

Columbia Medicine

Columbia University Vagelos College of Physicians & Surgeons

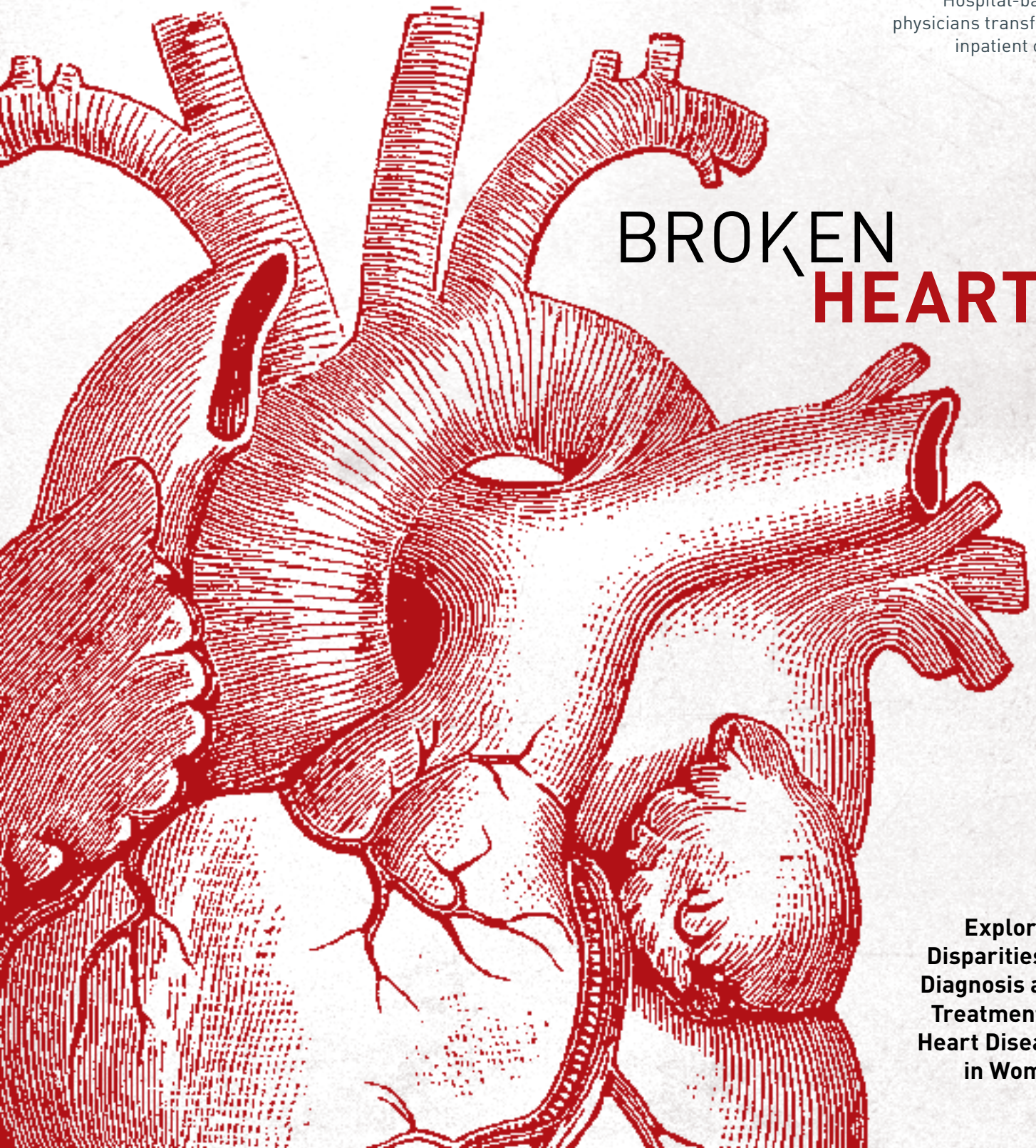
FALL/WINTER 2020

Fully Inclusive

Task force develops
anti-racism
recommendations

Hospitalists

Hospital-based
physicians transform
inpatient care



BROKEN HEARTS

Exploring
Disparities in
Diagnosis and
Treatment of
Heart Disease
in Women



BARBARA ALPER

• FROM THE DEAN

Dear Readers,

The historic, momentous, and unforgettable 2020 is drawing to a close as I prepare this message. Earlier this fall, we had hoped the worst of COVID-19 was behind us, but instead we are gearing up in the Northeast for increases in cases and hospitalizations, just as many parts of the nation experience

what we went through in March and April 2020. Even as we anticipate a projected difficult few months ahead, our vital work must continue.

We hope to have our first-year medical students back on campus in January 2021 (in concert with Columbia University guidelines), recognizing that a medical education requires hands-on learning. Many students are already back and progressing through rotations and working in the simulation center in the Vagelos Education Center. Our research mission continues to flourish. Early data on NIH federal fiscal year 2020 funding show VP&S moving nationally from No. 9 last year to No. 5 this year (the best ever!), with research conducted both remotely and in labs that can accommodate social distancing. Nature Index, a measure of the quality and impact of our publications in biomedical and health care research, typically ranks VP&S as first or second. Patient care has returned to near normal volumes with the help of telemedicine and protocols that keep in-person patient visits safe for both the patient and the physician or provider.

I am proud of the accomplishments of our faculty, staff, students, residents, and fellows throughout 2020 and proud of the work we have done in meeting COVID-19 challenges, but I also am proud of the work that has been put in to make our campus a more equitable place to learn, work, provide and receive care, and study the inequities that we know exist in health care. I invite you to read in this issue about the programs we are putting into place to ensure that our medical center is free of racism and fully inclusive, measures intended to be sustainable for generations to come. More than 100 individuals from VP&S and throughout the Columbia University Irving Medical Center worked on a task force during the summer to develop recommendations and action items that I am confident will make us a national leader in anti-racism in health care and health education.

This year reinforced the importance of our partnership and shared commitment with NewYork-Presbyterian-NYP (ranked No. 4 in the country), which led the way in COVID-19 patient care in New York City and beyond. All of us at VP&S are grateful for the leadership of Steve Corwin, MD, president and CEO, as well as many other NYP leaders and staff, and proud of our continuing partnership in patient care, medical and graduate medical education, and community programs.

With best wishes for a healthy, safe, and happy 2021,

Anil K. Rustgi, MD

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Faculty and staff should contact their departmental administrators to update their addresses, which are obtained through the Columbia University personnel system.

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By Alexander Gelfand

From humble beginnings, the medical center's hospitalist program of "in-house quarterbacks" coordinating care of hospitalized patients has grown to more than 25 hospitalists and almost 50 physician assistants. When COVID-19 struck, the hospitalists at Milstein and Allen were well-equipped to deal with the illness that seemed to spare no system of the body.

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A medical center task force developed recommendations designed to be transformational—to make VP&S and all of CUIMC "an organization that is truly anti-racist, diverse, multicultural, and fully inclusive."



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JENNIFER O'ROURKE

Black Docs Matter

We were pleased to read about the extraordinary efforts of VP&S in response to the COVID-19 crisis, including those of the student body (Spring/Summer 2020 issue). For us, what was missing was coverage related to the emerging awareness of the interconnectedness of racism and this pandemic. How has CUIMC responded to the needs of so many front-line workers, who are also people of color? What is the best thinking from the Mailman School of Public Health about what CUIMC should be doing now to respond to patients and community? What about VP&S students of color? The death of George Floyd sparked

global protests, including at VP&S. The Black and Latinx Student Organization (BALSO) has been at the forefront of raising awareness about racism and discrimination, advocating for structural and cultural changes and working with the administration for improvements.

BALSO was founded by Michelle Clark'76 and classmates in response to racist graffiti in the lecture halls in 1972. We are pleased that this organization continues to thrive and that there is greater support for the students in general and specifically for those from underrepresented backgrounds. Yet there are still challenges in terms of the numbers of

Black and Latinx students and faculty. As alumnae of color, we were disappointed that the alumni magazine mentioned nothing about BALSO or the protests and we hope to see more information in an upcoming issue.

Vivian Lewis'77
Michelle Clark'76
Via email

Editor's Note: The spring/summer 2020 issue was already in press when the protests began in June. Information about the VP&S response was covered in the 2020 VP&S annual report and is also included in this issue.

Masks for Patient Care

I always enjoy looking through your magazine and catching up on the fine work going on at my alma mater. However, I was shocked to see people (Spring/Summer 2020 issue) wearing respirators (masks) with exhaust valves both on page 25 (top left hand picture) and on the magazine cover ("The Specialist"). These valves make it more comfortable to wear a mask by permitting exhaled air to escape the mask without filtration. This type of mask should never be used in the setting of COVID-19 since it will not protect personnel from a mask wearer with COVID-19, including people with asymptomatic disease.

Most concerning is that the picture on page 25 shows such a mask in use at what appears to be a patient care area. Other pictures raise additional concerns. The picture on the upper right side of page 24 shows that the second person from the left is wearing a surgical mask below, or at best on, the tip of the nose, rather than proper use, which should cover the bridge of the nose. The person on the far right side of this picture is wearing his mask under his chin rather than on his face, although he continues to wear eye protection.

David Alland'80
Rutgers University -
New Jersey Medical School

Editor's Note: Two readers wrote to ask about the masks shown in some photos, particularly one of the cover images. *Columbia Medicine* regrets that photo shoots of health care workers and students showed individuals wearing masks in ways that do not reflect proper mask wearing in actual patient care settings.

↘ *send letters to:*

Bonita Eaton Enochs, Editor
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Medical Education in a Pandemic

VP&S student Cody Slater had just finished his internal medicine rotation at New York-Presbyterian Hospital in March when the COVID-19 outbreak shut down New York City. Like other members of the VP&S Class of 2022, he was at the start of his Major Clinical Year, a sequence of clinical rotations that immerse students in different medical specialties in hospital settings.

“It was a stressful time,” recalls Mr. Slater. Without clinical rotations to fill his time, he was connected to a research project through Elizabeth Shane, MD, associate dean for student research, who identified COVID-19 research projects that were a good match for VP&S students.

Mr. Slater began work with Ruijun Chen, MD, a physician-researcher at Weill Cornell Medicine. He was one of 30 medical students who contributed to data collection efforts for the study and one of four medical students who were first authors on one of the resulting papers, “Characterization and Clinical Course of 1,000 Patients with Coronavirus Disease 2019 in New York: Retrospective Case Series,” that was published in the *BMJ*, an international research journal.

“By getting involved in the research, I felt like I knew what was happening at the hospital and it took my mind off other things,” says Mr. Slater.

“The resilience of our students, faculty, and staff has been phenomenal as everyone has had to reimagine medical training,” says Lisa Mellman, MD, interim co-vice dean for education and senior associate dean for student affairs at VP&S. “This period has shown that when faced with unprecedented challenges, we can all pull together and meet the needs at hand.”

From mid-March through June 2020, clinical education paused for most third- and fourth-year medical students. By July, students had returned to clinical rotations in a slightly abbreviated format to allow them to catch up after rotations were paused.

During the fall 2020 semester, pre-clinical education also changed at VP&S. First-year medical students were fully remote, participating in synchronous learning (online classes that are taken together and include interactive participation) and asynchronous learning (in which content is available online and students can access the materials when they wish). Anatomy was taught online in interactive large groups and smaller clinical correlation sessions. In-person dissection sessions are planned when students return to campus for the spring 2021 term.



Faculty member Alan J. Detton leads a virtual anatomy class that uses Complete Anatomy, an interactive educational 3D platform.

Second-year medical students participated in a blended curriculum with in-person instruction in the simulation center and in the hospital to focus on clinical skills. Remote instruction accounted for the rest of their coursework. These students interacted in person with standardized patients using appropriate safety precautions and practiced their interviewing skills via remote sessions.

“There have been excellent lessons about instances in which remote instruction helps to harmonize teaching across sites and to facilitate bringing in instructors,” says Jonathan Amiel, MD, interim co-vice dean for education and senior associate dean for curricular affairs at VP&S. “We have also been accelerating the use of interactive online modules with preceptors providing ongoing feedback as cases develop, including a terrific COVID module that all first- and second-year students completed.”

With the COVID-19 pandemic and care delivery in health systems reaching a new equilibrium, third-year medical students resumed their clinical clerkships in late June. Many fourth-year students who spent several months starting their scholarly projects and participating in service-learning were able to resume sub-internships and senior electives in June. They will participate in a hybrid residency preparation course ahead of graduation in the spring.

The residency application process has changed to reflect the times. In May, the Coalition for Physician Accountability, a cross-organizational group of national medical education organizations,

including the Association of American Medical Colleges, offered nationwide recommendations for students preparing for the 2020-21 residency cycle. The coalition recommended temporarily suspending away rotations at hospitals, moving forward with virtual interviews for all applicants to residency programs, delaying the start of the electronic residency application process, and delaying release of medical student performance evaluations.

In light of the recommendations, residency programs across the country have transformed their interview days. Residency applicants are offered virtual meet and greets, open houses, and tours of hospitals.

The VP&S mock interview program, which helps to prepare medical students for residency interviews, is also virtual this year. It now covers how to set up a personal interview space to look professional online and offers tips for making a positive impression with eye contact and body language on Zoom.

As for Mr. Slater, he continued with his Major Clinical Year and completed a summer rotation in primary care in the Bassett Healthcare System in Cooperstown, New York. “My classmates

and I are training to become physicians during one of the most pivotal moments for health care in the last half-century,” says Mr. Slater. “While structural insufficiencies have always been present in medicine, our education is uniquely dominated by an awareness of these factors and how they disrupt health outcomes, even without the strain of a pandemic. I am confident we are already growing from this experience to help shape the next generation of health care, one in which accessibility and community engagement become equal partners with scientific discovery and technical innovation.”

— Rose Spaziani

more COVID-19 news

To read more about Columbia’s clinical, research, and educational response to the pandemic, visit the CUIMC Newsroom’s COVID-19 topic page: www.cuimc.columbia.edu/news/topics/infectious-diseases/covid-19.

Can You Hear Mi-Mi-Mi Now? A Cappella Auditions Go Virtual

If you think virtual meetings are daunting, try leading an a cappella group over Zoom. That was the challenge facing the presidents and music directors of the P&S Ultrasounds, the P&S Club a cappella singers. For more than 20 years, the coed group has performed everything from the Beatles to Beyonce.

The group is currently led by co-presidents Caroline Puskas and Brett Seeley-Hacker and music directors Emily Honzel and Brandon Vilarello, all second-year students. Along with the rest of the student body, the singers were off campus in the early months of the pandemic but continued meeting for virtual rehearsals. “We tried to keep in touch and check on each other more than anything else. We still had rehearsal via Zoom to maintain some sense of normalcy,” Ms. Puskas says.

When it came to the actual singing, the technology was less than accommodating. “We tried to sing one time, and it didn’t go exceptionally well,” Ms. Puskas says. Voices cut in and out, volume was uneven, and a host of other issues made singing

together an exercise in futility. “But above all, we just wanted to be there for each other. That was more important than the music in our eyes.” What was once an a cappella group became something more akin to an impromptu support group.

“We had an organic thing in the spring with our group chat, just sending videos back and forth of little snippets of songs,” Mr. Seeley-Hacker recalls. “There were all kinds of ways to get to know each other and continue to share music with one another.”

“My personal favorite part of the spring was the little ‘love’ songs we all sent each other. That was really cute and heartwarming for me,” Ms. Honzel adds.

The leaders were faced with a unique challenge when fall semester began: How do you recruit and audition new members to an a cappella group without meeting? Would people want to join a choir without the promise of being able to sing together?

The group’s leaders decided to organize virtual auditions. No one knew what to expect in terms of turnout, but the group’s

call for singers was answered in a full, resonating timbre. Virtual sign-up sheets quickly filled up with prospects ready to audition from as far as Texas and California. Over two nights of auditions, singers participated in basic warmup and pitch-matching exercises then performed 30 to 60 seconds of a song of their choice.

Each 15-minute audition concluded with a sight-reading exercise and questions posed to the group’s leaders. Chief among those questions: How, or when, will we sing together?

“We are making it work until it’s safe to reunite, knowing that eventually we’ll be able to rehearse and perform in person again,” says Mr. Vilarello.

“Until then, this is just a great group to be a part of and such a supportive network,” says Ms. Puskas. “We’re just excited by the opportunity to have this community, where we’re all tied together by the fact that we love to sing. Whenever we are able to sing in person, we’ll have our group and we’ll be ready to go.”

— Danny McAlindon



ABOUT THE CLASS OF 2024

140 students

- 113 MD students
- 12 MD-PhD students
- 10 Columbia-Bassett students
- 3 PhD-to-MD students
- 2 oral and maxillofacial surgery students

68 women/72 men

31 underrepresented minorities (22.1%)

10 first-generation college students (7.1%)

7,297 total applications

878 applicants interviewed

50 colleges represented

35 states represented

9 foreign countries represented

Class of 2024

At the White Coat Ceremony for the incoming first-year class—a virtual ceremony held Aug. 13—140 members of the Class of 2024 were welcomed into the Columbia community. Via Zoom, the new medical students were welcomed in traditional aspects of the ceremony: They were cloaked in white coats, recited the Hippocratic Oath, and listened to a guest speaker, all from their homes.

Angela Mills, MD, the J.E. Beaumont Professor of Emergency Medicine at CUMC and chair, Department of Emergency Medicine, spoke at this year's ceremony as the seventh Fern Feldman

Anolick-Gold Foundation lecturer. “It is critical of us to remember the enormous privilege and responsibility we have as physicians and physicians in training,” Dr. Mills told the students. “We truly are the safety net of our society at the forefront of social and public health issues, disease, new legislation, and social unrest.”

During the virtual ceremony, students put on their own white coats as their names were announced. After all names were read, the new students shared their screens together on the live feed in a virtual “group photo.”

Leadership Appointments at VP&S

E. Sander Connolly Jr., MD, a longtime VP&S faculty member, has been named chair of the Department of Neurological Surgery at VP&S and neurosurgeon-in-chief at NewYork-Presbyterian/Columbia University Irving Medical Center. He succeeds Robert S. Solomon, MD, who was chair for 22 years.

Dr. Connolly has been a member of the medical center community since he graduated from medical school at Louisiana State University and arrived in New York City for residencies in surgery and neurological surgery at Columbia. He joined the VP&S faculty in 1997 as assistant professor of neurological surgery and was named the Bennett M. Stein Professor of Neurological Surgery in 2008. He has been vice chair of the department, director of the Cerebrovascular Research Laboratory, and surgical director of the Neurological



E. Sander Connolly Jr.



Sabrina Diano



Rudina Odeh-Ramadan

Intensive Care Unit at NYP/CUIMC. He is immediate past president of the Neurosurgical Society of America.

Dr. Connolly's clinical practice focuses on the microsurgical treatment of patients with cerebral aneurysms, arteriovenous malformations, carotid stenosis, moyamoya (a rare condition in which arteries at

the base of the brain become constricted), cerebral hemorrhage, and ischemia.

His laboratory research focuses on the role of inflammatory cascades in the brain following stroke. He has conducted clinical trials of agents that can reduce inflammation and potentially improve stroke outcomes. Other clinical research has been directed at

improving outcomes of patients undergoing cerebral revascularization. He has published extensively and is NIH funded.

Sabrina Diano, PhD, is the new director of the Institute of Human Nutrition, succeeding Richard Deckelbaum, MD, who led the institute since 1992. Dr. Diano joined VP&S from Yale University, where she was the Richard Sackler Family Professor of Cellular & Molecular Physiology at the School of Medicine and also a full professor in the departments of neuroscience and

comparative medicine. She was a founding member of the Yale Program in Integrative Cell Signaling and Neurobiology of Metabolism.

Dr. Diano joined Yale in 1999 as a post-doctoral associate in obstetrics & gynecology after receiving her PhD from the Department of General and Environmental Physiology at the University of Naples “Federico II” in Italy.

Her research focuses on how the hypothalamus senses nutrients in circulation and uses that information to make decisions about what and how much to eat.

Rudina Odeh-Ramadan, PharmD, has been appointed vice dean for finance and administration for VP&S after serving for 11 months as interim vice dean for administration. Dr. Odeh-Ramadan succeeds Martha Hooven, who died in June after serving as vice dean since 2008. Dr. Odeh-Ramadan, formerly vice president for research administration, will also serve as the VP&S liaison to Columbia University’s Sponsored Projects Administration and Clinical Trials Office. She joined Columbia in 2005 after working at NewYork-Presbyterian.

News in Brief

VP&S faculty members **Sonia Yris Angell, MD, Wendy Chung, MD, PhD, and Kam W. Leong, PhD**, were elected to the National Academy of Medicine in October 2020. Members are elected by their peers in recognition of

and sugar in our food supply, working globally to improve control of hypertension, and global leadership in modeling environmental change to sustainably reduce risk and save lives. She previously served as deputy commissioner

monogenic conditions (two of which bear her name) across a wide range of diseases and leading the pivotal study of newborn screening for spinal muscular atrophy. Dr. Chung was the original plaintiff in the Supreme Court case that

faculty member in the VP&S Department of Systems Biology. He was selected for his innovative developments in multifunctional nanoscale technologies for delivering drugs, antigens, proteins, siRNA, and DNA to cells. Dr. Leong’s lab focuses on the design of therapeutic biomaterials for gene editing, drug and gene delivery, and regenerative medicine, including the development of nanocarriers that can deliver gene-editing elements to the liver for metabolic disorders.



Sonia Yris Angell



Wendy Chung



Kam W. Leong

outstanding achievement, and election is one of the highest honors bestowed in the field of medicine. Dr. Angell, assistant clinical professor of medicine, was selected for her leadership in the nation’s first municipal regulation to ban transfat, launching national coalitions to reduce sodium

of the New York City health department. Dr. Chung, the Kennedy Family Professor of Pediatrics (in Medicine) and leader of the Precision Medicine Resource in the Irving Institute for Clinical and Translational Research, was selected for identifying the genetic basis for over 45

overturned the ability to patent genes. She has 20 years of experience in human genetic research of monogenic and complex traits. Dr. Leong is the Samuel Y. Sheng Professor of Biomedical Engineering in the Fu Foundation School of Engineering and Applied Science and a

Angela Christiano, PhD, Molly Przeworski, PhD, and Lorraine S. Symington, PhD, were elected to the National Academy of Sciences in recognition of their distinguished and continuing achievements in original research. Dr. Przeworski also was elected to the American Academy of Arts & Sciences, which recognizes excellence of scientists, artists, scholars, and leaders in



Angela Christiano

the public, non-profit, and private sectors. Dr. Christiano's research focuses on determining the genetic and immunologic mechanisms underlying alopecia areata, an autoimmune form of hair loss. Her laboratory's research has identified potential therapeutic targets for this disorder, including JAK inhibitors that are now in widespread clinical development by several large pharmaceutical companies and will likely represent the first class of FDA-approved drugs for alopecia areata. Dr. Przeworski's work aims to understand how natural selection has shaped patterns of genetic variation and to identify the causes and consequences of variation in recombination and mutation rates in humans and other organisms. Her research has contributed to a better under-



Molly Przeworski

standing of how natural selection operates in humans and in other species. It has revealed recombination rates to be highly variable among individuals. Dr. Symington studies how the cell repairs harmful DNA damage. Defects in the repair mechanism have been associated with increased mutagenesis and cancer. Drugs that increase DNA damage, or disable other repair mechanisms, are effective in the treatment of cancers with homologous recombina-



Lorraine S. Symington

tion deficiencies. Her long-term goal, by studying budding yeast as a model system, is to identify genes that control homologous recombination in people.

The Herbert Irving Comprehensive Cancer Center has been competitively renewed as a designated Comprehensive Cancer Center by the National Cancer Institute. Originally funded in 1972, the HICCC gained comprehensive status in 1979. The most recent renewal marks more than 40 years since the HICCC has maintained its status as a comprehensive cancer center. After a thorough evaluation of every facet of HICCC's operations, the NCI awarded the HICCC

with the Comprehensive Cancer Center designation, the highest ranking given. The redesignation comes with a five-year support grant of \$26.5 million—an increase of nearly 40% in funding over the previous support grant. HICCC scientists are among the world's most prolific and innovative, helping boost Columbia to the top position among health care institutions in a recent Nature Index annual ranking. Last year alone, HICCC received over \$19 million in multi-investigator research grants, more than doubling the number of collaborative team science projects since 2014. The HICCC saw a 132% increase in NCI funding since 2014 to \$25.7 million, with \$92 million in cancer funding overall. Over the past five years, researchers at HICCC have made new discoveries in cancer immunotherapy, expanded the use of systems biology and genomics to identify personalized cancer treatments, and introduced mathematical and engineering approaches to the study of cancer. HICCC physicians delivered more than 120,000 cancer treatments last year, up from 90,000 in 2014. The number of patients enrolled in clinical trials at the center has increased over the past five years by nearly 40%, with underrepresented minorities accounting for nearly 50% of all study participants.

Dawn Hershman, MD, professor of medicine at VP&S and professor of epidemiology at the Mailman School of Public

Health, has received a prestigious American Cancer Society Professorship in recognition of her advances in breast cancer research and health outcomes. The professorship, a lifelong designation, honors physician-scientists and clinicians for seminal contributions to cancer.

A longtime goal of Columbia and other suicide researchers—a **national suicide hotline number**—will be realized in July 2022. The Federal Communications Commission voted to create a single, shorter, easier to remember number—988—to access the National Suicide Prevention Lifeline's network of crisis services. When Madelyn Gould, PhD, the Irving Philips Professor of Epidemiology (in Psychiatry), first started evaluating suicide hotlines in 2001, the services were not held in high regard by the mental health community, but the work by Dr. Gould and others firmly established the importance of suicide crisis hotlines in the nation's efforts to prevent suicide. Until 988 is available, Americans can continue to contact the National Suicide Prevention Lifeline by calling 1-800-273-TALK. Approximately 170 crisis centers are part of the National Suicide Prevention Lifeline, the national network of crisis hotlines. The 988 number should make crisis services more accessible to people who are in need, says Dr. Gould. "When people are overwhelmed and in crisis, their cognitive ability is overwhelmed; a shorter number should make it easier to recall."

By Jeff Ballinger

ALS: Treatment for One Opens Door for Others

What started as a one-time request to use an experimental therapy for a young woman with ALS has evolved into a multicenter clinical trial led by Neil Shneider, MD, PhD, director of the Eleanor and Lou Gehrig ALS Center and the Claire Tow Associate Professor of Motor Neuron Disorders in the Department of Neurology at VP&S.

The trial involves jacifusen, an investigational therapy designed specifically for ALS patients with mutations in a gene called FUS. Such gene mutations cause some of the most aggressive forms of ALS, including a type that begins in adolescents and young adults.

Jacifusen is named for Jaci Hermstad, a 26-year-old Iowa woman who spurred its rapid development after she was diagnosed with FUS-ALS in February 2019. Dr. Shneider met Jaci, whose identical twin had died from the disease years earlier, at a Project ALS support group before she began showing symptoms. When he learned of Jaci's diagnosis, Dr. Shneider thought a compound never before tested in people might slow the progression of Jaci's symptoms.

Dr. Shneider had good reason to believe the compound—an antisense oligonucleotide (ASO)—might work because the short, synthetic, single-stranded pieces of DNA can stop the production of a specific protein by binding to the protein's messenger RNA. And just a few years earlier, Dr. Shneider found that in mice carrying FUS mutations, mutant FUS is toxic to motor neurons in a way that suggests that reducing levels of the toxic protein would prevent or delay onset and progression of ALS.

“Because we also found that mature neurons could tolerate a reduction of normal FUS protein, these studies provided the rationale for a strategy to treat ALS patients with FUS mutations by lowering the levels of FUS—both toxic and normal versions—in the central nervous system,” says Dr. Shneider.

Ionis Pharmaceuticals had created an ASO that reduces all FUS proteins, but it had never been tested in humans. Dr. Shneider requested permission from the FDA to administer the ASO to Jaci through its expanded access program, sometimes called “compassionate use.”

In record time, additional preclinical studies requested by the FDA were completed, and Jaci received her first dose of the ASO named jacifusen in June 2019.

By February of this year, Dr. Shneider had received permission to administer the drug to several other ALS patients with FUS mutations; funding was provided by the ALS Association and Project ALS.

Jaci died May 1, 2020, but Dr. Shneider saw encouraging signs that the drug was doing what it was designed to do.

As word of jacifusen spread, more patients reached out to Dr. Shneider, and he requested additional permission from the FDA to treat more patients. The FDA initially rejected the request but created an opening for Dr. Shneider to begin a multicenter clinical trial instead. Building on Dr. Shneider's expanded access program, Ionis Pharmaceuticals has committed to sponsor a global early phase clinical trial of jacifusen and is working with the ALS Center team at Columbia to design this study.



Jaci Hermstad

“The FDA provided a regulatory path to continue our investigation of this promising, experimental therapeutic. They made the targets very clear, and that was very motivating to Ionis,” says Dr. Shneider, “and with the resources that Ionis is able to commit to this study, we will be able to determine whether we are having an impact on the lives of patients with ALS caused by mutant FUS.”

The opening of the trial will allow patients to receive jacifusen at other centers around the world while investigators collect the data needed to determine if jacifusen can slow the disease. “This began as an effort to help a single patient and has grown into a full scale clinical trial that could help many patients like Jaci,” says Dr. Shneider. “It's a wonderful example of precision medicine and of therapeutic development based on an understanding of the biology of disease.”

The Eleanor and Lou Gehrig ALS Center can be reached at 212-305-6788.

Leading the Treatment of a Rare Twin Syndrome

Numbers tell just a fraction of the true impact of Columbia's Carmen and John Thain Center for Prenatal Pediatrics. The center is a leader in the tri-state area in referrals for complicated pregnancies requiring advanced fetal diagnosis and therapy and has earned a reputation for its success in cutting-edge treatments for conditions such as twin-twin transfusion syndrome, or TTTS.

TTTS is rare. Among identical twins who share a placenta, about 10% will develop the syndrome, in which the placental blood supply is shared unevenly, causing one twin to lose blood to the other. When diagnosed

early in pregnancy, TTTS presents substantial risk for premature birth, serious illness for one or both twins, and loss of one or both twins. In severe cases presenting in the second trimester of pregnancy, the risk of losing at least one twin ranges from about 70% to 90% if left untreated.

The Center for Prenatal Pediatrics has flipped that figure to achieve a survival rate of greater than 80% for one or both twins through the use of fetoscopic laser surgery. With this procedure, a fetoscope (a narrow, elongated camera) is inserted into the uterus, allowing the abnormal pla-

cental vessels to be visually identified. The physician then uses laser energy to photo-coagulate blood within the abnormal vessels, thereby interrupting the transfusion of blood from one twin to the other.

The center treats more patients with TTTS—over 30 per year—than any other New York medical center and is one of a select group of centers in the country that offer fetoscopic laser surgery. “We’ve built a robust program and developed a reputation not just for fetoscopic laser surgery, but also for the compassionate, thoughtful care that our team provides to women dealing with TTTS and other complicated twin pregnancies,” says Russell Miller, MD, the center’s medical director and the Sloane Hospital for Women Associate Professor of Prenatal Pediatrics (in Obstetrics & Gynecology).

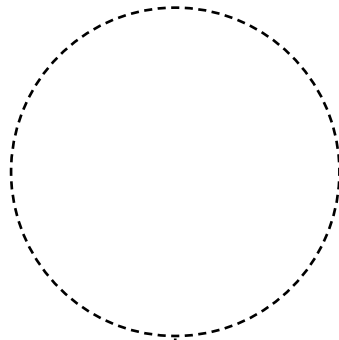
The center attracts many patients for evaluation and care via word of mouth, social media, and physician referrals. Once patients present for care, the center’s specialists evaluate them and work to educate them and their families about pregnancy and available options. “When it comes to high-risk obstetrics and complicated pregnancies, it’s all about having options,” says Dr. Miller. “One thing I believe that we do really well as a team is help patients understand what’s going on with their pregnancies and the options that are available to them. Together, we figure out which option best fits their individual hopes, values, and expectations. Our group has been doing this for a long while, and I believe that our experience and dedication are key to providing outstanding care to our patients.”

Other members of the center’s fetoscopic laser surgery team are Lynn L. Simpson, MD, director of maternal-fetal medicine; Chia-Ling Nhan-Chang, MD, assistant professor of obstetrics & gynecology; and clinical coordinator Rosalie Ingrassia, RN, NP.



GETTY IMAGES

The Carmen and John Thain Center for Prenatal Pediatrics can be reached at 877-843-2229.



BROKEN HEARTS

Exploring Disparities in Diagnosis and Treatment of Heart Disease in Women

By Sharon Tregaskis

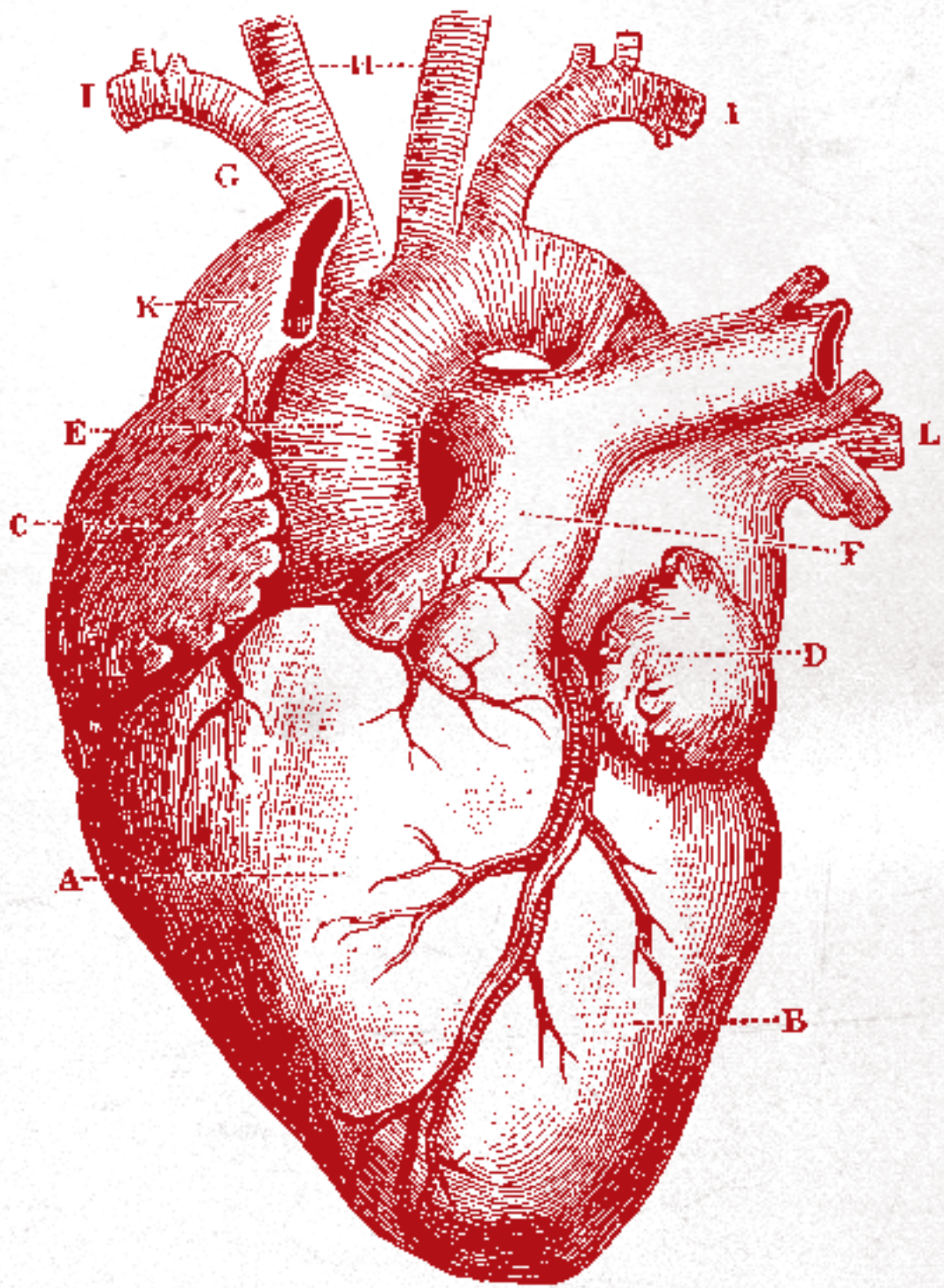
When Kelly Axsom, MD, meets a new patient, she always makes time for a tough talk. “I tell them, ‘My goal is to help you live the best life you can, as long as you can.’” And then she asks what brings them joy, what makes their life complete.

The ensuing conversations can be emotionally intense, says Dr. Axsom, especially because as a cardiologist at Columbia’s Center for Advanced Cardiac Care, it is often her job to share bad news. “We’re breaking the news to patients about really scary things—heart replacement, end of life,” says Dr. Axsom. “Understanding who they are can help us do that with grace.”

Consider, for example, the story of a patient hospitalized 11 times in the year leading up to her first encounter with Dr. Axsom. “When someone has a hospitalization for heart failure, their median life expectancy starts to tick down,” Dr. Axsom says. The stats are omi-

nous—heart failure is a syndrome that affects an estimated 6.5 million Americans and is a leading cause of hospitalization, with 1 million admissions per year in the United States. Median survival for those hospitalized is 2.5 years; for those hospitalized more than three times for heart failure, life expectancy drops to less than one year. “It’s not well understood by the public or even physicians that it’s that big of a deal,” says Dr. Axsom. “This is a morbid condition.”

Already in her 70s, the new patient meeting with Dr. Axsom was ineligible for a heart transplant; palliative care with a well-calibrated combination of diuretics and other medications was her only treatment option. At regular checkups, pressures in the woman’s heart and lungs looked good, but the frequent hospitalizations suggested more was going on. Dr. Axsom urged her patient to participate in remote monitoring.





BROKEN HEARTS

In remote monitoring, a wireless unit installed in the distal pulmonary artery continuously measures pulmonary artery pressure and heart rate and transmits the data to a patient's health care provider. "We can watch a patient's trends, see if pressures are going up, and give more diuretic to prevent a patient from coming into the hospital," says Dr. Axsom. Such early interventions avert the spiral of water retention and shortness of breath that will further diminish cardiovascular function and typically trigger a hospitalization. Nationwide, remote monitoring devices have been credited with a 63% reduction in hospitalization. At Columbia, where Dr. Axsom leads an effort to offer remote monitoring to all patients with heart failure, hospitalization has been reduced by 86%.

In this particular case, monitoring furnished the clue Dr. Axsom needed for a plan to stabilize her patient at home. "Every Saturday, her pressures would shoot up," says Dr. Axsom. A few follow-up questions revealed that the woman hosted her extended family every weekend for a celebration featuring a lavish array of food, drink, and festivity, not all of it strictly in keeping with a cardiologist's recommendations. Using the remote monitoring data, Dr. Axsom modified her patient's diuretics to buffer the effect of those cherished gatherings and preserve the matriarch's connections with those she loves most. "We've been monitoring her for two years now—long enough for her to see her daughter married," says Dr. Axsom. "She's doing pretty well, considering the state she was in when we met her."

Leading Cause of Death in Women

Nationwide, one in four women dies of cardiovascular disease, making it the No. 1 cause of mortality in women. While those same statistics apply equally to men, particulars of risk factors, diagnosis, and treatment differ radically between the sexes. Women are often older when diagnosed, with a greater number of comorbidities; pregnancy, childbirth, and menopause affect both risk of disease and treatment options when symptoms develop; and social roles—as mothers, as caregivers—alter the attention paid to heart health in the decades when prevention has its greatest effect.

The types of cardiovascular disease women develop are also different. The left-ventricle failures more common to women remain harder to diagnose than right-sided systolic failure, with fewer treatment options available. Symptoms differ, too. While chest pain remains the cardinal sign of a heart attack, "atypical" symptoms—such as nausea and fatigue—that are experienced more often by women do not always register with patients or health care professionals. That more than triples the average time to diagnosis and treatment. Further compounding the issue, women historically have been underrepresented in clinical trials for cardiovascular treatments and interventions and many recent studies have failed to parse outcomes by sex of participants.

At VP&S, women cardiologists are working to turn the tide by calling attention to the disparities, educating both patients and health care colleagues about risk and prevention, conducting

novel research to reveal differences in disease course, and refining treatment for the types of heart disease more common among their female patients. "I'm proud of the strides we've made at Columbia to reverse disparities and enhance the cardiovascular care we deliver to all women patients," says Allan Schwartz, MD, chief of Columbia's cardiology division. "This year, women account for 12 of the 25 fellows in the division. Columbia's capacity to positively impact women's health will only multiply as our fellows graduate and go out into the world."

When editors of the journal *Heart Failure Clinics* decided to devote the January 2019 issue to women, Dr. Axsom was one of three VP&S cardiologists they invited to review disparities in advanced heart failure management and outcomes. Senior author Maryjane Farr, MD, is the medical director of the adult heart transplant program at Columbia. First author Marlena Habal, MD, completed two fellowships at Columbia, one in advanced heart failure and transplant and the second in translational immunology, before joining the faculty.

Disparities in Heart Transplantation

Men receive at least 70% of heart transplants in the United States. Causes for the disparity are complex, says Dr. Farr, and many remain poorly understood. The later age and different phenotype of heart failure in older women (more diastolic rather than systolic heart failure), along with more frailty and other co-morbidities, make heart transplantation for older women less common and more problematic.

Even when women are listed for heart transplant, they are more likely to die before a donor heart is available. Here, too, the causes

"Physicians may be too quick to label someone frail, their disease more advanced, their bodies unable to tolerate therapies when those patients are women."

are many. Smaller rib cages mean women wait longer for donor organs that fit within their chest cavities. In a March 2019 report for the *Journal of the American College of Cardiology*, Dr. Farr and colleagues found profound disparities when they examined the use of mechanical circulatory support devices, often used to buy time for people with advanced heart failure who have been added to the transplant waitlist. Women comprised just 20% of the patients who received a continuous-flow left ventricular assist device over a 10-year period in the United States. They also found that women who did receive an assist device had lower chances of heart transplantation and increased risk of waitlist mortality. In the two years following implantation, women had almost double the risk of being removed from the list because of worsening clinical status.

Previous exposure to another person's immune system, known as human leukocyte antigen (HLA) sensitivity, increases the difficulty



Leaders of the Women's Heart Health Group, from left: Elsa-Grace Giardina, Sonia Tolani, Natalie Bello, and Jennifer Haythe

of selecting a donor organ and is also associated with more complicated post-transplant immunosuppression and greater risk of rejection. Within her general practice as a transplant cardiologist and immunologist, Dr. Habal sees more men than women. As a transplant immunologist using immune-modulating protocols to increase the odds of a successful transplant for patients with HLA sensitivity, however, she sees more women—primarily mothers who were exposed to the immune systems of their newborns during delivery.

The Role of Bias in Cardiac Care

Beyond the factors that can be tied directly to biological differences between the sexes, both Dr. Farr and Dr. Habal worry that provider bias plays an underrecognized role in the management of heart failure. “Women can be sicker when they present,” says Dr. Habal, “but we also have to consider perception among clinicians.” In their January 2019 article for *Heart Failure Clinics*, Drs. Habal, Axsom, and Farr reported that although women and men are affected by advanced heart failure in equal numbers, women have been consistently underrepresented in clinical trials. Further, despite multiple studies that showed no sex-based difference in medication tolerance or response, physicians seem to use less thor-

ough and less aggressive protocols to treat their female patients. They are also less likely to refer their female patients to advanced heart failure experts and transplant centers. “Physicians may be too quick to label someone frail, their disease more advanced, their bodies unable to tolerate therapies when those patients are women,” says Dr. Habal, noting that no clinical standard exists for the diagnosis of frailty.

To investigate the extent to which transplant teams also fall prey to perception bias, Dr. Farr has partnered with cardiology fellow Ersilia DeFilippis, MD, first author on the *Journal of the American College of Cardiology* article, to conduct a retrospective review of patient charts. They plan to analyze the rates at which patients referred to Columbia’s transplant team are accepted or rejected as candidates for transplant, with a close eye not only on blood work and other clinical measures, but also on intangibles, such as psychiatric and social work evaluations, availability of supportive caregivers, and the like. “We’re looking at whether, in real time, we are participating in these biases,” says Dr. Farr. “It may be we’re rejecting people because of inadequate caregiver support, or they’re too old or frail, which is a buzzword that comes up a lot more often with women than with men.”



BROKEN HEARTS

Exploring Differences in How Heart Disease Progresses

Elsa-Grace Giardina, MD, a longtime Columbia cardiologist and pioneer in women's health, was already an established NIH-funded investigator with a specialty in the clinical pharmacology of arrhythmia when she decided in the early 1980s that more data were needed to understand the ways in which heart disease progresses differently among women and men so they could tailor treatment accordingly. That curiosity was far from universal, a point that came through loud and clear in responses to her first application for NIH funding on the topic. "Why is the proportion of women so high in the study?" queried two of three reviewers. "Everybody knows that heart disease is a disease of men."

Happily, says Dr. Giardina, a lot has changed in the past four decades. In 1994, she founded Columbia's Center for Women's Health in Cardiology. "That was just around the time when the nation was beginning to recognize that there were differences in women's hearts and men's hearts," she recalls. Now known as the Women's Heart Center and co-directed by Dr. Giardina with Jennifer Haythe, MD, and Sonia Tolani, MD, the center boasts a team of 17 cardiologists with specialties including screening and prevention, coronary artery disease, vascular disease, pregnancy, hormone replacement, and more, all tailored to women's physiology.

Still, work remains. In a 2012 survey, the American Heart Association found that 44% of women were aware that heart disease is the leading cause of death among women; rates of awareness were lower among Black women and Latinas. Stents, bypass surgery, and statins have led to reductions each year in the number of cardio-

vascular deaths over the past decade, but rising rates of risk factors, including obesity, diabetes, and hypertension, threaten to erase those gains. "Heart disease as we know it today is really controllable," says Dr. Giardina. "We're beginning to understand the risk factors in more detail and identify young women who do not yet know they're at risk and who could be treated more effectively."

To help women come to grips with those risk factors and boost adoption of the lifestyle habits that promote heart health, Women's Heart Center clinicians Sonia Tolani and Natalie Bello, co-directors of a working group on women's heart disease awareness, created the Love My Heart app. Using a series of 12 questions, the app calculates a user's personal risk of developing heart disease.

"A large number of women—about 80% of us—have at least one risk factor for heart disease, but only 16% of us have had a discussion with our health care provider about those risks."

"Women have different risk factors than men," says Dr. Tolani. "Diabetes doubles risk of heart disease for men but triples the risk for women, for example. And complications during pregnancy and early menopause also impact risk." The working group on women's heart disease awareness is part of the Columbia Center for the Study of Social Difference, an interdisciplinary research group that fosters ethical and progressive social change by supporting collaborative projects that address gender, race, sexuality, and other forms of inequality.

The app invites users to devise a personalized action plan with realistic goals to support healthy weight, healthy diet, exercise, and smoking cessation. Users select goals, such as skipping dessert or getting off the subway a few stops early, then receive prompts throughout the day to log their progress. "A large number of women—about 80% of us—have at least one risk factor for heart disease, but only 16% of us have had a discussion with our health care provider about those risks," says Dr. Tolani. "We hope the app sparks new conversations among women and with their providers."

Raising Awareness Among Medical Professionals, Patients

Few women in their 20s, 30s, and 40s will see a cardiologist, says Dr. Giardina, but many receive well-woman or pregnancy-related medical care, creating myriad opportunities for nurse practitioners, physician assistants, and MDs in other fields to screen their female patients and raise awareness. "They are the gatekeepers," says Dr. Giardina, "and that gives them a tremendous responsibility to contribute to reducing heart disease among women."

To raise awareness among health care professionals, VP&S hosts "Heart Disease and Women," an annual continuing medical education program co-sponsored by NewYork-Presbyterian and Weill Cornell. Dr. Haythe, who also directs Columbia's High-Risk

Who's Who

- Brooke Aggarwal, EdD, assistant professor of medical sciences (in medicine) at CUMC
- Kelly Axsom, MD, assistant professor of medicine at CUMC
- Natalie Bello, MD, assistant professor of medicine
- Maryjane Farr, MD, the Irene and Sidney B. Silverman Associate Professor of Cardiology at CUMC and medical director of the adult heart transplant program
- Elsa-Grace Giardina, MD, professor of medicine at CUMC and founder and director of the Columbia Women's Heart Center
- Marlana Habal, MD, assistant professor of medicine at CUMC
- Jennifer H. Haythe, MD, associate professor of medicine at CUMC
- Nisha Jhalani, MD, assistant professor of medicine at CUMC
- Allan Schwartz, MD, the Harold Ames Hatch Professor of Medicine and Seymour Milstein Professor of Cardiology (in Medicine) at CUMC and chief of the Seymour, Paul and Gloria Milstein Division of Cardiology at VP&S
- Sonia Tolani, MD, assistant professor of medicine at CUMC



Right: Cardiologist Marwah Abdalla

Cardiology Obstetric Service, co-directs the one-day symposium with fellow cardiologists Nisha Jhalani, MD, Dr. Tolani, and Weill Cornell's Holly Andersen, MD. The symposium, held each February during American Heart Month, features lectures that cover the latest practice guidelines for screening and prevention of cardiovascular disease, gender-specific vascular disease, heart health during pregnancy and menopause, and treatment innovations for valvular heart disease in women. "We focus on the point-of-care contact of ob/gyns and their patients and how cardiovascular risk can be assessed effectively," says Dr. Haythe.

While some risk factors are immutable—family history, for example, or pre-eclampsia during pregnancy—Dr. Haythe emphasizes that Americans make choices every day that can increase or reduce their risk. Drink water, she urges, instead of soda or sugary fruit juices. If you smoke, suffer insomnia, or feel depressed, ask for help. Take the meds prescribed to control blood pressure and diabetes. And get moving. "I was always drawn to cardiology because I felt there was a lot you could do for people, we had a lot of treatment options, and people could feel a lot better," she says. "I actually enjoy giving

encouragement to patients, telling them all the stuff they can do. Seeing them follow through and feel so much better is really awesome."

Sleep has emerged as another risk factor for women. Brooke Aggarwal, EdD, a cardiovascular behavioral medicine specialist, studies sleep and cardiometabolic risk across the lifespan in a diverse population of women. In February, the *Journal of the American Heart Association* published Dr. Aggarwal's analysis of the sleep and eating habits of an ethnically diverse group of 495 women, ages 20 to 76. "Women are particularly prone to sleep disturbances across the lifespan because they often shoulder the responsibilities of caring for children and family and, later, because of menopausal hormones," says Dr. Aggarwal.

Similar to findings of previous studies of sleep and diet, the study found that women with worse overall sleep quality consumed more of the added sugars associated with obesity and diabetes. "Given that poor diet and overeating may lead to obesity, a well-established risk factor for heart disease, future studies should test whether therapies that improve sleep quality can promote cardiometabolic health in women," says Dr. Aggarwal.

To reach the general public, the Cardiovascular Research Foundation's Women's Heart Health Initiative offers free "mini-med schools" with expert lectures on such topics as "Stress and Heart Disease" and "Diabetes and Your Heart." Dr. Jhalani, a clinical cardiologist with the Center for Interventional Vascular Therapy

at NewYork-Presbyterian/Columbia, is also director of the Women's Heart Health Initiative. "We're trying to reach people before they experience heart disease and motivate them to prevent it for themselves and their families by sharing what they learn with their loved ones," says Dr. Jhalani, who notes that among women, diabetes has an outsized effect on heart health, both increasing the risk of having a heart attack at a younger age and leading to poorer outcomes in the aftermath. "Empowering the lay public to talk to their doctors about their risk factors is really important."

In her own practice, says Dr. Jhalani, she regularly sees women who know something is wrong, but can't quite put their finger on it—a woman who takes the stairs from the subway every morning and suddenly develops shortness of breath, another with high cholesterol whose daily workouts were growing shorter because she just didn't feel right. "Luckily, these patients listened to themselves. Even though they'd been to a doctor and been told 'Don't worry about it,' they insisted on a referral," says Dr. Jhalani. "We cardiologists need to have a keen ear for what seems concerning or different to each individual patient—man or woman—who we see in our practice." ❖

The Life. of a Hospitalist:

In Routine—and Pandemic—Times

Intense,
Challenging,
Gratifying.

By Alexander Gelfand

“I’m sorry,” says Paul Lee, MD, as he picks up his cell phone. “I really have to take this.”

Dr. Lee, director of hospital medicine at NewYork-Presbyterian/Columbia, is sitting in a conference room on the eighth floor of the Milstein Hospital Building. The views of the Hudson River and the Manhattan skyline are stunning, but Dr. Lee has no time to admire the scenery. Instead, he is trying to help a physician find a specialist to consult on a patient.

Dr. Lee fields requests like this all the time and with good reason: With more than a dozen years of experience as a hospitalist—a physician who spends 100% of his or her time in the hospital—he is the go-to person for colleagues who need to arrange consultations and services.

“Many of the attending surgeons will call me and say, ‘I’ve got a patient, they’ve got this problem, can you help me find someone?’” he says.

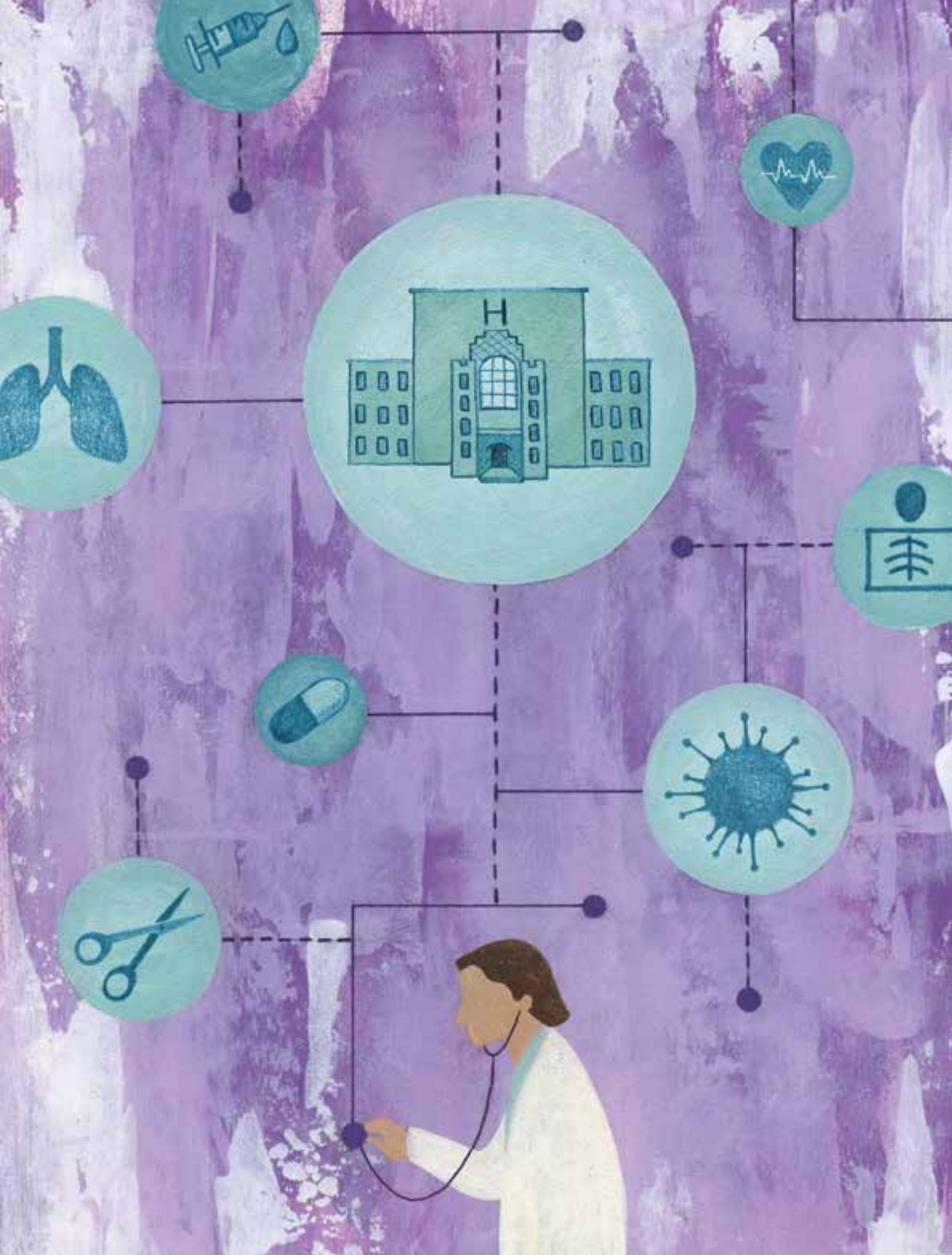
That kind of care coordination is one of the most obvious benefits that hospitalists, who typically know their institutions far better than doctors who spend only a portion of their time on site, are able to provide. Yet brokering consults is only one of the many vital roles that Dr. Lee and his fellow hospitalists at Milstein and Allen Hospital in Upper Manhattan perform.

With the exceptions of a psychiatric hospitalist in Milstein and a small group of hospitalists in neurology and oncology, the majority of hospitalists at Milstein and Allen—like most hospitalists elsewhere—are internists who are called upon to treat a wide range of medical conditions. They admit patients from the emergency room and design their treatment plans; provide care for individuals who lack primary care physicians; and work with physicians assistants, social workers, and others to coordinate care within the hospital and prepare patients for discharge—all while providing consultations and training house staff and medical students. At Columbia, many are also active as course directors, clinical teachers, and medical student advisers at VP&S.

On the Front Lines of a Pandemic

The hospitalists at Milstein and Allen were ideally suited to treat the COVID-19 patients who began appearing in late winter—first in a trickle, then in a flood—as New York City became the global epicenter of the pandemic. As generalists, they were well-equipped to deal with a respiratory illness that can also cause neurological and cardiological symptoms. “There was virtually no system unaffected by this virus,” Dr. Lee says.

Illustrations by Alyssa Carvara



Nonetheless, when the first COVID-19 patients began appearing at Milstein and Allen, little was known about the novel coronavirus. “All we knew was that this was a potentially deadly disease,” says Dr. Lee, adding that the hospitalists who treated the patients on the floors, like the doctors and nurses in the ERs and ICUs, were among the heroes of the early days of the pandemic, when uncertainty reigned and no one knew if simply showing up for work might prove deadly. “I think it took an enormous amount of courage, though I don’t think they saw it that way. They just felt that they were doing their jobs.”

They were not alone. As the number of cases peaked in mid-April, outpatient doctors poured in to help with the deluge of patients. “We couldn’t have survived without them,” says Zorica Stojanovic, MD, who directs the

hospitalist program at Allen. Former residents returned from as far away as California to volunteer their services. Research fellows were granted temporary emergency privileges so they could help. And PAs from across the system were reassigned to COVID-19 duty. “For a little while, everyone became a hospitalist,” Dr. Lee says.

Even when the number of COVID-19 cases began to decline, life did not go back to normal. When many of the sickest patients who were gradually discharged from the ICUs required rehabilitation services, it was left to the hospitalists to care for them because nursing homes and long-term care facilities were not accepting admissions. At the same time, people in need of treatment for illnesses other than COVID-19 who had been avoiding the hospital for fear of being infected began to reappear, having neglected their conditions for a lengthy period.

Yet throughout, one thing remained constant: the hospitalist’s responsibility to care for whoever shows up at the hospital, no matter the reason.

“Everything was disrupted but the relationship to the patient,” says Dr. Stojanovic. “That was still present, and that was the essence of our job.”

Benefits of Hospitalists

Research has shown that hospitalist programs can shorten length of stay and reduce costs while preserving and even enhancing quality of care, patient outcomes, and patient satisfaction.

Speaking from an office overlooking Marble Hill in the south Bronx, Dr. Stojanovic points out that Allen physicians get a five-star rating on the Hospital Consumer Assessment of Healthcare Providers and Systems, a patient satisfaction survey required by the Centers for Medicare and Medicaid. The survey asks patients to rate how well doctors communicated with them during their stay and how well prepared patients were to leave.

The hospitalists’ impact on length of stay is impressive. Dr. Lee pulls up a series of charts and spreadsheets that illustrate the volume of discharges and the difference between expected length of stay and actual length of stay for patients in Milstein’s dedicated 36-bed hospitalist unit, known as 7 Garden South or 7GS, and various other units across the NewYork-Presbyterian Hospital network. (The unit on 7GS houses approximately one-third of the patients treated by Milstein’s hospitalists, with other patients occupying beds in other NYP locations.) The trend is clear: Almost from its inception, 7GS has discharged patients more efficiently than almost any other unit in the system. And it is always improving.

The efficiency means that patients can return home or enter a rehabilitation facility or nursing home more quickly, making space for new patients who require care. As Dr. Lee explains, the single greatest driver of



Paul Lee

hospital costs is the bed itself. Yet under the diagnosis-related group payment system employed by Medicare and some private insurers, the remuneration that hospitals receive is based on a patient's diagnosis; whether the patient stays for three days or three weeks, the reimbursement is the same.

The discharge and length-of-stay statistics for 7GS are especially striking when one considers that hospitalists tend to treat patients whose complex medical conditions and challenging psychosocial situations make it difficult to predict their course of stay. Unlike a hip replacement, it can be hard to know just how long it will take to treat and discharge an elderly patient with multiple organ failure and dementia who will ultimately need to be placed in a nursing home.

Nonetheless, patients admitted to 7GS are discharged on average half a day earlier than expected. "Based on my experience, that's absolutely unheard of," says Dr. Lee.

Drs. Lee and Stojanovic attribute much of their success to the teamwork among hospitalists, PAs, nurses, social workers, and care coordinators responsible for patient care and discharge of the complicated cases they see daily. But they also credit hospitalists' ability to act as in-house quarterbacks who can supervise their own teams, order tests, arrange consultations, and otherwise coordinate care much more efficiently than primary care physicians who may only see their hospitalized patients once a day before or after office hours.

"It's very tough to coordinate care if you are an outpatient doctor," says Dr. Stojanovic. "As inpatient physicians, we can make things happen much faster."

Hospitalists: A New Kind of Doctor

The roots of the hospitalist program at NYP/CUIMC can be traced to the very beginnings of the broader hospitalist movement, which emerged more than two decades ago in response to major shifts in the health care industry.

As the 20th century drew to a close, hospitals came under increasing pressure from managed care organizations to lower costs and increase efficiency even as they experienced a labor crunch. The labor crunch was largely the result of new limits on the number of hours that residents could work. The state of New York signed strict resident work-hour restrictions into law in 1989, and in 2003 the Accreditation Council for Graduate Medical Education imposed similar rules on all accredited medical training institutions in the United States. During the same period, declining reimbursements from insurers meant that PCPs who had traditionally volunteered a portion of their time treating hospital patients who did not have PCPs were less inclined to do so.

The time was ripe for a new approach to inpatient care—one that was pioneered by Lee Goldman, MD,

JÖRG MEYER



Zorica Stojanovic

“It’s very tough to coordinate care if you are an outpatient doctor. As inpatient physicians, we can make things happen much faster.”

Columbia's dean emeritus of the Faculties of Health Sciences and Medicine. While serving as chair of medicine at the University of California San Francisco, Dr. Goldman and his colleague, Robert M. Wachter, MD, coined the term hospitalist to describe a new kind of specialist who would spend the bulk of his or her time in the hospital.

Hospital medicine, or hospitalism, quickly became one of the fastest growing specialties in health care; according to the Society for Hospital Medicine, the United States in 2019 had more than 60,000 hospitalists.

Yet the first hospital medicine programs, including those at Milstein and Allen, were quite humble. In 1996—the same year that Drs. Goldman and Wachter introduced the term hospitalist in an article in the *New England Journal of Medicine*—NYP/CUIMC hired its first two hospitalists. By 1999, when Dr. Stojanovic arrived, 12 physicians in the newly established Section of Hospital Medicine were covering both Milstein and Allen. And when Dr. Lee joined a few years later, the program had only recently added a nurse care manager and two social workers.

“Other doctors here didn’t know what the hospitalist program was all about,” Dr. Lee recalls. “When I said that I was a hospitalist, they assumed I meant hospice medicine.”

No one would make that mistake today. In addition to Dr. Lee and Ashmi Patel, MD, associate medical director, the Milstein program has more than 25 hospitalists and almost 50 PAs. Allen has 20 hospitalists and 21 PAs.

Hospitalists can be found admitting patients in the ER; working in ICUs with intensivists during the day and without intensivists overnight; rounding in various wings and consulting with specialists; and presiding over 7GS, where they form part of a multidisciplinary team that includes nurses, social workers, and care coordinators.

Their presence also means that PCPs no longer have to rush to the hospital to supervise and coordinate care

for their patients and can instead see more people during office hours. At Allen, community doctors join the hospitalists on grand rounds once a month but otherwise stay in touch by phone and email.

“Hospitalists not only have a direct impact on patient care and efficiency, they have evolved from an extension of our house staff to become a group of our strongest clinical faculty,” says Donald Landry, MD, PhD, chair of medicine at VP&S and director of the hospital’s medical service. “My faculty, and I too, look to have a hospitalist involved in the care of our friends and family whenever they are beset by serious illness requiring admission. I specifically selected Dr. Lee to be a key leader of the team caring for my younger son when he developed a devastatingly severe case of Guillain-Barré syndrome. The hospitalists are now an invaluable part of our faculty and the medical center.”

The hospitalists alternate months on teaching service, when they do rounds with residents and interns; during nonteaching months, they pair with PAs. Even during nonteaching months, notes Wilson Bourjolly, MD, a hospitalist at Allen and associate medical director of the hospitalist program at Allen, hospitalists continue to work with residents, interns, and medical students on rotation.

Like many of his colleagues, Dr. Bourjolly was drawn to the field in part by the variety, complexity, and severity of the cases that hospitalists see. “I can’t think of a day when I’ve been bored,” he says. “There’s always something challenging, something new.”

Hospitalist as Safety Net

Milstein and Allen care for large populations of at-risk, underserved patients, including immigrants, the elderly, the poor, and the homeless in northern Manhattan and the Bronx. Many are underinsured or uninsured and lack access to PCPs; by the time they arrive at the hospital, they often suffer from multiple ailments ranging from diabetes and hypertension to kidney disease and heart failure.

What’s more, says Lisa Bednarz, who oversees case management and social work for the Milstein program, many are grappling with psychiatric and psychosocial issues that further complicate treatment and discharge.

A homeless person suffering from chronic obstructive pulmonary disease and schizophrenia might show up in need of oxygen therapy, for example, then resist treatment because paranoia makes him or her distrustful of medical providers. An undocumented immigrant who is ineligible for services may need to remain in the hospital for months while staff try to sort out the patient’s legal status. And a developmentally disabled adult whose aging parents can no longer care for her may need a bed for up to a year while the hospital works with the

Who’s Who

- Jason Adelman, MD, MS, assistant professor of medicine at CUMC and patient safety officer and associate chief quality officer at NYP/CUIMC
- Lisa Bednarz, LCSW, ACM, social worker at NYP/CUIMC
- Wilson Bourjolly, MD, assistant professor of medicine at CUMC and associate medical director of the hospitalist program at Allen Hospital
- Donald W. Landry, MD, PhD, the Hamilton Southworth Professor of Medicine; chair of the Department of Medicine at the Vagelos College of Physicians and Surgeons; and director of the medical service at NYP/CUIMC
- Paul Lee, MD, MPH, the Harry C. and Misook Doolittle Professor of Medicine at CUMC, medical director of the Section of Hospital Medicine in the Division of General Medicine at NYP/CUIMC, and medical director for Global Services at NYP/CUIMC
- Derek Mazique, MD, assistant professor of medicine at CUMC and patient safety officer and associate chief quality officer at Allen Hospital
- Ashmi Patel, MD, assistant professor of medicine at CUMC and associate medical director of the Section of Hospital Medicine at NYP/CUIMC
- Zorica Stojanovic, MD, assistant professor of medicine at CUMC and medical director of the hospitalist program at Allen Hospital



New York State Office for People with Developmental Disabilities for placement in group home housing.

“We are the safety net,” says Ms. Bednarz. “When people don’t know what else to do, they go to a hospital. And the hospitalists are the ones who take care of them.”

“Patients who come to the hospital are in a uniquely vulnerable place. Being a hospital medicine physician allows you to guide patients through this frightening, anxiety-provoking time in their life,” says Derek Mazique, MD, a hospitalist at Allen who also serves as Allen’s patient safety officer and associate chief quality officer. Because they are so deeply embedded in hospital operations, hospitalists often are also involved in patient safety and quality improvement initiatives. Last year, for example, hospitalist Jason Adelman, MD, who serves as patient safety officer and associate chief quality officer at NYP/CUIMC, became co-director of a new two-year patient safety research fellowship for hospitalists that is funded by the Agency for Healthcare Research and Quality.

If a hospitalist’s work is gratifying, it is also unremittingly intense. But unlike an outpatient doctor who may need to review cases after hours and answer calls from patients at night or on weekends, an off-duty hospitalist’s time is his or her own. When hospitalists are in the

“Hospitalists not only have a direct impact on patient care and efficiency, they have evolved from an extension of our house staff to become a group of our strongest clinical faculty,”

hospital, though, the work never stops. The intensity can be mitigated somewhat through careful scheduling. Hospitalists at Allen initially followed a traditional seven days on/seven days off schedule, but they now work Monday through Friday with rotating coverage on weekends to provide better work-life balance while also increasing continuity of care for patients. (Schedules were necessarily revised during the peak of the COVID-19 crisis: Milstein went to 12-hour shifts, Allen went from three daytime teams to nine, and coverage on nights and weekends had to be increased even as some hospitalists themselves fell ill.

As Dr. Lee ticks off the seemingly endless list of responsibilities that hospitalists shoulder while on duty, he cannot help but wonder: Can a physician sustain a career in this specialty for 20 years?

The question, however, answers itself: As Dr. Lee points out, many at Milstein and Allen already have. ❖



Road Map for Anti-racism in Health Care and Health Education

The anti-racism protests that started upon the death of George Floyd on Memorial Day launched a nationwide movement toward a more just society. Academic medicine has been among the institutions that have taken steps to reinforce anti-racism values—a commitment that took on added importance considering the health disparities that were revealed by the COVID-19 pandemic.

A task force was appointed by Columbia University Irving Medical Center leadership in mid-July and charged with identifying transformative actions needed to make CUIMC “an organization that is truly anti-racist, diverse, multicultural, and fully inclusive.” The task force and its working groups, with broad representations from throughout the medical center, were asked to recommend changes in communications and culture, with emphasis on recruitment and support of our faculty, staff, and community; curricular content; student, faculty, and staff diversity and success; community partnership programs; research in health disparities, social injustice, and racism; and clinical programs.

An email to the CUIMC community, signed by the four deans, explained the importance of the task force’s work: “As individuals and participants in groups engaged in science, population health, medicine/clinical care, education/training, and community programs,

we must confront the issues of structural racism and implement durable anti-racist solutions. We need to articulate a thoughtful and deliberate set of priorities that cross all our domains of activities. These need to be matched by expeditious implementation so that we can witness and experience rapid progress. Moreover, implementation also requires constant feedback and self-evaluation so we do not lose sight of our aspirations, commitments, and values.”

The task force was chaired by Olajide Williams, MD, professor of neurology, and Rafael Lantigua, MD, professor of medicine, and coordinated by Anne Taylor, MD, vice dean for academic affairs in VP&S and senior vice president for faculty affairs and career development at CUIMC. The task force, charged with considering ways to assess and eliminate racism from all aspects of the medical center’s work, was asked to identify and make recommendations to reduce the impact of racism in six health-related areas, recommendations that were to be specific, actionable, durable, and have measurable anti-racist outcomes. The task force submitted its preliminary report with priority recommendations for the six areas studied:

Faculty Recruitment, Retention, Advancement, and Leadership

- Examine current recruitment, retention, and career advancement procedures for unintended bias against faculty from groups underrepresented in the health sciences.
- Address ways to increase recruitment and retention and promote advancement of faculty from groups underrepresented in health sciences at all levels with particular attention to leadership opportunities and pipeline strategies.



Education, Training, and Curricular Change

- Identify what is needed to educate/train our faculty, staff, researchers, trainees, and students to develop a racism-free CUIMC.
- Recommend creation of sustainable structures for addressing anti-racism training for faculty, staff, and students on an ongoing basis.

Health Care Disparities, Solutions, and Social Justice Research

- Make recommendations for the development of a CUIMC comprehensive research program in health disparities to encourage meaningful short-, medium-, and long-term solutions.
- Make recommendations for the development of a CUIMC research mentoring network for faculty, students, trainees, and others interested in health care disparities, solutions, and social justice research.

Clinical Care

- Develop a set of principles for bias-free patient care as well as an institutional position on racism.
- Make recommendations for the development of structures to foster equity and minimize bias in all aspects of patient care that includes an operational collaborative framework for working on these issues.

Community and Public Service (building upon existing CUIMC efforts)

- Add to current CUIMC-wide approaches to sustainable participatory community outreach efforts that build trust and health in our local communities.
- Make recommendations for leveraging and enhancing CUIMC-wide resources for addressing social determinants of health, including their intersection with structural racism in our local communities.

Civility and Professionalism

- Formulate principles of professionalism and behavioral expectations with attention to respect across race, ethnicity, sexuality, gender orientation, and religious beliefs.
- Recommend creating structures that promote the awareness of these principles across CUIMC.

- Recommend development of reporting structures that are constructive, fair, equitable, and transparent and that minimize risk of retaliation by those who report.

The task force recommendations and proposed action items are being shared with the CUIMC community for feedback. Implementation of recommendations will include strategies to measure short-, mid-, and long-term outcomes.

“If we can succeed in implementing these recommendations—and I believe we can—we will be national leaders in modeling diversity, equity, and inclusion in our research, patient care, education, and population health,” says Anil K. Rustgi, MD, interim EVP and Dean of the Faculties of Health Sciences and Medicine. “We owe it to future generations of health care professionals and we owe it to the legacy left by previous generations.”

Implementation of the task force recommendations will complement these new and long-term programs that are in place to strengthen diversity:

- The VP&S Admissions Office hired an admissions and recruitment coordinator to complement the work done by staff in the Office of Diversity and Multicultural Affairs to ensure a diverse student body.
- Recommendations of the Task Force for a Bias-Free Curriculum in 2018 resulted in new guidelines for use when developing curricular materials and when teaching students. The task force of students, faculty, and administrators was created after two first-year medical students noticed a bias in the curriculum, particularly in lectures describing normal in limited terms. For example, the guidelines suggest having an inclusive representation of healthy or normal and avoiding stereotypes in representation of pathology. The guidelines were presented to and adopted by the school’s Curriculum and Education Policy Committee.
- A VP&S Office for Women and Diverse Faculty was formed at the recommendation of the 2019 dean’s advisory committees. The office provides targeted outreach and resources to faculty, including peer mentorship groups, career guidance, and coaching for women and diverse faculty across various career paths. Initiatives include opportunities for all VP&S faculty to meet with senior faculty advisory deans for career advancement guidance, CV review, and mentorship with special considerations given to the needs of women and diverse faculty.
- CUIMC launched a website—cuimc.columbia.edu/about/diversity-equity-and-inclusion-cuimc—to provide resources that foster and celebrate a culture of diversity and inclusion throughout the medical center.
- CUIMC Human Resources has resources, events, a staff diversity council, and employee resource groups to promote a culture of diversity, equity, and inclusion among staff members. Staff and others at the medical center are invited to participate in activities and join employee resource groups, such as African, Black, Caribbean (ABC), LatinX, LGBTQ+, Jewish Cultural, Veterans, Working Parents, Asian/Pacific Islander, and Disability groups.





- The VP&S Office of Diversity and Multicultural Affairs offers resources for current students (in all CUIMC schools) and also oversees pipeline programs intended to interest the following generation in health care careers. The office sponsors and supports events with participation from the Asian Pacific American Medical Students Association, the Muslim Student Association, the Columbia Christian Fellowship, the Medical Center Jewish Association, the South Asian Health Sciences Association, the Black and Latino Student Organization, and the Association for Native American Health, among others. “We are trying to train physicians and other health care providers to be more understanding of different cultures because the patients they will take care of will be of various cultures and backgrounds,” says Hilda Hutcherson, MD, senior associate dean for diversity and multicultural affairs.
- The medical school and medical center for years have hosted pipeline programs for college, high school, and elementary students. Many programs have been paused because of the pandemic, but for years the youngest students in the neighborhood have benefited from the Young Docs program, in which medical students made regular visits to underresourced elementary schools in Washington Heights or Inwood. Wearing white coats and carrying stethoscopes and skeleton models, medical students have taught children about the human body and what it is like to become a doctor. America Reads has helped ensure children read independently and on grade level by third grade. A neuroscience outreach program exposes local youth and the general public to science. High school and college students have a variety

of options available: Summer Health Professions Education Program, a six-week residential program offered to college students since 1989; the Northeast Regional Alliance MedPrep Scholars Program, a six-week summer enrichment program for college students; the Herbert Irving Comprehensive Cancer Center CURE summer program that encourages high school and undergraduate students to pursue careers in cancer research and provides mentorship; the Program to Inspire Minority Undergraduates in Environmental Health Science Research; the State Pre-College Enrichment Program, a high school and college preparatory program designed for students who are interested in pursuing a career in medicine or related STEM fields; Summer of Translational Aging Research for Undergraduates; the Summer Program for Underrepresented Students, a biomedical research program; and the New York City Summer Youth Employment Program.

The full report from the taskforce is available online at www.cuimc.columbia.edu/about/diversity-equity-and-inclusion-cuimc.

BALSO Then and Now

A racist incident led to the creation of an organization to foster support and comradery | By Brittany King

Michelle Clark’76 applied to Columbia’s medical school on a whim. “A friend of mine got a paper application, sat me down, and told me to fill it out right then and there,” she recalls. So, she did, hesitantly. “I knew it was a phenomenal school, but I thought ‘Oh, I’ll never get in,’” she says.

She did get in and in the fall of 1972, she entered what is now VP&S excited about what was ahead. But something happened during the first year. “My Black classmates and I were sitting in the back of a lecture hall one day,” she says. The room was dark because the lights were at the front of the hall and the professor hadn’t arrived yet to turn on the lights. When the professor arrived and flipped on the lights, a nervous hush fell over the classroom, Dr. Clark recalls. “Someone had written in chalk

‘N*gg*rs get out of P&S.’ I knew people had issues with us being there, but still it caught me by surprise.”

The incident led to an emotional meeting with Black, white, and Latinx classmates as well as members of faculty. “I remember there being a lot of emotion in that room,” Dr. Clark says. She knew that regardless of the outcome of that meeting, her peers of color needed to get organized. So, during the winter of 1972 and into the beginning of 1973, she organized a group of students into a group known today as the Black and Latino Student Organization, or BALSO. BALSO had as its initial goals: Get involved in the community by hosting health fairs, create a variety of study groups, and support fellow Black and brown students in the college.

Today, BALSO is still doing many of the same things Dr. Clark and her peers set out to do in the early 70s. Before the pandemic, the group hosted film nights, monthly lunches, and an annual jazz mixer. The group also works within the Columbia community and beyond to amplify awareness of complex health issues facing communities of color by sponsoring talks and workshops on health care topics.

Following the death of a classmate, who died of COVID in the midst of the Black Lives Matter protests, Vivian Lewis’77 brought classmates and fellow alumni together via Zoom to check in and brainstorm how they could best support current students involved in BALSO. Led by Dr. Lewis, the group is in the beginning stages of forming an alumni BALSO group that

will support the campus organization through mentorship.

“We realize that while many things have changed, so much has stayed the same,” says Dr. Lewis. “That’s structural racism, and that term can work as an excuse, but it also sums up a set of problems that are so entrenched it can seem overwhelming. Still, it shouldn’t be a reason to not

do what you can to make changes. I think our group will be able to provide resources and support that will be valuable to current students.”

Dr. Clark is on the psychiatry faculty of the University of California San Francisco medical school and also works as an independent contractor in correctional mental health. Dr. Lewis is professor emerita of

obstetrics and gynecology and chair of the Mentor Development Group for the Clinical & Translational Science Institute at the University of Rochester’s School of Medicine and Dentistry. As a recent appointee to the VP&S alumni association board of directors, she is getting new insights into ways that the institution is adapting to challenging times.

Residence Hall to be Renamed

Columbia University President Lee Bollinger announced in an Aug. 28, 2020, email that Bard Hall, the residence hall that opened in 1931 and has since housed generations of medical students, will no longer be known as Bard Hall.

The decision followed deliberations by a group convened by Interim Provost Ira Katznelson to review Columbia names and symbols associated with issues of race and racism. The group convened in June following weeks of unrest surrounding racial and social injustice. The group decided unanimously to recommend removal of Dr. Bard’s name from the residence hall. The building was named for Samuel Bard, the founder of what is now the Vagelos College of Physicians and Surgeons. His historical contributions as a renowned physician and as George Washington’s doctor were augmented in recent years with the revelation that he was a slave owner who, on at least one occasion, advertised a reward for the return of a fugitive slave.

“We all understand how careful we need to be in shaping the environment, symbolic as well as physical, in which we ask our students to live and to call home,” President Bollinger wrote. “These are sites with the special resonance that comes from mixing the personal features of daily life with the formation of lasting friendships and a sense of community with a shared mission, together with a period of life involving extraordinary intellectual and professional growth. The change I am conveying here, however, also feels urgent not only for the individuals who have been asked to call Bard Hall home, but for the many students, staff, and faculty in the broader Columbia community, and especially vivid at Columbia University Irving Medical Center, where the contradiction between the egalitarian health service norms they cherish and slavery’s denial of full human standing is starkly blatant and offensive.”

President Bollinger said he would announce a new name for the building at 50 Haven Ave.—“a name that represents our University’s values.”

After President Bollinger’s email was distributed, VP&S Interim Dean Anil Rustgi sent an email showing his enthusiastic support for the announcement. “Having a building on the medical center campus named in honor of a slave owner is a contradiction of our fundamental commitment to equality and social justice,” wrote Dr. Rustgi. It diminishes any efforts we have undertaken or will undertake to create an environment that is truly welcoming to all who



work here, study here, come here for medical care, and/or reside in our neighborhoods.”

One of Dr. Rustgi’s initial priorities as interim EVP and dean was to address the issues of race and structural racism. “In the weeks before I officially assumed this role, the specific issue of Bard Hall was raised by faculty and students as an example of how the medical school and center environment is seen through the eyes of our Black colleagues as well as other groups.”

Dr. Rustgi called the renaming of Bard Hall the beginning of a deeper conversation about race and structural racism as a task force and working groups assigned to make recommendations completed their work.

The residence hall opened in September 1931, a few years after the medical school moved to Washington Heights to become part of what was then Columbia-Presbyterian Medical Center. The 11-story Art Deco building was designed by James Gamble Rogers, the architect behind many of the medical center’s original buildings.

Bard Professorship

Donald W. Landry, MD, PhD, chair of the Department of Medicine and the Hamilton Southworth Professor of Medicine, formerly had the additional title of Samuel Bard Professor. After reviewing historical records provided by a member of his faculty in June 2020 about Dr. Bard’s history of slave owning, Dr. Landry repudiated the Bard chair the next day, calling it “an honorific without honor.” ❖

Alumni News & Notes

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

1957

See Alumni in Print to read about the memoirs of **Henry Buchwald**. Henry earned his BA degree from Columbia College



in 1954. He is a professor of surgery and biomedical engineering at the University of Minnesota.

1962

See Alumni in Print to read about the memoirs of **Norbert Hirschhorn**. Norbert graduated from Columbia College in 1958. He joined the U.S. Public Health Service in 1964 and pioneered oral rehydration therapy while conducting research on cholera and other diarrheal diseases. Now retired, Norbert writes book reviews and has published five collections of poetry.

1963

Norma Braun has retired from private practice, but she continues to teach medical students, fellows, and residents and sees patients one day a week at Mount Sinai Morningside (the former St. Luke's campus of St. Luke's-Roosevelt Hospital Center). She is clinical professor of medicine at Icahn School of Medicine at Mount Sinai after serving on the VP&S faculty from 1965 until Mount Sinai

became affiliated with St. Luke's in 2013. As chair of the Archives Committee for the hospital's medical board, she conducts video interviews of the many individuals who have advanced research, education, and patient care during the 175-year history of St. Luke's Hospital and the 150-year history of Roosevelt Hospital. "I have been raising funds to restore the unique and beautiful stained glass window in our chapel as it depicts our founder's vision for health care for all. William Augustus Muhlenberg, DDS, believed that health care must be accessible to anyone who needs it 'without regard to financial resource availability.' No one received an invoice until the Civil War when demands exceeded his capacity to generate funds." Norma also chairs the Founders Day celebration planning committee and serves on the Patient Experience Operations Council. She advises two developmental non-invasive ventilator (NIV) manufacturers to advance the use of NIV to mitigate the need for intubation during the COVID-19 pandemic. Norma and her husband, Carl, are in their 60th year of marriage.

1964

See Alumni in Print to read about a book by **David V. Forrest**. David is clinical professor of psychiatry in Columbia's Department of Psychiatry.

1968

Ian Blair Fries has been a pilot and FAA aviation medical examiner for over 40 years. He has been involved in the HIMS (Human Intervention Motivation Study) Program that helps private, commercial, and airline pilots with alcohol and substance

issues recover and return to flying. He has been appointed chairman of the Airplane Owners and Pilots Association Board of Medical Advisors to help pilots with FAA medical certification and to improve aviation safety. A board-certified orthopedic surgeon, he specializes in evaluating musculoskeletal impairment and disability and maintains practices in Vero Beach, Florida, and Brick, New Jersey.

1970

See Alumni in Print to read about a series of books by **Peter Budetti**. Peter, who also is a lawyer with a law degree from the University of California Berkeley, devoted most of his career as a health policy scholar and Washington insider. He was a senior staff member for Rep. Henry Waxman and Sen. Daniel Patrick Moynihan and was part of a small group that drafted President Clinton's health reform proposal. He also oversaw, under President Obama, the modernization of the government's outdated systems for detecting and preventing health care fraud, acquiring the amusing moniker of *Healthcare Antifraud Czar*. His novels are inspired by real events and personal experiences.

He decided to write novels partly out of a desire to add to the numerous articles he had published in medical and public health journals that languished



in obscurity. He is board-certified in pediatrics and a member of the bar in California and Washington, D.C., and he practices law part time with Phillips and Cohen, the nation's most successful law firm representing whistleblowers whose lawsuits have returned billions of dollars to the government that was stolen by fraud. He is married and has two grown children and seven grandchildren. When he and his wife decided to leave Washington, they began a new life in Kansas City and also spend as much time as possible at their lake house in Arkansas.

➤ *send your news via mail or email:*

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Phillip K. Peterson has written a timely book about germs, drawing on his first-hand experience dealing with an unprecedented emergence of new microbial threats. Phillip, an infectious diseases expert and professor of medicine emeritus at the University of Minnesota, writes



Phillip K. Peterson '70

a weekly blog called “Germ Gems” to educate anyone—especially people with no medical training, he says—interested in what’s new in the microbial world. Read more about his book in Alumni in Print.

Donald O. Quest, the J. Lawrence Pool Professor of Neurological Surgery at VP&S, was given the 2020 Distinguished Service



Donald O. Quest '70

Award from the Society of Neurological Surgeons, the oldest neurosurgical society in the world. Don has been president of the Congress of Neurological

Surgeons, the Academy of Neurological Surgery, and the American Association of Neurological Surgeons. He has been chairman of the American Board of Neurological Surgery and the Residence Review Committee of the American Council of Graduate Medical Education. The Society of Neurological Surgeons also honored Don in 2016 with the Medical Student Teaching Award.

1977

Alan Spiro was appointed chief medical officer in residence of Vital Data Technology, a data science-driven health care information technology company. Alan previously led Blue Health Intelligence’s development of new data services and guided new initiatives for Anthem and Medica health plans. He also founded Accolade, a platform for making benefit management easier for users, and is a strategic adviser for a number of other companies. He is chief clinical officer for DayTwo, a company that uses microbiome research to develop precision nutrition for people with diabetes and prediabetes. He is also chairman of the medical advisory board for Eden Health, a holistic direct primary care company based in New York City. He also is a board member of the Institute for Practice and Performance Improvement. “I spend my time helping young, cutting-edge companies that are seeking positive change in health care,” Alan writes.

1978

Andrew Kaunitz has received the 2020 NAMS/Leon Speroff Outstanding Educator Award from the North American Menopause Society, a leading nonprofit organization dedicated to promoting the health and quality of life of all women during midlife and beyond. Andrew is profes-

sor and associate chair of the Department of Obstetrics and Gynecology at the University of Florida College of Medicine-Jacksonville. He sees patients at UF Southside Women’s Health at Emerson, where he also serves as medical director.

1981

Ellen M. Gravallesse is president of the American College of Rheumatology and has led the ACR’s response to the COVID-19 pandemic. She is the Theodore Bayles Professor of Medicine at Harvard Medical School and has been chief of rheumatology, inflammation, and immunity at the Brigham and Women’s Hospital since October 2019. Ellen has a career interest in the fundamental mechanisms of inflammation in rheumatic diseases and her basic research laboratory has elucidated critical pathways



Ellen M. Gravallesse '81

resulting in joint destruction in inflammatory arthritis. For this work, she was awarded the international Carol Nachman Prize for exceptional contributions to research in rheumatology in 2019. She lectures nationally and internationally and also serves as an associate editor for the New England Journal of Medicine.

Karin M. Muraszko was elected to the National Academy of

Medicine this year. She is the Julian T. Hoff Professor and chair of neurosurgery at the University of Michigan, Ann Arbor. When she became chair in 2005, she was the first woman in the country to chair an academic neurosurgery department. The NAM elected Karin to the Class of 2020 for her expertise in treating brain tumors and congenital neurologic anomalies. She pioneered localized injection therapy with immunotoxin for leptomeningeal disease, presented the first prospective analysis of cerebellar mutism after posterior fossa surgery, and characterized development of syrinx spinal cord cavities with Chiari 1 malformation.

1983

Richard N. Wissler is president of the New York State Society of Anesthesiologists for 2020. Dick, who also has a PhD, is



Richard N. Wissler '83

professor of anesthesiology and perioperative medicine at the University of Rochester Medical Center in Rochester, New York.

1985

See Alumni in Print to read about a book by **Michael Stein**. Michael is a professor and chair of health law, policy, and management at Boston University’s School of Public Health. He is executive editor of the popular online forum, Public Health

Post, and the award-winning author of six novels and three books of nonfiction. His writing has been featured in the New York Times, the Best American Essays series, and on NPR's "Fresh Air."

1986

Henry Weil has been named chief academic officer for the Bassett Healthcare Network, a responsibility in addition to his current title of senior associate dean for the Bassett affiliation at VP&S. Henry, professor of clinical medicine at VP&S, has served in a variety of other capacities at Bassett, including director of the internal medicine residency program, assistant physician-in-chief, medical director for inpatient services, director of medical informatics, and director of the intensivists and hospitalist programs. As chief academic officer, Henry will work collaboratively with other Bassett leaders and educational and research partners to develop and implement plans for innovation and growth of the education and research missions at Bassett.

1990

Newton-Wellesley Hospital in Newton, Massachusetts, announced **Sareh Parangi** as its new chair of the Department of Surgery. Sareh has surgical expertise in treating thyroid and parathyroid tumors. She is an endocrine surgeon at Massachusetts General Hospital and professor of surgery at Harvard Medical School. Her research on the development of targeted novel therapies for thyroid cancer has resulted in over 100 peer-reviewed papers and led to numerous clinical trials to help patients with aggressive cancers.

Adam Saltman was appointed chief medical officer of Eko, a digital health solutions company.



Adam Saltman '90

He previously served the FDA as a medical officer at the Center for Devices and Radiological Health. Before joining the FDA in 2013, he practiced as a triple board-certified cardiothoracic surgeon at several hospitals, including Mount Sinai Beth Israel, Stony Brook, and the University of Massachusetts.

1991

Shari Hall, a retired cardiothoracic anesthesiologist, has released her fourth studio album. Titled "Hope," its message of hope and love during these troubled times can be heard on streaming platforms worldwide. Shari's website is www.sharihall.com.

1995

The Board of Directors of Community Care of North Carolina announced the appointment of CCNC President **Tom Wroth** as CEO as of July 1, 2020. CCNC is a community-based, public-private partnership available to North Carolina Medicaid recipients in all 100 counties. It is the largest and longest-running medical home system in the United States. Tom completed his residency in family medicine and preventive medicine at the University of North Carolina School of Medicine and earned a master's degree in public health from the UNC Gillings School of Global Public Health.

2000

A memoir written by **Shannon Sovndal** is featured in Alumni in Print. Shannon is board-certified in emergency medicine and emergency medical services. He is medical director for numerous air and



Shannon Sovndal '00

ground EMS agencies and works with the Denver FBI Tactical Team. He produces the "Match on a Fire: Medicine and More" podcast and is the founder of 3Hundred Training Group. He lives in Boulder, Colorado, with his family.

2002

Henry Legere is founder of Reliant Immune Diagnostics. Hank's company recently made headlines for partnering with a supermarket chain in Chattanooga, Tennessee, to offer its MDBox telehealth service to the chain's customers. The MDBox app aims to provide cost-effective and quality symptom-specific health care and wellness.



Henry Legere '02

Devinder Singh is the new chief of plastic surgery at the University of Miami and Jackson Health Systems and professor of clinical surgery (interim) at the University of Miami Miller School of Medicine. Devinder previously was chief and medical director of plastic surgery at the Anne Arundel Medical Center in Annapolis, Maryland. He previously served as associate professor of surgery at the University of Maryland School of Medicine and was on the part-time faculty at Johns Hopkins Hospital. From 2014 to 2016, he was appointed by Gov. Martin O'Malley to be chairman of the Maryland Board of Physicians.

2007

The mayor of Houston named **Anjail Sharrief** to the city's COVID-19 response task force, the Health Equity Response Initiative and Task Force. Anjail



Anjail Sharrief '07

also co-chairs the group's medical care subcommittee. She is associate professor of neurology and director of stroke prevention for the Institute of Stroke and Cerebrovascular Disease at the University of Texas Health Science Center at Houston.

2008

Julia Iyasere has been named vice president of New York-Presbyterian's new health justice center, launched to understand

and improve health equity and drive action that results in measurable improvements in health outcomes for all. The center was formed to address



Julia Iyasere '08

longstanding health disparities due to race, socioeconomic differences, limited access to care, and other complex factors that disproportionately impact the well-being of NYP's communities. The center will inaugurate a Health Equity Symposium to allow for in-depth discussions, education, and insights that will result in tangible solutions to health disparities. Julia will work collaboratively with representatives from NYP, VP&S, and Weill Cornell Medicine on mutual goals. Her previous roles at NYP and VP&S were associate chief medical officer for service lines, co-director of the Care Team Office, director of the Leadership Education and Development for Physicians (LEAD) Academy, associate designated institutional official for graduate medical education, and associate program director of Columbia's internal medicine residency training program. She is assistant professor of medicine at Columbia and continues to see patients as an internist in the Section for Hospital Medicine.

2010

See Alumni in Print to read about a book written by [Kelly Fradin](#).

Kelly was inspired to pursue medicine after surviving childhood cancer, and she uses her experience as a patient to be a more empathetic physician. She



Kelly Fradin '10

shares parenting and pediatric health advice on instagram @advicegivemyfriends. Her career in pediatrics has focused on helping children with chronic medical conditions and working as a public health advocate.

2014

[Omoye Imoisili](#) is a medical officer at the U.S. Food and Drug Administration Center for Tobacco Products and a lieutenant commander in the U.S. Public Health Service (USPHS). After completing internal medicine residency at Yale, she joined the Epidemic Intelligence Service at the Centers for Disease Control and Prevention, where she commissioned as a USPHS officer.



Omoye Imoisili '14

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[Elinor Zhou](#) has joined the Melissa L. Posner Institute for Digestive Health and Liver Disease at Mercy Medical Center in Baltimore. Elinor completed her gastroenterology fellowship at the Johns Hopkins



Elinor Zhou '14

Hospital, where she served as chief gastroenterology fellow.

2020 (Honorary)

At a virtual farewell ceremony in June, Thomas Lo'08, president of the VP&S Alumni Association, made [Lee Goldman](#) an honorary member of the VP&S Class of 2020. Lee stepped down as dean June 30, 2020, after spending 14 years in leadership roles at VP&S and the Columbia University Irving Medical Center. He is continuing as a professor of medicine at VP&S and of epidemiology at the Mailman School of Public Health. Through the remainder of 2020 he will also be a special adviser to Interim Dean Anil Rustgi.



alumni *in print*

Surgical Renaissance in the Heartland: A Memoir of the Wangensteen Era

Henry Buchwald '57

University of Minnesota Press, 2020

In his memoir, Dr. Buchwald masterfully recounts a golden era in American surgery. Told through the eyes of a young doctor learning from a trailblazing great, “Surgical Renaissance in the Heartland” tells the story of Dr. Buchwald’s formative years practicing under the innovative Dr. Owen H. Wangensteen at the University of Minnesota’s medical school. The memoir recalls an era that laid the foundations of open-heart procedures, heart and pancreas transplantation, bariatric surgery, implantable infusion pump therapies, and other medical milestones. The publisher calls the book as entertaining as it is informative, effectively conjuring the character—and characters—of a time that changed medicine and the lives of millions.

To Heal the World: My Life in Medicine, Poetry, and Public Health

Norbert Hirschhorn '62

bertzpoet.com/memoir, 2020

By pioneering oral rehydration therapy, which effectively treated the dehydration imposed by cholera and other diarrheal diseases, Dr. Hirschhorn contributed to

work that saved an estimated 50 million lives. His memoir begins with a note of thanks to his teachers, and a quote from the late Allan Rosenfield '59, longtime dean of the Mailman School of Public Health: “Remember to challenge traditional thinking, look at problems from different angles, ask questions, be compassionate, and stand up for what you know is right. Know that you have the power to effect change.” So what’s left for the man commended for his work by President Bill Clinton as an “American Health Hero”? Poetry. His memoir can be downloaded free from his website.

The Laughing Brain: A Hierarchy of Humor by Mental and Neural Levels

David V. Forrest '64

Amazon.com, 2020

Recent neurological studies have indicated that certain dementias can degrade one’s sense of humor over time. Those findings inspired a new book by Dr. Forrest that highlights his investigation into neurological impairments and their relationship with the “hierarchy of humor,” introducing a new way to think about the mind and brain based on the demands made by different types of humor. “The Laughing Brain” explores two pressing questions: What is funny and how can it help us understand what

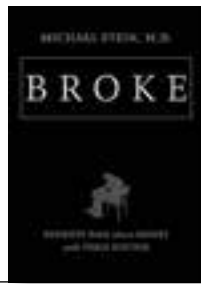
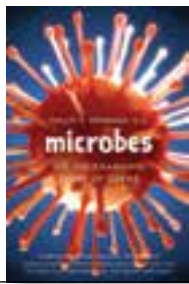
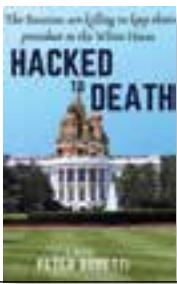
is important about dementia? Dr. Forrest delivers the hopeful message that a sense of humor can create connections for dementia patients and their loved ones, even when other capacities for communication are impaired.

Hemorrhage (2018) Deadly Bargain (2019) Hacked to Death (2020)

Peter Budetti '70

Amazon.com

From Dr. Budetti come three novels that feature a young cyber sleuth, Will Manningham. In “Hemorrhage,” the sleuth and the FBI are pitted against the Russian mob, a criminal network of shady doctors, and corrupt U.S. officials. Together, they must unravel a massive conspiracy to steal billions in medical care dollars and leave unsuspecting patients for dead. In the sequel, “Deadly Bargain,” Dr. Matthew McDonald’s surgical patients are dying, but their autopsies do not reveal what killed them. Can Manningham and the FBI save others from the same grisly fate? In the third book of the series, “Hacked to Death,” Manningham has only a few weeks until the final votes are cast to unravel the links between a series of mysterious deaths and the desperate Russian efforts to reelect their close ally Hugo H. Dorzel as president of the United States.



Microbes: The Life-Changing Story of Germs

Phillip K. Peterson '70

Rowman & Littlefield, 2020

In exploring the story of germs, Dr. Peterson's book tells both sides: that they are at once critically important for our health and they continue to wreak havoc around the world. Dr. Peterson tracks our understanding of germs throughout history, from early plagues and pandemics to the present day of HIV/AIDS, Ebola, Zika, and coronavirus. The book also addresses contemporary issues, including the importance of vaccinations and the rise of cutting-edge health treatments such as fecal transplants. The publisher says "Microbes" explains for general readers where these germs came from, what they do to and for us, and what can be done to stop the bad ones and foster the good ones.

Broke: Patients Talk About Money with Their Doctor

Michael Stein '85

University of North Carolina Press, 2020

In "Broke," Dr. Stein speaks to the troubling correlation between wealth and wellness, between poverty and poor health. Through a series of intimate vignettes, he recalls conversations with patients that explore their struggles, their resiliency, and the impact that financial challenges commonly impose on their ability to acquire appropriate medical care. "Broke" is a quietly passionate critique of a country that has grown callous to the plight of the poor, the tens

of millions of people in the United States who live below the poverty line and who have no obvious path to security. Full of heartbreaking and surprising details and framed by a wry, knowing, and empathic humor, no other book illuminates the experience of people facing economic hardship in this way.

Fragile: Beauty in Chaos, Grace in Tragedy, and the Hope that Lives in Between

Shannon Sovndal '00

Gyr Falcon Press, 2020

Dr. Sovndal was confident and motivated—and felt invincible—when he started medical school, but he admits that he had no clue. Nothing could prepare him for the harsh reality of being a compassionate human and working as an ER doctor. His memoir examines the tenuous balance between trying to compartmentalize the trauma of tragedy while also preserving his own humanity. "Fragile" pulls back the curtain on the ER, a place where Dr. Sovndal learned that universal truths about the human

condition can be discovered if one pauses long enough to take a breath. His memoir is about trying to reconcile the beautiful and horrific tension that makes life so fragile and opening up to appreciate life's most precious moments.

Parenting in a Pandemic: How to help your family through COVID-19

Kelly Fradin '10

Amazon.com, 2020

The coronavirus pandemic has created unprecedented challenges for everyone, parents not least of all. As a pediatrician and child advocate, Dr. Fradin offers a helpful guide that promises relief for those trying to avoid burnout and maintain a functional household in the midst of a global pandemic. The mother of two offers practical, evidence-based, and reassuring advice, whether parents are caring for a newborn, taking the lead on virtual schooling, or dealing with an unruly teenager. With Dr. Fradin's strategies in hand, parents can go forward with confidence as they lead their family through difficult times.

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

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● ALUMNI PROFILES

Kathie-Ann Joseph'95 and David Joseph'95

From Study Partners to Life Partners, Two Surgeons Find Balance Amid a Pandemic

By Julia Hickey

When arriving medical students Kathie-Ann Ramsay'95 and David Joseph'95 met at a first-year lecture, he remembered what she had forgotten: This was not their first meeting. As teens attending different high schools, they had studied together one afternoon with a mutual friend at the central Brooklyn Public Library. To prove it, he reminded her what she wore that day at the card catalogs: "She had that 80s white polo with the collar

flipped up and the jeans jacket" with matching sneakers, he recalls. "That's just classic."

"He even remembered my *shoes*," Kathie adds with persisting disbelief.

After studying, they parted homeward to nearby Brooklyn neighborhoods: She on the 2 train to Flatbush, where her parents had settled from Jamaica, he on the 3 to Canarsie, where his parents had settled from Trinidad. Her path continued to Harvard College and his to NYU, before their paths crossed again at medical school.

While the personality of that popped collar stuck with David for years, perhaps more profound was the impression his very remembering made upon Kathie. A self-described bookworm, David seemed unaware of her welcoming cues in the weeks that followed in medical school, so a classmate played matchmaker by inviting them to a small study group.

Their paths have not diverged since. Today, both are surgeons living in Brooklyn and balancing the duties of academic medicine and family. They have two sons, ages 18 and 22.

Kathie is chief of breast services at New York City's Bellevue Hospital, where she was Physician of the Year in 2015. She directs breast health outreach and patient navigation, helping women access transportation and social services if necessary to complete breast cancer treatment. She also teaches surgery and population health at NYU.

David is chair of orthopedic surgery at Elmhurst Hospital in Queens, New York. The public hospital serves one of the most diverse communities in the world.

"I always thought I should give back and take care of patients that are like me or like my parents," David says.

Kathie and David in 2018



JENNIFER ESCARVAJE

When Elmhurst was the epicenter of New York City's coronavirus outbreak, David worked nights to relieve attendings by supervising COVID-19 wards. During that time, the motivational quotes he has pinned up for surgical residents took on new meaning, such as one from Benjamin Franklin: "If you fail to plan, you plan to fail."

"That's just from being in ortho," David says. "That is true in life, too."

Elmhurst had a plan. But when the surge was more like a tsunami, and personal protective equipment was scarce, and there were no more beds, and patients filled overflow tents, another quote gained relevance: "Everyone has a plan until they get punched in the mouth."

"That's from Mike Tyson," David says.

"There was a lot of mobilization. Eventually, FEMA came, the military came, and they helped us out a great deal in terms of staff getting rest," he says. "We bent but didn't break."

Kathie contracted COVID-19 in March 2020—likely from a patient—and recovered, though her shortness of breath lingered for months. David also missed some work owing to fever and fatigue. His antibodies suggest that he may have been infected as well.

For her part during the COVID-19 surge, Kathie maintained the essential functions of the breast service at Bellevue while her colleagues with critical care experience joined the front lines. She made difficult decisions about who would receive surgery, since being in the hospital posed an additional threat of infection for patients. Medicine became, even more than usual, about pivoting to new strategies and weighing risks. An avid tennis fan, Kathie describes the importance of thinking on one's feet and its parallels to medicine, especially surgery: "It's interesting watching great tennis players—like Federer, Nadal, Djokovich, Serena—especially when they are not winning. They figure out as they are playing how to adjust their game, and they find a way to win."

Kathie's competitive streak motivates them both.

"She inspires me to speak up and stand up for myself. When I need that little extra inspiration, I can rely on her to give it to me," David says. She, on the other hand, finds his presence calming.

"When I have issues, I can go to him, and he grounds me."

"She's the fire. I'm the ice," David says.

It Takes Two

At the Josephs' wedding shortly after medical school, attendees from both sides of their families delighted in encountering familiar faces. "We didn't realize that

there was so much overlap in terms of friends and family even though we didn't know each other growing up," Kathie said. Although their parents came from opposite sides of the Caribbean, their worlds were close in New York City, and with one another, Kathie and David felt at home.

Kathie's mother, a nurse, worked nights so she could spend days with her children. Kathie's father worked at Pan Am's Manhattan office and studied in the evenings to earn a business degree at Baruch College.

"I remember seeing my father studying and asking him, 'What are you going to be when you grow up?' At home, it wasn't unusual to see people working hard," she says.

David's father, a carpenter, built a successful business manufacturing caskets for funeral homes across Brooklyn. Atlantic Casket was a three-floor workshop and showroom on Atlantic Avenue. David's mother, a seamstress and pattern maker who made samples for designer Diane von Furstenberg, sewed liners for the caskets. Perhaps it's not surprising that, given his parents' skilled hands, David fell for surgery in medical school. ("I was doing a trauma case in the middle of the night with one of the residents and attendings. Just a hip fracture. I thought it was so cool. They let me do some of the drilling. The last screw they let me put in," he remembers.) Seeing his mother's hard work, David pitched in to help around their home and carried that experience forward.

"Be flexible. Help each other when you can. And get some sleep." That's his pared-down wisdom for doctors who are coupled—and not just during a pandemic. It helped them get through their years of training. Kathie completed a residency at NYU Langone Medical Center, rose to be chief resident, and completed a breast oncology fellowship at Columbia. David completed a residency at New York Orthopedic Hospital, followed by a fellowship in orthopedic trauma at Harvard's Massachusetts General Hospital. At the same time and with the help of their families, they raised two sons.

"We both have very stressful careers. I couldn't do what I do without David's support," Kathie says. He is a very hands-on dad. You need a partner, and it just isn't going to work otherwise."

Operating Against Assumptions

As Black doctors, Kathie and David also lend one another a supportive ear when encountering their outsize share of implicitly biased interactions, both inside and outside the workplace.

There was the time David waited in the NYU parking lot, dressed in full scrubs, white coat, and stethoscope, for his car to be retrieved. A woman handed him the keys to her Mercedes as if he were the attendant. He handed them back. Or the time police pulled him over in his luxury Audi with MD plates. The officer asked David, who was wearing scrubs, if he owned the car.

“It’s incredible how many times you are mistaken for anything but the doctor or the surgeon,” Kathie says. “I could be with a whole team of doctors, students, and interns, like when I was chief resident. I am asking all the questions, but they are looking at and answering to my white male junior residents.”

“The other thing which I’ve gotten dozens of times, is they call me Dr. Brown,” David says. “How do you go from Joseph to Brown?”

David emphasizes that there is always a good story to counteract the bad.

movement, Dr. Forde was humiliated during training when a surgeon ordered him out of an operating room.

“Dr. Forde’s advice to me was not to react to every incident that would come my way,” she says. “To keep focused on the big picture that I was trying to accomplish.” That attitude served her well in training, she says. But now that she and David are advanced in their careers, they hope for better, especially for their sons.

“You have had two crises in 2020: the COVID pandemic and Black Lives. I think that has transformed society, and I don’t think that can be ignored in medicine, either. The open conversations that we are now having weren’t possible even 20 years ago. So I think it’s a start,” Kathie says.

They are also aware of vast disparities in health care access within their patient populations. Culturally competent patient navigation involves assessing barriers to care, especially the extended treatments for breast cancer. “Is the patient facing eviction? Do they need to take two buses to treatment? Will they miss too much work because of surgery and chemotherapy, ordering MRIs, and all these tests? Will they lose their job? They might not think their doctors care to hear all of that,” Kathie says.

But to save a life, she does care to hear all of that. Working with her team of patient navigators, they do their best to connect patients with support.

Giving Back

“We feel that our careers have been about giving back to other people,” Kathie says. That includes their work as mentors, especially at VP&S. Kathie is past president of the VP&S Alumni Association and is a leader in its new Women in Medicine Collective. Both are involved in the Kenneth A. Forde Diversity Alliance to support the next generation of underrepresented minorities in medicine.

But looking back on 25 years practicing medicine, the Josephs agree on their most significant accomplishment: their two sons. “They are respectful, kind, and loving,” David says.

The couple suggests that to be a “Joseph”—in addition to relishing an excellent tennis match—means to help others. Neither son wants to be a doctor, having chosen to study computer science and economics. In the context of pandemic and politics, “They are still trying to figure out their way in the world. And they have had to put up with having two parents who are doctors. Surgeons, no less,” Kathie says.

The Josephs just want their kids to do what makes them happy and, in so doing, to find their own ways to give back.



Honeymoon in Jamaica in 1995

“I operated on a patient that had a swastika on his back. He was very thankful for the operation. He said, ‘Listen doc. I was very young when I had it done. I am very sorry.’ He was one of the most appreciative patients I ever had, so it goes both ways.”

Kathie’s mentor, pioneering colorectal surgeon Kenneth Forde ’59, had warned she would find herself in uncomfortable situations while practicing medicine. As a Black student in medicine before the civil rights

in memoriam

FACULTY

Richard E. Behrman, MD, JD, chair of the Department of Pediatrics from 1971 to 1976, died May 17, 2020.

Lorna M. Breen, MD, assistant professor of emergency medicine at CUMC, died April 26, 2020.

Ronald Brisman, MD, a faculty member in neurological surgery, died April 20, 2020.



Lorna Breen

Richard C. Friedman, MD, lecturer in psychiatry, died March 31, 2020.

Lawrence Glassberg, MD, assistant professor of medicine, died April 4, 2020.

Jack W. Hagstrom, MD, professor emeritus of pathology & cell biology, died Nov. 14, 2019.

Desmond Jordan, MD, professor of anesthesiology at CUMC, died Nov. 2, 2020.

David W. Kinne, MD, the David V. Habif Professor Emeritus of Surgery, died March 14, 2020.

Richard Levine, MD, professor of obstetrics & gynecology, died April 12, 2020.

David Rothman, PhD, the Bernard Schoenberg Professor of Social Medicine and director of the



Desmond Jordan



Richard Levine



Charles E. Reed '45



David Kinne



David Rothman

Division of Social Medicine and Professionalism in the Department of Medical Humanities & Ethics, died Aug. 30, 2020.

ALUMNI 1945

Charles E. Reed, a leader in allergic diseases, died July 24, 2020, at 98. He served in the U.S. Army Medical Corps before practicing internal medicine in Corvallis, Oregon. In 1962, Dr. Reed joined the University of Wisconsin-Madison, became head of the Division of Allergy and Clinical Immunology, and implemented a fellowship training program in allergic diseases. He later joined the Mayo Clinic in Rochester, Minnesota. Dr. Reed was president of the American Academy of Allergy and Immunology, senior editor of the *Journal of Allergy and Clinical Immunology*, and co-editor of the book "Allergy: Principles and Practice." His wife, Janice,

ology at Vanderbilt, taught radiology at the University of Alabama at Birmingham, and practiced in Anniston, Alabama. He served on his local Board of Education during integration, was a member of the State Medical Board of Censors, and served as president of Calhoun County Medical Society and Alabama Academy of Radiology. He loved traveling, fishing, sports, and Alabama football. He is survived by three children, three grandchildren, and two great-grandchildren.

Joseph George Furey, an orthopedic surgeon, died Dec. 1, 2019, at 96. After an internship at Brooklyn Methodist Hospital and residency at the Hospital for Special Surgery, he served three years in the U.S. Army Medical Corps as the chief orthopedic officer at La-Chapelle-St. Mesmin, France. Rising to the rank of captain, Dr. Furey cared for soldiers wounded in the Korean War. Upon return, he joined the Department of Orthopedic Surgery at Case Western Reserve and University Hospitals in Cleveland, Ohio, and later practiced in nearby Euclid and Willoughby. He was an avid tennis player who began to ski in his 50s, run competitively in his 60s, and later played golf before developing Parkinson's disease in his mid-80s. Preceded in death by his wife, Loretta, he is survived by their six children, 10 grandchildren, and three great-grandchildren.

four children, 11 grandchildren, three great-grandchildren, and two great-great-grandchildren survive him.

1947

Edgar "Ed" W. Branyon Jr., a radiologist, died Sept. 1, 2020. He was 97. After medical school, he provided primary care to coal miners in Alabama and was a patient in a TB sanatorium for three years. He learned the emerging field of radi-

Leonard S. Sommer, a cardiologist, died March 26, 2020, at 95. He served in the U.S. Public Health Service and trained in Boston in the nascent field of cardiac catheterization. He later joined the University of Miami School of Medicine faculty, where he helped spearhead studies into the use of clot-busting drugs for heart attack patients, years before this became the stan-



Leonard S. Sommer '47

dard of care. He also founded and directed the Cardiac Catheterization Laboratory at the University of Miami/Jackson Memorial Hospital program for nearly 20 years until his retirement in 1998. He was preceded in death by his first wife, Miriam, and his second wife, Anita. Two daughters and two stepchildren survive him.

Roger H. Unger, an authority on the development of diabetes, died Aug. 22, 2020, at 96. In 1959, he developed a test to measure concentrations of glucagon and established that glucagon was a true pancreatic hormone released in opposing partnership with insulin to maintain normal blood glucose levels. Over a 64-year career at UT Southwestern Medical School in Dallas and at the Dallas Veterans Affairs Medical Center, he focused on clarifying the interrelationships among obesity, diabetes, and metabolic syndrome. He was founding director of the Touchstone Center for Diabetes Research at UT Southwestern. The American Diabetes Association, the European Association for the Study of Diabetes, and the Endocrine Society all honored him with their highest awards, and the Universities of Liege and Geneva gave him honorary degrees. Records show that his father, Lester J. Unger, uncle Jonas J. Unger, and first cousin Harold M. Unger received Columbia medical degrees in 1913, 1915,

and 1948, respectively. He is survived by his wife, Marlise, four children, and a brother.

1950

Irving "Irv" Paul Ackerman, a longtime internist at Kaiser Permanente, died July 24, 2020, at 92. He attended Columbia College at 16 and graduated Phi Beta Kappa in two years, beginning medical school at age 18. He trained at Massachusetts General Hospital and completed a fellowship in endocrinology at University Hospital in Ann Arbor, Michigan. He saw an alternative to the fee-



Irving Paul Ackerman '50

for-service health care model and in 1970 moved with his wife and young family to California to join Kaiser Permanente Los Angeles Medical Center. He rose to chief of internal medicine, a post he held for 12 years. He was known for the "Ackerman note," a handwritten note complimenting other physicians for work well done. In 2000, Los Angeles Medical Center named its library after him. He taught until the age of 84. Dr. Ackerman enjoyed exercise, was a record-breaking blood donor, and volunteered at free clinics and voting polls. Three daughters and six grandchildren survive him.

1951

William "Bill" Revercomb, an internist who practiced in Charleston, West Virginia, for 41 years,

died Feb. 21, 2020. He was 92. He completed his residency at the Case Western Reserve University School of Medicine, served in the U.S. Air Force, and completed a fellowship in internal medicine at Parkland Memorial Hospital in Dallas. In addition to his medical practice in Charleston, he taught at West Virginia University School of Medicine's Charleston division. He also served on the West Virginia Occupational Pneumoconiosis Board and was a longtime member of Charleston's Rotary Club. He was an accomplished gardener who enjoyed bridge, tennis, and travel. He is survived by three children and three grandchildren.

1952

Anthony J. Smith, an orthopedic surgeon, died Feb 9, 2020, at age 92. Dr. Smith completed his orthopedic training in New York City in 1957 and practiced in the Coos Bay, Oregon, area for 35 years. He founded the Millicoma Orthopedic Clinic in 1972 and, following his retirement in 1991, started Tioga Orthopedic Services. He enjoyed the arts and the outdoors. Dr. Smith is survived by his wife, Del, two children, three grandchildren, and two siblings.

1953

Lucy Houghton Swift, a pediatric cardiologist, died Feb. 29, 2020, at 93. She practiced and taught at St Luke's Hospital in New York from 1964 to 1986. In 1990, she moved to Cornwall, New York, where her great-grandfather, Congregationalist theologian Lyman Abbott, had settled his family. Dr. Swift worked as a collaborative physician with Orange-Ulster Board of Cooperative Educational Services for 23 years and served as a medical consultant for 15 years with Inspire, which serves children with cerebral palsy, in Goshen, New York. She was active with the Cornwall Public Library and the Hudson High-

lands Nature Museum and played the flute weekly with friends.

Robert van Hoek, an internist who served as Assistant Surgeon General in the U.S. Public Health Service, died Aug. 18, 2020, at 93. He interned at St. Luke's Hospital in New York and completed a medical residency at the VA Hospital in the Bronx. He served in the U.S. Army Medical Corps before attending medical school and later as a doctor worked at the Walter Reed Army Institute of Research and the Armed Forces Radiobiology Research Institute at the National Naval Medical Center. He joined the NIH, where he held several positions and retired in 1976 as deputy administrator of the Health Services and Mental Health Administration. He later taught at Indiana University School of Medicine and was medical director of one of its teaching hospitals, Wishard Memorial Hospital in Indianapolis. He worked as medical director of Group Health Association in Washington, D.C., before retiring in 1984. He was preceded in death by his wife, Kathleen, and is survived by three children.

1954

Henry Bernard Holle, a surgeon, died June 6, 2020. He was 92. Dr. Holle was a World War II veteran who served in the U.S. Army in Nanking, China. He completed his internship and surgical residency at Roosevelt Hospital in New York City, where he met his wife, Laure, a nurse. Dr. Holle completed his senior fellowship in cancer surgery at MD Anderson Hospital and went into private practice in downtown Houston. He taught surgery at the University of Texas Medical School and MD Anderson. He devoted much of his professional life to the Memorial Healthcare System, serving as chief of staff (twice), chairman of the General

Surgery Section, and trustee. Dr. Holle loved sailing, dancing, cooking, and reading medical journals and spy novels. Three daughters and two grandsons survive him.

Roger Woodham Jelliffe, a leader in pharmacokinetics, died June 22, 2020, of kidney disease. He was 91. After medical school, he worked for the USC Department of Medicine. He developed optimally precise regimens for patient care involving potentially toxic drugs with narrow therapeutic margins of safety. Dr. Jelliffe created the earliest computer software for individualizing drug dosage and in 1973 founded the USC Laboratory of Applied Pharmacokinetics. In 2019, the American Academy of Clinical Pharmacology established an award in recognition of his lifetime achievement. A polymath who maintained friendships with people worldwide, he was also concerned for social justice in the United States. His wife, Joyce, four children, and five grandchildren survive him.

1954 PhD

William Cooper, who earned his degree in anatomy, died Dec. 28, 2019, in Hilton Head, South Carolina. Following service in the U.S. Navy as a pharmacist's mate, he taught anatomy at the University of Puerto Rico and at VP&S in the early 1950s. He then joined the University of Colorado, where he was a teacher, researcher, and administrator. He invented the "Cooper Dish" and created many videos and publications in medical and science education. He later worked for the National Library of Medicine and was a consultant. He is survived by his wife, Linda, two sons, six grandchildren, and two great-grandchildren.

1955

Lestra Carpé (Benello), an internist, died March 5, 2020. She



Lestra Carpé (Benello) '55

was 90. After medical school, she completed research in hematology at UC Berkeley then worked in internal medicine for student health at Barnard College, Harvard College, and Dartmouth College. She retired in 1995. Her son, Allen, survives her. Her first son, Julian, died in the terrorist bombing of Pan Am 103 over Lockerbie, Scotland, in 1988.

E. Frederick Wheelock died Aug. 4, 2020, at his home in Naples, Florida. He began studies at MIT in the fall of 1944 but enlisted in the U.S. Army on his 18th birthday the following February. He was selected for Japanese language school in Minnesota and prepared for deployment to Japan as an interpreter, but World War II came to an end before his deployment. He returned to MIT, where he completed his studies before beginning medical school at Columbia. While at Columbia he married



E. Frederick Wheelock '55

Melba Jean Lowery, a surgical nurse from Albertville, Alabama. After a rotating internship at Billings Hospital at the University of Chicago, he completed a residency at the University of Rochester in New York, then returned to New York City to enter the PhD program at what is now Rockefeller University. After graduating from Rockefeller, he began his research career at Case Western University in Cleveland. He later held positions at Thomas Jefferson University, Hahnemann University Hospital, and Medical College of Pennsylvania. He is survived by his wife, three children, and four grandchildren.

1956

Leo J. Dunn, an obstetrician & gynecologist and leader in women's health, died Feb. 21, 2020. He was 88. After an internship at the Cincinnati General Hospital, he trained for five years at what was then Columbia-Presbyterian Medical Center before joining the University of Iowa faculty. In 1967, he joined the Medical College of Virginia School of Medicine (later Virginia Commonwealth University) in Richmond, Virginia. He chaired the ob/gyn department for nearly 30 years and initiated a nurse practitioner training program. In 1998, he obtained a master's degree in health administration at VCU and served as the university's NIH Research Subject Advocate. He was president of the American Board of Obstetrics and Gynecology and founding member of the Society of Gynecologic Oncologists, among other leadership roles. He was preceded in death by his wife, Beatrice. Their two children, two grandsons, a step-grandson, and a brother survive him.

1957

Lewis "Lew" Arnow, a pediatrician, died May 7, 2020. He played semi-professional baseball

before attending Harvard College. After medical school, Dr. Arnow accepted a pediatric internship at what was then New York Hospital-Cornell Medical Center and served as a lieutenant at the U.S. Naval Hospital at Newport, Rhode Island. For 40 years, he practiced in the Newport and Aquidneck Island communities. He was chief of the pediatrics department and president of the medical staff at Newport Hospital and an ex-officio board trustee member. In 1969, Dr. Arnow patented a multi-element electric toy and track; over the following two decades he and his wife ran an English riding instruction school at their farm. He loved cricket, and on weekends from April through September, he hosted matches for Middletown's St. Columba's Cricket Club. Dr. Arnow was preceded in death by his wife, Rita. His fiancé, Brenda, two sons, and three grandchildren survive him.

John Manley Roberts, a pediatric orthopedic surgeon who helped found Children's Hospital in New Orleans, died Aug. 8, 2020. He was 88. He completed a surgical residency at Duke University Medical Center. He held successive professorships in orthopedic surgery at Louisiana State University, Tulane University, Brown University, and Boston University before retiring from Boston University in 1999 as professor of orthopedics emeritus. Shriners Hospital for Children in Springfield, Massachusetts, named a teaching center in his name to honor Dr. Roberts' tenure as chief of staff. He enjoyed working in outreach clinics in Cyprus, Puerto Rico, and the Dominican Republic. He was president of the Pediatric Orthopedic Society and vice president of the American Orthopedic Association and continued to see patients for non-operative treatment until he was 81 years old. He enjoyed sailing

and in his later years was active in adult education. His wife, Edith, two children, three stepchildren, and five grandchildren survive him.

Dwight Rienzi Robinson, who had a long career in rheumatology and internal medicine at Massachusetts General Hospital, died June 2, 2020, at age 88, after a battle with Alzheimer's disease. He conducted postdoctoral studies in biochemistry at Brandeis University, which enabled him to maintain a laboratory at MGH. In 2013, he edited a comprehensive textbook on gout. Dr. Robinson was a professor at Harvard Medical School and the Harvard-MIT Program in Health Sciences and Technology, working tirelessly in patient care, teaching, and research until his retirement in 2015. A "Renaissance man," Dr. Robinson played the piano and pipe organ and enjoyed dancing, gardening, hiking, tennis, windsurfing, skiing, and raising farm animals. He is survived by his wife, Margaret, four children, 14 grandchildren, and four great-grandchildren.

1958

Robert E. Schaefer, a radiologist, died March 25, 2020, at age 87 of coronavirus complications. He completed a military residency in Adana, Turkey, followed by a radiology residency at Stanford. He moved to Seattle, practiced at Harborview Hospital and Overlake Medical Center, and taught at the University of Washington Medical School. As president of the Northwest Woodworkers Guild, he enjoyed crafting geometric models, furniture, and lathe-turned bowls. He was passionate about abstract math, physics, and astronomy. His wife, Doris, survives him.

1959

Peter M. Berkman, who practiced internal medicine and nephrology for 50 years in Washington, D.C.,

died June 9, 2020. He was 86. Dr. Berkman spearheaded the formation of the modern dialysis facility at Washington Hospital Center in 1977. Two children and two grandchildren survive him.

Peter Dodge Mott, a geriatrician who dedicated his life to social activism around migrant and rural public health, died May 27, 2020. He followed in the legacy of his father, Frederick D. Mott, MD, who established hospitals in Appalachia for the United Mine Workers and set up the first provincial universal health care system in Canada, in Saskatchewan. Dr. Peter Mott left the private practice of medicine after the assassinations of Martin Luther King Jr. and Robert Kennedy to run health centers in the poorest sections of Baltimore and Tucson. He later directed a regional medical program, overseeing clinics for residents in extreme poverty in western New York state. From age 60, he and his wife published *Interconnect*, a quarterly dedicated to sharing resources among hundreds of grassroots organizations advocating for Latinos across the United States and Latin America. In 2006, he wrote "Cancer in the Body Politic: Diagnosis and Prescription for an America in Decline." His wife, Gail, four children, and six grandchildren survive him.

Peter Pressman, clinical professor emeritus of surgery at Weill Cornell Medical College, died April 27, 2020, from the coronavirus. He was 84. He served in the U.S. Army as a surgeon in Korea. He later worked at Beth Israel, Lenox Hill, and New York-Presbyterian hospitals. His surgical practice was devoted to treating breast cancer and directed toward earlier diagnosis and fewer surgical procedures. He was the founding member of the New York Metropolitan



Peter Pressman '59

Breast Cancer Group and a board member of the American Cancer Society. When Dr. Pressman retired from clinical surgery, he established the Genetic Risk Assessment Program at the Weill Cornell Breast Center. Educating women was a priority. He was co-author of five editions of the book "Breast Cancer - The Complete Guide." His wife, Peggy, two sons, and five grandchildren survive him.

1961

John F. Ryan, a leader in pediatric anesthesiology, died Jan. 2, 2020, at 84. During summers in medical school, he worked for the U.S. Air Force and developed a calibration technique for measuring micrometeorites used in early satellites and the first attempt to reach the moon. He spent two years at Vandenberg Air Force Base, where, in 1965, he received a commendation medal for his work in establishing the first intensive care unit in the U.S. Armed Forces. He was chief of pediatric anesthesiology for more than 30 years and taught at Harvard Medical School. He published the textbook, "A Practice of Anesthesia for Infants and Children." He is survived by his wife, Joanna, three children, and three grandchildren.

1962

Khosrow Nasr died Jan. 21, 2020. He completed a residency

at Bellevue Hospital's Columbia Division and a gastroenterology fellowship at Billings Hospital of the University of Chicago. In 1968, he returned to his native country of Iran and joined the medical school faculty of Shiraz (Pahlavi) Medical School, where he became chairman of medicine. Later as dean, he introduced advances in medical education. He left Iran in 1986 for Sacramento, California, where he formed a gastroenterology group and practiced until his retirement in 2015.

1964

Evelyn Grollman Wolff, a physician-scientist specializing in the thyroid, died Dec. 15, 2019, at age 79. She practiced at Bellevue Hospital in the 1960s before moving to Northern Virginia. She collaborated with her father, Dr. Arthur Grollman, in 1970 on the widely used "Pharmacology and Therapeutics: A Textbook for Students and Practitioners of Medicine and Its Allied Professions." Drawn by laboratory work, she transitioned to endocrinology at the NIH and for the next 23 years became an expert in the thyroid. After retirement, she returned to Manhattan, where she enjoyed everything about being a New Yorker except for not having enough room for her beloved Steinway. Survivors include her former husband, a sister, and a brother.

1965

Anthony "Tony" Horan, a urologist who received honors for research on human spermatozoa motility, died Aug. 13, 2020, at age 80. He completed training in medicine, surgery, and urology at Columbia. He served as an Air Force general surgeon in Cam Ranh Bay during the Vietnam War's Tet offensive. He practiced urology in New York, Wyoming, and California and in the VA system. His books, "The Big Scare" (2009) and "The

Rise and Fall of the Prostate Cancer Scam” (2017), contested what he considered an epidemic of radical prostatectomies. He was also a painter, an outdoorsman, and a singer in community chorales. Dr. Horan is survived by his wife, Marcia Morrison, two sons (including Thomas Bramwell Welch-Horan’08), and three grandchildren. His grandfather, John Rogers Jr., graduated from what is now VP&S in 1892 and developed treatments for thyroid disease.

Angelo James Lopano, an orthopedic surgeon, died May 18, 2020. He was 80. He trained at the University of Pennsylvania and spent two years in the U.S. Air Force as a general surgeon, stationed at Hamilton Air Force Base in California. He completed his orthopedic residency at Harvard University. He joined Monmouth Medical Center, where he served as chairman and program director of orthopedics from 1988 to 2008. He was a fellow of the American College of Surgeons, American Academy of Orthopedic Surgeons, and the American Academy for Cerebral Palsy and Developmental Medicine. He was an avid gardener who took pride in growing vegetables and making spaghetti sauce. He is survived by his wife, Amelia, two children, and three grandchildren.

William Boyd McCullough, a minister early in life who became a surgeon and community activist, died April 25, 2020, from Alzheimer’s disease. He was 89. He graduated from Princeton Theological Seminary in 1956. He served as assistant pastor of the Riverdale, New York, Presbyterian Church and pastor of United Church of Van Nest in the Bronx, before completing pre-med studies at City College of New York. He completed a surgical residency at UCSD and trained at Bellevue



William Boyd McCullough '65

Hospital in New York City before entering private practice with Surgical Associates of New Haven, Connecticut, in 1971. He taught at Yale School of Medicine and was deeply involved in civic, cultural, and religious organizations in New Haven. He received an award from the Trust for Public Land to recognize his efforts to preserve the Griswold Airport land and transform it into a park. He was an Associate Fellow at Yale University Hopper College and an active member of the First Congregational Church of Madison. While a medical student, he was president of the P&S Club. He is survived by his wife, Barbara, a son, a granddaughter, and a brother.

1967

William “Bill” G. Johnson, professor of neurology at the Robert Wood Johnson Medical School of Rutgers University and former associate professor at VP&S, died Jan. 30, 2020, from complications following a stroke. He was 77. Following residency at New York Hospital, he served in the U.S. Public Health Service at the NIH. In 1975 he joined Columbia as assistant professor of neurology. He became professor of neurology at Robert Wood Johnson Medical School at Rutgers (formerly University of Medicine and Dentistry of New Jersey) in 1992. As a molecular neurogeneticist, he made significant contributions to

the understanding of neurodegenerative and neurodevelopmental diseases and disorders and was part of the team that identified the first gene for Parkinson’s disease. At the time of his death, Dr. Johnson was involved in three studies on autism. He was active in church life and was fluent in at least six languages. He is survived by his wife, Sandra, two sons, three grandchildren, and a brother.

Sherman C. Stein

clinical professor of neurosurgery at the University of Pennsylvania, died March 22, 2019. He is survived by his wife, Marilyn, three children, and five grandchildren.

1968

Andrew Slaby, a leader in emergency psychiatry and suicide prevention, died May 4, 2020, from COVID-19. He was 78. After interning at Boston City Hospital, he completed a psychiatry residency and an MPH and PhD at Yale before joining the Yale psychiatry faculty. He became director of emergency psychiatry services for Yale-New Haven Hospital and wrote a textbook, “Handbook of Psychiatric Emergencies: A Guide for Emergencies in Psychiatry.” He taught psychiatry at Brown University and later worked as psychiatrist-in-chief at Rhode Island Hospital and Women and Infants Hospital, medical director of the Fair Oaks Hospital, and psychiatrist-in-chief of the Regent Hospital in New York City. He served as a trustee of the American Association of Emergency Psychiatrists, vice president of the American Suicide Foundation, and president of the American Association of Suicidology. He was community-spirited, serving on the boards of several community organizations. He is survived by two sisters, nieces and nephews, and longtime friend Rosemarie Dackerman.



Robert George Ziegler '68

Robert George Ziegler, a psychiatrist for children and families with a commitment to practical, team-based approaches, died Feb. 24, 2020. He was 78. He was a psychiatrist within the Division of Child and Adolescent Psychiatry at the Cambridge Hospital, assistant professor of psychiatry at Harvard, and clinical director of Boundaries Therapy Center in Acton, Massachusetts. He also directed the family service team within the seizure unit at Children’s Hospital in Boston. He authored many clinical publications, including “Sharing Care: The Integration of Family Approaches with Child Treatment,” “Homemade Books to Help Kids Cope,” and “Does Your Child Have Epilepsy?” He loved literature, plays, cooking, and traveling. Two children, two grandchildren, and a sister survive him.

1969

Jeffrey Alan Weisberg, an entrepreneur who co-founded a chain of urgent care centers in New York and developed medical specialty practices, died April 24, 2020. He was 77. He interned at Mount Sinai Hospital before moving to California to train in internal medicine at Stanford. Drawn to emergency medicine, he became director of the emergency department at Sequoia Hospital and co-founded a group of

emergency physicians who ran the ERs at multiple hospitals. He later moved to Chappaqua, New York, and worked at Good Samaritan Hospital. In 1983, he co-founded DOCS Office, an ambulatory care practice in Hartsdale, New York. Over the following 20 years, he developed a chain of urgent care and specialty offices in Westchester. He joined forces with Beth Israel Hospital to open more primary care locations in New York City and to develop new specialty practices, including New York Bone and Joint. He loved performance cars, photography, woodworking, salt-water aquariums, jazz, and folk music. His wife, Cheryl, two children, and four grandchildren survive him.

1970

Richard J. Kates, an obstetrician & gynecologist, died March 9, 2020. He was 75. He trained at Johns Hopkins and Los Angeles County Medical before making Connecticut his home for the past 44 years. He practiced in Hartford, where he specialized in infertility and delivered more than 5,000 babies. He fought a long battle with pancreatic cancer, but he never complained, taking advantage of his time to travel the world, spend winters in Florida, and relax with his family. His greatest love was being a grandfather. His two children and five grandchildren survive him.

Michael L. Tapper, who served for many years as chief of infectious disease at Lenox Hill Hospital, died March 6, 2020. He was 75. He trained in internal medicine at Harlem Hospital and in infectious disease at Memorial Sloan Kettering Cancer Center. At Lenox Hill Hospital, he established an early New York state-sponsored center for AIDS research and care. Dr. Tapper sat on several CDC committees, was past president of

the Society of Hospital Epidemiologists, and a member of many New York state and New York City Departments of Health task forces. He was extremely committed to Columbia College, where he was on the fencing team as an undergraduate. He loved music and supported the Metropolitan Opera. He is survived by a sister.

1975

William B. Solomon, whose NIH grant research at Harvard/MIT resulted in a gene therapy patent, died April 8, 2020. He was 68. Dr. Solomon became a tenured professor of hematology/oncology at Downstate Medical School and an attending physician at Maimonides Hospital. He enjoyed photography, reading, biking in Central Park, and membership at the Park Avenue Synagogue. He is survived by his wife, Terry, two children, a brother, and a sister.

1976

Jay Galst, an ophthalmologist and expert on coins and artifacts with optic themes, died April 12, 2020, of COVID-19. He was 69. He completed a residency in ophthalmology at New York Medical College in 1980 and practiced privately for decades in New York before joining Omni Eye Services. A leader with the New York Numismatic Club, in 2013 he collaborated with Peter van Alfen, chief curator of the American Numismatic Society, to publish a lengthy book about coins related to the eye: "Ophthalmologia, Optica et Visio in Nummis," translated as: "Ophthalmology, Optics and Vision in Numismatics." He is survived by his wife, Joann Paley Galst, his mother, a son, a granddaughter, and a sister.

1977

Antoinette "Toni" H. Williams-Akita, a supervising physician at the New York State Department



Antoinette H. Williams-Akita '77

of Health until her retirement in 2015, died April 1, 2020, of COVID-19. She was 68. Dr. Akita trained in psychiatry at Emory University before starting a pediatric residency at Harlem Hospital Center in 1981. There she met another intern who would become her husband, Dr. Francis Akita. He also contracted COVID-19 and recovered to continue practicing at Columbia, where he specializes in neonatology. Toni Akita worked for the U.S. Public Health Service in St. Croix, U.S. Virgin Islands, before completing a fellowship in allergy and immunology at the Long Island College Hospital in Brooklyn. She briefly operated a private practice in allergy and immunology in the late 1980s. When the H1N1 flu epidemic broke out in 2009, she was on the front lines of New York's response. She joined the New York State Department of Health in 1992. She enjoyed singing, shopping, and traveling. She is survived by her husband, son, granddaughter, mother, and sisters.

1978

Barbara A. Winkler Monsanto, a pathologist who was dedicated to women's health in Peru, died April 5, 2020, at age 66 from complications of COVID-19. She completed a residency at Columbia and later worked at CareMount Medical in Mount Kisco, New York. Dr. Winkler was an active

member of the American Society of Cytopathology and the College of American Pathologists. She was the force behind the humanitarian efforts at CervicoCusco, a Peruvian nonprofit organization committed to improving the health and quality of life of Peruvian women through the prevention of cervical cancer. She enjoyed tennis, cooking, Broadway, and the opera. Her husband, David Enrique Monsanto, and daughter survive her.

1980

James T. Goodrich, a pediatric surgeon who dedicated his life to saving children with complex neurological conditions and developed a multistage approach for separating craniopagus twins who are fused at the brain and skull, died March 30, 2020, of complications associated with COVID-19. Dr. Goodrich served as a Marine during the Vietnam War. He trained at Presbyterian Hospital and the New York Neurological Institute before directing the Division of Pediatric Neurosurgery at Montefiore for more than 30 years. In 2016, he famously led a team of 40 doctors in a 27-hour procedure to separate the MacDonald twins and became the world's leading expert on this procedure. He was a professor of clinical neurological surgery, pediatrics, plastic, and reconstructive surgery at Albert Einstein College of Medicine and held the rank of Professor Contralto of Neurological Surgery at the University of Palermo in Italy. He baked holiday cookies for the nurses at the Children's Hospital at Montefiore, was passionate about medical history and historical artifacts, and enjoyed travel and surfing. His wife, Judy, and three sisters survive him.

HOUSE STAFF

Alan Bernstein, MD, pediatrics, died Sept. 24, 2019.

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When Dr. Lewis “Bud” Rowland was writing his will, he wanted it to support the institutions to which he attributed so much of his success. Columbia was at the top of his list.

Dr. Rowland left funds in a trust with a gift that would have gone to Columbia after his wife, Esther, dies. Last year, Mrs. Rowland decided to give it to Columbia right away. “Bud felt so strongly about supporting Columbia that I thought it was a good idea to give it now,” Esther Rowland explained, “so it could be used immediately and the family could actually see the impact and the benefits of the gift.”

The Rowland bequest will support three programs within the Vagelos College of Physicians and Surgeons Department of Neurology, including an endowed memorial lecture to train future leaders in the field.

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Velocity 2020

Even though a group bike ride from Westchester County and a finish line festival in Washington Heights were not part of this year's Velocity: Columbia's Ride to End Cancer, participants in the virtual fundraiser were able to raise more than \$1 million to support cancer research and care at the Herbert Irving Comprehensive Cancer Center. The funds raised this year also support COVID-19 recovery efforts. The 525 registered participants continued to raise funds through December 2020. The program took a personal approach called Your Velocity in which participants completed cycling, walking, sailing, or other challenges on their own. "The many ways our community came together to support Your Velocity this year are inspirational and heartwarming," says Anil Rustgi, MD, interim executive vice president and dean of the Faculties of Health Sciences and Medicine, the Herbert & Florence Irving Professor of Medicine, and director of the Herbert Irving Comprehensive Cancer Center.