to Columbia Children's Health.

