

Columbia Medicine

Vagelos College of
Physicians & Surgeons

FALL 2023

Allen Ginsberg

An excerpt from a book
by Stevan Weine '87

Fertility

40 years of research
and advances

Huntington's Disease

The legacy of
collaborative
research



SUPPORT WHEN IT'S NEEDED

Program offers surgeons
an opportunity to talk about
their experiences



Dear Readers,

The school year is underway, and the start of an academic year always brings new beginnings. New beginnings are made possible by leaders who have come before us, and I want to use this space to acknowledge the closing chapters of two VP&S greats who were honored in recent months.

First is the eminent Dean Emeritus Lee Goldman, whose official portrait will hang in the Dean's Office. In June, the VP&S community gathered for a tribute to Lee and the portrait's unveiling. Lee's formidable list of accomplishments is well-known and needs no repetition here. Suffice it to say that his time at VP&S set a high-water mark, a standard for which we are forever grateful and continuously striving. With his portrait complete, we will be happy to have Dean Goldman watching over the same office he presided over for 14 years.

Lisa Mellman stepped down this summer after 18 years as senior associate dean for student affairs, a role informally known as "dean of students." Lisa worked with nearly 3,000 VP&S medical students during her time in that role. That's 18 white coat ceremonies, 18 graduations, and 18 years of successful residency matches. So many of our young alumni owe Lisa a great deal, and several thousand of them have her signature on a recommendation letter. If you passed through our halls anytime in the past two decades, odds are that you fondly recall Dean Mellman and her impact on your medical education and your career.

I know you share my gratitude for Lee and Lisa. Their distinct styles of leadership are emblematic of what makes VP&S so special. More than awards or accolades, the connections we make with our students and colleagues elevate our work to something truly special.

All my best,

Katrina Armstrong, MD

Dean

Columbia **Medicine**

Chair, Editorial Board

Lisa Mellman, MD
Samuel Rudin Professor Emerita of Psychiatry at CUMC

Editor

Bonita Eaton Enochs

Managing Editor

Danny McAlindon

Science Editor

Susan Conova

Editorial Assistant

Payton Clark

Contributing Writers

Alexander Huls
Brenda Lange
Sharon Tregaskis

Alumni Writer

Julia Hickey González

Design and Art Direction

Eson Chan

Editorial Board

Anne Armstrong-Coben, MD	Stephen E. Novak
Halil Beqaj'24	Carmen Ortiz-Neu, MD
Ron Drusin, MD	Krithi Pachipala'26
Kenechukwu Egbuonu'25	Richard Polin, MD
Bruce Forester, MD	Donald Quest, MD
Oscar Garfein, MD	Alan Schechter, MD
Sankar Ghosh, PhD	John Schullinger, MD
Tejashree Gopal'24	Irene Su'24
Jay Lefkowitz, MD	Lorenzo Talbot-Foote'26
Apoorva Mehta'25	Joseph Tenenbaum, MD
Thomas Q. Morris, MD	Elizabeth Williams

Columbia Medicine is published three times a year for alumni, faculty, students, and other supporters of the Vagelos College of Physicians & Surgeons. It is published by the college and the VP&S Alumni Association through the VP&S Office of Communications. Additional content can be found in the online edition at vagos.columbia.edu/magazine.

Katrina Armstrong, MD

Dean of the Faculties of Health Sciences and the Vagelos College of Physicians and Surgeons

Scott Schell

Chief Communications Officer

Address correspondence to:

Bonita Eaton Enochs, Editor
Vagelos College of Physicians & Surgeons
630 W. 168th Street
New York, NY 10032

Email: columbiamedicine@columbia.edu

Alumni should update their addresses by writing the Alumni Association at the address above or calling the alumni office at 212-305-1472.

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

All others with address changes should contact VP&S Communications at columbiamedicine@columbia.edu.

send letters to:



Bonita Eaton Enochs, Editor
Columbia Medicine
Vagelos College of Physicians & Surgeons
630 W. 168th St., Box 153
New York, NY 10032

Email: columbiamedicine@columbia.edu

in this **Issue**

departments _____ *features*

2 **VP&S News**

6 **Clinical Advances**

- Moving Past Fear of Health Care After Illness
- Help for Musicians
- Using Ultrasound to Control Blood Pressure

24 **Alumni News & Notes**

- Profile: Alison "Addie" Spencer '95
- Alumni in Print

36 **In Memoriam**

8 **"We Don't Want Surgeons to Need Peer Support, But When They Do, We'll Be There."**

By **Alexander Huls**

Surgeons of an earlier generation were expected to learn from bad outcomes and move on. A new peer support program at Columbia offers surgeons an opportunity to talk about their experiences to help them recover from adverse events.



12 **Bringing Life and Joy into the World, 40 Years and Counting**

By **Brenda Lange**

Fertility services at Columbia began in 1983 with 75 couples seeking treatment for their infertility. In the 40 years since, the field has exploded, and the Columbia University Fertility Center now offers innovations that range from new ways of drawing blood to faster and improved genetic testing.

16 **'That Disorder': Huntington's Disease Then and Now**

By **Sharon Tregaskis**

A team of "gene hunters" zeroed in on the location of the gene that causes Huntington's disease 40 years ago this year, and 30 years ago the scientists found the gene itself. The discovery and the work since then are a tribute to the tenacity of one Columbia researcher, Nancy Wexler.

20 **Allen Ginsberg: Beat Poet, Counterculture Icon, Psychiatric Patient**

By **Stevan Weine '87**

An excerpt from a book written by Stevan Weine '87 about Beat poet and counterculture icon Allen Ginsberg includes some memories Ginsberg had from his eight-month stay as an inpatient at the New York State Psychiatric Institute.





PHOTOS BY RUDY DIAZ

Graduation 2023

The VP&S 2023 graduation on May 17 honored 140 students who received MD degrees and 77 students who received PhD degrees in biomedical sciences.

Atul Gawande, MD, assistant administrator for global health at the U.S. Agency for International Development, delivered the graduation address. Before his appointment to USAID, Dr. Gawande performed general and endocrine surgery at Brigham and Women's Hospital and was on the faculty of Harvard's medical and public health schools.

In his address, Dr. Gawande recounted the story of his father, who grew up in rural India and was inspired to become a physician after caring for his mother, who died of malaria. During his 50-year career in medicine, Dr. Gawande's father saw major changes in medical practice, including new drugs, devices, and therapies and increased physician specialization.

"In medicine, the definition of what it means to win the game is ever-changing," Dr. Gawande told the graduates. "The goal of a patient is individual and subject to modification. We all have hopes and fears and priorities beyond just living longer. Learning the goals that people have for their lives and using your ever-expanding kit of tools to accomplish them is what it means to deliver care. It requires human caring and human creativity and expertise. Whatever you do in medicine, know that it evolves, but also know that you need to find your way to bring world class medicine to everyone."

Much of the Class of 2023's four years of medical school took place during the COVID-19 pandemic, and VP&S Dean Katrina Armstrong, MD, said she hopes the graduates will use the lessons learned during the pandemic as they begin their careers. "You had a front row seat to the potential of science and medicine to



make the world a better place and to the obstacles to realizing that potential. I ask you to remember what it felt like when you had your world disrupted overnight and to bring that to your work, with your patients, with your colleagues, and to your family, your loved ones, and everyone you encounter. So many are putting on a brave face every day, trying to hide the story they carry with them. Kindness and compassion can never be the wrong answer."

VP&S Student Research

At the 2023 Student Research Day, 79 VP&S students presented their research to fellow students, faculty, and leadership. The presentations included research posters with explanations of the students' methodologies, results, and inspiration in four categories: Summer Research, Scholarly Project, Research Year, and MD/PhD.

"The caliber of research presented by the Columbia medical students reflects the excellence of our students, as well as the spectacular science conducted by our faculty and their commitment to mentorship," says Anil Lalwani, MD, associate dean for student research.

RECIPIENTS OF AWARDS IN THE FOUR CATEGORIES:

SUMMER RESEARCH

1ST PLACE (TIE):

Valia Leifer, "Microanatomy of an intracranial human thrombus by single nuclei transcriptomics"

Varun Sudunagunta, "Dysplastic Erythropoiesis Due to Loss of Stag2 Results in Defective Nuclear Condensation and Hemophagocytosis"

2ND PLACE:

William Savage, "Susceptibility-weighted imaging (SWI) signal intensity distinguishes treatment-induced tissue damage from recurrent tumor in post-treatment high-grade glioma"

3RD PLACE (TIE):

Emily Ishak, "Ageism in Hearing Loss Diagnosis and Treatment of Hearing Loss"

Cheryl Pan, "Significance of Postoperative Atrial Fibrillation in Open Proximal Thoracic Aortic Aneurysm Repair"



PHOTOS BY MICHAEL DIVITO

Twelve students, pictured here with medical education leaders, won awards at Student Research Day on March 29. Front row, from left: Nathan Suek, Valia Leifer, Varun Sudunagunta, Julia Davis-Porada, Ogoegbunam Okolo, Michelle Jin, and Emily Ishak. Back row, from left: William Savage, Jingwen Zhang, Anil Lalwani (associate dean for student research), Cheryl Pan, Monica Lypson (vice dean for education), Zainab Aziz, and Benjamin Redenti.

SCHOLARLY PROJECT

1ST PLACE:

Nathan Suek, "Treg engineering to promote tolerance for xenotransplantation"

2ND PLACE:

Jingwen Zhang, "Longitudinal Analysis of Cardiac Biomarkers and Renal Function in Transthyretin Cardiac Amyloidosis: Association with Mortality and Tafamidis Use"

.....

RESEARCH YEAR

1ST PLACE:

Ogoegbunam Okolo, "Patient-derived organoids to model partial-EMT in head and neck cancer"

2ND PLACE:

Zainab Aziz, "Cost Effectiveness of Liquid Biopsy for Colorectal Cancer Screening in Non-Adherent Patients"

3RD PLACE:

Benjamin Redenti, "Dynamics of classical and inflationary T-cell memory formation to cytomegalovirus"



MD/PHD

1ST PLACE:

Julia Davis-Porada, "Maintenance and residence of immune memory to COVID-19 vaccines in tissues"

2ND PLACE:

Michelle Jin, "Investigating the neural ensembles underlying sundowning in an Alzheimer's disease mouse model"

Dean Emeritus Portrait

The official portrait of Lee Goldman, MD, the 23rd dean of VP&S, was unveiled at a ceremony in June. Dr. Goldman, who served as dean from 2006 to 2020, is pictured with his wife, Jill Goldman, and the portrait artist, Paul Wise. Dr. Goldman remains on the VP&S faculty as the Cournand and Richards Professor of Cardiology (in Medicine) and as Dean Emeritus of the Faculties of Health Sciences and Medicine. The portrait will hang in the dean's suite in the VP&S Building.



SIRIN SAMMAN

News in Brief



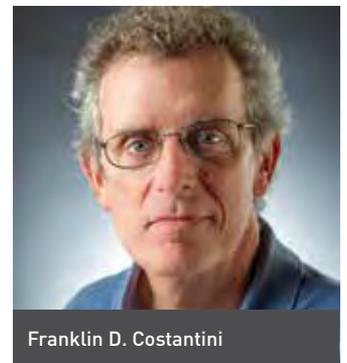
Michael N. Shadlen

Michael N. Shadlen, MD, PhD, professor of neuroscience, has been elected to the National Academy of Sciences. Dr. Shadlen studies the neural mechanisms of decision making, such as reasoning, planning, and strategizing, with a goal of one day being able to manipulate them to treat a variety of neurological and psychiatric disorders, ranging from schizophrenia to autism to dementia. A faculty member since 2012, Dr. Shadlen is also a member of the National Academy of Medicine, a Fellow of the American Association for the Advancement of Science, and a member of the Kavli Institute for Brain Science.

VP&S Dean Katrina Armstrong named two faculty members to new positions in the dean's office. **Olajide Williams, MD**, professor of neurology and associate dean of community research and engagement, was named vice dean for community health. He will establish an advisory committee to advance health equity and access for Washington Heights, Inwood, and West Harlem and work to enhance community health and achieve meaningful progress in the ability to improve patient outcomes and treat preventable diseases that disproportionately affect the medical school's local community. **Muredach Reilly, MD**, the Florence and Herbert Irving Endowed Professor of Medicine and associate dean of clinical and translational research, has been appointed to an expanded role as vice dean for clinical and translational research. Dr. Reilly, who is director of the Irving Institute for Clinical and Translational Research, will build upon the

Irving Institute's success in advancing priorities in clinical and translational research.

Christine Kim Garcia, MD, PhD, was named director of the Columbia Precision Medicine Initiative, a multidisciplinary effort launched in 2014 to accelerate the development of precision medicine and its use in clinical settings. Dr. Garcia succeeds Tom Maniatis, PhD, who had directed the initiative since its founding. Dr. Garcia, the Frode-Jensen Professor of Medicine and chief of the Division of Pulmonary, Allergy, and Critical Care Medicine in VP&S, has conducted research that has helped to identify the genetic underpinning of adult-onset lung disease, and she has used next-generation sequencing and bioinformatic analyses to discover rare mutations in genes linked to inherited forms of lung fibrosis. She holds appointments in Columbia's Institute for Genomic Medicine and the Center for Precision Medicine and Genomics in the VP&S Department of Medicine.



Franklin D. Costantini



Sankar Ghosh

Franklin D. Costantini, PhD, professor of genetics & development, and **Sankar Ghosh, PhD**, the Silverstein and Hutt Family Professor of Microbiology and chair, Department of Microbiology & Immunology, have been elected to the American Academy of Arts & Sciences.

“Life at VP&S” Welcomes Nearly 200 Accepted Applicants to Campus

For the first time since 2019, applicants accepted into VP&S were invited to revisit campus in person before making their final decisions about where to go to medical school. Formerly known as Revisit Day, the new two-day “Life at VP&S” program welcomed nearly 200 applicants who had been accepted into VP&S. It was the largest group hosted for a revisit event.

The program in April offered applicants a window into what they can expect if they enroll in VP&S. VP&S students, under the guidance of Wendy Hernandez-Quinones, director of the admissions office, provided tours of Washington Heights and the medical center campus and described campus resources, including health and well-being, diversity and multicultural affairs, student support and career advising, student research, Student Health on Haven and its physical and mental health resources and programs, and the Student Success Network’s peer teaching and tutoring program. Prospective students also had the chance



A campus tour led by VP&S students, from left, Honor Paine, Kavya Rajesh, and Daniel Shaw

to learn more about the student-run free clinics and other community service opportunities.

“Life at VP&S” also offered opportunities for prospective students to meet with current students to get inside information about the school. The group had a catered lunch at United Palace, a landmark building in Washington Heights. Both days were capped off with evening receptions, where accepted students had the chance to mingle with current students and faculty.

“The admissions team, faculty, and students were thrilled to welcome so many accepted students to our amazing campus and community,” says Anne Armstrong-Coben, MD, senior associate dean for admissions. “There was such joy and energy. We have been hearing from so many students that they can’t wait to join the VP&S family after spending time with us.”

Setting New Priorities for Fundamental Biomedical Science

VP&S has begun a year-long process to identify the scientific priorities of the medical school’s basic science departments and institutes to ensure that VP&S continues to advance the cutting edge of discovery. The prioritization also will inform investments in space, technology, and other resources and promote collaboration and coordination across the medical school.

“Over the past 200 years, VP&S has been at the forefront of transformative scientific discovery and the creation of new scientific fields,” said Katrina Armstrong, MD, dean, in announcing steps for setting scientific priorities. “To sustain our leadership, I have asked our department chairs and directors to develop new ways to nurture and promote our research enterprise. How do we engage new voices in these discussions? How do we create a more inclusive and dynamic research operation, one that breaks down silos and brings different groups together to accelerate groundbreaking discoveries? As we build upon our success and address our challenges, our goal is to organize ourselves thoughtfully, create synergy and support among our faculty, and, importantly, ensure that we are building a system that allows the next generation of scientists to thrive.”

Dr. Armstrong created a VP&S Scientific Research Advisory Committee comprised of basic science researchers across the school to advise the dean and leadership on developing new models of recruitment, enhancing the competitiveness of current faculty, redesigning graduate programs and physician-scientist

training, and setting scientific priorities. Each of the 12 committee members will serve two-year terms, creating an important conduit between basic science faculty and decision-making.

In its first phase, the committee will focus on fundamental science by reviewing practices for recruiting tenure-track and tenured research faculty members so recruitment is aligned with scientific priorities and prioritizing investment to ensure that all faculty members are placed in an ideal setting to succeed. The committee also will advise on the ways the new Roy and Diana Vagelos Institute for Biomedical Research Education can transform graduate biomedical science education and physician-scientist training.

As part of the review of basic research, an Afternoon of Science Series began in June to give basic science departments and institutes an opportunity to present their research and outline a vision for future work. The first two sessions featured the Department of Genetics & Development and the Institute for Cancer Genetics.

Research priority setting extends to clinical and translational research. Between 2013 and 2022, funding for human subjects research increased from \$141.7 million to \$405.5 million, clinical trial revenue grew from \$15.3 million to \$59.7 million, and the number of new industry-sponsored clinical trials increased from 216 to 360. Muredach Reilly, MD, director of the Irving Institute for Clinical and Translational Research, in his expanded role as vice dean for clinical and translational research will oversee the growth of clinical and translational research.

Moving Past Fear of Health Care After Illness

Fear is not always motivating. After a heart attack or stroke, many people become afraid of change, afraid of medical care, and afraid of the sensations of their own body, fears that hinder the adoption of healthy new behaviors that can prevent another serious illness.

At the Roybal Center for Fearless Behavior Change at VP&S, Ian Kronish, MD, associate professor of medicine, is trying to find the best ways to help survivors get past their fears and live healthier, longer lives.

When people experience a frightening event such as a heart attack or stroke, fear responses, also known as the fight-or-flight system, get activated. This system is helpful for dealing with acute stress, says Dr. Kronish, director of the center, but can become maladaptive if the stress lasts, leading to heightened fear, anxiety, and distress or PTSD.

These reactions to health scares are common. About 1 in 8 people who visit the hospital with acute chest pain still have PTSD symptoms a month later, even if they did not have a heart attack. The statistics are higher for stroke and cardiac arrest survivors: 1 in 4 stroke survivors and 1 in 3 cardiac arrest survivors have PTSD symptoms a month later. Also, 1 in 3 patients who have been hospitalized in ICUs have lingering PTSD symptoms.

Various approaches to alleviating fear are being tested at the center. “In one study, patients do light physical activity under the guidance of a counselor to learn to not be fearful of an increase in heart rate and other normal reactions to exercise and become better at determining which sensations are concerning and which are not,” says Dr. Kronish.

Several pilot studies are underway that use the internet and smartphone apps to deliver behavioral therapy and mindfulness training. This type of treatment has the added benefit of helping patients who may be afraid to visit a doctor’s office.

But finding the right way to approach patients who might need help in overcoming their fears is difficult. “Many patients do not think of themselves as having a psychological problem and many wish to avoid reminders of their traumatic event,” Dr. Kronish says.

And sometimes it’s the patient’s loved ones who need some help. “Cardiac arrest patients may not remember the initial event. It is their loved ones who witnessed the event and who can be the most emotionally affected,” Dr. Kronish says. “And they can transmit their fears onto patients as the patient is recovering. If we can help reduce the fear in family members, we can help patients too.”

The techniques developed by the center also have the potential to help patients who have chronic pain. The center is testing a new treatment for chronic pain called “pain reprocessing therapy” to help reduce the fear of physical activity in patients with back pain. Some patients experience complete relief from their back pain after just a few sessions.

“Fear can get in the way of developing healthy behaviors in many situations,” Dr. Kronish says. “It does not just occur in the setting of life-threatening medical events.”

To learn more about studies open to new participants, visit www.columbiacardiology.org/research/research-centers-and-programs/center-behavioral-cardiovascular-health/our-research/columbia-roybal-center



GETTY IMAGES

Help for Musicians

Loss of muscle control or dystonia is disconcerting to anyone, but it can be a career-ending disorder for trained musicians.

Characterized by excessive muscle contractions, musician's dystonia disrupts the fine motor control musicians need to perform. Treating patients with this disorder is one part of the Music and Movement Disorders Initiative created by Christine Kim, MD, assistant professor of neurology in the Division of Movement Disorders.

"Professional musicians have a singular identity," says Dr. Kim. "They start training early and decide on a career path at a relatively young age. It requires many hours of practice and achieving that high level is rewarding, but when disrupted, it's devastating."

Musicians with dystonia can be in their 20s and 30s. "The majority have to leave music performance because they are unable to play with the precision required of a professional," says Dr. Kim, who trained as a professional violinist.

Dystonia comes from aberrant brain activity that likely develops, in part, from over-training in repetitive motions. Violinists more commonly develop dystonia in the fingers of the left hand, which do more repetitive work through the years. Those who perform with brass and wind instruments sometimes develop involuntary, distorted movements of their mouths.

The primary treatment is the injection of botulinum toxin into the affected muscles, which reduces the frequency of contractions but may also weaken the muscles.

Dr. Kim wants to understand what happens in the brain with musician's dystonia so she can develop better therapies. A functional MRI study that is underway will help Dr. Kim characterize central brain changes.

"We are looking to immediately improve clinical care through translational research," she says. "By identifying and researching gaps in current treatments, we can return

with new approaches that directly improve patients' lives."

Dr. Kim also uses music as medicine for people with other movement disorders, including Parkinson's, atypical parkinsonism, tremor, ataxia, chorea, and other types of dystonia. "Patients tell us they move better when they listen to music while walking, for example. They recover their fluidity better."

Dr. Kim credits much of the music program's success to local collaborators: the interactive concert series through Project: Music Heals Us, a nonprofit that provides education, engagement, and healing through virtual and live musical performances and interactive programming, and the Manhattan School of Music Community Partnership that takes music to students, seniors, and hospice patients.

More information: www.neurology.columbia.edu/patient-care/specialties/movement-disorders/music-and-movement-disorders

Using Ultrasound to Control Blood Pressure

A device that uses ultrasound to calm overactive nerves in the kidneys may help some people get their blood pressure under control, found researchers at VP&S with colleagues at the Université de Paris.

"Renal ultrasound could be offered to middle-aged patients who are unable to get their blood pressure under control after trying lifestyle changes and drug therapy," says Ajay Kirtane, MD, an interventional cardiologist and professor of medicine who co-lead a study published in *JAMA Cardiology*.

Hypertension in middle age is thought to be caused, in part, by overactive nerves in the kidneys, which trigger water and sodium retention and release hormones that can raise blood pressure.

Antihypertensive drugs can lower blood pressure by dilating blood vessels, removing excess fluid, or blocking the hormones, but these medications do not target the renal nerves directly.

To calm overactive nerves in the renal artery, ultrasound is delivered to the nerves via a thin catheter inserted into a vein in the leg or wrist and threaded to the kidney. The device is still investigational and has not yet been approved by the FDA for use outside of clinical trials.

The research pooled data from three randomized trials of more than 500 patients with varying degrees of hypertension and medication use. Researchers found that the device consistently reduced daytime ambulatory blood pressure by an average of 8.5 points. Twice as many patients who received the ultrasound therapy reached their target daytime blood pressure (less than 135/85 mmHg) compared with those who did not receive the treatment. Improvements in blood pressure were seen as soon as one month after the procedure.

"Many patients in our clinical practice are just like the patients in our study, with uncontrolled blood pressure in the 150s despite some efforts," says Dr. Kirtane, who directs the cardiac catheterization laboratories at NewYork-Presbyterian/Columbia. "Our study definitively shows that the device can lower blood pressure in a broad range of patients.

"Once the device is available after it's been evaluated by the FDA, we envision recommending it to patients who have tried other therapies," Dr. Kirtane says. "The hope is that by controlling blood pressure, we might be able to prevent kidney damage and other effects of uncontrolled blood pressure."



**“WE DON’T
WANT
SURGEONS
TO NEED
PEER
SUPPORT,
BUT WHEN
THEY DO,
WE’LL BE
THERE.”**

BY ALEXANDER HULS

ILLUSTRATION BY DAVIDE BONAZZI

**INITIATIVE
OFFERS
COLLEAGUES
A NEW COPING
MECHANISM**

When Gordon Baltuch, MD, PhD, was a junior faculty member in surgery at the University of Pennsylvania years ago, he experienced a complication during a surgery he performed. It was bad enough that it left him wrestling with what had happened. He internalized it in a way that felt like he was spiraling down a dark hole of guilt, shame, and grief. Looking for support, he reached out to a mentor for advice. What should he do?

“The answer I got was, ‘Whiskey. No ice,’” says Dr. Baltuch, now professor of neurological surgery at VP&S and co-chief of the functional neurosurgery division in Columbia Neurosurgery.

For Dr. Baltuch, that moment is representative of attitudes that have pervaded the field for a long time: Surgeons should have no gaps in their armor. When something goes wrong—an unexpected complication that leads to the need for an emergency response, injury, or, worse, a patient death—you keep calm and carry on. You remain strong for patients, families, and yourselves. You don’t—or can’t—allow for emotions.

Steven Stylianos, MD, the Rudolph N. Schullinger Professor of Surgery and Pediatrics and chief of pediatric

surgery at VP&S, rallies against the emotional expectations and attitudes that surgeons have lived with for so long. “It was probably a coping mechanism to help us get through an entire career of doing such high-risk work.”

An initiative at Columbia has grown to instill a healthier coping mechanism for surgeons who experience difficult complications and outcomes during procedures. The initiative better addresses the growing understanding—and science—that sometimes doctors need help too.

Challenges for surgeons facing adverse events

A surgeon’s work is one with high stakes, especially at Columbia where patients often turn when they

can’t find help elsewhere. Despite best efforts by surgeons, complex procedures sometimes do not go as planned. Complications can arise mid-procedure that require stressful and quick-thinking intervention. “A unique part of our job description is to do high-risk invasive procedures that carry a higher chance of bad outcomes, such as injury or death,” says Dr. Baltuch.

When bad outcomes occur, the emotional impact is felt most by patients and loved ones, but surgeons also can be left with a debilitating sense of responsibility. “There’s blame. There’s shame. There’s guilt. There’s anxiety,” says Dr. Stylianos, who has felt those emotions himself. But surgeon culture in the past did not always offer healthy models or opportunities to process those emotions.

For surgeons of the generation Dr. Stylianos and Dr. Baltuch were trained in, peer support usually meant small, platitudinal gestures. A quick consoling arm around the shoulder. A “chin up, it happens to all of us” response. Sometimes nothing at all. “When something happened colleagues would, out of respect, leave you alone and let you process it, thinking that that was a respectful thing to do,” says Dr. Stylianos.

“But those who were suffering needed more,” he says. What they needed was what Dr. Stylianos helped stand up at Columbia a year ago. “The quickest way to recover from an adverse event is to be able to verbalize these thoughts to a colleague.”

Building Columbia’s peer support system

The new peer support program at Columbia began after a postop debriefing for a procedure in which an attending had experienced—and worked through—a significant complication. “It was a case that was certainly painful for the surgeon to talk about because it was an unusually bad outcome,” recalls Craig Smith, MD, chair of the Department of Surgery.

While listening to the attending’s experience, Dr. Stylianos found himself reflecting on his own experiences with difficult outcomes, how painful it had been, and how long it stayed with him. He noticed too that the briefing lacked empathy and veered more toward medical recommendations than emotional support. He worried about whether the surgeon might struggle as he once did.

After the conference, Dr. Stylianos reached out to Dr. Smith and started a conversation about peer support. Dr. Smith supported a program with volunteers trained to provide assistance when adverse



Gordon Baltuch

JORG MEYER

events occur. “Dr. Stylianos was eager to see this opportunity arise,” says Dr. Smith.

Dr. Stylianos began conducting research, learning more about how peer support had been integrated on national and institutional levels. He invited Jo Shapiro, MD, an ENT surgeon at Harvard who has become a national expert on peer support in medicine, to Columbia to help train 18 people as peer supporters. The 18 doctors were a mix of attendings and residents from five surgical departments. They were trained in core concepts and best practices. Training included role playing so the surgeons could be good listeners and provide reassurance.

“You’re simply there to say, ‘I know that you had a challenging event. Tell me about that.’ Then you just allow the person to vent their feelings,” says Dr. Stylianos. Adds Dr. Baltuch, who underwent training, “We’re not offering professional help, but a bridge to talk to people about things and to normalize for them that ‘This is not who you are.’”

During role playing, Dr. Baltuch found himself thinking back to his past and how he had needed more support. “It made me reflect on things like ‘Whiskey, no ice.’”

A critical component of the peer support initiative is that support is not passive. The initiative doesn’t wait for surgeons who experience adverse events to reach out but finds ways to reach in instead. When a surgical complication is flagged, a peer supporter is notified and contacts the surgeon. “The peer support program reaches out to the individual and says ‘Listen, we heard that you had a challenging situation yesterday. Peer support can be very valuable at times like this, would you consider a phone call?’” says Dr. Stylianos. Reaching out is done as soon as possible. “If you can engage someone early and get them to turn that spiral around, you can provide tremendous benefit for them.”

The benefits also extend to a surgeon’s skills. If a physician is struggling emotionally, it can affect his or her abilities, so ensuring a surgeon’s health and well-being has a ripple effect through the institution and directly to the patient.

Once Columbia’s peer supporters were trained, Dr. Stylianos decided against a formal rollout of the initiative. Instead, surgical departments offered what hadn’t been available before. “We wanted the program to just infiltrate and become part of the culture of our departments,” he says. “What was really necessary is for all of us to bring these skills to our daily workplace and to our departments and to begin incorporating the concepts of caring and kindness.”



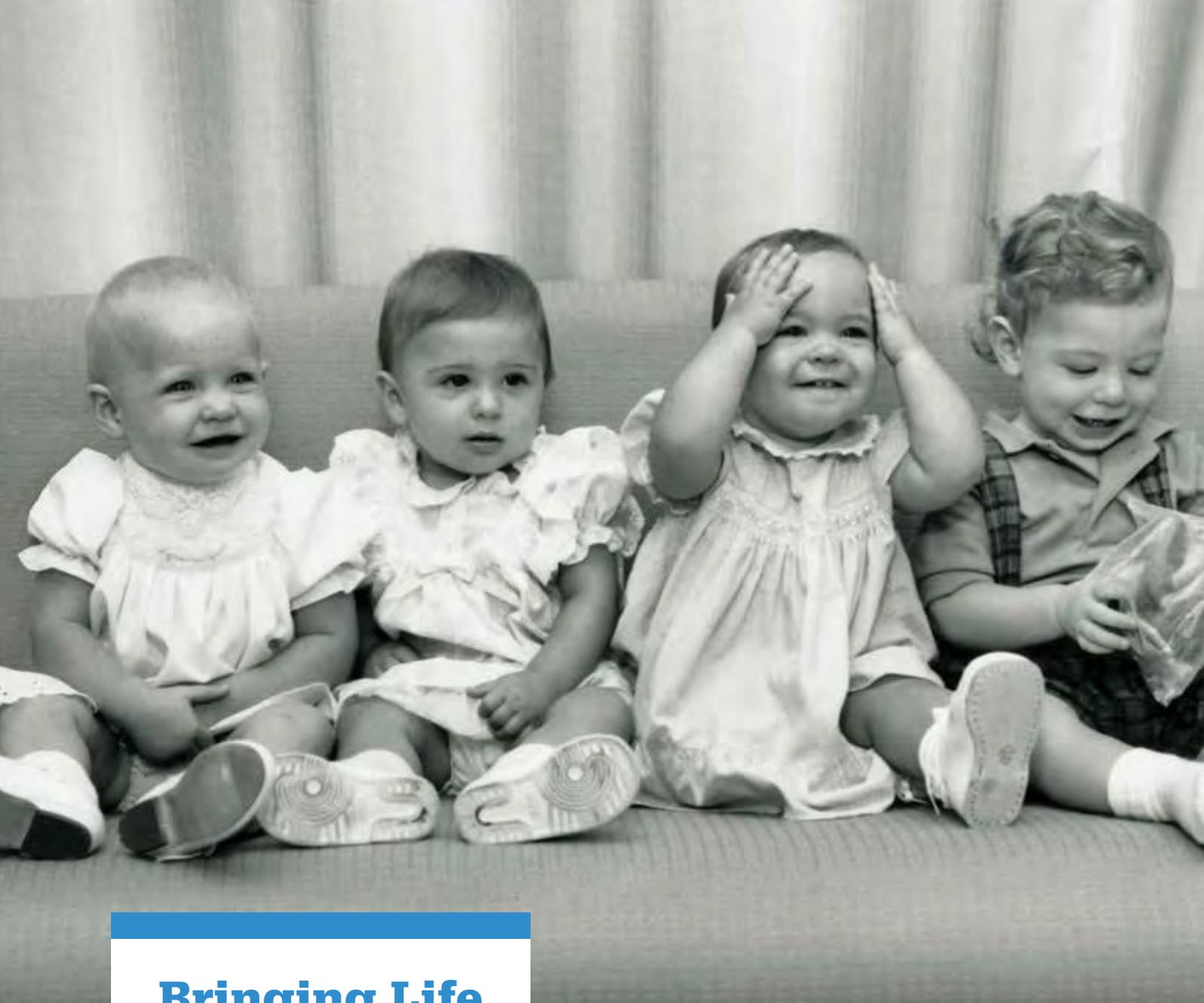
JÖRG MEYER

Steven Stylianos

“THE QUICKEST WAY TO RECOVER FROM AN ADVERSE EVENT IS TO BE ABLE TO VERBALIZE THESE THOUGHTS TO A COLLEAGUE.”

As awareness has grown around the initiative, peer support has been increasingly leaned on. Dr. Stylianos says calls are increasing from division chiefs, fellow surgeons, and others who worry about struggling colleagues. “They ask for someone to reach out.”

Dr. Stylianos wants the peer support initiative to grow, but he wants more: “Every day, we should keep an eye out for each other and take care of each other the same way that we fight and care for our patients. We have to take care of each other so that we can all be at our best,” he says. “We don’t want surgeons to need peer support, but when they do, we’ll be there.” ❖



Bringing Life and Joy into the World, 40 Years and Counting

By Brenda Lange

Since 1983, Columbia's Fertility Center Has Helped Couples Through Difficult Times

During a ceremony officially opening an expansion of the Columbia University Fertility Center in 2022, the center's director stressed the true nature of the center's work. "When you think about what it is that we do, it's about life. It's about the future. It's about optimism and looking ahead. It is about bringing life and joy into the world. That is what we're all about. That is why we are here," said Zev Williams, MD, PhD.

"It's true we have a beautiful space, state-of-the-art equipment, and technology that's years ahead, but what really sets us apart is the heart of our people, the commitment to helping women and couples through very difficult times."

That level of personalization—or heart—is part of the reason the center is one of the preeminent facilities in the world for addressing infertility in women and men.

In addition to offering individualized care, including in vitro fertilization, the center advances the field for patients everywhere



Some of Columbia's
IVF successes, in 1989

DEBORAH RUDOLPH

by being part of a large academic medical center where innovation, research, and clinical care are aligned, says Dr. Williams, the Wendy D. Havens Associate Professor of Women's Health at VP&S and chief of the Division of Reproductive Endocrinology and Infertility.

It Wasn't Always This Way...

The first human egg was fertilized outside a woman's body in 1944; the process was quickly coined "test-tube baby" even though the fertilization took place in a petri dish.

Nearly 30 years later, in 1973, Landrum Shettles, MD, PhD, associate professor of obstetrics & gynecology at VP&S and an author and reproductive researcher whose work had been featured in several magazine articles, was asked by a Florida couple, Doris and John Del-Zio, to help them conceive a baby after the couple had unsuccessfully tried artificial insemination several times.

The attempt at what is now known as IVF started on Sept. 12, 1973, but the experiment was stopped before the fertilized egg could be implanted into Doris' womb. The world's first IVF baby, Louise Brown, was born in England in July 1978.

Ethical Considerations Slow U.S. Infertility Research

Around the time Louise Brown was born, the New York Times reported that women were being warned not to invest too much hope in the new procedure but to wait for the outcome of the legal and ethical debate and further research.

It was widely thought that IVF could help only women who had blocked fallopian tubes (about 30% of all infertility cases) and that the procedure would always be a last resort, used only after every other approach had been tried.

Ethical questions were also at play. Many felt that fertilizing a woman's egg outside of her body was unnatural and akin to "playing God" and that a woman's wish to have a child didn't give her the right to create it in a way that might end in a baby with birth defects.

Raphael Jewelewicz, MD, who was chief of the Division for Reproductive Endocrinology at VP&S at the time, conjectured that the procedure wouldn't be available for wide use for five more years. The Times reported that he advised patients against traveling to England for the procedure because of the low chance of success. But he saw a use for the procedure beyond blocked fallopian tubes; he thought it would help couples who were unable to conceive but showed no physiological reasons for infertility.

"In cases like this also, we may be able to remove the egg from the patient, stimulate it, and fertilize it," he told the Times. But he predicted the procedure's popularity would depend on its ultimate success rate. "If it stays one out of 30, you're not going to see it performed very often."

Although federal funding for in vitro fertilization research was stopped because of public outcry, privately funded research led to the birth of America's first IVF baby on Dec. 28, 1981, in Virginia.

Slow Progress

More than 15 years later, the odds were still against many women who had trouble conceiving. The high cost of everything involved in IVF—blood tests, ultrasounds, lab work—was not covered by most insurance companies. According to a June 21, 1998, New York Times article, insurance companies started to look differently at coverage after these key events: Insurance coverage for Viagra but not female infertility drugs inspired lawsuits. A female police officer successfully sued the city of Chicago, claiming the city violated the Americans With Disabilities Act because infertility is a disability. With technologies available, the public was increasingly vocal about insurance companies needing to support the right to start families.

Mark Sauer, MD, director of Columbia University's Division of Reproductive Endocrinology in 1998, told the Times: "We're seeing

more and more patients going to centers, which increases the volume and lowers the price. Corporate groups, for-profit groups, and HMOs are learning to split the heavy overhead of a university program like research and streamline certain operations.”

Columbia Leads the Way

As one of the first centers in the country to treat infertility—generally identified as the inability to get pregnant after one year of trying—Columbia’s fertility center has worked with thousands of women since it was established in 1983, contributing to the over 8 million babies who have been born worldwide thanks to assisted reproductive technologies. Columbia offers patients treatments

Georgiana Jagiello: Fertility Pioneer

In 1966, reproductive endocrinologist and geneticist Georgiana Jagiello, MD, perfected a technique used for IVF procedures around the world. She had devoted her career to understanding the changes that occur in human egg cells as a woman matures and continued that work as a professor of obstetrics & gynecology and of human genetics at Columbia.

In 1976 she became the first woman appointed to an endowed chair at VP&S. By 1983, she was co-director of the Center for Reproductive Sciences at Columbia University, which opened on Valentine’s Day that year and has since become known as the Columbia University Fertility Center.

In a biography published by the National Library of Medicine, she recalled the early years of the center: “My job was to set up the lab and the system for obtaining eggs. It was a very team-oriented procedure that involved a great amount of hands-on manipulation of the eggs. I knew what healthy human eggs looked like. Not a lot of people did at the time. I saw every embryo that went through here.”

She received the VP&S Distinguished Service Award in 1997 for her research accomplishments. She died in 2015.

Debra Wolgemuth, PhD, professor of genetics & development and a Columbia faculty member since 1980, was Dr. Jagiello’s PhD student from 1973-77 and recalls that Dr. Jagiello was “demanding but supportive, particularly of young women. She was ahead of her time and a feminist who encouraged more women in science.”



that include hormone therapy, fertility drugs, surgery, and assisted reproductive technology, including IVF.

During its 40 years, the center has been at the forefront of the development of new technologies for the reproductive field and beyond. For example, during the pandemic, the center’s scientists repurposed and modified a genetic test that it had used to determine the gender of a fetus within 15 minutes. This rapid saliva-based test became one of the first rapid tests for COVID-19.

“So many things have been happening here, even in recent months,” says Dr. Williams. “Our cutting-edge innovation is exciting and is making fertility care more effective and easier on patients. The fact that we have researchers doing research and clinicians doing medical care all at one site leverages our incredible expertise to advance the field for our patients and patients everywhere.

“Having our research and development labs and scientists embedded within our fertility center is a unique model. It allows our research and development to be focused on real-world, patient-centric questions and concerns and to work collaboratively with the clinical departments. This allows patients to have rapid access to the most advanced tools to help make major advances in patient care and the patient experience,” he adds.

Innovation at Columbia’s Fertility Center

The most common cause of embryos not implanting in the uterus and of miscarriages is aneuploidy—too many or too few chromosomes. A common example is Down syndrome. “Testing for aneuploidy—preimplantation genetic screening—has enormous benefits for infertility medicine and pregnancy care,” says Dr. Williams. DNA from the embryo or miscarriage sample material traditionally has been tested in the central lab using expensive and complex equip-

“Having our research and development labs and scientists embedded within our fertility center is a unique model.”

ment and taking days to weeks to get results. Columbia researchers have developed a way to determine if a fetus or embryo has the right number of chromosomes at a fraction of the time and cost.

This test, called STORK (Short-read Transpose Rapid Karyotyping), delivers results in less than two hours and is about 10 times less expensive to process. After 10 years in development, STORK was authorized by the New York State Department of Health and is now available to Columbia patients.

“Having the STORK test allows us to test miscarriage samples to determine if they have aneuploidy, extra or missing chromosomes. This is, by far, the most common cause of pregnancy loss. In cases where the miscarriage had aneuploidy, we can provide a sense of closure. In cases where the pregnancy was genetically normal, we can investigate the cause of pregnancy loss and correct any issues to improve the chances of a successful subsequent pregnancy,” says Dr. Williams.



Zev Williams

JORG MEYER

comes, and patient experience. It is the only fertility center in New York City to receive a platinum ranking, the highest ranking from the Society for Assisted Reproductive Technology, of which more than 90% of fertility clinics in the United States are members. The society members report data on more than 95% of all assisted reproductive technology treatments in the country.

“Since its inception, Columbia University Fertility Center has been a pioneer in assisted reproductive technologies including in vitro fertilization,” says Eric J. Forman, MD, the center’s medical and laboratory director and assistant professor of obstetrics & gynecology at VP&S. “Pioneers at Columbia have revolutionized how IVF is managed and have helped to continually improve outcomes. In recent years we have continued to improve the efficacy of IVF by developing novel genetic testing platforms, stimulation protocols, and the ability to monitor patients with fewer painful blood draws.”

Experiencing Success

Hope Yates, a Columbia University employee, and her husband began trying to start a family shortly after marrying in 2016. Testing showed that male factor infertility was likely the cause of their inability to conceive, and IVF was recommended.

“Initially, I hesitated to use the place where I work for treatment for privacy reasons,” says Ms. Yates. But an unsuccessful cycle at another center and the addition of a new, state-of-the-art lab at Columbia’s fertility center changed her mind. After two more egg retrievals and three embryo transfers at Columbia, Ms. Yates became



Hope Yates and her family

COURTESY OF HOPE YATES

The test can be used in prenatal genetic testing, recommended for women over age 35, and for those who have a family history of genetic disorders or have had one or more miscarriages. It is also used during IVF to test embryos before implantation to lessen the risk of miscarriage. The risk for an embryo to have chromosomal abnormalities rises from 25% for a woman aged 30 to 75% at age 42.

The center also has pioneered a method to use a device to allow patients to painlessly collect blood at home. This benefits patients who undergo repeated blood draws during IVF, as many as six in 10 days. After doing their own blood collection at home, patients drop samples off at the office for results available in a few hours.

Egg or embryo storage is available at the center, not outsourced. Patients can use a unique monitoring system—prebabymonitor.com—to keep their eyes on the egg or embryo. The center has “smart scales” to regularly monitor the weight of storage tanks so any changes in the amount of liquid nitrogen preserving the eggs or embryos at the precise temperature can be caught immediately to avoid the loss of embryos that has happened in other clinics. As nitrogen leaks, the weight of the tank drops, setting off an alarm much faster than an earlier system that responded to the rise in temperature but was often too late to save frozen embryos.

“Fertility treatment is one of the great triumphs of modern medicine,” says Dr. Williams. “Over a span of a few decades, we’ve gone from success rates of under 1% to over 90% in many cases. We’ve gone from needing multiple IVF cycles for a chance at one baby to couples often being able to build a family from embryos they make and store after a single IVF cycle.”

In the past six years, Columbia’s fertility center has grown from performing 50 IVF cycles per month to 250 (more than 2,500 annually) while simultaneously improving quality of care, out-

pregnant and delivered a healthy baby boy in 2020. After one more IVF cycle, their son was joined by his sister, born in 2022.

“Fertility patients are informed consumers, and the fertility center at Columbia has taken over the top spot for innovation in treatment, with the full scope of what is needed to start a family,” says Ms. Yates. “They are driving innovation and change across every aspect of patient care.” ❖

**30 Years Ago,
Scientists led by
Nancy Wexler
Identified Cause
of the Disease**

By Sharon Tregaskis

‘That Disorder’: Huntington’s Disease Then and Now



Nancy Wexler in Venezuela during one of her many visits over two decades

AI YAMAMOTO was a Columbia PhD student deep in the throes of writing her dissertation on an inducible mouse model of Huntington’s disease when she found a box of truffles on her desk. Flown in from Switzerland just hours earlier, these were no common chocolates. “Your work is important,” read the accompanying note.

“I was a grad student and if it had been a free bag of M&Ms, I would have been touched,” says Dr. Yamamoto’01 PhD, now associate professor of neurology and pathology & cell biology at VP&S. That the confections were an extravagant and coveted indulgence made the gift even more meaningful—especially considering the source.

The encouraging note was signed by Nancy Wexler, PhD, the Higgins Professor of Neuropsychology in Psychiatry, Neurology, and Neuroscience at VP&S; president of the Hereditary Disease Foundation (HDF), an organization helping to fund Dr. Yamamoto’s graduate studies; and an acknowledged leader of basic and applied research in Huntington’s disease. And Dr. Wexler was right about the importance of Dr. Yamamoto’s work: The younger scientist’s dissertation project—published, in part, by the journal *Cell* in 2000—demonstrated that Huntington’s disease can be reversed in a mouse model of the fatal, neurodegenerative, genetic illness characterized by involuntary movements and cognitive and psychological changes.

Two decades later, Huntington’s remains a core focus of Dr. Yamamoto’s NIH-funded efforts to understand the housekeeping processes used by cells within the brain to preserve homeostasis, work that has implications for cardiovascular disease, obesity, and a host of neurodegenerative disorders. Dr. Yamamoto is an advisory board member for both the Hereditary Disease Foundation and Project ALS.

TEAM SCIENCE

In 1980, funded partly by the Hereditary Disease Foundation, geneticist David Housman, now the Ludwig Professor of Biology at the Massachusetts Institute of Technology, and his former student James Gusella, who is the Bullard Professor of Neurogenetics at Harvard Medical School, launched a quest for the gene that causes Hunting-



Nancy Wexler in Venezuela

ton's disease. Forty years ago this year, these scientists, along with Dr. Wexler and several others, found a clue to its location, a marker on the upper arm of chromosome 4. Their reverse genetic screen also provided proof of concept for the groundbreaking Human Genome Project, while the scientists' dynamic partnership with affected families became a model for rare disease research and advocacy.

The key to that partnership—and to finding the gene—was Dr. Wexler, who in 1981 began her annual month-long trips to Venezuela to study and bring aid to the families with Huntington's living around the shores of Lake Maracaibo, the largest known cluster of such families anywhere in the world. The enormous pedigree she and her team created, the blood and skin samples they collected, and neurological tests they administered and recorded provided the essential data that made possible the discovery of the genetic marker and eventually the Huntington's gene. Dr. Wexler's team called itself the US-Venezuela Huntington's Disease Collaborative Research Group: clinicians and scientists whose experience in Venezuela—for some of them year after year for over two decades—helped them become leading international experts on Huntington's and the mentors of several generations of clinicians.

Dr. Housman credits Dr. Wexler with championing a principle that has guided him over nearly five decades in the classroom and in his own research. "You have to know the patients and their families and you have to know them as well as you possibly can, because the information that they hold is what will allow you to understand the disease and its consequences and its behavior," he says. "That approach was brought to the science table by Nancy."

Soon after the 1983 marker discovery, Dr. Wexler, Dr. Housman, Dr. Gusella, and other "gene hunters" established what they called the Huntington's Disease Collaborative Research Group. They vowed to share materials and insights as they traveled the distance from the marker to the gene. Along the way they invented a host of technologies since deployed in work on hereditary heart diseases, Alzheimer's, and ALS. Then in March 1993, they found the gene itself: IT15. Published in the journal *Cell*, the report iden-

tifying IT15 was coauthored by the Huntington's Disease Collaborative Research Group, an unusual collective authorship at the time that was testament to the power and synergy possible through team science. "The challenge is best met by having people work together," says Dr. Housman. "In science, that's the best way to get things done." For her role in the discovery, Dr. Wexler was awarded the 1993 Mary Woodard Lasker Public Service Award.

Dr. Housman, who has continued publishing with Dr. Wexler on Huntington's throughout the intervening decades, credits her with humanizing clinical and basic research not only in Huntington's, but also in a host of rare diseases. "Every single Hereditary Disease Foundation workshop started with a meeting with someone with Huntington's disease and often with someone with Huntington's and their family," he says. "As I started to teach medical genetics in the Harvard-MIT program, that's what we incorporated into our course."

BASIC BIOLOGY

Every human being has two copies of IT15—one from each parent. In an inheritance pattern known as autosomal dominant transmission, it takes just one unstable form of IT15, from either parent, to induce symptoms of Huntington's. Over the past three decades, hundreds of scientists have pitched in to elucidate the effects of IT15, which features a repeat of the trinucleotide sequence cytosine-adenine-guanine, or CAG, and encodes for a huge protein known as huntingtin.

Most of us inherit a form of IT15 that has fewer than 27 CAG repeats. The resulting huntingtin serves as a scaffolding protein imperative for embryonic development and implicated in a host of normal cellular functions. We can't live without it. Among people with Huntington's—approximately 3 of every 100,000 people worldwide—gene instability multiplies the CAG repeats, resulting in a bulky and fragile form of huntingtin that shatters and aggregates in sticky clumps within the deep-brain region known as the striatum. Cognitive and psychiatric symptoms—forgetfulness, apathy, irritability, depression—often precede motor symptoms that include stumbling, slurred speech, and kinetic, uncontrolled movement. While there is no treatment yet for humans to prevent, slow, or reverse the progression of the disease, medications can calm movements and relieve depression and irritability.

GENE HUNTERS: Huntington's Disease Collaborative Research Group and Advisory Committee meeting in Florida, circa 1989



COURTESY OF HEREDITARY DISEASE FOUNDATION

As a grad student fueled by Swiss chocolates, Dr. Yamamoto engineered mice in which the mutant gene identified by the Huntington's Disease Collaborative Research Group could be turned on and off with a dose of antibiotic. When she activated the gene, the mice developed movement disorders. Necropsy showed that clumps of huntingtin clogged their brains. Among the mice in which she turned off the gene after they began exhibiting movement disorders, the symptoms disappeared. So, too, did the cellular debris. "People talked about curing neurodegenerative disease, but it was theoretical," says Dr. Yamamoto. "I was as stunned as everyone else that the aggregates cleared."

Huntington's is not the only neurodegenerative disease characterized by protein aggregates. Aggregates also form in the brains of people with Alzheimer's, ALS, and Parkinson's. As she investigated where the aggregates had gone in her inducible Huntington's mice, Dr. Yamamoto zeroed in on selective autophagy, the process cells use to seek, label, and ultimately recycle unwanted materials. "Huntington's is the springboard for my lab," she says. "As new questions arise in other disorders, we go back to Huntington's first to try to get a sense of what's going on and from there dive into diseases that are far more difficult to model in a mouse."

FAMILY MATTERS

Dr. Wexler was just 23 years old and not yet a scientist when she resolved to dedicate her career to finding a cure for Huntington's

disease. It was 1968 and her mother, Leonore Sabin Wexler, a former high school biology teacher who had earned a master's degree in genetics in Columbia's zoology program in the 1930s, had just been diagnosed with the progressive, neurodegenerative disease. Huntington's had slowly robbed Leonore's father and all three of her older brothers of their independence, starting when they were in their 40s, and eventually their lives. With Leonore's diagnosis came the knowledge that Nancy and her sister, Alice, each stood a 50-50 chance of also developing the disease, which typically becomes symptomatic in midlife. That same year Milton Wexler—Nancy's and Alice's psychoanalyst father who was also a graduate of Columbia with a PhD in psychology from Teachers College—launched the Hereditary Disease Foundation to support research toward a cure. Nancy earned a PhD in clinical psychology, joined the HDF's Scientific Advisory Board and board of trustees, and in 1981 (following an exploratory trip in 1979) began her annual research expeditions to Venezuela.

The first comprehensive clinical description of Huntington's was reported by George Huntington, a third-generation Long Island physician whose forebears had long treated an extended family afflicted with what was locally known as St. Vitus' dance, the name more commonly given to a transient form of chorea seen in children. In 1872, just one year after his graduation from Columbia's medical school, Dr. Huntington published "On Chorea," an overview of what are now known to be several distinct types of involuntary movement disorders, including the childhood form and, most significantly, the hereditary, degenerative form that would later become known as Huntington's chorea and, ultimately, Huntington's disease.

In addition to describing the vigorous, uncontrolled movement characteristic of all choreas, Dr. Huntington highlighted the cognitive decline and mood disorders common in the hereditary, adult-onset form. Disease progression was relentless and irreversible, noted Dr. Huntington, and "spoken of by those in whose veins the seeds of the disease are known to exist, with a kind of horror, and not at all alluded to except through dire necessity, when it is mentioned as *'that disorder.'*"

As with the Long Island families, the much larger Venezuelan kindreds had themselves become experts in their disease. They understood its hereditary patterns and its physiological consequences exacerbated by stigma that had made them social outcasts and impoverished their families. They were skeptical when Dr. Wexler and other scientists, including Dr. Anne Young, today the Juliane Dorn Distinguished Professor of Neurology at Harvard Medical School, first arrived in their barrios and fishing villages, armed with vials and scalpels seeking to collect blood and skin samples. Dr. Wexler's Spanish was too rudimentary to explain that her own mother had had Huntington's and that she hoped through their participation to find the cause and eventually a cure for their affliction. An Argentinian nurse on the team broke through the language barrier, pointing out the scar on Dr. Wexler's arm from her own skin biopsy.

Between 1981 and 2002, the U.S.-Venezuela Huntington's Disease Collaborative Research Group would amass 4,000 DNA sam-



Ai Yamamoto

JÖRG MEYER



Karen Marder

JÖRG MEYER

to take care of people with Huntington's a lot about how to make a difference."

Even as the search for a cure continues, Dr. Marder and her colleagues focus on helping their patients live more comfortably and extend their quality of life through occupational, physical, and speech therapy; exercise; dietary modifications; and medications to treat neurological and psychiatric symptoms. Patients have opportunities to participate in a wide range of research trials, from observational studies seeking clues to the earliest signs of disease to clinical trials for emerging treatments.

The center also offers a robust, multidisciplinary approach to presymptomatic genetic testing. And while the stigma of Huntington's has shifted over time, due in no small part to the work of the Wexler family, getting a positive genetic test before the appearance of any symptoms continues to have profound psychological and social implications. The center requires psychiatric and neurological assessments and consultations with a genetic counselor and a social worker before testing to make sure that before being tested, people understand the deep implications and possible risks of choosing to learn such momentous information.

Huntington's was once considered evidence of the devil's touch, says Dr. Yamamoto. "Nancy brought it out in the open and got scientists working on it. Today, it's talked about in the same breath as Alzheimer's and Parkinson's, even though a lot fewer people have it. That's Nancy."

"We always ask each patient what they want to know from us," says social worker Deborah Thorne, who has worked at the center for three decades. While some people—an estimated 12%-17% of

Between 1981 and 2002, researchers amassed 4,000 DNA samples and a genetic pedigree of over 18,000 people (with and without Huntington's), stretching back more than 10 generations over two centuries.

those at risk in North America and Europe—find pre-symptomatic genetic testing helpful to inform family planning or other long-range decision making, others—the vast majority—choose not to test, preferring to live with ambiguity and to make life plans on the basis of their 50-50 risk status (or, in some cases, opting for prenatal or pre-implantation genetic testing when accessible).

For decades, in nearly every media interview about her work, Dr. Wexler fielded questions from reporters about whether she would be tested for Huntington's. She always demurred, highlighting instead the deeply personal nature of the decision. Then, in March 2020, at the age of 74, Dr. Wexler revealed in a New York Times interview that like her mother and grandfather before, she had Huntington's. "Having a fatal disease is scary and I don't want to trivialize that," she told the newspaper. "But if I can say 'I'm not stopping my life, I'm going to work, we're still trying to find a cure' that would help. If I can do anything to take the onus off having this thing, I want to do it." ❖

ples and a genetic pedigree of over 18,000 people (with and without Huntington's), stretching back more than 10 generations over two centuries. They performed hundreds of annual cognitive and neurological assessments. That body of data would prove vital to the 1983 gene marker discovery, the 1993 gene identification, the presymptomatic genetic test now widely available to people at risk of Huntington's, and insights into genetic and environmental modifiers of disease severity and age of onset. The work also led directly to the array of animal models now available to study the disease.

In recognition of the kindred's contributions, Dr. Wexler and her colleagues helped establish a nursing home and clinic in one of the barrios where many families lived. The Casa Hogar Amor y Fe was staffed by a Venezuelan doctor and by community members whose relatives had Huntington's. They provided tailored medical care until both home and clinic were closed by the Venezuelan government.

CLINICAL QUESTIONS

Neurologist Karen Marder, MD, founding director of Columbia's Huntington's Disease Society of America Center of Excellence, first met Dr. Wexler during her neurology fellowship at Columbia in the late 1980s. She joined Dr. Wexler on nine trips to Venezuela and helped develop the clinical rating scales of disease severity and progression still in use worldwide. Now the Sally Kerlin Professor of Neurology (in the Gertrude H. Sergievsky Center, in the Taub Institute for Research on Alzheimer's Disease and the Aging Brain, and in the Department of Psychiatry), Dr. Marder credits Dr. Wexler with bringing hope to the field. "Nancy is one of the most determined people I've ever met," says Dr. Marder. "She's taught a generation of neurologists and psychiatrists who wanted

**Allen Ginsberg:
Beat Poet,
Counterculture Icon,
Psychiatric Patient**



An Excerpt from
"Best Minds:
How Allen
Ginsberg Made
Revolutionary
Poetry from
Madness" by
Stevan Weine'87

SIGNATURE AND ADDRESS OF PATIENT

Allen Ginsberg

PREVIOUS RESIDENCE IN A MENTAL HOSPITAL

None

AS A THIRD-YEAR VP&S STUDENT IN 1986, Stevan Weine was thinking about specializing in psychiatry. "I was especially curious about literary views of madness," he writes in the prologue to "Best Minds: How Allen Ginsberg Made Revolutionary Poetry from Madness" (copyright 2023 Stevan M. Weine, Fordham University Press). Among the authors he read was Allen Ginsberg, Beat poet and counterculture icon who spent eight months as an inpatient at the New York State Psychiatric Institute from 1949 to 1950.

"I had questions, so I worked up the courage to write to Ginsberg, one of my heroes, and asked him how he reconciled the different views of madness in his art and life. Much to my surprise and delight, Ginsberg called me and asked to meet the very next day. He let me interview him and offered access to his archives and psychiatric records, as well as to his mother's psychiatric records, which nobody outside the hospital had seen."

Meetings over the course of several years followed, and Ginsberg encouraged Dr. Weine to pursue his research, which resulted in the book published this year. Ginsberg supported the project, Dr. Weine writes, because he wanted to address some key gaps and questions about his history with his mother and because he "was committed to leading others toward

new ways of being human and to easing pain through his revolutionary poetry and social advocacy. Reckoning with mental illness and madness was a core component of this project."

At a Lower East Side bookstore event earlier this year, Dr. Weine explained why the book was published 37 years after he first met Ginsberg. "The pandemic grounded me and gave me more time to write," he said, but other reasons also explain the interval: He did not want to publish the book, which contains many family and personal secrets, until after Ginsberg died (1997), he needed to become a psychiatrist so he could better decipher the psychotherapy progress notes from Ginsberg's NYSPI stay and his mother's treatment at Pilgrim State Hospital on Long Island, and he needed to integrate psychiatric perspectives with the spiritual and artistic dimensions of what it meant for Ginsberg to walk with William Blake.

The book also became an opportunity to travel back in time to an earlier era of psychiatry, where the tragic history of lobotomy looms large. Even though Ginsberg authorized his mother's prefrontal lobotomy in another New York state facility (Pilgrim State), and it caused him to feel tortured by guilt, the NYSPI records contain no mention of Ginsberg's providing consent and little acknowledgement of his role as a family caregiver for his mother.

Dr. Weine describes a central question that the book tries to answer: "How did Ginsberg grab hold of the mental illness and madness in and around him and turn them into powerful poems that set off cultural explosions?" The poems he wrote helped to open minds and the culture about madness and mental illness in ways that made changes to humanize psychiatry not only possible but necessary.

— Bonita Eaton Enochs



JENNY FONTAINE

The following excerpts from Dr. Weine's book describe his discovery that Ginsberg authorized his mother's lobotomy, reveal some of Ginsberg's memories about his stay at NYSPI, and offer historical reflections on the use of lobotomies.

One afternoon in a reading room on Columbia University's Morningside Heights campus in May 1986, I discovered an event of great emotional and moral weight, one not revealed in Allen's "Kaddish for Naomi Ginsberg." I am shocked because I think that in "Kaddish" Allen had committed to telling her entire tragic history, no matter how traumatic, painful, or embarrassing. At the time, I assumed that Allen's poetry had to directly represent actual life experiences and be factually accurate. This assumption seemed consistent with the code he worked by, Jack Kerouac's "Belief & Technique for Modern Prose: List of Essentials" from 1958, which pledged to deliver "the unspeakable visions of the individual."

The event I discovered is documented on several pieces of paper kept in a folder of correspondences from 1947 in his personal archives at the Rare Book and Manuscript Library on the sixth floor of Columbia's Butler Library. It concerned his mother's lobotomy. When these documents turn up, I think this event from his personal life may be a secret. I have already read everything I

could find on Allen Ginsberg and located no mention of it in his poems, essays, interviews, or in the critical and biographical writings. That an event so significant has remained largely unknown to his readers all these years, escaping the gaze of critics, scholars, and journalists, I find absolutely unbelievable.

We are sitting in Allen's East Village apartment one late afternoon in September 1986, after he returns from his summer travels to Yugoslavia, Hungary, and Poland. I open my notebook, but Allen stops me before I can get off a single question: "Do you want to tell me what you saw first or would it be more interesting for you and your project if I didn't know what you found in those files at PI to give my fresh answers at the moment without any forethought?"

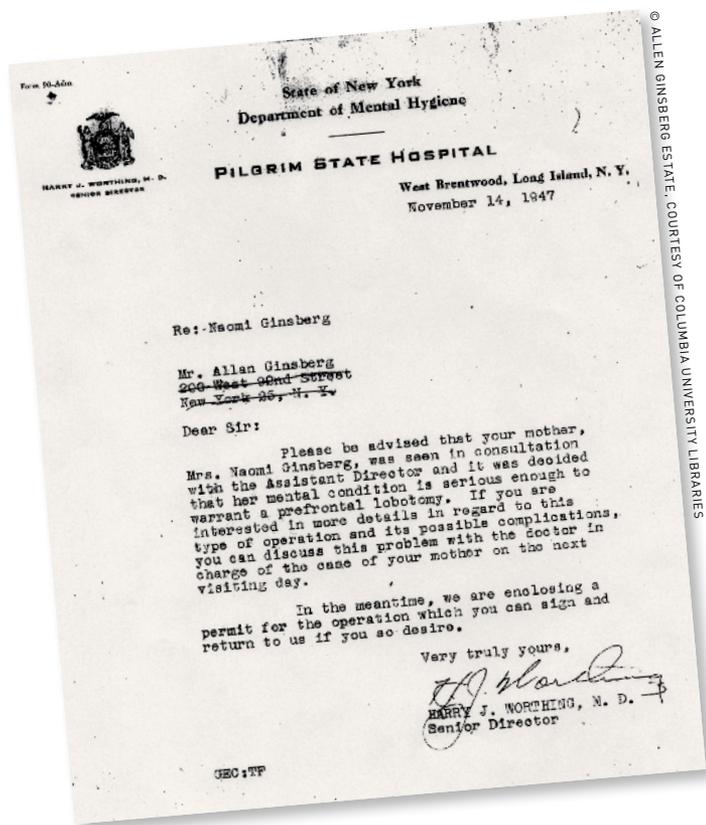
After some nervous stammering, I say, "I want to first hear what you thought."

"Yes. I was very conscious that my mother had been in the hospital, and here I was in the same spot. In the same kind of trouble. So that was a bit scary. Half my life was over, and I was getting into a state similar to hers. That's a phrase in 'Kaddish.' And there is also in 'Kaddish' a recollection of a resolve. People disapproved of what I was doing and warned me that I had better watch out whether my sanity was a question. I better watch out, or it might get me in trouble. So I was quite aware of that."

Allen speaks at length about the circumstances preceding his being at PI. He speaks of the experience of having visions, of living with a junky friend, Herbert Huncke, and of the spectacular car crash that led to his arrest and eventual hospitalization. His father and teachers criticized him harshly for hanging out with criminals. But these were his friends. In his and their defense, Allen points out that Huncke eventually became a published author. "My judgment was right, I think." He adds, "More extreme, however, and more questionable was what was my relation to the visionary experiences I had with Blake, what was that and what had I concluded from it? What did I rationalize out of it, and was what I had rationalized out of it something that was unworkable, and impractical, and too metaphysical, and something that was getting me in trouble, because it was too absolutistic?"

Allen shares his memories of eight months at PI. He speaks of the mind games he played with his novice psychotherapists. Allen recalls once insisting to one of his therapists: "The walls were alive; that exists in some form of energy. That is deposited. You can call its presence everything its presence in that presence involves a certain amount of energy. But I was just banging my head against the wall with him. I didn't want to get in trouble by having them consider me a complete nut. My aesthetic insistence was really not worth the practical trouble, because I think there was a question of whether I'd get out on weekends."

Over several hours I listen and take it all in but I want to ask him about the lobotomy. If I don't say it now, I may never get another chance. Already long into our conversation, I finally tell Allen, "I ran across a letter from Pilgrim State, dated November 1947."



The letter asking Allen Ginsberg to sign paperwork for his mother's prefrontal lobotomy

"To?"

"To yourself."

"Where did you find it? In PI?"

"No, in your personal archives at Columbia."

"What did it say?"

"Please be advised that your mother, Mrs. Naomi Ginsberg, was seen in consultation with the assistant director and it was decided that her mental condition is serious enough to warrant a prefrontal lobotomy."

"Please be advised? November 1947? That was 1948?"

"November 1947."

"Now that's interesting. I would have guessed it to be in the 1950s."

I thought this might happen, so I bring my handwritten notes to the interview. I pull them out, and we both look over the papers to confirm that I have it right. He then pauses in silence, looks down, and says, "Hmmm. That's a very extreme thing."

"What are you thinking?"

"I wonder to what extent there is a relation to my whole change of mind during that time, psychotic breakthrough, so to speak. Because I had to do the signing for that."

"How did it make you feel?" (That's either a hack psychiatric question or a reconfigured Dylan line. Perhaps both.)

"Well, I just had to cut my feelings out to do it. It had to be done. They said that, and I inquired further, somehow or another the decision for that fell on my head."

Nearly 40 years earlier, Allen gave his written consent for the doctors at Pilgrim State Hospital to perform a prefrontal lobotomy on his mother. I had found a letter dated November 14, 1947, addressed to Allen Ginsberg, in Paterson, New Jersey, from Harry Worthing MD, senior director of Pilgrim State Hospital in West Brentwood, Long Island. Allen, just back from several months' travels in Texas, Louisiana, and Dakar, was supposed to sign and return the letter by mail, which would forever change his mother's life, and also his own. He was 21 years old.

7/1/49
The patient began interview talking of a change that occurred in his life at about the age of 17, when he thought of a "new vision of reality", and that "the whole world had an intelligence running through it". He began to be interested in Freud and Spengler, and wondered if "the health of man might transcend society." At 19 he began a search for a new vision outside of society, and turned to antisocial activity, such as drugs, free sexuality, and criminal behavior. "It awakened as of his feeling during drug usage, patient states, "It awakened new feelings and broke up the stasis. I began to see people as individual souls and lives--saw them for themselves and not as a system. I had fantasies of the healthiness of criminality, and began to feel that criminals were liberated and healthy."
Patient spoke of his feelings about inanimate objects, stating that he felt that all objects were "beings" and had intelligence and souls, and that he would spend long hours staring at objects in the room in an effort to sense their souls and feel emotionally toward the object. Patient states that trees have souls as humans. X Patient is being allowed to talk without interruption, except when therapist attempts to paraphrase patient's ideas to confirm his understanding of them.
Patient relates well with therapist and is willing and anxious to talk continuously throughout the interviews.

© ALLEN GINSBERG ESTATE

Doctor's progress note
from the New York State
Psychiatric Institute, 1949

"My mother was in a state of high pressure, high tension, high blood pressure, and a stroke was imminent. If she didn't have a lobotomy, she would likely bash her head against the wall and likely have a stroke and die. She would explode literally. She was in such a state of anxiety, tension, and violent agitation that in order to save her life, they needed to give her a lobotomy to cut the affect. Is that possible?"

Our psychiatry professors at PI don't teach us anything about lobotomies. It is regarded as the dark past of psychiatry, and the faculty is trying to impress upon us medical students that today psychiatry is just as scientific and professional as any other medical specialty. In medicine, memories of misadventures are short; hubristic efforts to cure, whatever the cost, are relegated to the long-gone days of ignorance. Modern psychiatry has long since left the lobotomy behind. If not for Allen and my discovering this letter, I would have, too.

To learn more, I visit the PI library and read their annual reports from the late 1940s and early 1950s describing the experiments being done with lobotomy. They tout them as achievements of a modern scientific psychiatry. Walter Freeman, the psychiatrist who promoted lobotomies and did more than 2,500 in 23 states, said the idea was to "apply a simple operation to as many patients as possible in order to get them out of the hospital." What these papers didn't state was that women were much more likely to be lobotomized, even though more men were institutionalized.

I read the original scientific articles by Dr. Worthing and the other leading lobotomists, which related their high hopes for psychosurgery in that bygone era. Historical reviews published far more recently show that not only were the promises of lobotomy not fulfilled but also that lobotomies were pursued in haste and without adequate regard for basic principles of science and ethics. By the 1960s, the consensus opinion was shifting against lobotomy. There were reports of serious adverse effects, negative media portrayals, and the new option of chlorpromazine (Thorazine). The more I learn about lobotomies, the more I understand why many in psychiatry would rather forget this part of its history. This wish to forget can also extend to some family members of the mentally ill who, from no fault of their own, signed up their loved ones for an irreversible procedure many would later regret.

A prefrontal lobotomy is a surgical procedure that was used by psychiatrists to treat schizophrenia and other types of mental illness. It involves making burr holes in both temples, then inserting a sharp, bladed instrument called a leucotome to make sweeping incisions in the frontal lobe, irreversibly severing the white-matter connections between the prefrontal cortex and other brain areas. At the time, some psychiatrists in state hospitals were using lobotomies widely. This was especially the case in New York state, which in the 1940s had one-fifth of the nation's institutionalized mentally ill persons. Clinical experience and preliminary research suggested to these doctors that lobotomy might help with intractable mental illness, and the procedure became increasingly common, even though the benefits and risks had not been fully evaluated

Form 295-a. M. H.—Sept., 1945—(Identification)

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE

Reprint Requested
MAY 31 1951

Pilgrim State Hospital
(Name of Institution)

NAME GINSBERG, Naomi		IDENT NO. 471750	DATE OF ADM. 1951 3 5		
OTHER NAMES					
PSYCHIATRIC CLASSIFICATION		GROUP	TYPE		
SEX MALE FEMALE	RACE white				
RESIDENCE 3556 Grandchester Avenue, Bronx, New York, Bronx					
					
AGE 54		DATE OF BIRTH 4/25/96			
HEIGHT 5'		WEIGHT 172			
EYES brown		HAIR brown			
COMPLEXION light		BUILD medium			
NATIVITY OF PATIENT Russia					
CITIZENSHIP Russian NATURALIZED 4/23/53					
OCCUPATION teacher					
SCARS, ETC. vac. left arm					
SIGNATURE AND ADDRESS OF PATIENT					
PREVIOUS RESIDENCE IN A MENTAL HOSPITAL		NAME OF HOSPITAL		FROM	TO

© ALLEN GINSBERG ESTATE

Pilgrim State Hospital paperwork on Naomi Ginsberg, 1951

scientifically. The psychiatrists at Pilgrim State and many other institutions believed lobotomy was the hoped-for treatment that would revolutionize psychiatric care for the severely mentally ill. Before 1955, an estimated 30,000 lobotomies were performed in the United States. Naomi got caught in this wave of desperate measures to help empty the overflowing state mental hospitals.

Over the next several decades, the use of prefrontal lobotomy began to be regarded as harmful and ineffective. It became clearer that lobotomies caused a lack of emotional capacity and produced passivity and apathy. These personality changes were not effects of the original mental illness. It came to be widely held that it was a misuse or even abuse for those psychiatrists to have lobotomized so many people with mental illness.

Even in 1949, there were dissenters within mainstream psychiatry. Dr. Nolan Lewis, who had interviewed Allen at PI, asked in Newsweek whether lobotomy was merely a way to “make things more convenient for the people who have to nurse.” He objected to the “number of zombies” made by lobotomy and cautioned psychiatry to stop “before we dement too large a segment of the population.” Yet many of the psychiatrists of the day ignored such calls and got carried away by their own explanations, their research agendas, and their belief that they had found a cure for the most devastating of all mental illnesses.

Could Allen’s lengthy silence associated with the lobotomy have generated a longing to give a voice and a story to Naomi to make up for the irreversible harm done to her? Perhaps, but even the poems that mention lobotomy still present Naomi’s lobotomy as not fully utterable. “Howl,” his signal poem of protest, said little explicitly about Naomi’s mental illness and nothing about her lobotomy. But it did have the protagonist Carl Solomon show-

ing up, “on the granite steps of the madhouse with the shaven heads and harlequin speech of suicide, demanding instantaneous lobotomy.” According to Dr. Walter Freeman, it was not uncommon for patients and their families to actually send letters requesting lobotomies, which, based on glowing media portrayals, they saw as a miraculous life-changing surgery.

“Kaddish,” on the other hand, seemed to say everything there was to say about Naomi’s mental illness and treatment. In contrast with “Howl,” which many fans know line by line, it is a poem not even hardcore devotees can recite. It is too sorrowful to keep in your heart or mind, too irregular to keep the rhythm, and at moments too painful to bring out of your throat without being reduced to

tears. “Kaddish” is also full of painful mysteries; it mentions “a scar on her head, the lobotomy,” but does not further describe how or why Naomi got the lobotomy scar.

Upon learning about the lobotomy, I have a different response to one line in particular in “Kaddish.” After a thorough and exhaustive telling of Naomi’s life story, he asks her:

O mother / what have I left out

Even after reading this telltale line, it probably seldom occurs to most readers that Allen left anything out of this exhaustive poem. It never occurred to me until I learn about him giving consent. But is he saying right here that he did? Is he pleading with his mother to keep him honest? Naomi never did answer, not in a letter, poem, or in life. She never knew Allen signed consent, and she was gone before the poem was written. Her spirit might have said: You left out the fact it was you, my dear son, who signed the consent that put me through that awful operation. They cut me and put wires in my brain. You let them ruin me. My son, why didn’t you protect me?

In addition to Ginsberg’s works and his own interviews with Ginsberg, Dr. Weiner used the following sources in these excerpts: “American Lobotomy: A Rhetorical History” by Jenell Freeman-Johnson; a Canadian Medical Association Journal article on “(F) ailing Women in Psychiatry: Lessons from a Painful Past”; a Journal of Medical Ethics article on “Ethical Considerations of Psychosurgery: The Unhappy Legacy of the Pre-Frontal Lobotomy [with Commentary]”; “The Lobotomy Letters: The Making of American Psychosurgery” by Mical Raz; a New York State Archives article on “Mental Health in New York State, 1945-1998: A Historical Overview”; “The Encyclopedia of Schizophrenia and Other Psychotic Disorders” by Richard Noll; and a Journal of Abnormal Psychology article on “Personality Changes Following Transorbital Lobotomy.”

Alumni News & Notes

By Julia Hickey González, Alumni Writer,
and Bonita Eaton Enochs, Editor

1964

Patricia Donahoe participated in the 2023 virtual alumni symposium by giving a presentation titled “Epiphanies in the Clinic and at the Bench; When is Standard of Care Not Enough?”

1969

John H. Glick, emeritus professor of medicine at the University of Pennsylvania’s Perelman School of Medicine, delivered the keynote address at Drexel University College of Medicine’s graduation in May and received



John H. Glick '69

an honorary doctor of science degree from Drexel. John is the longest-serving director in the history of Penn’s Abramson Cancer Center. He also served as vice president and associate dean for resource development at Penn Medicine. He led the creation of the Penn Medicine Academy

of Master Clinicians to promote excellence in all specialties across the institution. His research has focused on integration of adjuvant chemotherapy and definitive breast radiotherapy for early-stage breast cancer. He chaired the pivotal 1985 NIH Consensus Conference on Adjuvant Chemotherapy for Breast Cancer and the St. Galen International Consensus Panels for Treatment of Primary Breast Cancer. John’s career at Penn began in 1974 after he completed fellowships at the NCI and Stanford University.

1970

At the 2023 alumni reunion, class chair **Richard Spiegel** received the gold medal for meritorious service to VP&S and its alumni association. A child psychiatrist in Scottsdale, Arizona, Richard was a key strategic planner when the pandemic postponed his class’s golden reunion. He works tirelessly to engage his class, resulting in historically high participation in the 50-year anniversary booklet. He went to great lengths to create tributes for each alum who did not submit a biography. He spearheaded his class fundraising efforts to support scholarships for current students and raised funds for the lounge at 50 Haven Avenue, which bears the name of the Class of 1970.

1972

Michael Dickens, an expert on American presidents and their health, was featured speaker at the Woodrow Wilson Presidential Library in Virginia in March. A pediatrician who practiced for 40 years, he has been employed at James Madison’s Montpelier for 14 years while pursuing his second career passion, American history. Since retiring from medicine in 2012 he also has worked part time at the Papers of George Washington at the University of Virginia doing



Michael Dickens '72

primary research for the editors of the Revolutionary War Series. He has completed a book titled “Threads of Influence,” the first in-depth look at Madison’s ongoing relationships with his fellow graduates of the College of New Jersey (Princeton) throughout his career. While he chaired the Board of Trustees of the Woodrow Wilson Presidential Library, he had the opportunity to review Wilson’s private medical record, which had been kept by the family of Admiral Cary Grayson, Wilson’s White House physician. At the request of the Office of the Historian of the U.S. Navy Bureau of Medicine & Surgery he published two short articles on presidential

disability and the role of Wilson’s physician in managing and hiding from public view Wilson’s many severe medical problems. The talk in March, “Presidential Disabilities and Modern Medical Advances Allowing for Earlier Diagnoses,” reviewed the history of presidential disabilities and how the Constitution has been amended to respond to cases of disability. He focused on new diagnostic techniques in neuroimaging, genetics, and cognitive testing which, if used, should allow for much earlier diagnoses of serious presidential disabilities and earlier identification of political and Constitutional difficulties that may result.

1973

At this year’s alumni reunion, **Alexander C. Chester III** gave reflections from the class celebrating its 50 years since graduation from VP&S.

Allen Weiss gave a presentation at this year’s alumni reunion. His presentation was titled “Prevention, Making Lives Healthier and Longer.”

1974

John “Jack” Turco was one of seven recipients of 2023 Social Justice Awards at Dartmouth College. The awards recognize individuals and organizations whose work in the areas of civil rights, social and environmental justice, and public health make contributions at Dartmouth and in the broader world. Jack’s award recognized lifetime achievement. He served as medical director of the Dartmouth College Health Service for more than 30 years and is a professor of endocrinology at the Geisel School of Medicine and

↘ *send your news via mail or email:*

Mail: *Columbia Medicine* Editor
Vagelos College of Physicians & Surgeons
630 W. 168th St., Box 153
New York, NY 10032

Email: columbiamedicine@columbia.edu



director of Dartmouth Health's Transgender Health Program. He joined Dartmouth in 1979 after completing his residency at Dartmouth Hitchcock Medical Center. He has helped develop curricula to train the next generation of physicians in the care of transgender and gender-diverse patients. He also was recognized



John "Jack" Turco '74

for helping Dartmouth Health colleagues draft and adopt policies to make the institution more welcoming and inclusive. His previous awards include the 2013 Leonard Tow Humanism in Medicine Award from the Arnold P. Gold Foundation/Geisel School of Medicine for his contributions to underserved populations. A former stand-out athlete and respected local coach, Jack received the Distinguished American Award from the New Hampshire chapter of the National Football Foundation and College Hall of Fame in 2008.

1975

See Alumni in Print to read about a book by **David C. Aron**. Dave says the book complements his first book, "Complex systems in medicine: A hedgehog's tale of complexity in clinical practice, research, education, and management," which was published in 2019. Dave is emeritus professor of medicine at Case Western Reserve University.

At this year's alumni reunion, **Eric Rose** received the gold medal for outstanding achievements in clinical medicine. With the mentorship of his predecessor as Department of Surgery chair at VP&S, Keith Reemtsma, Eric pioneered pediatric heart transplantation and led the Columbia heart transplant program to become one of the pre-eminent programs in the world. He initiated Columbia's program in mechanical circulatory support, leading the NIH-supported REMATCH Trial (Randomized Evaluation of Mechanical Assistance for the Treatment of Congestive Heart Failure), demonstrating conclusively that long-term use of mechanical circulatory support devices prolongs and enhances life in end-stage heart disease patients not eligible for a transplant. The trial resulted in FDA approval of mechanical devices for long-term use and thousands of implants worldwide. While surgery chair at VP&S, Eric developed new liver and lung transplantation programs, with VP&S becoming one of the country's most active solid organ transplant programs.

1976

Jay Lefkowitz, professor emeritus of pathology & cell biology at VP&S, received the VP&S Distinguished Service Award at this year's graduation. Jay has been associated with VP&S



Jay Lefkowitz, center, with Columbia University Trustee Jonathan Rosand '94 and VP&S Dean Katrina Armstrong

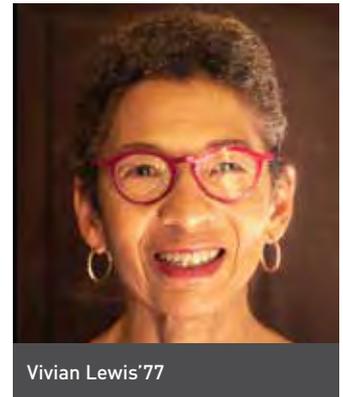
since beginning medical school in 1972. He is an internationally recognized hepatopathologist who has authored over 80 peer-reviewed papers and textbooks on the subject. He served as a course director in pathology for over 40 years. He has received awards from students for outstanding teaching 16 times. He also received a Columbia presidential teaching award and the Bohmfalk Award at previous graduations. As a medical student he was active in the theater group now known as 50 Haven Players, and he has served as a faculty adviser to the group. He also has served on the advisory board for the VP&S Club.

1977

At this year's alumni reunion, **Risa Gold** gave a talk, "Disrupting the Poverty Industry—Lessons Learned in Diversity, Equity, and Inclusion while doing Community-Led Development in Sierra Leone, West Africa."

Vivian Lewis was honored at Columbia University's commencement in May as a Columbia Alumni Medalist. She also was honored at a celebration during Columbia Alumni Leaders Weekend. Alumni medals recognize individuals for building Columbia's community regionally, online, within schools, or in cross-campus initiatives. Vivian is professor emerita of obstetrics and gynecology at the University of Rochester School of Medicine and Dentistry. She has been affiliated with the University of Rochester since she was named director of the Division of Reproductive Endocrinology and Infertility. She also was the medical school's inaugural associate dean for faculty development for women and diversity and the university's vice provost for faculty development and diversity. She

has authored numerous articles, been a faculty member at three medical schools, held leadership positions at the National Medical Association Ob-Gyn Section and the American College of Obstetrics and Gynecology, and served in advisory roles for the Food and Drug Administration and the NIH. At VP&S, she was



Vivian Lewis '77

exposed to a diverse group of mentors and role models, especially faculty at Harlem Hospital. She participated in what was then the newly formed Black and Latino Student Organization (BALSO), where she gained experience in advocacy and community engagement. Since graduating from VP&S, Vivian has participated in class reunions, the VP&S Women in Medicine Collaborative, and the VP&S Alumni Association Board. She is currently president of the VP&S Alumni Association and co-chair of the BALSO Alumni Network, a new organization to support current and former VP&S BALSO members as they strive to provide culturally relevant health care. With other network members, she launched a fund to provide temporary support to BALSO students with short-term emergency needs not covered by their financial aid. Vivian divides her time between Rochester and Northern California. She and her husband, Rustam Tahir, have two sons. At this

ELI BURAKIAN

RUDY DIAZ

year's alumni reunion at VP&S, Vivian hosted the welcome reception and gave welcoming remarks at the gala dinner and alumni awards celebration.

1977 PSY

John Oldham participated in the 2023 virtual alumni symposium by giving a presentation titled "The Dimensions of Personality."

1978

Alumni gold medals were presented at this year's alumni reunion by **Jane Salmon**, chair of honors and awards for the reunion. Jane also gave a talk, "Mice and Mothers: Progress in Understanding Pregnancy Complications in Patients with Lupus and Antiphospholipid Syndrome," at the in-person scientific session.

1979

This year's Virginia Kneeland Frantz'22 Award for Distinguished Women in Medicine was presented to **Mary Bassett** during the alumni reunion. With more than 30 years of experience in public health, Mary has dedicated her career to advancing health equity. She was the 17th health commissioner of the New York State Department of Health from 2021 to 2022 and New York City's health commissioner from 2014 to 2018. She now directs the François-Xavier Bagnoud Center for Health and Human Rights at Harvard University. Originally from New York City, Mary lived in Zimbabwe for nearly 20 years, where she served on the medical faculty of the University of Zimbabwe. She also worked as the program director for the African Health Initiative and the Child Well-being Program at the Doris Duke Charitable Foundation and as deputy commissioner for health promotion and disease prevention at the New York City

Department of Health and Mental Hygiene.

See Alumni in Print to read about a book by **Daniel McCrimons**. His previous book, "Diamonds in the Water," was a



Daniel McCrimons'79

work of historical fiction. Daniel practices pediatrics in California.

1981

See Alumni in Print to read about a book by **Joanne Intrator**. She was born and raised in New York City by parents who were both refugees from Hitler's Germany. She decided to go into medicine to help others and became a psychiatrist. She conducted groundbreaking research on brain imaging of psychopaths, resulting in an oft-cited paper published in the journal *Biological Psychiatry*. Joanne's experience in Berlin has been the subject of news articles, television interviews, and museum exhibits. She currently writes for



Joanne Intrator'81

Aesthetic & Communication (Berlin) and a blog for *Psychology Today* on psychopathy. Her website, JoanneIntrator.com, regularly features interviews with prominent writers and other figures.

Elaine J. Abrams was named the 2023 Virginia Apgar Academy of Medical Educators Mentor of the Year at VP&S. The award recognizes her transformative engagement in the lives of students, trainees, clinicians, and scholars at Columbia and elsewhere. At Columbia she is professor of epidemiology and pediatrics and a founding member of ICAP. As ICAP's senior research director, she supports global research with a growing portfolio of studies of HIV prevention, care, and treatment. Dr. Abrams has worked in perinatal and pediatric HIV prevention and treatment for over 30 years as a clinician, researcher, and public health practitioner. During her tenure as co-chair of



Elaine J. Abrams'81

WHO's HIV clinical guidelines group, many innovations were introduced that resulted in a worldwide increase in treatment for adults, pregnant people, and children living with HIV. Elaine was recognized for the Apgar Academy honor at this year's **Thomas Q. Morris'58** Symposium on Medical Education on May 1.

1982

The Bohmfalk Award for Clinical Teaching was given to **Michael Devlin** at this year's VP&S gradu-



JENNY GORMAN

Reunion Music

The VP&S Alumni Quintet performed at the 2023 alumni reunion's Saturday night gala. The performers, from left: **Donald O. Quest'70**, trombone; **John C.M. Brust'62**, alto saxophone; **Deepak Saluja'01**, drums; **James C.M. Brust'01**, piano; and **R. Linsy Farris, MD**, professor emeritus of clinical ophthalmology at VP&S, bass.

ation ceremony. Mike is professor of psychiatry at VP&S and co-medical director/faculty adviser of the VP&S Human Rights Initiative and Asylum Clinic. He is co-director of the Foundations of Clinical Medicine course that



RUDY DIAZ

Michael Devlin, center, with Columbia University Trustee Jonathan Rosand '94 and VP&S Dean Katrina Armstrong

students take at the beginning of medical school and director of a course during the major clinical year that combines reflective practice, longitudinal integration of clinical clerkships, and individual mentoring. He also volunteers with the CoSMO Behavioral Health Clinic. He has received several awards for teaching.

Donna J. Formichella was one of five Providence College alumni to receive honorary degrees at the college's commencement in May. Donna was awarded an honorary doctor of science degree. After graduating from medical school, Donna was the first woman to gradu-



Donna J. Formichella '82

ate from the surgery training program at Cedars-Sinai Medical Center in Los Angeles. She retired as a partner from the Southern California Permanente Medical Group after 33 years where she practiced general surgery and still works part time as a partner emeritus. She was assistant chief of surgery for Kaiser Permanente in Orange County, California, for 10 years and was a clinical instructor in the surgery residency program at the University of California, Irvine, for 25 years.

1983

The 2023 virtual VP&S alumni symposium included a presentation by **Robert Basner** on "Sleep, Breathing, and a Medical Lifetime in Critically Applied Physiology."

At the 2023 alumni reunion, **Donald Landry** received the gold medal for outstanding achievements in medical research. As a scientist and longtime physician-in-chief at VP&S, he has used his clinical acumen to identify and forge novel medical approaches to intractable health challenges. His work on cocaine addiction led to the discovery of the first artificial enzyme to degrade cocaine. His discovery of vasopressin deficiency syndrome in vasodilatory shock led to the use of vasopressin to treat septic shock and vasodilatory shock after cardiopulmonary bypass. Aware of reports on pump-based continuous dialysis, Don built a continuous veno-venous hemodiafiltration apparatus to provide continuous renal replacement therapy and in-serviced 100 ICU nurses to start ICU Nephrology at VP&S. He also founded the Division of Experimental Therapeutics and the Doris Duke Clinical Research Fellowship at VP&S. In 2008, he received the Presidential Citizens Medal, the nation's second-highest civilian

award, "for his diverse and pioneering research and his efforts to improve the well-being of his fellow man."

See Alumni in Print to read about a book by **Martin Lustick**. Marty, a pediatrician, has had a career that includes 20 years in clinical practice and leadership roles in a large physician group, a hospital, a nonprofit health plan, and a health care software company.

The 2023 virtual alumni symposium included a presentation by **Margaret Ruttenberg** on "Goals of Care Conversations in the Emergency Department."

1984

See Alumni in Print to read about a book co-authored by **Rachel Brem**. Rachel is a breast cancer expert who has been instrumental in developing and implementing new technologies to improve breast cancer detection. She is professor and director of breast imaging and intervention at George Washington University, vice chair of the Department of Radiology there, and chief medical adviser and cofounder of the Brem Foundation. She is a Fellow of the American College of Radiology and the Society of Breast Imaging.

See Alumni in Print to read about a book by **Katherine Kaye**. The first draft of her novel about Bouboulina, a heroine of the Greek Revolution, was completed shortly after Katherine visited Greece in 1984, but she put the project aside while she was busy with her medical career and family life. With close relatives spread from Athens to New York City to the American Midwest, Katherine's parents—both children of Greek immigrants—helped their daughter maintain family ties by having her learn the Greek language. She learned the lan-

guage well enough to converse with, write to, and read letters from her grandparents and other family members. When Katherine revisited the manuscript in 2021, she realized that the story of this remarkable folk heroine



Katherine Kaye '84

could still be an inspiration to girls everywhere and proceeded to revise the manuscript for publication. A percentage of the proceeds from the sale of the book will be donated to the Bouboulina Museum on the Greek island of Spetses and the American Farm School in Thessaloniki, Greece. Katherine lives in New York City, where she has worked for many years with the New York City Department of Health and Mental Hygiene. Earlier in her career she worked with Save the Children in Asia.

1987

See Alumni in Print to read about a book written by **Stevan M. Weine**. An excerpt from the book appears elsewhere in this issue. Stevan is professor of psychiatry at the University of Illinois College of Medicine, where he is also director of global medicine and director of the Center for Global Health. His previous books are "When History is a Nightmare: Lives and Memories of Ethnic Cleansing in Bosnia-Herzegovina" and "Testimony and Catastrophe: Narrating the Traumas of Political Violence." His research

work in global mental health has won numerous federal awards and resulted in many peer-reviewed publications.

1988

Jonathan Barasch, who also has a PhD from Columbia, participated in the 2023 virtual alumni symposium by giving a presentation titled “When Acute Kidney Injury is not Acute Kidney Injury.”

1990

The 2023 virtual alumni symposium included a presentation by **Yasmin Khakoo** on “All that Glitters; My Journey to Child Neurology.”

1992

The Pennsylvania Medical Society’s Everyday Hero Award was presented to **Michael Marvin** in an April ceremony. Michael is chair of transplant surgery at Geisinger Medical Center in Pennsylvania. He was nominated for the award by a liver transplant recipient. Michael completed his residency in general surgery and a fellowship in transplant and hepatobiliary surgery at Columbia and joined Geisinger in 2016 as department chair. The Everyday Hero Award, launched in 2018, is designed to acknowledge physicians who go above and beyond in their profession and in providing patient care.



Michael Marvin '92

1994

The Marfan Foundation honored **Sanjeev Bhalla** with a Hero with Heart Award at a gala in St. Louis in March. Sanjeev is professor of radiology and chief of cardiothoracic imaging at Mallinckrodt Institute of Radiology at Washington University in St. Louis. He is deputy editor of Radiology Cardiothoracic Imaging and an active member of several organizations, including the American Roentgen Ray Society and the Society of Thoracic Radiology, of which he is past president.

1995

See Alumni in Print to read about a book edited by **Mark D. Olszyk** and co-edited by **Erin DuPree**. Mark is chief medical officer at Carroll Hospital in Maryland and vice chair of the Maryland Board of Physicians. He is board-certified in emergency medicine. He served



Mark D. Olszyk '95



Erin DuPree '95

as a U.S. naval officer and was deployed overseas with the Marine Corps. Mark, the father of four, has been an active scout leader and all three of his sons achieved the rank of Eagle Scout. Erin is senior vice president and physician executive for quality and clinical initiatives at the Greater New York Hospital Association. She joined GNYHA this year after serving as chief medical officer at the Joint Commission Center for Transforming Healthcare and Mount Sinai Hospital. She is a board-certified obstetrician-gynecologist. Erin lives with her husband and their daughter in New York, where they enjoy the arts and Central Park.

1998

Andrew Coates gave a presentation at this year’s Alumni Day during the alumni reunion. His presentation was titled “Rolling in the Deep: Medicine As a Profession Full of Unrequited Love in the 21st Century.”

1999

Catherine “Trina” Salva received the Robert Dunning Dripps Memorial Award for Excellence in Graduate Medical Education this year at the University of Pennsylvania’s Perelman School of Medicine. She is associate professor of clinical obstetrics and gynecology at the Hospital of the University of Pennsylvania. She completed her residency training at NewYork-Presbyterian Hospital and joined Penn in 2006 after three years in private practice. She has served as the residency program director since 2010, successfully expanding the residency from 24 to 32 trainees. She was medical director of Penn’s Helen O. Dickens Center for Women’s Health for more than 10 years. She currently leads a surgical coaching initiative for residents and faculty. Committed to lifelong learning, Trina earned



Catherine “Trina” Salva '99

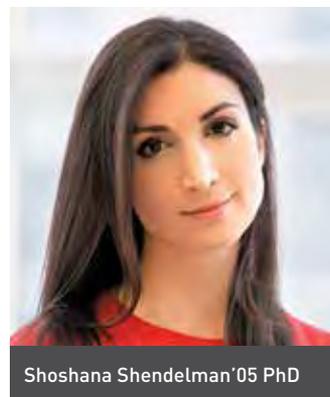
a master’s degree in medical education at Penn in 2022. The Robert Dunning Dripps Memorial Award recognizes excellence as an educator of residents and fellows in clinical care, research, teaching, or administration.

2005

Elaine Wan gave a presentation at this year’s Alumni Day during the alumni reunion. Her presentation was titled “Diversity, Heterogeneity, and Dispersion in Science and Cardiac Arrhythmias.”

2005 PhD

Shoshana Shendelman was appointed to the Columbia University Board of Trustees this year. She is founder, CEO, and chair of the Board of Directors at Applied Therapeutics, a clinical stage biopharmaceutical company located in New York City. Before founding Applied Therapeutics, she founded Clearpoint Strategy Group LLC, a



Shoshana Shendelman '05 PhD



JENNY GORMAN

boutique life sciences consulting firm, where she served as managing director then senior adviser. She is vice chair of the Clinical Advisory Board of Columbia University Irving Medical Center and VP&S and serves on the Nominations Committee and the Committee on Innovation and Entrepreneurship. She received her PhD in cellular, molecular and biophysical studies.

2008

Anaeze Offodile II has been named executive vice president and chief strategy officer at Memorial Sloan Kettering Cancer Center, a role described by MSK as “futurist.” A double board-certified surgeon with clinical expertise in oncologic reconstruction, he is also a health services researcher with a focus on alternative payment models and digital oncology and a health care administrator with management experience in academia. In this role, he will develop the core infrastructure, management systems, and pro-

cesses for enterprise strategy and business development. Anaeze joined MSK from the University of Texas MD Anderson Cancer Center, where he served as enterprise executive director for clinical transformation since 2018. He pioneered multiple first-in-oncology programs to address the operational, financial, and clinical challenges of delivering high-quality, inpatient-level care in a patient’s home or community. He was also a faculty member in the Department of Plastic Surgery and established a diverse reconstructive practice performing microvascular reconstructive procedures on the breast, extremities, and abdominal wall. He earned an MPH from Johns Hopkins, completed a residency in general surgery at Brigham and Women’s Hospital in Boston, completed a residency in plastic surgery at Lahey Hospital and Medical Center in Burlington, Massachusetts, and had a fellowship in reconstructive microsurgery at MD Anderson. He was a 2019 fellow at the National Academy of Medicine.

2020

Rachel MacLean is one of 14 individuals chosen for the 2023 medical program of the Fellowships at Auschwitz for the Study of Professional Ethics. The program engages early-career physicians in an intensive course



Anaeze Offodile II '08



Rachel MacLean '20

cesses for enterprise strategy and business development. Anaeze joined MSK from the University of Texas MD Anderson Cancer Center, where he served as enterprise executive director for clinical transformation since 2018. He pioneered multiple first-in-oncology programs to address the operational, financial, and

of study focused on contemporary ethical issues in their profession. Participants will spend two weeks in Germany and Poland to consider the conduct of physicians in Nazi-occupied Europe as a way to reflect on medical ethics today. Rachel is a psychiatry resident at Massachusetts General Hospital/McLean

CLASS DINNERS

Class chairs who hosted class dinners at this year’s alumni reunion:

- | | |
|---|---|
| Class of 1958:
Sheldon Cherry | Class of 1983:
George J. Florakis |
| Class of 1963:
Carmen Ortiz-Neu | Class of 1988:
Donna L. Densel |
| Class of 1968:
Estelle P. Bender | Class of 1993:
Katarina Eisinger |
| Class of 1973:
Alexander C. Chester III | Class of 1998:
Kristel Kalissaar Hunt |
| Class of 1975:
David P. Roye | Class of 2003:
Kristin Kozakowski |
| Class of 1978:
Alan I. Benvenisty | Class of 2008:
Thomas Eeda Lo |

More class dinner photos: Page 30

Hospital and a clinical fellow at Harvard Medical School.

2023

At this year’s alumni reunion, **Hueyjong Shih** received the Gold Medal to a Graduating Student in Recognition of Interest in and Devotion to VP&S and its Alumni Association. He was co-president of the VP&S chapter of the Asian Pacific American Medical Students Association and organized the group’s 2020 regional conference at Columbia. He also served on the VP&S Anti-Racism Task Force. He co-directed the Columbia Harlem Homeless Medical Partnership, a student-run clinic

for homeless and uninsured patients, and served as the clinic’s liaison to the Student Run Free Clinic COVID-19 Task Force. He was co-president of the VP&S Musicians’ Guild, spearheading the transition to virtual Musical Mondays monthly classical music recitals for the Columbia community during COVID-19, performing in virtual “Music at the Bedside” concerts for hospitalized patients, and later coordinating in-person Artreach concerts for patients undergoing physical rehabilitation. He was matched for residency in ophthalmology at Massachusetts Eye and Ear in Boston.

● REUNION 2023

Class Dinners

The VP&S alumni reunion weekend in April attracted more than 500 alumni and guests to events over three days. In addition to events that brought alumni together across class years and specialties, individual classes celebrated milestone anniversaries at class dinners.

Photos by Jenny Gorman



Alison “Addie” Spencer’95

A Family Practitioner on Reservation Time

By Julia Hickey González



Addie Spencer and David Bonauto at VP&S in 1993

The CT scan shows that Alison Spencer’s patient has metastatic lung cancer, and she has to break the news. “We will sit at her kitchen table, and it will be horrible. But less horrible, maybe. Who else gets to do home visits in 2023?” she says.

As medical director for the Nisqually Tribal Health & Wellness Center on a reservation east of Olympia, Washington, Dr. Spencer is employed directly by the seven-member governing council of the Nisqually Native American Tribe. The health center serves about 1,600 patients, including Alaska natives and any federally recognized tribal member who lives in Thurston County. That means the Navajo dental assistant, Cherokee professor, or Blackfeet truck driver who lives outside the reservation can still access health care. But for the 100 or so remaining elders of the 600 Nisqually residing on the reservation, Dr. Spencer can make time for visits, which can include rummaging through a patient’s medicine cabinet to toss out expired inhalers and pill bottles.

Dr. Spencer loves primary care for the broad and ever-changing circumstances she encounters daily: passive patients, bossy patients, the simple pediatric ear infection, a challenging behavioral health issue, and, of course, the celebrations. Someone is finally pregnant, or their baby is talking. She delights in skillfully running a patient visit to gain the patient’s trust and completing procedures with minimal discomfort.

But Dr. Spencer still has not mastered one aspect of family medicine on a Native American reservation, and that is how to do justice to the intense grief and loss that her patients encounter too often in their personal lives.

“If someone had told me 30 years ago that they had lost a son to suicide, a daughter to over-

dose, and a son to murder, I would have thought they were confabulating. What’s the secondary gain? What’s the psychopathology causing someone to tell such terrible lies?” she asks.

But on the reservation, a life story this devastating is not uncommon.

People of the river, people of the grass

Two percent of the U.S. population is Indigenous, and 22% of Indigenous people live on reservations. Between European colonial contact and 1900, it is estimated that 70 million native people died. A leading cause for this demographic collapse was infectious disease, most commonly smallpox, and the cascading effects of colonialism, including genocide, poverty, and forced assimilation that hastened the conditions for diseases to spread.

So when Dr. Spencer, a white woman, offered a flu shot to a Nisqually patient who responded politely, “No, thank you, and I don’t want any blankets, either,”—a reference to smallpox spreading to Native communities—the doctor accepted her distrust.

“I totally get it,” Dr. Spencer says.

For thousands of years before 1833, when Fort Nisqually was established as the first white settlement on Puget Sound, the Nisqually people thrived in the watershed of the Nisqually River.

The water flows from a glacier on Mount Rainier through prairie grass to empty into the sound. Members of the tribe fished the river for salmon, which informed their religion and customs.

In 1851, Congress started forcing Indigenous peoples to live on reservations. In the case of the Nisqually people, their diminished land holdings were further divided in 1884, according to



Addie Spencer

tribal records, eliminating connection to their lifeline: the river. In the winter of 1917, the U.S. Army moved without warning onto Nisqually lands and ordered families from their homes, later annexing 3,353 (of 5,000) acres of their reservation to the U.S. Army to expand Fort Lewis and its impact area for live munitions.

During this process of isolation and division, the Nisqually people were forced into agriculture, farming hops fields and, more recently, strawberry fields. Food rations introduced wheat flour, processed oils, and sugar into their diets. Nisqually children were removed from their parents and placed in boarding schools, where their hair was cut and they were forced to wear Western clothing. Even after boarding schools were closed, children were sent to white foster families in the 1950s and 60s. As adults, they often struggled to be healthy parents.

One of Dr. Spencer's patients did not want to go to the local Catholic hospital because a crucifix on the wall brought memories of the childhood trauma she experienced in a boarding school.

By various metrics, Native Americans suffer poorer survival outcomes than other racial groups. According to the CDC, the third leading cause of death for Indigenous American women living on reservations is murder—10 times higher than the national average. According to the NIH, Native Americans and Alaska Natives are five times more likely than other races in the United

States to die of alcohol-related causes. In the decade from 2009 to 2019, Native Americans had the highest rate of death by law enforcement—even higher than Blacks. And while COVID-19 was hard on everyone, a Princeton study concluded that Native Americans died of the virus at a higher rate than any other community in the United States. The CDC also noted that Native Americans experienced the highest increase in deaths by suicide (26%) from 2020 to 2021, while white deaths by suicide declined over the same period by 3.6%. The lethal effects of the opioid crisis and the arrival of fentanyl are still being assessed but already appear to be outsized for the Indigenous community.

“Loss of cultural identity and removal from family and community through policies of forced assimilation is likely at the root of some of the health disparities we see today. And I am not alone in connecting the high instance of substance use disorder to this history,” Dr. Spencer says.

For people with highly adverse childhood experiences, research is beginning to show that resilience can trump them. “I think celebrating survivorship is very powerful, and that is something I can totally dive into. You don’t just pick at people’s wounds,” Dr. Spencer says. For example, the smoker who was able to stop for three days for the first time has taken an important step.

“You have to celebrate.”

From VP&S to the West

A Latin American studies and history major who wrote her Wesleyan thesis on prenatal care in Puerto Rico, Dr. Spencer has long held an interest in serving communities outside her own. When recounting her highlights studying medicine at VP&S, she describes away rotations, including a performing arts clinic at Roosevelt Hospital in Manhattan. There she assisted injured performers, such as a wind instrumentalist with a musculoskeletal injury and dancers with hip issues. She traveled to Albuquerque, New Mexico, to test the pulmonary function of miners.

But medical school was not without its challenges, such as caring for an older malnourished man with pneumonia at the start of her clinical training. “He was my very first patient. My first admission. My first note. My first rounding. And then he died.”

Of course, the circumstances leading up to and responsibility for his passing were far beyond the purview of a lone medical student, but she strained to process her role. Dr. Spencer called her father, a physicist and a self-described “glass half full” kind of person, and said, “I can’t believe that on my very first try at taking care of somebody, they died.”

Her father said, “You know, sometimes pneumonia is the old man’s friend. And sometimes it’s OK to die.”

She still recounts this moment with a mix of deflation and hope: “I was like ‘OK. I will keep going.’”

Her mother, a graphic artist and teacher of English as a second language, died from lymphoma when Dr. Spencer was in college, but she carried her mother’s dedication to languages with

her to VP&S. Because interpreters were not widely available, Dr. Spencer's basic fluency in Spanish (gained through study in Spain) allowed her to participate in procedures that were ordinarily off limits to students.

Dr. Spencer met her future husband, David Bonauto'93, in her second year of medical school. At a meeting for the American Medical Women's Association, Dr. Bonauto, a fourth-year medical student, stopped by to promote an away rotation he had enjoyed.

"I thought he was cute," she remembers.

In late June of 1996—on the last day of Dr. Bonauto's internal medicine residency—they packed the belongings from their 113th Street apartment into a Budget rental truck and drove "west into the sunset, as one should," Dr. Spencer recalls. They found an apartment in Tacoma, Washington, just in time to start Dr. Spencer's three-year residency training in family medicine at Tacoma General/Mary Bridge Hospitals. She later worked at two community health clinics that serve primarily Guatemalan and Mexican communities. On her days off, she provided abortions at Planned Parenthood.

When recommended in 2008 to join the Nisqually health center—at that time located in a five-room clinic with one nurse practitioner and one physician's assistant—Dr. Spencer was initially hesitant. She would have to give up delivering babies and speaking Spanish, two of her professional joys. She and her colleagues would need to coordinate all logistical aspects of their patients' care.

But like her father, Dr. Spencer is a "glass half full" kind of person. "I saw the amazing potential that the clinic had and the unmet need, and so I decided to give it a try."

Atrium of the new Nisqually Tribal Health & Wellness Center, which opened in 2022



A different sense of time

Fifteen years later, Dr. Spencer reflects on all the Nisqually Tribe has accomplished.

"Working here has brought out in me a different sense of time and the willingness to stick with something for the long run. Change can be slow and then fast and then slow and then fast. It often doesn't feel fast enough. But being a little bit more willing to allow the time to pass that needs to pass, I think that's been really helpful to me."

In 2019, the tribe broke ground for a vastly expanded new health center, which opened in 2022 with 15 exam rooms and dental, behavioral health, traditional healing, and pharmacy services on two levels with a light-and-plant-filled biophilic design. Also serving as a civic center, it has a garden, a healing room in the round, and a fire pit for gatherings. Much to everyone's delight, the waiting room has a small latte stand.

After winning fishing rights in 1974 and the right to self-determination in 1975, the tribe took an entrepreneurial approach, opening a casino, operating two fish hatcheries, and working to reacquire lands. Tribal members who previously went away to work in other parts of the country, isolated from their culture, have started returning to the reservation. Some younger members are eager to learn older ways that were lost, such as reviving traditional songs and dances that were illegal to celebrate until 1978. They host canoe races, inviting other Indigenous tribes from as far away as New Zealand to participate. To promote health, some drink Prince's Pine tea.

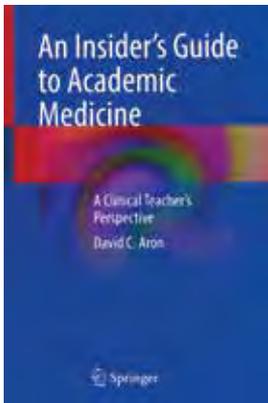
Moving the needle on Native American health outcomes is a "very long-term project," so Dr. Spencer moves toward larger goals by focusing on the immediate wins in her patients' lives.

"I just absolutely love it when I've said to the person for three years, 'I'm worried the pain pills are causing more problems than they are helping. Want to try buprenorphine?' And one day they show up and are ready to try buprenorphine, like it was their idea all along. It has to be their decision. It can't be mine. I have to be there when they figure out the time is right."

As medical director, Dr. Spencer has many pet projects. Prenatal care and maternal infant care are huge needs, so Dr. Spencer is working to bring family medicine residents from a nearby program for on-site rotations. The center finally has nurses, so she wants to strategize how they can make the most impact. She wants to encourage Native kids to consider health care careers and is working on a memorandum of understanding with the University of Washington Native Health Pathways program.

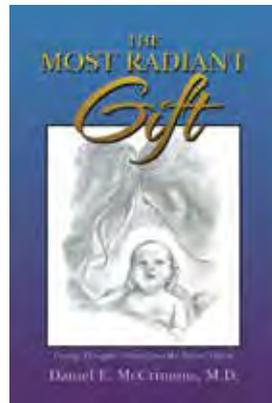
"I am so happy I get to work here during a time of resilience," she says. "We are working hard to overcome the historical determinants of health."

At the 2022 alumni reunion, Dr. Spencer gave a virtual presentation on Nisqually history and health outcomes titled "Historical Determinants of Health: The Lasting Effects of Colonialism on Native Health in the U.S."



An Insider's Guide to Academic Medicine: A Clinical Teacher's Perspective
David Aron '75
Springer, 2023

The book shares Dr. Aron's 45 years of experience as a clinician, teacher, researcher, and administrator and includes unpredictable turns during those 45 years. The book offers practical guidance to anyone interested in becoming a successful physician scientist in academic medicine or a successful clinician affiliated with an academic medical center. The book has four parts: academic medicine as a complex system, academic duties, academic life, and Dr. Aron's words of wisdom. Scholarship is key to success in academic medicine, he writes: "To pursue research, practice, teaching, and administration, scholarship should be the core value of every physician."



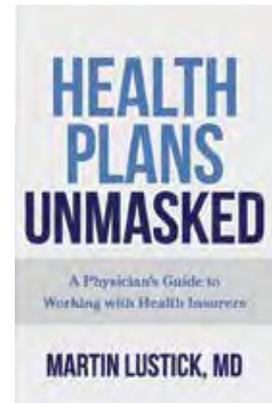
The Most Radiant Gift: Loving Thoughts Uttered from the Babies' Hearts
Daniel McCrimons '79
Balboa Press, 2022

Dr. McCrimons wrote his book after examining babies during his 40-year career as a pediatrician: "I heard a clear message from within that they had understanding and answers to teach us and help us grow. Parents and caregivers will be drawn to appreciate these gifts present in the hearts of the baby while reading this work. I intended to say something to arouse us to cherish the time we are given to help expand our children's inner being so that we may recognize the humanity in ourselves more clearly. We, as a society, have the responsibility to nurture that presence, and only then can we exist the way we were born to live—in a loving, harmonious, neighboring, and vibrant fashion."



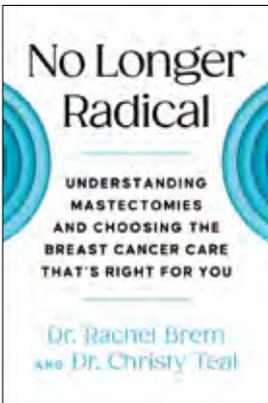
Summons to Berlin: Nazi Theft and A Daughter's Quest for Justice
Joanne Intrator '81
She Writes Press, 2023

After remarks made by her father on his deathbed, Dr. Intrator began an odyssey that led her to a building in the center of Berlin that the Nazis took from her family in 1938. Her quest repeatedly forced her to confront her profound fear surrounding Germany and the Holocaust. Calling on reserves of strength she was unsure she possessed, Dr. Intrator leaned into her professional training in psychiatry to overcome obstacles. The publisher says the "depth and lucidity of psychological insight threaded throughout 'Summons to Berlin' makes it an attention-grabbing standout among books on like topics."



Health Plans Unmasked: A Physician's Guide to Working with Health Insurers
Martin Lustick '83
Johns Hopkins University Press, 2023

Dr. Lustick's book offers insights and guidance to help physicians transform their business practices to achieve financial stability while improving outcomes for patients. He directly addresses the frustrations physicians face in their relationships with health plans. He describes the opportunities and challenges inherent in their relationships with payers, particularly as they transition from traditional fee-for-service contracts to complex alternative payment models. By explaining the evolution of health care financing in the United States—how and why insurance companies behave the way they do—Dr. Lustick helps providers avoid mistakes and take advantage of opportunities for success.

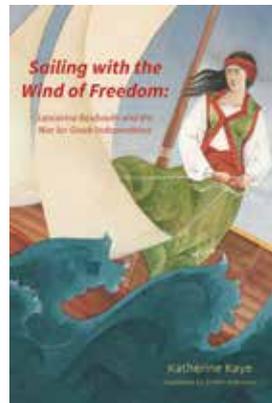


No Longer Radical: Understanding Mastectomies and Choosing the Breast Cancer Care That's Right For You

Rachel Brem '84 and Christy Teal

Simon and Schuster, 2023

Dr. Brem, a radiologist, teamed up with her George Washington University colleague, Christy Teal, a breast surgeon, to write this guide to understanding breast cancer detection, prevention, and treatment options. Drs. Brem and Teal write from their own experience following personal decisions to have mastectomies. Both Drs. Brem and Teal are leaders in the field of breast cancer treatment at GWU and hope the book will help women put control of health care into their own hands. The book covers such topics as deciding whether mastectomy is the right individual choice, how to evaluate treatment options for every age, and understanding what recovery *really* looks like.

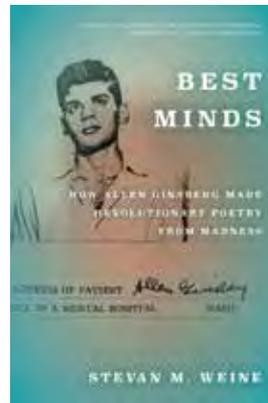


Sailing with the Wind of Freedom: Lascarina Bouboulis and the War for Greek Independence

Katherine Kaye '84

Damianos Publishing, 2023

Dr. Kaye's young adult historic novel commemorates the life of a heroine of the Greek Revolution. The book was inspired by Dr. Kaye's chance visit to a quiet Greek island, Spetses, from which Lascarina Bouboulis, who became known as Bouboulina, helped launch the Greek Revolution in 1821 that freed part of Greece from Ottoman Turkish rule. Kirkus Reviews called the book "an engaging novel about the life of a fascinating historical legend."

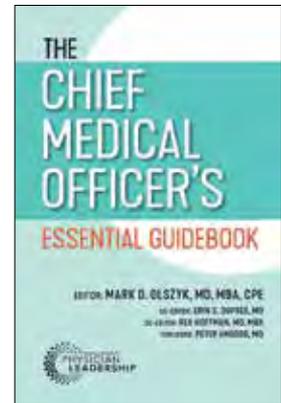


Best Minds: How Allen Ginsberg Made Revolutionary Poetry from Madness

Stevan M. Weine '87

Fordham University Press, 2023

Dr. Weine's new book contributes to our understanding of how artists transform experiences of trauma and mental illness into powerful artworks. It focuses on the legendary Beat poet Allen Ginsberg who in 1949 was an inpatient at the New York State Psychiatric Institute for eight months. When Dr. Weine began his research during medical school, he reached out to Ginsberg, who invited Dr. Weine to review materials that revealed how both Ginsberg and his mother struggled with mental illness. The book was called by one reviewer "essential reading for anyone interested in the long history of madness in individuals, families, and cultures." An excerpt from the book begins on Page 20 of this issue.



The Chief Medical Officer's Essential Guidebook

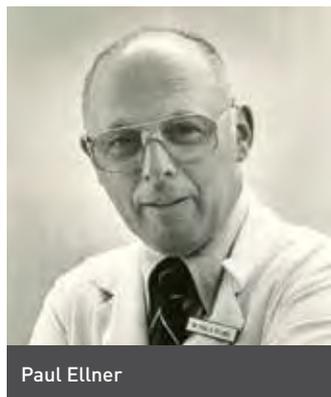
Mark D. Olszyk '95, Editor, and Erin S. DuPree '95 and Rex Hoffman, MD, Co-Editors

American Association for Physician Leadership, 2023

The book edited by Dr. Olszyk and co-edited by Dr. DuPree is intended for current chief medical officers, anyone aspiring to be a CMO, and executives and peers of CMOs. By compiling dozens of medical executives' experiences and lessons—including what the executives wish they had known before becoming CMOs—the book provides a guide for modern physician leadership. It offers an inside look at the world of the CMO: reviewing what is expected in the role, how CMOs have stumbled or failed, and how others have found the way to succeed. By learning from the experiences of CMOs, readers may gain the insight necessary to be an effective chief medical officer.

FACULTY

Paul Ellner, PhD, professor emeritus of microbiology and of pathology, died April 8, 2023.



Paul Ellner

Colin McCord, MD, retired faculty member in surgery at Harlem Hospital Center, died March 11, 2023. Read more in Alumni In Memoriam (Class of 1953).

William Rosner, MD, professor emeritus of medicine, died May 8, 2023.

Editor's Note: Wylie C. Hembree, III, whose name was included in the Spring/Summer 2023 issue, was associate professor of clinical obstetrics & gynecology at the time he retired.

ALUMNI 1945

John "Jack" Joseph Mendillo, a general and thoracic surgeon



John "Jack" Joseph Mendillo '45

who lived until age 103, died April 2, 2023. He completed residencies in internal medicine, pathology, and thoracic surgery. He served in World War II as a doctor and captain in the U.S. Army Air Corps at Clark Field Hospital in Manila, Philippines. During the Korean conflict, he served in the U.S. Public Health Service and U.S. Coast Guard, attaining the rank of lieutenant commander. He served in St. Louis, Missouri, at the Merchant Marine Hospital and later at the Army Hospital at Fort Leavenworth, Kansas. He later moved to New Haven, Connecticut, with his growing family to practice surgery with his uncle and at the Hospital of St. Raphael. Dr. Mendillo was active in the Connecticut State Medical Association, New Haven County Medical Society, the Amity Club, Day Spring Masonic Lodge, and the Union League. He and his wife, Georgine, retired to Naples, Florida, where he enjoyed commercial and recreational fishing. He is survived by four children, six grandchildren, and one great-granddaughter.

1948

George R. Fisher III, an endocrinologist who practiced in Philadelphia for 50 years, died March 9, 2023. He was 97. He married his classmate, Mary Stuart Blakely '48, after they met during anatomy class. Dr. Fisher was chief resident in medicine at the Pennsylvania Hospital in Philadelphia and spent a year at the NIH. In retirement, he started the Ross & Perry publishing company, which printed more than 300 new and reprint titles, including its bestseller, "Flight Manual for the SR-71 Blackbird Spy Plane." He authored four books, including "Philadelphia Revelations:

Twenty Tours of the Delaware Valley." He was a member of the Shakespeare Society, the Global Interdependence Center, the College of Physicians, and the Right Angle Club. He



George R. Fisher III '48

attended Quaker meetings in Haddonfield, New Jersey, for more than 60 years. He is survived by four children, eight grandchildren, and three great-grandchildren. His daughter, Margaret Fisher '83, son-in-law Jonathan Rosenthal '83, and grandson Joshua Rosenthal '17, also graduated from VP&S.

1949

Edward T. Bello, a radiologist and radiation oncologist in Rye, New York, died March 17,



Edward T. Bello '49

2023. He was 97. He interned at Mary Imogene Bassett Hospital in Cooperstown and served with the U.S. Navy in World War II

and Korea. Dr. Bello enjoyed gardening, working on his home, hunting, and fishing. He is survived by his wife, Marie, seven children, and many grandchildren and great-grandchildren. His daughter Jacqueline Bello '80, and son-in-law, Peter Carmel '70, also attended VP&S.

1950

Enoch Gordis, an internist and former director of the National Institute on Alcohol Abuse and Alcoholism at the NIH, died April 5, 2023. He was 92. Following two years in the U.S. Army Medical Corps, he spent a decade at the Rockefeller University conducting medical research in the laboratory of Vincent Dole, MD, whose work on addiction resulted in the creation of the first methadone treatment and research programs in the country. Dr. Gordis established and directed an alcoholism treatment program at the Elmhurst City Hospital in Queens, where he was responsible for the care of almost 15,000 patients over 15 years of service before becoming director of the NIAAA. Alcoholism research flourished under his leadership, and he retired in



Enoch Gordis '50

2001. Dr. Gordis was a pianist and chamber music player and performed regularly in the Washington, D.C., area. He also

loved hiking. He is survived by his wife, Mary Ellen Bliss, two children, and four grandchildren.

Martin Silbersweig, an internist at Englewood Hospital for 45 years and resident of Tenafly, New



Martin Silbersweig '50

Jersey, died Jan. 9, 2023. He was 96. He graduated from Columbia College in 1946. Dr. Silbersweig is survived by his wife, Jean, two children, and four grandchildren.

1952

Henry Walter Louria Jr., a surgeon in Orange County, California, died Jan. 31, 2023. He was 96. Dr. Louria served in the U.S. Navy before college. After residency in general surgery, he developed a thriving surgical private practice in Garden Grove, California. He became chief physician at the Orange County Jail and for alcohol and recovery programs at the county's public health department. He served for 20 years in the California National Guard and retired at age 70 with the rank of colonel. Dr. Louria aimed for an "attitude of gratitude" in his life. He loved Shakespeare, classical music, and film noir. He is survived by his wife, Judith, two sons, two grandchildren, and two stepdaughters.

1953

Joel Markowitz, a Freudian psychiatrist on the Upper

East Side of New York City for 64 years, practiced until a month before his death on Jan. 1, 2023, at the age of 95. He served in the U.S. Navy in 1945. He wrote and lectured about psychohistory. He was



Joel Markowitz '53

described in an obituary as an "eternal optimist" who "valued experience over wealth, typewriters over cars, and mind over material." He had a pet crow, could recite hundreds of poems from memory, and was one of the first joggers in Central Park. Dr. Markowitz is survived by three children, four grandchildren, and two great-grandchildren. His son, John Markowitz '82, is professor of clinical psychiatry at VP&S and research psychiatrist at the New York State Psychiatric Institute.

Colin "Coke" McCord, a heart surgeon by training who became a leader in international social medicine by fighting health disparities worldwide, notably in Harlem, died March 11, 2023. He was 94. He served in the U.S. Army at the end of World War II. After completing surgery and thoracic surgery training at Bellevue and Presbyterian hospitals, Dr. McCord directed rural health programs in India and Bangladesh for the Department of International Health at Johns Hopkins University and served

as director of surgical services at a hospital in Mozambique. He trained lay people as paraprofessional doctors and surgeons in Mozambique and other African nations with scarce medical personnel and taught women in



Colin "Coke" McCord '53

Bangladesh to deliver advice on contraception and reproductive health. Returning to New York in 1987, he was named associate director of surgery at Harlem Hospital. In a 1990 article in the *New England Journal of Medicine*, he and a fellow researcher concluded that Black men in Harlem were less likely to live to the age of 65 than men in Bangladesh. They observed that racial disparities in life expectancy, particularly for Black men and poor people in general, were mirrored elsewhere in the city and around the nation. Dr. McCord successfully lobbied for a ban on smoking in workplaces, restaurants, and bars while he was an assistant health commissioner in Mayor Michael R. Bloomberg's administration. He is survived by his wife, Susanne Chowdhury, three children, including Mary McCord '83, a stepdaughter, and four grandchildren.

1957

Donald Gerber, professor emeritus of medicine and a rheumatologist who taught,

mentored, and carried out research for more than 50 years at SUNY Health Sciences University Downstate Medical School, died March 17, 2023. He was 90. Dr. Gerber completed a residency in internal



Donald Gerber '57

medicine and a fellowship in rheumatology at Columbia. He is survived by his wife, Marcia Gerber '67, two children, and four granddaughters. His daughter, Susan Eve Gerber, graduated from VP&S and Columbia Mailman School of Public Health in 1994. His son, Andrew Gerber, completed child and adolescent psychiatry, research, and psychoanalytic fellowships in the Columbia Department of Psychiatry and is currently associate clinical professor in the Division of Child and Adolescent Psychiatry.

Temple Bodley Stites, an internist in Louisville, Kentucky, for 40 years, died March 20, 2023. He was 91. He served as a doctor with the U.S. Army in Korea before returning to New York for his internal medicine residency. Dr. Stites served a term as president of Norton Hospital's medical staff, was on the board of the Kentucky Opera, and served on the Pastor Nominating Committee at Second Presbyterian Church. Despite a Parkinson's disease

diagnosis, his retirement allowed time for play, world travel, and study. He loved to play and teach bridge, complete



Temple Bodley Stites '57

crosswords, play tennis, and dance. He is survived by his wife, Virginia, three children, and seven grandchildren.

1959

Frank Fisher Davidoff, an endocrinologist dedicated to medical education and system quality improvement, died April 2, 2023. He trained at Massachusetts General Hospital, completed research at the National Heart Institute, and taught at Harvard Medical School before joining the newly formed University of Connecticut medical school in 1974. He served in multiple roles at the medical school, including serving as chief of the Department of Medicine at New Britain General Hospital. Moving to Philadelphia, he joined the American College of Physicians, serving first as associate executive vice president for education then senior vice president for education. In 1995 he became editor of the ACP's flagship publication, *Annals of Internal Medicine*. In retirement, he remained active in medical policy, health care improvement, and humanitarian efforts, serving as executive editor at

the Institute for Healthcare Improvement and on the editorial board of *Quality and Safety in Healthcare*. He was vice president of the Board of Physicians for Human Rights for 12 years, followed by a year as its interim CEO. Dr. Davidoff loved travel, playing the piano, and cooking, experimenting for several years to cook a great sourdough bread. He is survived by two daughters, three grandchildren, and four great-grandchildren.

Ellyn Palmer Jones, a pediatrician who cared for several generations of children in the communities of the Bitterroot Valley in Montana, died Dec. 14, 2022. She was 89. She practiced in Conway, New



Ellyn Palmer Jones '59

Hampshire, for two decades before moving to Montana. For 20 years, she was the doctor for the Trapper Creek Job Corps in Darby, also coaching students in mathematics. She was a member of the Stevensville United Methodist Church where she played in the bell choir, attended study groups and book clubs, and served on its governing board. She was active in community affairs, including serving on the boards of Genesis House, a group home; the Stevensville Clothes Closet; and the Bitterroot Public Library. Dr.

Jones was proud of her Welsh heritage and the spelling of her name "Ellyn" reflects the Welsh influence. She loved music, photography, plants, gardening, hiking, and making candy. She is survived by three nieces and three nephews.

1960

Richard "Dick" Clutz, a general surgeon at North Adams Regional Hospital who staffed a clinic at Williamstown Medical Associates in Massachusetts until 2000, died Oct. 15, 2022. He was 88. His surgical residency at Roosevelt Hospital in New York City was interrupted by service as a surgeon in the U.S. Navy, where he spent most of his time on the USS Fremont in the Mediterranean Sea. After



Richard "Dick" Clutz '60

living in Williamstown for 50 years, he and his wife, Robin, settled in New Hampshire. Dr. Clutz was an avid reader of books, especially biographies and histories of the Civil War and world wars. He collected and repaired antique clocks, which filled the house and caused overnight guests to awaken at the hourly chiming. Dr. Clutz is survived by his wife, three children, and six grandchildren.

Robert N. Emde, a researcher of infant and early childhood

mental health, died July 20, 2021. He was 5 when he lost his 3-year-old brother, and that influenced his decision to pursue early childhood health. Dr. Emde's expertise included early socioemotional development, infant mental health, developmental psychiatry, early preventive interventions, and mentoring of clinical researchers. He held leadership positions in multiple scientific and clinical organizations, including the Society for Research in Child Development, the Association for the Psychophysiological Study of Sleep, and the World Association of Infant Psychiatry and Allied Disciplines. He was a former board member at ZERO TO THREE, which presented him with a lifetime achieve-



Robert N. Emde '60

ment award in 2018. Dr. Emde enjoyed skiing, sailing, and hiking. He is survived by three children and five grandchildren.

Richard D. Anderson, a radiologist who practiced in North Carolina, died April 25, 2023. He was 89. Following his residency in radiology at Cornell, he accepted an NIH fellowship in neuroradiology. He served on the teaching staff at Yale University medical school and University of Alabama medical school as associate professor before entering private

practice in Charlotte, North Carolina, in 1978. He was the author of several papers published in major radiological journals. He retired early, in 1994, because of a heart ailment and gave up his avocation of tennis for music, literature, and art. Dr. Anderson is survived by two sons and three grandchildren.

1961

William "Bill" Fleming, a heart surgeon who in 1976 became Nebraska's first congenital heart surgeon dedicated to treating children, died April 12, 2023. He was 87. He completed residencies in New York City hospitals in surgery and pediatrics followed by military service at Walter Reed Army



William "Bill" Fleming '61

Medical Hospital in Bethesda, Maryland. He spent 1970 at Long Binh Hospital in Vietnam, where he earned a Bronze Star for work as a surgeon and for his work to identify and treat the river-borne infectious disease melioidosis. Upon return, he became chief of thoracic surgery at the Veterans Administration Medical Center at Atlanta, Georgia. He taught surgery at Emory University, where he practiced as a heart surgeon for five years. He joined Children's Hospital & Medical Center of Omaha, working with other

pediatric cardiologists to create a regional heart program. During retirement, he and his wife, Pam, enjoyed traveling to all continents except Antarctica. Dr. Fleming is survived by his wife, five children, nine grandchildren, and a great-granddaughter.

Peter Blanchard Hope, a longtime family practice physician committed to equity in health care, died March 30, 2023. He served six years in the U.S. Army Medical Corps, earned the active duty rank of major, and was awarded the National Defense Service Medal, the Army Commendation Medal, and the Polish Labor Service Medal of Merit. He later trained in pediatrics at New York Hospital, followed by a fellowship in community medicine at Dartmouth. For 32 years in rural practice in the wider New Hampshire Lakes Region, he treated families irrespective of their ability to pay for his care. He held clinical and faculty appointments at Boston University, Yale, Dartmouth, and University of New Hampshire medical and nursing schools. He delivered several generations of babies after establishing a home birth practice when he realized this was a community need not met by traditional medicine.

Dr. Hope was a devout Episcopalian, a hiker, steward of the outdoors, and a train fanatic with a comprehensive knowledge of transit systems. He would schedule long layovers just to ride the subway in a new city. After retiring from medicine, he worked for the U.S. Postal Service and was a much-loved fixture in the post office of Grantham, New Hampshire. He is survived by his wife, Caroline, four daughters, three stepsons, and many grandchildren.

Robert John Mulcare, a surgeon who taught at VP&S and Roosevelt Hospital, died April 6, 2023, just shy of his 88th birth-



Robert John Mulcare '61

day. After residency in general surgery at Columbia, he became a captain in the U.S. Army and was deployed as a surgeon to Thailand to support the U.S. troops and civilians in the area. He returned to train in vascular surgery in Houston and worked at Memorial Sloan Kettering in New York City before settling at Roosevelt Hospital, where he remained for the duration of his surgical career. He also taught at VP&S, consulted at Greenwich Hospital, and built a private practice on the Upper East Side of Manhattan, where he had a loyal patient following and staff for 35 years. He later spent 10 years consulting for a wholly doctor-owned insurance company, defending malpractice suits. He was a talented jazz pianist who, at age 82, began creating whimsical fairy house replicas to maintain his dexterity. He is survived by his wife, Betsy, two children, and five grandchildren. His daughter, Mary Mulcare, graduated from VP&S in 2008.

1962

Alton Steiner, an endocrinologist who practiced in Houston, Texas, died May 6,

2023. He was 86. He practiced medicine at Albany Medical Center, the University of North Carolina in Chapel Hill, the



Alton Steiner '62

University of Texas in Houston, and St. Joseph Hospital in Houston. He is survived by his wife, Emily, three children, and six grandchildren.

Robert Waldbaum, founding chairman of the Department of Urology at North Shore University Hospital, where he worked for more than 30 years, died Jan. 29, 2023. He was 84. He



Robert Waldbaum '62

also served since graduation from medical school as a class chair for the Class of 1962. A lifelong New Yorker, Dr. Waldbaum entered Columbia University at 15 as a Ford Foundation Scholar. He served as a naval surgeon with the 2nd Battalion 3rd Marine Division. He was a

surgical resident at Presbyterian Hospital and a urological resident at New York Hospital. In addition to his posts at North Shore University Hospital, he was chair of the Medical Board and a trustee of North Shore LIJ Health System (now Northwell).

Harvey Jack Myers, a surgeon who co-founded Seacoast Cancer Center at Wentworth Douglass Hospital in Dover, New Hampshire, died Feb. 3, 2023, after being cared for in his final years in the same center. He was 82. He trained at Roosevelt Hospital in New York City and Mary Imogene Bassett Hospital in Cooperstown, New York. He volunteered for two years as a U.S. Navy Medical Officer in the Construction Battalion (Sea Bees). In 1973 he co-founded Dover Surgical Associates, the beginning of 29 years of service as a general surgeon at Wentworth Douglass Hospital. Later that decade he co-founded the Seacoast Cancer Center in a corner of the hospital. He also worked at Wentworth Douglass Hospital Wound Healing Institute and Wound Care Clinic in Portsmouth. A chef with surgical dexterity, he was known for cutting vegetables into perfect cubes. Dr. Myers was also a talented musician who sang tenor and played piano, trumpet, and the pipe organ, for which he developed a lifelong passion. He was a much-in-demand substitute organist at local churches. While at VP&S, Dr. Myers conducted the medical school choir and sang in the Riverside Church Choir. Later in life, he and his wife, Vicky, formed a piano-cello duo, *Souvenir*, and performed classical music and songs from the 1930s and 1940s. Dr. Myers is survived by his wife, two sons, two stepsons, and one granddaughter.

1967

John Marshall Briley, a pediatrician who served the community of Maui, Hawaii, for 25 years, died Jan. 28, 2023. He was 82. An advocate for early childhood interventions, he served on the board of directors for Imua Family Services, which helps children overcome developmental learning challenges. He published two series of adventure fantasy chapter books for middle schoolers under the pen name "Doc Briley." He is survived by his wife, Ilona, three children, and four grandchildren.

1968

Jane Kathryn Nugent, a pediatric endocrinologist who specialized in human growth hormone treatments, died Jan. 10, 2023, after a battle with multiple sclerosis that began in 1988. She was 81. She completed a residency in pediatrics fol-



Jane Kathryn Nugent '68

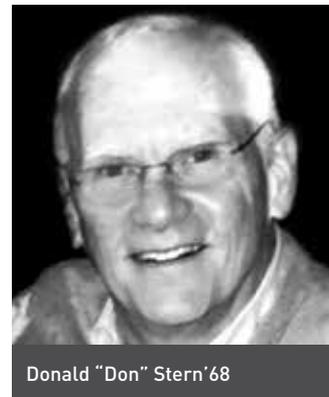
lowed by a fellowship in Seattle, Washington. A devastating car accident in 1993 that killed Dr. Nugent's mother also left her severely injured and forced Dr. Nugent to retire from her medical practice. Despite the setback, she exhibited a tenacious ability to stay involved in creative pursuits, her community, and her family. An avid and skilled sewer since her adolescence, she loved making quilts for orphans

and low-income babies, made flower arrangements for local hospitals, and participated in a reading program at her nearby elementary "Adopt a Grandparent" program. Her brain and other tissues were donated to the Rocky Mountain MS Center Tissue Bank, which, by coincidence, works with a research group at VP&S. She is survived by three children and five grandchildren.

Peter Russell Smith, a specialist in internal medicine and pulmonology, and his wife, Patricia O'Neill, died Feb. 17, 2023, in a car accident. He held leadership roles at Long Island College Hospital in Brooklyn, including chief of pulmonary medicine, co-director of the Thoracic Center, co-director of the Asthma Center, director of the Adult Cystic Fibrosis Center, and director of the Smoking Cessation Center. He was also a professor of clinical medicine at SUNY Downstate Medical Center. Dr. Smith served as president and member of the board of directors of the American Lung Association of Brooklyn and president of the American Lung Association of New York City. Upon retirement, he joined the board of directors of the Physicians for a National Health Plan's New York metro chapter. As chair of the Education and Outreach Working Group, he advocated for single-payer health care at the local, state, and federal levels. Dr. Smith loved art and antiques and enjoyed photography and making visual art. He is survived by two cousins.

Donald "Don" Stern, a gastroenterologist affiliated with Harvard Medical School, died Jan. 23, 2023, at age 80. After completing his residency at the University of California, San Francisco, he worked for the CDC in Atlanta

and studied malaria in India. He was part of private and group practices focusing on gastroenterology and internal medicine affiliated with Beth Israel Deaconess Medical Center. After retirement



Donald "Don" Stern '68

in 2012, Dr. Stern enjoyed bike trips across Europe, classic and contemporary literature, and the arts. He is survived by his wife, Louise, two daughters, three grandchildren, two stepchildren, and stepgrandchildren.

1972

Lawrence "Larry" Joel Slutsky, a radiologist who practiced in Wichita, Kansas, for 32 years, died Dec. 25, 2022, after a long battle with Parkinson's disease. He was 76. He trained at New York University. He was a partner in Consultants in Radiology at Via Christi-St. Francis Hospital in Wichita. He was an avid New York Mets fan and, in his free time, could be found exercising or listening to music. He and his wife, Dr. Helen Reiner Slutsky, were involved in growing and sustaining Wichita's small Jewish community. Dr. Slutsky is survived by his wife, two daughters, and two grandchildren.

1976

Ashley Mackenzie Rivers, 71, died Feb. 17, 2022. She was an internist and a cardiologist in Roswell, New Mexico.

SUPPORTING MEDICAL EDUCATION

WE REMAIN PROUD THAT BY ELIMINATING NEED-BASED LOANS, THE VAGELOS COLLEGE OF PHYSICIANS & SURGEONS (VP&S) SPARKED A DEBT-RELIEF MOVEMENT THROUGHOUT MEDICAL EDUCATION IN THE UNITED STATES. OUR VISION TO ELIMINATE BARRIERS TO A COLUMBIA MEDICAL EDUCATION AND SUSTAIN OUR LOAN-FREE FINANCIAL AID APPROACH REMAINS AN INSTITUTIONAL PRIORITY.

Currently, we are seeing an increase in the amount of financial need among our applicants, reflecting the overall increasing cost of living and need of families post-pandemic. At VP&S, we have set a goal to raise an additional \$20 million in our scholarship endowment in support of financial aid.

Under the VP&S Student Support Initiative, donors can contribute to an existing Endowed Scholarship Fund or establish a new one by making a pledge, bequest or donation and receive a 1:2 match to your Scholarship Fund. Your gift, together with the matching funds, will create an endowed scholarship fund named for the donor in perpetuity. The fund will generate income to provide full and partial scholarships for VP&S students.

My scholarship at VP&S has enabled me to get an amazing medical education at a world-class institution and fulfill my lifelong dream of being the first doctor in my family.

FABIAN THOMPSON VP&S CLASS OF 2022 SCHOLARSHIP RECIPIENT

Several years ago, my wife and I established a scholarship for VP&S students. Subsequently, we have made additional contributions to the fund, and our children and grandchildren have participated as well. All of us feel strongly that no VP&S student should have to face financial challenges. In like manner, their decisions regarding their future careers should not be influenced by the heavy burden of debt. The Student Support Initiative addresses both issues.

CHARLES M. SMITH, MD'63, MPH, FACP

VP&S gave me the opportunity to be the best trained caregiver I could be. Now that my time in medicine has come to an end, I feel a need to give that chance to the new generation of physicians and surgeons and for the future generations of patients.

GEORGE K. PARKINS, MD'71



For more information please contact Laura Tenenbaum,
Senior Director of Development, (212) 342-2108, lrt2113@cumc.columbia.edu



PHOTOS BY RUDY DIAZ

Opening Doors to the Next Generation of Scientists

Columbia stem cell researchers opened their labs in the spring to 20 girls from 8th to 10th grades to inspire the next generation of female scientists.

During the field trip to Columbia's stem cell laboratories, girls looked through the same microscopes used by lab scientists. The students learned how to pipette, prepare gels to visualize DNA fragments, and use a microscope to look at cells collected from their own cheeks. They saw stem cells transforming into brain and heart cells. They also visited the zebrafish facility to learn how fish are used to study arthritis and heard how members of the lab became scientists.

