

DREXEL UNIVERSITY

# College of Medicine

ALUMNI MAGAZINE



**THIS IS CONNECTS THE  
DOTS IN MS TREATMENT | 6**

**MD/MPH'S PRIZE  
THEIR DUAL DEGREE | 10**

**REUNION ALBUM:  
WELCOME BACK | 20**

**SEEING  
A NEED  
OUR COMMUNITY  
OF SERVICE**

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as of January 1, 2015

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70 .....	5.1%
65 .....	4.7%

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**ON THE COVER:**  
 Eric Belsler, now a second-year  
 medical student, spent the  
 summer volunteering as a  
 day camp counselor at a  
 Philadelphia recreation center.

## COVER STORY

### OUR COMMUNITY OF SERVICE



The Maternal and Child Health Care Education Project brings Drexel faculty to Makerere University in Uganda and vice versa. Here, in Kampala, a Makerere obstetrics and gynecology resident (second from left) met up with Drs. Yanick Vibert, Drexel Pediatrics, and Laniece Coleman and Owen Montgomery, Drexel Obstetrics & Gynecology.

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Divya Sagar, PhD '15,  
 won the Bondi award for  
 her doctoral research.

## Drexel Medical Students Average Annual Community Service

7,000

hours of service



2,000

meals donated



2,500

clinic patient encounters



3,000

children and adults assisted  
in school and community programs



300

1st- and 2nd-year students  
volunteer in HOP\* clinics



\*Health Outreach Project (see cover story).

### LETTERS

#### A Bit of History

I just saw your Alma Morani piece in the *Alumni Magazine* [Spring 2015]. That's so great — someone who really was impressive but doesn't get much exposure.

Seeing the musicians in the magazine reminded me that in the 1966 *Medic*, the Hahnemann Medical College yearbook, there's an impressive six-page spread on the Original Hahnemann City Jug Band, which is such a wonderful product of its time. The unusual length of the feature might be attributed to jug band member Robert Ersek and band manager/photographer/historian George Westerman being yearbook editors.

If you search for the word *jug* in the yearbook online, you also get the graduation pictures of several of the members [visit [archive.org/details/medic66hahn](http://archive.org/details/medic66hahn)]. Maybe they'd reunite for their 50th.



Matt Herbison, Archivist

The Legacy Center: Archives & Special Collections

*Editor's Note: According to the Medic, "in February of 1964, here at Hahnemann in the City of Brotherly Love, five sophomore medical students plus the wife of one of the future physicians decided to pool their considerable musical abilities and form a folk music group. Tongue in cheek." Their jaw harp, washtub, and kazoo (in addition to voice, banjo and guitar) belied the sophisticated musical background of the band members, all of whom had extensive training on classical instruments.*

**WE WELCOME  
YOUR LETTERS**

Correspondence may be mailed to Editor, Drexel University College of Medicine Alumni Magazine, 1601 Cherry Street, Suite 11484, Philadelphia, PA 19102, or emailed to [jtracy@drexelmed.edu](mailto:jtracy@drexelmed.edu). Please include your contact information. The magazine staff reserves the right to edit for space and style.

# Resources and Opportunities

Dear Fellow Alumni:

Your Alumni Association Board has been hard at work on your behalf, and there is much to report about new programs and engagement opportunities for graduates from all eras.

First and foremost, we are launching two LinkedIn groups with the goal of connecting you, our alumni, with our current students. *Dragons to Doctors* will connect us to fourth-year medical students who wish to seek our insight as they plan and launch their residencies and careers. *Dragon Connects* will connect our Graduate School alumni with PhD students who wish to gather insight into their research, laboratory experiences and career paths. Watch your inbox for an email and your mailbox for a postcard inviting you to sign up soon.

Second is the announcement that we will be combining our traditional Alumni Weekend for milestone reunion classes, our 50-Year Reunion and our Grand Classes Gathering into **one Alumni Weekend on May 19-21, 2016**. This weekend will feature a welcome reception at Dinosaur Hall of The Academy of Natural Sciences of Drexel University, class-specific social activities, induction of the Classes of 1991 into the Silver Dragon Society, interactive demonstrations, guest lectures, a trip to the Legacy Center & Archives, and the Dean's Award Luncheon. The tradition will continue with the Classes of 1966 celebrated on stage at commencement, followed by their induction into the Golden Dragon Society. If your class graduated in a year ending in 1 or 6, this weekend is for you.

We want your participation in whatever way works for you. Opportunities abound for *all* alumni: share knowledge and experience on career panels, attend regional receptions, present as a guest lecturer or join one of our LinkedIn groups described above. Lastly, you can make your annual gift.

To learn more about these and other ways to be a presence, go to [drexelmed.edu/alumni-volunteer](http://drexelmed.edu/alumni-volunteer).



Raymond S. Schreyer, MD, HU '78  
President, Alumni Association Board



Fernando Gaglianese

At the Dean's Awards Luncheon (see page 4).

# Dean's Awards LUNCHEON



**Priscilla J. Benner, MD, MCP '75** (with her husband, the Rev. David K. Benner), received the Boots Cooper, MD, Community Service Award. Benner founded the MAMA Project, a child survival program that has had a significant impact in Honduras, Haiti and other places around the world (see cover story).



**Jan McBarron Liberatore, MD, HU '84**, received the Outstanding Alumni Award for Entrepreneurship. Dr. McBarron maintains a full-time private practice in bariatric medicine with three locations in Georgia and Alabama. For 20 years, she and her husband cohosted "Duke & the Doctor," the No. 1 health talk radio show in the nation, heard in more than 150 cities.

**Donald Girard, MD, HU '82**, a former president of the Alumni Association, received the Service to the Association Award, in recognition of his dedicated service over the years to the association and his support of the institution. He is a gastroenterologist in private practice. He attended the awards luncheon with his daughters, Amanda (left) and Alexa.



**Heather Bittner Fagan, MD, MCPHU '99**, who received the Outstanding Alumni Award for Professional Contributions, is associate vice chair of research in the Department of Family & Community Medicine and a Value Institute scholar at Christiana Care Health System. She has contributed at the national level to research on cancer screening in primary care and has been a leader in community engagement and outreach for Accel, Delaware's Center for Translational Research.



**Catherine Scott Manno, MD, HU '78** (left), recipient of the Outstanding Alumni Award for Clinical Practice, is the Pat and John Rosenwald Professor of Pediatrics and chair of the Department of Pediatrics at the NYU Langone Medical Center. She is an internationally recognized pediatric hematologist who helped to develop pioneering approaches for the treatment of bleeding disorders. **Mariell Jessup, MD, HU '76**, received the Hahnemann Distinguished Alumnus Award. A professor of medicine at the University of Pennsylvania, associate chief of clinical affairs, Cardiovascular Medicine Division, and medical director of the Heart and Vascular Center of Penn Medicine, she has been a clinical investigator in most of the landmark clinical trials in heart failure. She is the immediate past president of the national American Heart Association.



**Michael A. Levine, MD, HU '76** (left), winner of the Outstanding Alumni Award for Research, is chief of the Division of Endocrinology and Diabetes and director of the Center for Bone Health at The Children's Hospital of Philadelphia. He holds the Lester Baker Endowed Chair in Pediatric Diabetes at CHOP and is a professor of pediatrics and medicine at the University of Pennsylvania Perelman School of Medicine. His research focuses on the genetic basis of disorders of bone and mineral metabolism. He is pictured with Dean Daniel V. Schidlow, MD.



**Barbara A. Schindler, MD, WMC '70** (with her son, Benjamin; daughter-in-law, Becky Rothbart; and grandchildren, Keira and Noah), was honored with the Alumni Association's Lifetime Achievement Award. Dr. Schindler, vice dean emerita for educational and academic affairs at the College of Medicine, is a professor of psychiatry and pediatrics, and founder of the Caring Together Program for mothers who are suffering from addiction and their children. She also was the first William Maul Measey Chair in Medical Education. She has received numerous other honors and awards, including the Lindback Award for Distinguished Teaching, the Daniel Blain Award of the Philadelphia Psychiatric Society, the AAMC Women in Medicine Silver Achievement Award Certificate and the Presidential Award of the Pennsylvania Psychiatric Society. She has more than 200 papers, abstracts, book chapters, reviews, and presentations to her credit.

**Donald M. Yealy, MD, MCP '85** (with his mother, Eileen T. Yealy, and his daughter, Maureen A. Frye, MSN), received the WMC/MCP Alumni Achievement Award. As professor and chair of the Department of Emergency Medicine at the University of Pittsburgh School of Medicine, Dr. Yealy leads faculty in delivering care to nearly 1 million emergency room and urgent care patients each year. He is also vice president of the UPMC Physician Services Division, and a leader in hospital, health system and national quality of care efforts



**Lisa Payne, PhD '09** (second from right), an assistant professor in the Department of Psychology at Swarthmore College, is the recipient of the Outstanding Alumni Award for Teaching. Dr. Payne, who earned her doctorate in neuroscience, has taught at Drexel, Tufts and Brandeis. She is pictured with Alumni Association board members (front, l-r) Rani Vasudeva, PhD '11; Elinor Cantor, PhD, MCP '79; and Vanessa Boyce, PhD '07. Behind Payne is her husband, Charles Bannister.





*Divya Sagar received the Amedeo Bondi, PhD, Award for excellence in research performance. Its namesake was sculpted in bas-relief by Mark Victor.*



# PUZZLE MASTER: DIVYA SAGAR, PHD, '15

By Catherine McCorkle

Using the metaphor of a puzzle, neuroscientist Divya Sagar, PhD '15, observes that researchers like herself have “all these pieces” of information about the brain. “It’s just a matter of connecting the dots and putting them in the right place.” Fortunately, Dr. Sagar has become an adept puzzle-solver when it comes to the human brain.

Sagar, who received her doctoral degree in neuroscience from the College of Medicine’s Graduate School of Biomedical Sciences and Professional Studies, also has a keen interest in immunology. For her doctoral thesis, she focused on multiple sclerosis and its animal model, experimental autoimmune encephalomyelitis.

Because MS patients experience a wide variety of potentially debilitating problems, such as blurred vision, difficulty with balance and coordination, overall weakness, and pain, “the quality of life for these patients really is not good,” Sagar says.



"While many MS treatments are on the market, they are not specific to any particular cell type or any particular function," she notes. These "non-specificity issues" can cause additional problems on top of the MS. Patients may develop incurable secondary brain lesions, for example, as a result of general immune suppression.

In the laboratory of her mentor, Professor Pooja Jain, PhD, Sagar focused on dendritic cells, key regulators of the immune system, a long-term research area in Dr. Jain's laboratory. She used animal models of MS to study how these migrate into the brain and spinal cord.

## Finding a missing piece

At the conclusion of her thesis, she says, "I successfully identified a particular target known as CLEC12A, a lectin highly enriched on dendritic and other myeloid cells."

Targeting these cells, Sagar and her colleagues blocked this lectin receptor. They then found that the disease symptoms exhibited by the animals dropped significantly. Since MS can present as either progressive or relapse (episodic), Jain's lab tested their theory in each type of animal model. In both scenarios, targeting CLEC12A lessened the disease's symptoms and attenuated relapses.

Sagar had identified a missing piece. The treatment she and Jain's lab developed "specifically targets the cells that initiate inflammation after migrating into the brain," she says. "We believe we should let the rest of the immune cells come and go as they like and perform their function." This precision should reduce the secondary problems associated with current, generalized treatments.

While Sagar acknowledges that their treatment needs further testing and evaluation, she believes it has very good promise as a clinical trial candidate.

"The process of being creative, yet scientifically sound, is very attractive to me," Sagar says. She will continue this creative inquiry for her postdoctoral work at MedImmune, a research and development arm of AstraZeneca, where she previously interned. At MedImmune, she will have the opportunity to research neurological illnesses.

"It seems like [the position] was tailor-made, because I will continue studying the role of dendritic cells in autoimmunity, particularly that of plasmacytoid dendritic cells," she explains. Though Sagar will focus on multiple sclerosis and lupus, she will have opportunities to research other illnesses as well.

## On the path to discovery

Originally from Mumbai, India, Sagar came to the United States for college at Rutgers University, New Brunswick. The change was difficult at first. "There are a lot of differences in the way you learn and the way knowledge is imparted to you," she observes. "Ultimately, however, it was a good transition. I think I managed to ease into it pretty successfully!"

A double major in biology/neuroscience and psychology at Rutgers, Sagar had early opportunities to conduct research. After graduation, she began the

Rutgers master's program in biological sciences. It was during this time that she interned at MedImmune. Her job there studying respiratory illness in children was her first real exposure to the field of immunology.

After the internship, Sagar returned to her coursework and lab, where she did research with an immunologist who was studying the role of glial cells in neuroinflammatory disease. "That's how my interest in interdisciplinary research in neuroscience and immunology really began," Sagar notes.

Sagar decided she wanted to pursue her doctorate. During her internship at MedImmune, she noted that Drexel students enjoyed a great reputation throughout the company. As she considered PhD programs, Drexel emerged as a strong candidate.

At the College of Medicine, Sagar found a lab and a PI that closely mirrored her own interests. "When I came in, I specifically wanted to study the relationship between the immune system and the brain," she says. Jain is highly regarded in this field. Sagar praises Jain as an outstanding mentor who has greatly influenced her as a young scientist, and whose lab was a stimulating and collaborative work environment.

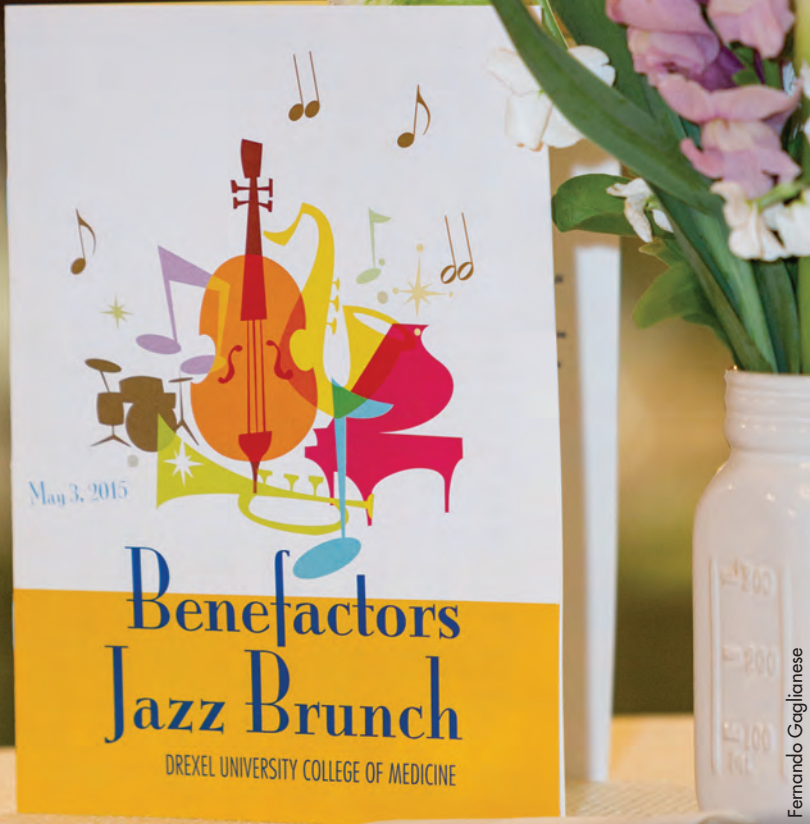
Considering Sagar's career trajectory and scientific discoveries, it is clear she sees individual pieces and knows how to contextualize them. Now entering her postdoc, she will continue to search for new clues.

"The brain is such a mystery," Sagar says. "I think we've only now begun to unravel its workings. Hopefully, we will do much more in the next decade or so — I think we're close. We just have to link all the pieces of information we as scientists discover and study to put everything together."

**The Legacy of Amedeo Bondi, PhD** A renowned microbiologist and educator, the late Amedeo (Mede) Bondi, PhD, professor emeritus, came to Hahnemann Medical College in 1947 as the first chair of the Department of Microbiology. In 1972 he became the first dean of the Graduate School at Hahnemann University, continuing to teach graduate students, medical students and allied health professional students. Bondi's pioneering research related to antimicrobial resistance mechanisms led to his development of the commonly used antibiotic disc sensitivity test. He also discovered the production of penicillinase by bacteria, laying the foundation for penicillinase-resistant penicillins, and contributed to improved vaccines for typhoid, brucellosis and whooping cough. In 1990, colleagues, past students and friends created an endowment in honor of Bondi to provide annual awards to graduate students: the Bondi Fellowship Award to a continuing graduate student and the Bondi Award to a graduating PhD. Although Amedeo Bondi passed away in 2005 at the age of 92, his spirit of inquiry, like his legacy, lives on.

# Meeting of Hearts and Minds

The College of Medicine's leadership donors were honored at a brunch on May 3 to which medical student scholarship recipients were also invited. It was a mutual admiration society of the best kind – entirely justified.



Fernando Gaglianese





1 Drs. George and Lynette McNeal, WMC '61, with Luke Gatta, Class of 2016  
 2 William Rate, MD, HU '84, and David Gasalberti, Class of 2015  
 3 Kenneth Wildrick, MD, HU '69, and Kristina Nikolova, Class of 2018  
 4 Yvonne Brockman, widow of Stanley K. Brockman, MD, for whom the Brockman Chair in Cardiovascular Surgery is named  
 5 John C. Mirmanesh, MD, and his father, Jay Mirmanesh, MD, resident MCP '89  
 6 Drs. Joyann Kroser, MCP '90, and Albert Kroser, her father, with Blake Bowden, class of 2016  
 7 Erum Ilyas, MD, MCPHU '01, one of the keynote speakers, with members of the Class of 2018: (l-r) Heidi Chen, Bisola Egbe, Ashley Huber and Kristina Nikolova  
 8 Robert DeSilverio, MD, HU '59, and Luke Gatta, Class of 2016  
 9 Ellie Cantor, PhD, MCP '79, and Marlene Rackson, MD, MCP '82  
 10 Drs. Timothy Manzone, MCP '89, and William Rate, HU '84 (standing) with Will Rate and Vicki Rate

# THE MD/MPH PROGRAM: INFLUENCING AND INFORMING

As the health care environment continues to evolve in the United States, an increasing number of physicians are pursuing medical careers that enable them to influence public health policies. Students are finding that Drexel's MD/MPH degree program, offered jointly by the College of Medicine and the School of Public Health, provides strong interdisciplinary training in clinical practice, prevention, hygiene, education and policymaking, built on a foundation of health and human rights.

Drexel MD/MPH graduate **LAURA URBANSKI, '15**, was inspired to pursue the dual degree program by her prior experience with the Peace Corps, when she spent two years in Kosrae, Federated States of Micronesia. Her primary assignment was health education and prevention related to obesity and communicable diseases, two of the largest health threats on the islands. While working with girls in the local high school, she could see the important role that public health plays in preventing sexually transmitted diseases, lowering rates of teen pregnancy and increasing self-esteem.

At Drexel, Urbanski chose the community health and prevention track for her dual degree. During a research project involving a needs assessment for Congreso, a social services organization in North Philadelphia, Urbanski made "an overwhelming discovery" about the huge impact that trauma has on the lives of the women and their children.

"We noted that the Congreso providers also suffered vicarious trauma from hearing their clients' stories of domestic abuse and gun violence," she relates. "As a result, we modified the curriculum used to teach women at Congreso, adding short interventions such as mindfulness to reverse some of the physiologic effect of trauma."

This experience reinforced Urbanski's commitment to become a family physician. "In family medicine, you can take a holistic approach, and delve into the contributing social and biological factors that affect the patient's health. With a dual degree, I can think simultaneously about the patient in front of me as well as the greater population and what could be done for them," she notes.



A qualitative research project in postpartum depression motivated **ALLISON MYERS, MD/MPH '12**, to pursue a dual degree. Myers recalls the experience of interviewing women in their homes about their experiences with the mental health system. "It was such a rich way to get data and look at a problem, and it hooked me. I really wanted to keep looking into public health," she relates.

A newly minted attending and faculty member in family medicine and community health at the University of Pennsylvania, Myers says, "Public health informs what you do all the time. Having

**"You carry the public health training with you every day"**

# HEALTH POLICY

By Nancy West



that training gives you a broader lens to look at health and how you approach and think about problems. Even when you're ordering tests, you think about the cost and the impact it has on not just this one patient but the whole system. You carry the public health training with you every day. It changes the way you think about health on a population level."

**ZACH RISLER, MD/MPH '13**, became interested in public health while doing community service work during his undergraduate studies. "There was a large Somali population in Lewiston, Maine, where I went to college," he explains. "Many people in the community were wary of medical personnel, so we tried to teach some health literacy so they would be more willing to seek health care." Now chief resident in the Drexel/Hahnemann Emergency Medicine Residency program, Risler says he continues to teach health literacy to patients.

MD/MPH students typically complete the rigorous program in five years: three years in the College of Medicine, one year in the School of Public Health, and the final year in medical school. During his year in the School of Public Health, Risler pursued the health management and policy track. "I learned how health is a much bigger issue than seeing patients in an office, how decisions about public health are made on a broader scale and the politics behind it. Many people are developing policies and passing laws in Congress who don't have medical knowledge, so health care advocacy is very important."

Risler hopes to become an attending physician in emergency medicine and ultimately pursue a hospital leadership role.

**HALIMA AMJAD, MD/MPH '09**, is currently completing a three-year clinical and research fellowship in geriatrics at Johns Hopkins. Through her work, she has seen firsthand that dementia is a huge health policy issue that must be addressed. "You need both a clinical and a public health background to address this critical issue for our aging population, so I view my dual degree as a definite advantage," she says.

In her primary research, Amjad is exploring safety issues in older adults with dementia, such as driving, managing medications and finances, and living alone. "We're using survey data on over 8,000 Medicare beneficiaries from the National Health and Aging Trends Study. For those who screen positive for dementia, we are observing what kinds of things they are doing in the community and, over time, if these activities are causing them to visit the ER or hospital more often [or have] other negative outcomes."

Amjad hopes that this research will lead to a safety screening tool for primary care providers to use in older people with dementia as well as patients who meet the criteria for dementia but don't yet have the diagnosis. "From a public health policy viewpoint, we need to determine how to pay for the needs of older adults with dementia and what is covered," she notes. "A lot of home health care is not covered by Medicare in certain situations. We hope to create opportunities to make adults with dementia safer in the community as opposed to needing nursing home care."

# SAVE THE DATES

## Alumni Weekend

2016

MAY 19-21

Calling all classes ending in 1 or 6!

Visit [drexelmed.edu/AlumniWeekend](http://drexelmed.edu/AlumniWeekend) or call 215.255.7345 for more information.

# A Matter of Trust

It was 1970. At the venerable age of 120, the first medical college in the world founded for women was about to become coeducational. Understandably, the Alumnae Association of Woman's Medical College was concerned with preserving the school's unique heritage. Money — a great deal of it — was raised for a special trust fund to advance this legacy. Coeducation arrived, and in 1971, the trust became the Trust Fund of the Alumnae/Alumni Association of WMC/MCP (for the renamed Medical College of Pennsylvania). The donors' intention was clear: The trust was to be "operated exclusively for charitable, scientific or educational purposes in connection with, and in furtherance of, the education of women at the Medical College of Pennsylvania."

This "furtherance" took a direct and effective form: innovative awards and scholarships for women, and targeted support of programs with similar goals. The Mary DeWitt Pettit Fellowship, one of the first initiatives of the trust, is a research fellowship for a female junior faculty member, to help her achieve additional credentials to progress in her academic career. As bequests and gifts added resources over the years, the trustees created new opportunities for women in the College. When Lila S. Kroser, MD, WMC '57, passed away, for example, the Trust began a travel grant for a female

medical student, reflecting Kroser's interest in the Medical Women's International Association.

All the while, the Trust Fund has remained strong and viable during significant institutional changes, including the merger of MCP with Hahnemann University, under Allegheny University of the Health Sciences, and finally the merger of MCPHU into Drexel. The Trust's investments continue to be safe, secure and well stewarded.

To uphold this good stewardship, the trustees concluded earlier this year that the mission and programs of the Trust Fund would be best served by its becoming an integral part of the College of Medicine and Drexel University. A gift agreement, effective June 2, 2015, established the WMC-MCP Trust Endowed Fund, to be administered as part of the University Pooled Endowment. The decision was carefully considered.

"Becoming part of the institution will relieve the Trust Fund of administrative costs and responsibilities, allowing every bit of our money and effort to be devoted to our mission," explains Elinor H. Cantor, PhD, MCP '79, former president of the Trust. "We spent about six months working with the Office of Institutional Advancement and an attorney for the Trust Fund to make sure that the gift agreement would perpetuate all our programs and scholarships as they were defined," Cantor adds.



*The gift of the Trust was commemorated by Trust Fund trustees, seen in photo (above) with Drexel officials, at a dinner at the home of Drexel President John Fry; (l-r, front) Diane Gottlieb, MD, MCP '88; Barbara Steinberg, DDS, former MCP resident; Donna Antonucci, MD, MCP '84; Johanna Kalemba, MD, WMC '69; Anna Meadows, MD, WMC '69; Navjeet Singh, MD, former MCP resident; Mary Coté, MD, WMC '59; Estherina Shems, MD, WMC '58; (back) Senior Associate Vice President David Toll; Amy Baranoski, MD, DUCoM '03; Elinor Cantor, PhD, MCP '79; Vice Dean Valerie Weber, MD; President Fry; Dean Daniel V. Schidlow, MD; College Advisory Board Chair and Drexel Trustee Stanley W. Silverman; Senior Associate Dean Amy Fuchs, MD; Senior Associate Vice President Donna Frithsen; Vice President John Zabinski; and Senior Vice President David Unruh. Three Trust Fund trustees were unable to attend: Drs. Barbara Schindler, WMC '70; Laura Helfman, MCP '85; and Angela Capo-Granata, MCP '86.*

"The transfer of the Trust will allow us to continue the legacy of the alumnae and alumni of WMC/MCP with greater visibility, with the full support of Drexel University. Together we will ensure ongoing support for generations of women to come."

Although the Trust Fund is no longer an entity, the gift agreement ensures that its programs and scholarships continue intact. The Trust's board of trustees will become a scholarship and awards committee known as the WMC-MCP Trust Committee. Operating under the guidance of the College of Medicine's Office of Institutional Advancement, the committee will serve in an advisory capacity in reviewing fellowship and scholarship applications and award nominations. Alumni may continue to support the Trust Fund's scholarships and awards as they have always done.

*New awards.* The Trust's remaining unrestricted funds are being used to establish two new endowed scholarships: the WMC/MCP Legacy Scholarship and the Ann Preston, MD, Scholarship. Preston, an iconic figure among women in medicine, enrolled in the first class at WMC and later became the school's first female dean. Both scholarships are intended to support female medical students at the College whose

career choice is primary care (including family practice, obstetrics and gynecology, and pediatrics) in underserved communities, with a focus on Philadelphia and the commonwealth of Pennsylvania.

Over the years, the Trust Fund has supported not only hundreds of individual women, but also programs of the Institute for Women's Health and Leadership at the College of Medicine, such as Woman One, which provides scholarships for under-represented minority women at the College. The Trust contributed to the construction of the Legacy Center at the Queen Lane Campus, as well as ongoing support for the archives and special collections that reflect the history of the College and of women in medicine. It has also sponsored activities of the College's nationally known Executive Leadership in Academic Medicine program for women.

Now under one roof with the College of Medicine, the WMC-MCP Trust Committee will continue the mission of supporting and advancing the education and professional development of women at the College. "Although equality is preached, it hasn't really been totally achieved," observes Cantor. "We still have to do everything we can to support and promote women in medicine and medical sciences."



## Honoring an Aunt and a '40s Pioneer

Robert Katusak and his mother, Connie, were talking about an endowment he created at the University of Texas at Brownsville, where he earned his MBA. The conversation turned to his mother's aunt and namesake, Constance Vitanza, MD, WMC '40. The daughter of Italian immigrants, the late Dr. Vitanza was born in Italy before the family emigrated.

As a college student near her home in upstate New York, Vitanza wanted to be a doctor. At that time, Katusak points out, it was rare for women of any nationality to be admitted to medicine. But Woman's Medical College of Pennsylvania was *set up* for women. As Katusak puts it, the school led the way for an Italian immigrant to pursue the American Dream. "She was a pioneer — she was the first female doctor in the Binghamton-Endicott area," he says.

"When my Aunt Connie came up, my mom said, 'I really would like to do something in her name at the time that I die,'" Katusak reports. "I said, 'Why do you want to wait? We can do something right now if you want to.'" He contacted Drexel and learned about the Schleyer Family Matching Gift Challenge, and decided to create an endowed scholarship.

"Aunt Connie played a tremendous role in my mom's life — and in my early life because she was my pediatrician. She was the matriarch of the family. She dedicated her life to medicine and to ensuring that her nieces and nephews — because she never married — understood that education was the most important aspect of whatever they were going to be doing. She also helped all of us by offsetting some of our college expenses.

"I felt that by creating the endowment we could show that we greatly appreciate the things that she did through her whole life in order to get us to where we are in our lives."



Dr. Vitanza, 1940

# OUR COMMUNITY OF SERVICE

EVERY YEAR DREXEL MEDICAL STUDENTS PERFORM THOUSANDS OF HOURS OF COMMUNITY SERVICE, WHILE THEIR ROLE MODELS — FACULTY AND ALUMNI — SIMILARLY GIVE OF THEMSELVES TO AN AMAZING ARRAY OF CAUSES.

New students who may be unsure if they have the time will find it right in the curriculum: community service is a first-year requirement. Why? Eric Belser, now a second-year student, was surprised how often people asked him why service was part of the curriculum. “The answer seemed so clear to me from the start,” he says. “If more and more Americans are gaining access to medicine, yet our physicians are becoming more and more disconnected from the lower to middle class, how can those physicians begin to relate to, or even take into consideration, the lifestyle, diet, resources and environment of a patient when making decisions about their health? The community experience aims to approach this divide head-on.”

The students have dozens of sites and types of service to choose from. The Office of Community Experience has relationships with some 50 social service agencies and public schools. Many of the opportunities involve tutoring, mentoring or coaching children or teenagers. Some students work with people who are elderly, homeless or abused. By design, the projects are non-clinical because the idea is for students to understand the non-biological factors that affect health.

“They get really good practice in communicating with folks — kids or adults who don’t have as much education, or adults who had education but really hard lives,” says Elissa Goldberg, program director in the Office of Community Experience. “One of my main hopes is that students will learn that the people who live in the community with fewer resources than they have are just like them — they have hopes and dreams, pains and joys like anybody else.”

Some students run in the Back on My Feet program, in which volunteers come out to homeless shelters in the early morning to run with the residents. The idea is to use running to help people experiencing homelessness gain strength and confidence.

Another program, Spark Philadelphia, connects 7th- and

8th-graders with people in professional settings to keep them engaged in their education and reduce the city’s dropout rate. Medical students act as the professionals for participants who are interested in medicine or science. They meet with their middle-schoolers several times to work on a specific project. For example, when her mentors found out that one girl was interested in bones, they helped her learn how to learn about the topic.

On the other hand, in the Elders Project, medical students are matched one-on-one with older adults who serve as mentors to *them*. Elder and student meet in the older person’s home several times over the year. For the students it is eye-opening. “They’re so interesting and have so many great stories,” students tell Goldberg. The older adults teach them about what they’ve learned in their own lives, and the students see that even with physical problems and other burdens, older adults can be happy.

In contrast to these groups, the people Eric Belser worked with for his first-year service had a different vantage point. He chose an assignment at Isles Youth Institute in Trenton, N.J., where he helped adults from 18 through 25 prepare for the GED test. He found his job rewarding and frustrating by turns — some students benefitted from his efforts; some students drifted away as the summer wore on. But, to Goldberg’s point



Jim Greipp

*As counselors for the Healthy Choices Summer Camp, Eric Belser and fellow volunteers — a couple of classmates and a student from Drexel’s Creative Arts in Therapy program — arrived to clean and organize two weeks before camp began, giving them a head start on teamwork and a smooth start for the children.*



about the significance of communication, what Belser found most meaningful in his experience were two tough and honest conversations he had — one with his students, and one with a veteran teacher.

## ABOVE AND BEYOND

The majority of students continue in service after their first-year requirement. In July, Belser tackled a new role, as a counselor with other Drexel students at a day camp for elementary to middle-school children in Philadelphia's Strawberry Mansion section. The counselors were there through Bridging the Gaps, an interdisciplinary program that brings together students from Philadelphia's medical and health professions schools.

Leslie Everts, MD, an assistant professor of family medicine and director of Drexel's Student Health Service, is a Bridging the Gaps preceptor, responsible for supporting two to four students. "I'll have them come together as a group, and we go to a local restaurant for dinner and discuss what they're doing and working with an urban population.

"They may not realize as they're doing Bridging the Gaps how much of an effect it's going to have on them," Everts says, "but I think it helps them to mature; I think it shows them a different world."

### Student-Run Clinics

Everts, who has long had an interest in the urban underserved, is a regular volunteer at a student-run Salvation Army clinic in Roxborough. The College of Medicine's Health Outreach Project, or HOP, comprises several clinics run by first- and second-year students, at the Salvation Army Adult Rehabilitation Center, the Salvation Army Eliza Shirley House, Streetside, The Arc of Philadelphia, and two mobile "pop-up" clinics, at the Nationalities Service Center and the True Gospel Tabernacle Childhood Education Program. (Streetside is a joint project with other medical schools.)

Students recruit physicians (usually two per site), order supplies, set up the clinic each week and do patient intakes, including a brief history and vital signs. A physician performs the major part of the exam but may engage the student in a teachable moment if the patient has interesting findings. For example, explains Everts, "If the patient's heart sounds are interesting, we have the student take a listen." The students love the clinics — each year about 300 first- and second-year students participate in the Health Outreach Project, even though clinical work does not satisfy the community service requirement.

Streetside, now housed in a church in Kensington, began on the street in conjunction with Prevention Point Philadelphia, a remarkable public health organization that grew out of a syringe exchange. Second-year student Shравan Savant is the steering coordinator for the clinic, where people come from all parts of the city as well as Camden, N.J.

"It's a really diverse population, from people who need a medical assessment form to people who need acute care," Savant says. "Recently the majority are patients who have just come from incarceration." Students do the basic history and physical, and present the patient to the attending. It is rewarding to talk with people who are trying to make a difference in



*Mothers and children staying at the Eliza Shirley House receive fresh fruit once a week for their evening snack, thanks both to students who carried out their idea for "Nutritious Nibbles" and to a very generous produce vendor.*

their own lives, Savant says. "The patient clientele is one of the most thankful and kind-hearted populations you can see."

The Arc of Philadelphia is the site of the newest HOP clinic. The Arc is a national organization that promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full participation in the community. The HOP clinic at The Arc is the first medical student-run free clinic dedicated to serving intellectually disabled adults in the country. Medical students provide a weekly walk-in clinic at The Arc day center in North Philadelphia and participate in the CDC-funded HealthMeet screening and prevention program. Students also provide acute care visits under the direct supervision of a licensed physician and do some monitoring of chronic illness like high blood pressure.

"Being able to interact with a person with intellectual disability as a part of their normal routine, rather than in a hospital or office setting, is a really special opportunity and our students love it," says Olivia Ruth, a third-year medical student who has served as the clinic's steering coordinator.

One clinic site in particular seems to inspire creative energy. The Salvation Army Eliza Shirley House is an emergency shelter for women and their children. Last January, two second-year medical students, Hera Mahmood and Aimee McMullin, noticed that the evening snacks provided to children at the shelter were essentially junk food. They approached the Office of Community Experience to ask if HOP funds could be used to purchase fresh fruit for all the shelter residents to have one evening a week. The office agreed. Mahmood and McMullin then went to Iovine Brothers at Reading Terminal Market and spoke with one of the managers. Instead of charging them, he has provided a free weekly snack of fruit for the women and children at the shelter ever since.

Jump Into Reading, another medical student organization, goes into Eliza Shirley to read to the children for one hour each week. Michaela Simoncini, Class of 2017, who coordinated the program last year, says the medical students have been

able to help the children by sparking a passion for reading and improving their reading skills. The volunteers also collect and donate a variety of books for the children, building a little library at the facility.

## SEEING A NEED

In 1999, Lanny Edelson, MD, HU '67, a neurologist, and his wife, Micki Edelson, founded Homes For Life, a foundation that builds and furnishes homes for people with intellectual and developmental disabilities. Homes For Life was established in honor of their son Robert who, due to a birth injury, has significant intellectual and developmental disabilities.

Through their foundation, the Edelsons have donated 21 homes to The Arc of Delaware, deeding them for one dollar for use as small group homes. They have constructed a total of 25 neighborhood group homes in New Castle County and donated two new condominiums as well. With four residents per house and two per condo, 104 persons with intellectual and developmental disabilities now live with supervisory staff in a safe home. These "homes for life" cost as much as \$400,000 each to build and furnish; the foundation itself has no paid staff.

The Edelsons are passionate about their mission. In a letter to the *Delaware News Journal* last year, Dr. Edelson wrote about the "affordable housing crisis" for adults who are unable to live independently. "Every week I treat patients who are in great need of safe and supervised environments. And I see families, struggling bravely, and under great adversity, to care for them, often as their own health and welfare decline. Homes For Life foundation will continue to work diligently to find the most appropriate and affordable housing options for people with intellectual and developmental disabilities."

In 2008, Susan F. Sordoni, MD, MCP '97, established the Volunteers in Medicine Clinic in Wilkes-Barre, Pa., a facility that has served more than 12,000 patients who work but are uninsured or underinsured. The clinic provides primary and preventive care, counseling services, nutrition education, eye care, physical therapy and more. Dr. Sordoni is immediate past chair and continues to serve as a volunteer physician for the clinic. Under her leadership, Volunteers in Medicine added a free dental clinic in 2011, responding to the unusually high need for dental services in Luzerne County. Sordoni also works as a physician at the Children's Advocacy Center in Scranton as a medical examiner for children who have been physically or sexually abused and continues to work as a medical director for Celtic Hospice.

Like the Edelsons and Sordoni, Maurice Hinson, MD '15, saw a need and had a vision for filling it. In 2012, he founded the DUCoM Mentoring and Pipeline Program to foster the success and well-being of teenagers in an underserved Philadelphia community. The program matches high school students with medical students of similar background, who provide weekly tutoring, collaborate in service projects, and expose the students to science and health topics in monthly workshops.

"Like most teenagers, they don't want to spend more time doing homework," says Julie Hyppolite, a third-year medical student, who was a coordinator as well as a tutor. "Once you develop that relationship with them and show that you care

about them doing well in school, they try to produce those results for you."

The monthly workshops are particularly engaging. Last year, the high school students learned about the heart and how to take blood pressure; they visited the gross anatomy lab and encountered cadavers; and they took on the roles of doctor, nurse, and recorder in the Simulation Center. "They really loved that," Hyppolite says, "taking the information we were giving them, and applying it in a kind of real setting. [The program] encourages them to see themselves where they never really thought about being."

## FARTHER AFIELD

### Infant and Maternal Mortality

A life-changing and life-saving medical platform in Uganda came about through a series of coincidences that connected Makerere University in Kampala to Rotary International and Drexel Obstetrics & Gynecology. The product of their collaboration, active across 7,000 miles, is the Maternal and Child Health Care Education Project.

Prior to beginning the project, Owen Montgomery, MD, HU '81, chair of Obstetrics & Gynecology at Drexel, had been on a medical mission in Gambia, one of many such trips he has made. Ryan Smith, a medical student at the time, was aware of Montgomery's global work and thought to connect his obstetrics professor with his father, Ron, who had similar interests. An alum of Drexel's College of Engineering, Ron Smith is an officeholder in Rotary International.

One of Rotary's six global agendas is to reduce maternal mortality. Smith had colleagues in Uganda and knew of the great need to improve women's health there. He approached Montgomery with the desire to create a Rotary-funded education project in Uganda.



*Micki and Lanny Edelson, MD, who established the foundation Homes For Life, were inspired by their son to create safe, appropriate and affordable housing for people with intellectual and developmental disabilities.*

Children took a shine to Drs. Yanick Vibert (left), Department of Pediatrics, and Laniece Coleman, Department of Obstetrics & Gynecology, who were in Uganda with the Maternal and Child Health Care Education Project led by Owen Montgomery, MD. Coleman is director of nurse-midwifery services at Drexel.



In 2013, a multidisciplinary team comprising faculty from across Drexel and members of Rotary International created a three-year plan to decrease infant and maternal mortality in Uganda. Partnering with colleagues at Makerere University, they focused on education and the creative use of technology.

The Maternal and Child Health Care Education Project relies on hands-on learning in both Kampala and remote rural areas. It also emphasizes simulation and distance learning. The College of Medicine and the Makerere School of Health have held joint conferences and grand rounds. Each year, faculty from Makerere visit Drexel and vice versa.

Over time, the project expanded. Drexel's College of Computing & Informatics became involved in setting up regional health information centers with digital micro-libraries in rural Uganda. The College of Nursing & Health Professions is helping Makerere's faculty train nurse practitioners in Uganda, which would dramatically increase the number of providers to take care of women and children.

The final link in this dynamic is the power of simulation. Montgomery had returned from his various mission experiences, he says, "with the desire to increase the knowledge of anyone who was willing to learn how to do a life-saving delivery — not just obstetricians or surgeons."

An international competition — Saving Lives at Birth: A Grand Challenge for Development — offered the impetus he needed. Montgomery and colleagues created a lifelike cesarean-section simulator and submitted it to the competition. They proposed to use the high-fidelity vascularized model of a pregnant abdomen to train midwives and other providers in underserved areas to safely perform an emergency C-section. Their project was one of only 19 to receive a seed grant, out of 600 submissions.

In November, a team will travel to Uganda to teach non-surgeons to perform C-sections, as part of a grant from Johnson & Johnson.

The teaching goes both ways. At a time in American health care when professionals are expected to do more with less, Montgomery says, "we have a lot to learn about value-based use of resources." In the Ugandan hospital, they have made "virtue out of necessity. The people are generous, patient and interested in improving care. They do so much with so little."

### Moms Are Moms

As a first-generation American graduating from medical school, neonatologist Yanick Vibert, DO, MPH, promised her Haitian grandmother she would not forget her roots. Indeed, in 20 years of global health work, Dr. Vibert has made dozens of medical trips to Haiti alone. But it's a big globe.

Her more recent travels have been to Uganda (as part of Montgomery's team), Gambia, and Guyana. In August, Vibert, an assistant professor of pediatrics based at St. Christopher's Hospital for Children, was in Gambia as co-instructor for a maternal and child health class with Shannon Marquez, PhD, Drexel's director of global public health initiatives.

Vibert is particularly focused now on a program called Helping Babies Breathe, which teaches the essential techniques of newborn resuscitation to birth attendants in resource-limited areas. The program seeks to reduce newborn mortality by having at least one person trained in resuscitation at every birth. According to a study of Helping Babies Breathe in Tanzania (*PLOS One*, July 2014), it is a success.

On one of Vibert's many trips to Haiti after the 2010 earthquake, she noticed the same woman in the NICU every day. The mother was practicing kangaroo care with her daughter — holding the preemie skin-to-skin against her chest with her shirt or a blanket on top. "I'm looking at this mom who's holding her baby, and if I close my eyes, I could see the same mom in Philadelphia," Vibert says. "It's just a mom who was holding her baby — having the same wants, having the same hopes."

In late summer 2015, Vibert was in a NICU in Banjul, Gambia. She continues, “There was a mother sitting by a broken incubator — there was no heat coming into the incubator — who was holding her child to her chest. And I remembered the woman I had seen in Haiti five years ago. Then I thought of a mother at St. Christopher’s three weeks prior who had been doing the same thing.

“It just really hit me,” Vibert explains. “we really are the same people, who really want the same thing ... a moment of recognizing how blessed I was to be a part of this — to recognize and see that the moms here in Philly are really no different than the moms in West Africa, the moms in Haiti, the moms in Guyana.”

Vibert says it is her good fortune to be part of a community that supports her outreach along with her clinical work. In addition to Marquez and Montgomery, she cites Drs. Maria Delivoria-Papadopoulos, Vineet Bhandari and Endla Anday (all Drexel faculty at St. Christopher’s), as well as Dean Schidlow, for making her global work possible.

And Vibert says with conviction, “Clearly, there’s more I have to do.”

“WE HAVE A LOT TO LEARN ABOUT VALUE-BASED USE OF RESOURCES ... THE PEOPLE ARE GENEROUS, PATIENT AND INTERESTED IN IMPROVING CARE. THEY DO SO MUCH WITH SO LITTLE.”

### Investing in People and Place

For the past 10 years, James C. Reynolds, MD, the June F. Klinghoffer Distinguished Professor and chair of the Department of Medicine, has been traveling to the foothills of the Himalayas every 18 months. In this remote region, he spends two weeks with a medical team treating rural Nepalese who have very little access to hospitals. It’s a special type of long-term investment.

“I always wanted to help,” Dr. Reynolds says of his medical outreach. “I wanted to be part of an organization that wasn’t just a fly-by-night — what is sometimes called medical tourism. I wanted to do something that would have more of an enduring effect.”

He was pushed into action, however, when he saw a woman at church who was selling all her belongings. “She had her own home, her own car, a bunch of antiques,” he recalls, “and she was selling everything to go be the housemother for an orphanage for girls. It was such a moving message to me — that somebody would give that much to care for these little kids.” Soon after this experience, he connected with the Pennsylvania United Medical Association (PUMA) and went to Nepal.

Through PUMA, Reynolds travels with a small team that

routinely includes an ultrasound technician, an obstetrician and a rotating specialist. Team members teach the community medical associates — local Nepalese akin to nurse practitioners — as they work side by side. The associates staff the clinics year-round.

Most of the people in these mountainous regions have never seen a doctor. Transportation is difficult; it is four or five hours by car to the nearest hospital in Kathmandu. Recently, an 83-year-old woman came into the clinic in septic shock. Her husband, a man of similar age, had carried her on his back for the two-hour walk to the clinic. They were able to treat her, but she still needed to be admitted to a hospital. That journey entailed a 45-minute walk down a trail just to get to a car.

Reynolds notes that many people in Nepal never see the benefit of international financial aid. “They have wood plows and homes that are made out of mud and cow dung. Their way of life has changed so little in centuries. And the government has almost no impact on that at all,” Reynolds says.

In the case of PUMA, however, Reynolds knows and sees where the funds go. After the devastating earthquakes in April, for example, money went to rice and tarps, and quick rebuilding to provide shelter in anticipation of monsoon season.

Based on his experiences, Reynolds believes that it is better to focus one’s resources on a specific place rather than diluting those resources over the many opportunities for service. “If every medical school in the United States picked one country and really put their focus on that place — you could maybe start having a real impact,” he suggests.

Reynolds himself will return to Nepal in March 2016. “It’s really a tremendous opportunity to take the knowledge that we have and provide it to these very caring, hardworking people who, just by fate of where they were born, live in a very difficult situation.”

### Cameroon Club

A continent away, Drexel medical students began a connection with Cameroon in 2009. Each summer since, small groups — mostly rising second-year students — have made their way to the capital, Yaounde, to explore, learn and offer a month of service. Medical student Diane Sun and three of her peers traveled to Cameroon this year for the month of June.

On weekends, they went out with a team of medical students and physicians, including surgeons, dentists, and ophthalmologists, to a village to give medical care. The drive took anywhere from five to 12 hours.

During the daytime, the students shadowed the physicians while they did consults for people who lived in and around the village. At night, they would observe surgeries. “We saw cases where people had inguinal hernias, lipomas that needed to be removed, and hydroceles, as well as some rarer cases,” Sun says. The students also packaged medications, such as pain relievers, antibiotics and anti-seizure medications, for distribution to patients.

“Most of the people who came for consults and surgeries had never seen a physician before,” Sun says. “It was amazing how grateful the villagers were when we arrived. Overall, it was an incredible experience. Not only did I learn something about medicine and health care abroad, but I also learned about how to adapt to difficult situations, how to problem solve and be

patient when obstacles are presented, and how to respect cultures different from my own.”

## Cement and Micronutrients

Priscilla Benner, MD, MCP '75, has overcome many obstacles in the course of her international health work, beginning with the effort to launch the organization she founded and still runs.

“Before I even went to medical school, I had in mind that I wanted to someday do international health work,” she says. But life intervened. Benner married and had five babies in 10 years. That kept her busy, along with trying to establish her practice and being a pastor’s wife, “which is a lot of community service,” she notes.

Still, as she read the things that come across doctors’ desks — reports of measles outbreaks or child death rates from malaria — she kept asking herself, “Why are children still dying of things that aren’t even in our textbooks anymore?”

In the early '80s, one of Benner’s sisters went on a college mission trip to Honduras. She came back with heart-breaking pictures, and began to share what she had learned with others, including Benner and another sister. “At first,” Benner recounts, “we said, ‘Why aren’t people doing more?’ Eventually, we began to say, ‘Why aren’t we doing something?’” The sisters sought out people who were involved in overseas projects. They met with world hunger experts and food scientists working in public health. They explored model programs, and they started building their dream program, the MAMA Project.

MAMA — Mujeres Amigas (Women Friends) Miles Apart — began working in Honduras in 1987, developing a comprehensive health improvement program. Now the organization provides materials and training to child survival projects around the world.

MAMA’s basic training program teaches volunteers going into poor villages what the most important issues are. They learn how to assess the level of food insecurity; they learn the importance of oral health, how to deworm and how to perform examinations. “Our niche is equipping medical brigade teams to efficiently address the most common public health problems to make a positive impact on child and maternal survival,” Benner says. “We have trained teams going to Central America, Haiti, and a few African countries, for example.”

Each year MAMA sends 16 or more teams of U.S. volunteers. “They learn how to put it all into practice, how to set up health stations and what medicines to bring. There’s a package,” Benner says. “Using our materials, a group who is going from, say, California into Bangladesh can learn what to do, gather their materials, pack their suitcases, and go off with something of great value to offer.”

The most effective parts of the program can be adapted to many places. “The things that the people would have to change in their habits [to achieve better health] are pretty universal,” Benner points out. “We work with communities that don’t have a good infrastructure: the places that don’t have clean water, don’t have roads to get their produce to market, don’t have sewer systems. There are things that they can do, like washing hands, building a latrine, improving local food production, immunization, learning about children’s nutritional needs.”

MAMA has focused its own teams on two disparate tasks that each give a vital boost to family health: promoting the use of a



After analyzing a girl’s nutrition levels, Priscilla Benner, MD, founder of the MAMA Project, explains the results to the child’s mother. MAMA teaches volunteers to do an easy sort of analysis that helps them measure food insecurity.

micronutrient powder and cementing over mud floors.

Because malnutrition is prevalent wherever MAMA goes, the organization teaches home food fortification with a micronutrient powder. “We didn’t invent this strategy,” Benner hastens to say, “but we created a really good formula.” The powder includes all of the vitamins and minerals that are essential for survival and is very affordable. The mother puts tiny scoops (0.15cc) in the food that she prepares for her family daily — three for herself, one for the man of the house and two for the growing children.

Currently, every team that MAMA sends overseas is cementing floors in the homes of the poorest of the poor. “We settled on floors because it is truly life-saving”, Benner says. “If you’re a baby starting to crawl on a mud floor that has been contaminated with chicken manure, pig manure, human waste, spit — and maybe grandpa has TB — it’s dangerous. A cement floor can be swept out once a day, maybe with a little water, and the baby’s health is much better. Their inoculum of bacteria and virus, parasite eggs and larvae that can go right through the baby’s skin — all of that is much less if you just cement the floor.” The mother’s health is better too, Benner adds; few people can afford shoes, so the mother would have been standing barefoot in the mud.

Benner herself doesn’t spend as much time in villages anymore, although that’s where she loves to be. Most of her work is in the United States, coordinating the development of MAMA materials, while she maintains her medical practice. She takes a couple of trips a year, but she is visiting government offices, networking with other nonprofits, trying to get past the inevitable barriers to the kinds of assistance MAMA can offer. “There are always walls that keep families from experiencing the benefits of health and nutrition. Our job is to find ways to work with the communities to knock down those walls.”

Whichever form it takes, she says, “the work is addictive.”



The Classes of 1990 celebrate at the 25-year reunion (alphabetical by school). Hahnemann: Drs. John Dailey, Sandy Escandon, Lianne Hauck, Margaret Kelleher, Esther Kim, Edward Leonard, Alan Micklin, Jonathan Rutchik, Raphaëlle Vallera and Yusuke Wakeshima. Medical College of Pennsylvania: Drs. Jill Foster, George Hunter, Joyann Krosner, Marina Makous, Craig Margulies, Jane Noah, Ralph Noah, Deneen Pieri, John Prodoehl, Irene Sasaki and Francis Strain.



Students Andrea Avalos, Class of 2017; Maurice Hinson, Class of 2015; and Olivia Ruth, Class of 2017, present student outreach programs in the "Saturday Series Panel."

# REUNION ALBUM: WELCOME BACK!

*Left: Barbara Schindler, MD, WMC '70 (at top), 2015 Lifetime Achievement Award recipient, and her Woman's Medical College classmates gather at their 45-year reunion.*



*Surgical resident Lawrence Greenawald, MD '10, leads a demonstration of TraumaMan.*



*Dean Daniel V. Schidlow, MD, and new members of the Silver Dragon Society celebrating their 25-year reunion*

*Drs. Elinor Christiansen, WMC '55, and Siju Zimmerman, WMC '65, in the Archives*



*Welcome Reception in Dinosaur Hall at the Academy of Natural Sciences of Drexel University*

*The 50-year reunion classes are invited to Commencement, and many join the academic procession and are seated with the stage party. Top: During the ceremony, the alumni are called upon to stand and be recognized (faculty are in foreground). Bottom: WMC '65 gets ready to go.*



*The Woman's Medical College Class of 1965 (alphabetical):  
Drs. Marta Chaplynsky-Samuelson, Mahin Fazeli, Kathleen  
Heidelberger, Marie Mesaros, Catherine Michon, Elissa Santoro,  
Carol Shapiro, Monica Stewart-Bentley and Siju Zimmerman*



*The Hahnemann Class of 1965 (alphabetical): Drs. Ronald Apfelbaum,  
Arnold Berman, Myron Bloom, Franklin Brosgol, Nicholas Cannarozzi,  
Francis Cianciulli, John Dobrota, Ronald Emkey, Michael Grossman,  
Albert A. Kaplan (transferred after second year), Marvin Kromash,  
Michael Kurtz, Robert Landis, Alan Lippman, Stanley Mayrowetz,  
John Mazur, Clifton McClain, Carlo Melini, Vincent Menna, Denis Milke,  
Clarence Novotny, Carl Opderbeck, Anthony Puglisi, Ronald Repice,  
Herbert Rest, Diana Rogers-Neder, Michael Scarlato, Joel Schwartz,  
Peter Silberfarb, Stephen Wiener, Arthur Wise, Saul Wolfson and  
Dennis Youshaw*



*Dean Daniel V. Schidlow, MD,  
welcomes Marvin Kromash,  
MD, HU '65, into the Golden  
Dragon Society.*



*Alumni learn about memorabilia from the College  
of Medicine predecessor schools from archivist  
Matt Herbison.*

# Q&A



Dissection of a cadaver is a kind of rite of passage for doctors. Over the years, the gross anatomy lab and approaches to cadaver dissection have evolved with the times and technology. Dennis DePace, PhD, course director for Gross Anatomy, reflects on the changes he has seen since joining one of the College of Medicine's predecessor schools, Hahnemann Medical College, over 40 years ago.

## Dennis DePace, PhD

Senior Associate Dean for Medical Student Admissions;  
Associate Professor, Neurobiology & Anatomy

### ARE MEDICAL STUDENTS AT Drexel doing full cadaver dissection today?

Yes. In the past, anatomy was a self-contained unit taught during the first semester in most medical schools. At Drexel, the course runs throughout the academic year using full cadaver dissection. For example, in the Interdisciplinary Foundations of Medicine curriculum, as we move from one module to another, students study anatomy during the appropriate modules. The first module where they study anatomy in earnest is muscle weakness. In that module, they're learning about the musculoskeletal system, so we teach them the anatomy of the back and upper limbs. The next module where they study anatomy is chest pain, and we teach the anatomy of the thorax, lungs, pleura and heart.

### WAS FULL CADAVER DISSECTION ever considered unnecessary?

When I was a graduate student at the University of Buffalo in 1969-70, the anatomy professor was told he had to cut his course by 10 percent. His approach was to let the course continue as it was, and when they reached the 10 percent point, he ended the course. When I was there, the course ended when they got to the lower extremity. So those students graduated without knowing anything about the body below the knee. It was the same for a lot of other schools as well. Many cut their anatomy curriculum to bare bones, and had prosections done ahead of time for the students to study when they came to the lab.

Prior to my joining Hahnemann University in 1974, the anatomy department was chaired by a geneticist. Cell biology was emphasized, and anatomy was really downplayed. When Dr. Peter Amenta became chair of anatomy, he was charged with bringing anatomy back into the curriculum. When I joined the faculty, we had a full gross anatomy course. The students still do the dissection work themselves. We have a staff member who dissects a cadaver in concert with the students so they can use it as a reference.

### WHAT ROLE DOES TECHNOLOGY play in teaching gross anatomy today?

Two years ago, we re-outfitted the anatomy lab so every station, every table, every group of students in the lab now has a high-definition TV monitor and a mini computer. They can link to the Internet from the lab computer to search for images and information related to their dissection.

We subscribe to an electronic dissection manual for the students. I can go on the publisher's website, edit the dissector and change the order of things to make it match what we want our students to do.

We also installed two new software programs on our computers in the lab. Visible Body 3D enables students to bring up a 3D model of a human, which they can rotate. They can also remove structures to see structures that are deeper, and remove muscles to find the vessels underneath. The Muscle Premium program demonstrates the actions of muscles through animation.

### HOW DO THE STUDENTS BENEFIT most from gross anatomy?

The anatomy experience introduces them to a variety of people in the lab. We have a very good willed-cadaver program here in Pennsylvania. When I was a student at the University of Buffalo, most of the bodies came from the city morgue. They were largely indigent people and most were male. Here, we have a variety of cadavers both male and female. Some of the patients who are now cadavers may have died from cancer and were very wasted at the end of their lives. Some people may have been very obese. In the course of dissection, students may see coronary bypass surgery, knee replacements, hip replacements, cardiac pacemakers, and other medical appliances.

We also use our anatomy experience as a tool for professionalism. Students evaluate each other three times during the course in terms of preparedness and how well they work with others.

### WHAT IS EXPECTED OF STUDENTS in terms of professionalism?

I tell the students that each group is assigned a cadaver, and each person's responsibility is to make the best possible use of the cadaver in dissecting to honor the person who made this contribution to their education. The students are also responsible to do their best work because although an individual cadaver belongs to the group that dissects it, all the cadavers belong to the class; the entire class has to study from all the cadavers for the laboratory exams.

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# Alumni Calendar

## 2015

**OCTOBER 8**

**Discovery 2015**

Graduate and medical student research day  
Philadelphia

**A Cosmopolitan Cocktail Reception**

For physician alumni  
New York City

**30**

**Success in Academia:  
Professional and Career Development  
for Graduate Students**  
Philadelphia

## 2016

**MAY 19**

**Classes of 1966 Reunion Dinner**

50-year reunion continues through May 21  
Philadelphia

**20**

**Commencement**  
Philadelphia

**20-21**

**Alumni Weekend 2016**

All Classes ending in 1 or 6 and Grand Classes  
Philadelphia

Details: Email [medical.alumni@drexel.edu](mailto:medical.alumni@drexel.edu) or call 215.255.7345