Your IRA’s required minimum distribution can be a tax-saving tool.

How the QCD Works:
If you are 73 or older, you are obligated to take required minimum distributions (RMDs) from your traditional IRA. Consider the tax advantages of using all or part of your RMD to make a qualified charitable distribution (QCD) directly to Drexel University College of Medicine.

• You must be 70½ or older at the time of your gift.
• The transfer must go directly from your IRA to Drexel University College of Medicine.
• Your total annual QCD gifts cannot exceed $100,000 (per individual).
• Your gift must be made by December 31.
• For those using a self-administered IRA checkbook, be sure to mail your gift to Drexel University College of Medicine by December 1, 2023, to allow sufficient time for year-end processing.

Benefits:
Your gift will be put to use today, allowing you to see the impact your gift is making at the College of Medicine.

While there is no federal charitable income tax deduction for QCDs, you will still enjoy tax benefits! Your gift can count as your RMD for 2023, so it won’t be included in your adjusted gross income, which lowers your income tax liability. You may also avoid the Medicare high-income surcharge.

To learn more about making a difference at the College of Medicine with a QCD from your IRA, please contact:

Mary Waring
at 484.678.2760 or mow29@drexel.edu
FEATURED

2023 ALUMNI AWARDS
Esteemed Alumni Association Award recipients were honored at a ceremony on May 21, 2023.

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Melody Ann Stancil, MD, WMC/MCP ’71, has carved a career path and a life that she has found rewarding and fulfilling.
Regarding the story of Harriet Cole in the Winter/Spring issue of the Alumni Magazine, the researchers appear to have, as their starting point, the goal of upending the traditional history of the remarkable feat of Dr. Weaver, the anatomist. This is an unfortunate example of ideologically driven historical revisionism. The article’s wording is self-convicting: “how wrong... the narrative might be” (italics mine), at the same time revealing the motive of “improving the representation of women of color.” The story is not “mythical”; Cole’s own nerves are there to see. The subtle implication that her body was obtained surreptitiously is unfounded. “Many iterations of this narrative exist in the print record...” and yet the researchers seem bound and determined that those print records must be incorrect. Why label this record as inadequate and in need of correction?

Isn’t it possible, even likely, that there was some degree of acquaintance and admiration between Cole and Weaver and that she simply wished to honor that relationship by her donation? Better to leave a tender moment alone. Facts are either true or false; no new facts are revealed in this article, just the agenda of the researchers. The races of the participants are immaterial to the facts of the story. The tone of the article is divisive, not inclusive.

Jerry J. Svoboda, MD, HU ’77, FACS, Col (ret.)
Adelaide J. Svoboda, PhD

I just received this address in the last Drexel Alumni Magazine. I wanted to say that I received a very good education in medicine from Hahnemann Medical College. I was in the class of 1975 and have noted the achievements of some of my classmates that are truly amazing.

My education in both medical school and later residency in family medicine at Hahnemann was truly pivotal in my career.

Since that time, I have served in the Navy, worked in private practice, worked in hospice medicine and now am volunteering in an indigent clinic. None of this would have been possible without my education at Hahnemann. While many things in medicine have changed, the basic education that I received and the experiences that I had were of the highest caliber in my estimation. I am grateful to my wife, who was an asset in getting me through the challenges of medical school.

After many years since medical school, I continue to give service to the highest level that I was taught as well as serving the Lord to the best of my ability.

John Michel, MD, HU ’75; Family Medicine Residency, HU ’78
Dear alumni,

Every few issues, our Alumni Association president, Edward Siegel, MD ’12, generously hands over this column to me, so that I have this opportunity to connect directly with you. It has truly been a transformative four years serving as the dean of Drexel University College of Medicine.

In the wake of the closure of Hahnemann University Hospital in 2019, we partnered with Tower Health to purchase St. Christopher’s Hospital for Children, which is not just the primary teaching site of our pediatric rotations, but a source of vital community support for the families of North Philadelphia who rely on the hospital for the care of their children. We have expanded our regional clinical campuses through a unique educational and clinical partnership approach. We now have strategic partnerships with seven multi-hospital health care systems, including Allegheny Health Network (Pittsburgh, Pa.), Cape Fear Valley Health (Fayetteville, N.C.), Crozer Health (Chester, Pa.), Kaiser Permanente (Alameda, Calif.), Pinnacle Health – now UMPC (Harrisburg, Pa.), WellSpan (York, Pa.) and Tower Health (Reading, Pa.).

In 2021, we opened a new four-year, state-of-the-art campus in West Reading, Pa., in conjunction with Tower Health. In 2023, we opened a new cutting-edge, interprofessional and interdisciplinary Drexel Health Sciences Building in the University City district of Philadelphia. We have resurrected Drexel Medicine, integrating mission-based community and multi-institution health care. Drexel Medicine was one of the first practice groups to launch Garden Plot, Epic’s electronic health record for independent medical groups unaffiliated with a larger medical system. We have implemented a strategic approach with Drexel University across colleges and institutes to develop innovative programs in convergence between engineering, informatics and biomedicine, and community translation with nursing, health professions and public health. These cross-disciplinary programs are directed at the needs of communities in urban, suburban and rural settings with a focus on those underserved by health care and underrepresented in innovation.

The COVID-19 pandemic presented a whole new set of challenges and forced us to rethink the way we operate as a medical school, as well as highlighting existing health inequities and reducing life expectancies in our communities. We know that patients who share the same culture and language as the providers who care for them have better health care outcomes. Thus, we are dedicated to diversifying the medical workforce. We have expanded our Drexel Pathway to Medical School program and increased our clinically active faculty across our regional campuses. We have grown our faculty development programs, including internalizing offerings from Drexel’s renowned Executive Leadership in Academic Medicine (ELAM) program for women and expanding the national version of ELAM to include the Executive Leadership in Health Care (ELH) program.

As a result of these efforts, Drexel University College of Medicine has now become the largest private allopathic (MD-granting) medical school in the nation (enrolling 304 students per year) with a large, clinically active faculty of more than 2,400, and a truly national geographical footprint.

As I look back over my time at Drexel, I am amazed by what we have achieved together in so little time and while facing so many unexpected challenges. I am proud to lead this storied institution and look forward to whatever is next on the horizon.

As we celebrate these achievements, I hope you will join me in advancing our College’s continued success. By making a gift to the area your choice, you can make an incredible impact: growing the scholarship support that brings a Drexel education within reach, helping recruit and retain the faculty who provide critical instruction and mentorship, accelerating our groundbreaking research endeavors or naming a space in our remarkable new educational building in University City. If you have any questions about giving opportunities, please contact Andrea Hannan at adp77@drexel.edu or 215.432.7934.

Thank you for your support of the College of Medicine! The meaningful difference that we make for our students, our faculty and the patients and communities they serve, as well as the numerous people across the globe who benefit from our educational and research developments, would not be possible without our dedicated network of alumni like you.

Charles B. Cairns, MD
Walter H. and Leonore Annenberg Dean
Senior Vice President of Medical Affairs
Melody Ann Stancil
MD, WMC/MCP ’71

“I Knew Where I Was Supposed to Be”

It was 1971. Disney World was in the midst of opening its doors for the first time and the Pentagon Papers had made their way throughout the media. While Ike and Tina Turner climbed the charts with the hit classic “Proud Mary,” Melody Ann Stancil was finishing her studies and preparing for the milestone she’d spent over eight years working for: the moment she could officially be called “Dr. Melody Ann Stancil.”

“I just really wanted to be a physician. I can’t really explain why I had the desire, but that desire kept me going,” Stancil says.

Back then, Drexel University College of Medicine went by a different name entirely. Stancil even had the option of choosing one of two names to add her to her diploma — Woman’s Medical College of Pennsylvania or Medical College of Pennsylvania. She says the spirit of the school’s reputation as a trailblazing education hub for difference-makers was apparent long before the name was changed.

“I knew where I was supposed to be when I went to Drexel, when I went to medical school,” Stancil says. “I had received a fantastic medical education at Drexel and in many of the areas I had better training than some of my contemporaries. I felt like I was very well educated and very well prepared,” she says.

She felt so prepared that, when she was matched for an internship at Emory University Affiliated Hospitals in Atlanta, she ended up staying there, and went on to complete her three-year residency in anesthesiology.

After she finished her residency, Stancil went into private practice in suburban Atlanta. But during her last year of residency, she developed medical issues that affected her availability and, due to the nature of a physician’s life, she found herself switching career paths after two years.

Born and raised in the South, Stancil knew she wanted to stay in the area and make a difference in small, rural towns she had seen and been part of while growing up — and in her new position she did just that, and found it to be equally rewarding.

In 1976, Stancil accepted a position with the State of Georgia, becoming the district health director for 13 counties. She became responsible for all county health departments.
“I just really wanted to be a physician. I can’t really explain why I had the desire, but that desire kept me going.”

and community mental health centers in that geographical area.

“I found that I really enjoyed what I was doing. Because of my anesthesiology background, I found myself assisting with the development of a regional emergency medical services system. I also became certified in Advanced Cardiac Life Support, which involved training paramedics and other health professionals. I was involved in planning and development of many educational activities and programs that people who just finished medical school weren’t getting to do,” she says. “I became very involved in working in medical education and recruitment for health careers in northeast Georgia.”

Her most beloved work has been the time she’s spent with rising juniors and seniors in college and pre-med students in a Pathways to Medical School Program, a community-based, state-funded program through the Area Health Education Centers. The program prepares eight prospective medical students each summer for medical school interviews as well as developing their personal statement on their applications. The goal of this program is to encourage medical students to pursue primary health care careers in medically underserved areas or populations.

Although the program has been active in Stancil’s community for eight years, COVID-19 set the effort back a bit. Nevertheless, Stancil says students have persisted, and over half of the program’s participants have been accepted into medical school. But after tackling school interviews, undergraduate degrees and the stress of the application process, many medical students face a new challenge that keeps growing over time — financial obstacles.

Statistics from the Educational Data Initiative state that the average medical student graduates with about $215,000 of debt, a burden Stancil says deters people, especially in rural areas, from pursuing higher education in the medical field.

Stancil saw the difficulties preventing young people from pursuing a medical track, not only from her own time in school, but also during her nephew’s work as well. Ryan Stancil, MD, a 2012 Drexel University College of Medicine graduate, was able to fund his medical career through opportunities with the United States Navy.

So, Stancil and her classmates established the WMC/MCP Class of 1971 Scholarship to celebrate their 50-year graduation anniversary in 2021. Several medical students have already benefitted from this group effort. In addition, Stancil recently created a generous legacy scholarship in her name as a bequest in her estate plan. By establishing the Melody A. Stancil, MD WMC/MCP ’71 Scholarship, Stancil carries on the tradition of her medical school and provides much-needed support for today’s medical students.

“I had been involved with the Alumni Association for a number of years, and I know how important having good financial aid is,” she says. “I’m hoping the scholarship can help a woman, or a medical student in general, pursue a degree in medicine and primary care,” she says. “I’ve worn so many different hats and seen so many different things. I’ve had a very fulfilling career and a rewarding life.”

Now a 77-year-old retiree, Stancil resides in Maysville, Georgia, a small town of approximately 1,800, where one primary care physician serves the entire county. The nearest hospital is 27 miles away and she can barely get a cell phone signal from her home. She spends her days volunteering with several nonprofit boards, her church and her local Rotary Club.

Stancil reflects warmly on her journey from Drexel to her medical career, to the health department and now her volunteer work.

“I’m really enjoying where I am,” she says. “I am truly blessed.”
Romaine Johnson, MD, MCPHU ’99: BIG OUTCOMES AND INDIVIDUAL IMPACT

After graduating from Lincoln University, and before enrolling at Medical College of Pennsylvania-Hahnemann University, Romaine Johnson worked for a year as a researcher at the Leonard Davis Institute of Health Economics at the University of Pennsylvania. That experience drove home the fact that research could both make a difference for populations and change individual lives.

“What does ‘research’ mean to someone who’s a first-generation college graduate or first-generation doctor? The image I had was of somebody sitting in a lab with pipettes and chemicals and test tubes,” he says. “What I realized was that research could include studying bigger groups of people and learning how to treat them. I came away wanting to get a master’s degree in public health.”

Though he started medical school planning to go into psychiatry, Johnson’s rotations in ENT and surgery made him rethink that aspiration. He went on to a residency in otolaryngology at Baylor College of Medicine and received his advanced training with a pediatric airway fellowship at Cincinnati Children’s Hospital Medical Center — all before obtaining his master’s in public health from Johns Hopkins University in 2008.

Now a professor in the Department of Otolaryngology – Head and Neck Surgery at UT Southwestern Medical Center, Johnson specializes in pediatric aerodigestive disorders, pediatric voice, and pediatric tracheostomy and airway reconstruction. His research interests include vocal cord paralysis, quality improvement, subglottic stenosis, obstructive sleep apnea and airway simulation, but he has also focused on improving population health through the use of biostatistics.

Researching, publishing, teaching and seeing his own clinical patients is an ongoing balancing act, one that Johnson has had to refine over time.

“Earlier in my career, I would operate several days in a row because there were so many patients that needed surgery. But you realize as you get older that it’s not the best way, and you need to take time away from the operating room. You can’t produce original research and build programs if you’re in a clinic all the time, so you have to make time for these other pursuits.”

Johnson also finds that the environment in academia has grown increasingly challenging as doctors have less decision-making power than they used to have in most health systems.

“The health care systems are becoming inundated with vice presidents and executives, so we have less chance to be at the table and take on leadership roles.” He notes that the role of mentors in academia remains vital, particularly for those who might come from disadvantaged backgrounds and would not ordinarily be granted that seat at the table without allies advocating for them.

“I have been lucky to have those people in my career. Somebody picking up the phone and saying, ‘Hey, did you hear about this position?’ Or ‘Do you want to come to this meeting? Do you want to give a talk? Do you want to write this paper with me?’ Someone reaching out and offering you ways to help your career and give you that bridge to the next step.”

For his own part, Johnson regularly mentors younger doctors who look to model the career he has built, and he understands that a commitment to academic medicine means paying it forward.

“The future self that I imagined is now actually living, walking, breathing. I’m a full professor in a very prestigious academic institution. I engage in meaningful research in vulnerable populations. I’m able to combine my interests in diversity, equity and inclusion into my practice as well as into my research.”

A fellow of the Triological Society, and a member of the American Academy of Otolaryngology, the American College of Surgeons, the Harry Barnes Medical Society (of which he now serves as president) and the American Society of Pediatric Otolaryngology, among others, Johnson has won multiple awards, including most recently the Distinguished Service Award from the American Academy of Otolaryngology-Head and Neck Surgery in 2022.

Above all, though, Johnson is most gratified by his work with people — those he has helped or been helped by along the way, and the individual patients whose lives he has saved.

“In the end it’s not the awards or publications I’ll look back on,” he says. “It’s the former 24-week preemie who was on a vent, who had a trache, who couldn’t eat, and now they’re graduating from high school. That’s what I will take with me.”
Deborah Kuhls, MD, MCP ’93:
RENAISSANCE WOMAN

It was a community doctor in her rural Wisconsin hometown who started Deborah Kuhls on the track to becoming a physician.

“He was a Renaissance man, a general practitioner who did everything, and he really encouraged me and was a role model.”

Years later, Kuhls has become something of a Renaissance person in her own right, developing a career with multiple facets and focus areas. To wit, her current titles and roles include: assistant dean for research, chief of the Division of Acute Care Surgery and professor of surgery at the Kirk Kerkorian School of Medicine at UNLV; and chief of trauma, University Medical Center of Southern Nevada.

Kuhls initially came to MCP for the post-baccalaureate program, transitioning from a stint in banking and taking advantage of MCP’s policy of reserving a few seats for nontraditional students.

“I finished the post-bac and stayed on to attend medical school at MCP. I fell in love with surgery, and even though I was older than most students, I decided I really needed to follow my dream, if you will.”

Kuhls completed her general surgery residency at Albert Einstein College of Medicine in the Bronx and a fellowship in surgical critical care and trauma at the R. Adams Cowley Shock Trauma Center at the University of Maryland.

Because she enjoyed teaching and mentoring other doctors, Kuhls decided to stay on in academia.

“I loved that the faculty were up to date on the latest treatments and that they really offered first-class medical care to their patients. My professors were great models of professionalism, quality and compassionate care.”

She accepted a position at the University of Nevada School of Medicine, with the appointment of trauma ICU director at University Medical Center of Southern Nevada, largely because its trauma center was modeled after the shock center at the University of Maryland. Early on, she taught in the medical school and ran the surgery clerkship before being named assistant dean for medical education at the Las Vegas campus. She later became associate dean for academic affairs, transitioning to the University of Las Vegas when it opened up its own medical school in 2017.

Kuhls continues to prioritize teaching medical students, residents and fellows. “Nevada has one of the lowest numbers of physicians of any state in the U.S., so educating the next generation of doctors and surgeons is very important to me.”

As assistant dean for research at the new medical school, she has led the effort to incorporate research and build an infrastructure to support it. Kuhls has also stayed active in a number of professional organizations, such as the American College of Surgeons, the Society of Critical Care Medicine, the Association of Women Surgeons, the American College of Surgeons, the American Public Health Association and many others. Her areas of interest include injury prevention (including firearm injury prevention), vehicular injury prevention, domestic violence and women in medicine.

In the wake of September 11, Kuhls became more concerned about disaster preparedness.

“I realized our country and health care system need to be prepared to save as many lives as possible during both natural and manmade disasters. I took a number of courses and brought a course called Disaster Medicine and Emergency Preparedness to Nevada, to help with hospital preparedness. Following the early 2000s tsunami that killed tens of thousands of people in Thailand, I led a team there to teach disaster preparedness.”

Then disaster hit home with the 2017 shooting in Las Vegas, the largest mass shooting event in the U.S., which left 58 dead and more than 800 wounded. “I acted as the senior surgeon at our Level 1 Trauma Center. I have given probably 50 talks on disaster training since that time, and I continue to be engaged in this topic,” Kuhls says.

A high point of her career has been her work educating health care workers abroad. She has continued to travel to Thailand for many years to help the country’s military and surgical community develop a trauma system to optimize care and outcomes for injured patients. In addition to the training and courses she brought to Thailand, she developed an exchange program for physicians and nurses. For this work she was inducted as an honorary fellow of the Royal College of Surgeons of Thailand in 2012.

Kuhls’ many interests and leadership roles mean she is quite busy and keeps long hours, but she would not choose any other path.

“Having come to medicine later in life, I’ve felt compelled to follow my evolving interests and commit myself to giving back to the field.”
Richard Hamilton, MD, HU ’87: A MULTIFACETED CAREER

The academic chair of Drexel’s Department of Emergency Medicine, Richard Hamilton, didn’t necessarily set out to work in academic medicine — but the seed was first planted at Hahnemann University, he says.

“The experience of being around academic physicians became a template for what kind of physician I thought was most admirable.”

After completing his medical degree, Hamilton served as a Navy flight surgeon, completed a residency in emergency medicine at the Jacobi Medical Center at Albert Einstein College of Medicine, and then finished his training with a medical toxicology fellowship at New York University/Bellevue.

“At that point, it was almost a calling for me to be in academics,” he says. “I’ve always worked in institutions that really focus both on delivering care to the underserved and on the experience of teaching new physicians and students.”

Hamilton returned to Philadelphia as the director of MCP’s Emergency Department in 1997, and assumed the role of emergency medicine service chief when MCP merged with Hahnemann. If he weathered some bumpy years and uncertainty that followed, it was with the conviction that his greater sense of purpose outweighed any institutional transitions.

“I could not have been more thrilled when Drexel took over the medical school. Because it gave a permanent home to me and my department at a larger university.”

One thing Hamilton loves about academic medicine is that it allows him the flexibility to pursue different areas of interest. As such, he has been able to contribute to the field in multiple ways over the course of his career.

“I’ve always had the great joy of doing lots of different things and following my interests wherever they might lead me,” he says. “My first love was aerospace and aviation medicine, and I have continued that as a side interest all throughout my career, conducting research and development, supporting massive missions, being part of Virgin Galactic’s commercial space program. That has been very, very exciting work.”

As an emergency medicine clinician-educator and a scholar, Hamilton has taught hundreds of residents over the years and chaired the department at Drexel for 17 years. He also currently serves as president of the Pennsylvania College of Emergency Physicians. Finally, within his subspecialty, medical toxicology, he has produced much scholarship and writing, including publishing the pharmacopeia and textbooks on toxicology. He has won Drexel’s Distinguished Alumni Award for his research.

Looking to the future, he sees a number of challenges ahead for his specialty area and for academic medicine in the round.

“I think emergency medicine is going to continue to evolve because the health care needs of the community are intensifying — especially for behavioral health care and mental health care — and becoming almost overwhelming to the resources that are out there. And we still struggle to deliver health care to everyone. There’s no question that the greatest challenges that lie ahead are financial struggles. As the budgets for Medicare and Medicaid continue to get constrained, hospitals, especially academic hospitals, find themselves constantly battling a very thin margin to stay afloat.

With regard to medical education, the greatest challenge we have now is attracting a diverse group of bright minds to work in the field, because it’s hard work and there are much easier ways to make a living.”

Nevertheless, Hamilton has no regrets about his life choices, and he encourages young doctors to think about the bigger picture — the immense personal rewards reaped from a career in academic medicine.

“You do this work because you love it. It has given a tremendous sense of purpose to my day-to-day existence and everything I have worked to accomplish.”
Ana Núñez, MD, HU ’86: CONJURING THE FUTURE OF ACADEMIC MEDICINE

The moment Ana Núñez realized she could actually make a positive impact on medical education occurred mid-rotation when she was a junior clerk in medical school at Hahnemann.

“We didn’t actually have a script to help us read chest X-rays, so I took it upon myself to look at some of the books and put together a little pocket card. It was really well received by the junior clerkship director, who shared it with others.”

All the same, Núñez didn’t quite see herself on a trajectory to academic medicine, given that as a first-generation doctor, completing medical school in and of itself was the goal at the time. In many ways, however, academic medicine chose her as she continued to see opportunities to make an impact.

“I remember as a second-year student, I had finished an exam and hadn’t done as well as I’d hoped. The professor walked by and spoke to me in a very encouraging way, and that was huge to me. Still, I just thought to myself: We should be able to run a medical school better than this. Some of my classmates held their nose during their training and then went to private practice because that was their aspiration. But I was still thinking about how we could do this part better.”

Núñez stayed on at Hahnemann for her residency in internal medicine. She was selected to serve as chief resident and was mentored by clinical educators at more developed stages of their careers.

“When I was involved in the residency administration, I noticed that one of my colleagues, who was a year ahead of me, did a medical education fellowship. In academic medicine, choosing internal medicine can feel like a disadvantage because you don’t do the fellowship, you don’t do the papers and the research. I realized I needed that additional education in my toolkit.”

Later leadership opportunities came during institutional changes, including the MCP-Hahnemann merger. Núñez was tapped to serve as the director of the Women’s Health Education Program and eventually as the principal investigator for the National Center of Excellence in Women’s Health.

“There were not a lot of people in that time that intersected across the fields of women’s health, sex- and gender-based biology, and minority health,” she says. “I saw the opportunity to build that out and grow my research portfolio with community-based participatory research.”

With grants from the Department of Health and Human Services, Núñez created the Philadelphia Ujima Initiative. The idea was to work directly in underrepresented communities and bring up lay health ambassadors to offer health education.

That work landed Núñez a position as the associate dean for health, education and research at Drexel and later the associate dean for diversity, equity and inclusion. In 2019, she was recruited by the University of Minnesota Medical School to become its vice dean of diversity, equity and inclusion.

“I came here right after George Floyd’s murder, right about the time when COVID was sort of exploding. It was a pretty challenging time to make that move, but in September, it will be three years here and we have had some wins. Twenty-six percent of our new faculty are diverse, and we’ve been able to successfully push through some really creative and innovative ideas for promoting inclusion and equity.”

Always looking to improve the way things are done and the systems that underlie those functions, Núñez is not resting on her laurels.

“The cost of medical education and health disparities in the U.S. are two of the biggest problems we need to confront to improve health care. In addition, we need to add a competency for doctors in advocacy. Doctors are really good at advocating for the patient in front of them because that’s what they do every day. But we need informed, critical thinking voices to advocate for health itself.”

What continues to excite Núñez about working in academic medicine is the sense of potential.

“The talent is there but we have to nurture it and make the process more inclusive — there are so many skills and disciplines under the umbrella of medicine, so there is truly something for everyone. We just need to harness all that people power in order to make a difference.”
Jennifer (Rizzo) Myers, MD, MCPHU ’98: THE RIGHT PLACE AT THE RIGHT TIME

In order to advance the science of medicine, academics must first envision where it’s heading. Jennifer Myers has demonstrated a savvy ability to do exactly that.

Unlike some of her peers, Myers knew from the earliest days of medical school that she wanted to stay in the halls of academia. At MCP-Hahnemann, she was part of a club of students interested in academic internal medicine — during meetings they would share and discuss medical journal articles with faculty members.

“I remember when I was interviewing for residency in my fourth year of medical school. I didn’t know exactly what type of internal medicine doctor I wanted to be, but I knew I wanted to be in academic medicine,” she says. “I valued the teaching and learning environment and being part of new science and discovery.”

She ended up matching at the Johns Hopkins Hospital and completed her internship and residency there. She toyed with the idea of choosing a subspecialty but ultimately found the idea of being a generalist in a hospital setting more appealing. It was good timing, as hospitalists were starting to become more common.

Her first job was as a hospitalist at the University of Pennsylvania, and she remains there today as professor of clinical medicine at the Perelman School of Medicine at the University of Pennsylvania.

Working in a relatively new field afforded Myers opportunities to contribute to a rapidly growing body of knowledge, and she sought out chances to write, teach and publish. Over time she developed expertise in another new and growing area — health care quality improvement and patient safety.

“Early on, I found myself volunteering for one of the first quality committees in the Department of Medicine at Penn,” she says. “I loved the interprofessional topics and discussions, so I volunteered to lead different projects. And that ultimately ended up with me being asked to serve in a more formal hospital-based role at Penn as one of their first patient safety officers. And so, for the next decade, I learned all about adverse event investigation and analysis, and the science of patient safety.”

Myers realized that the natural progression of this work was to teach what she had learned and translate that to others. She worked to bridge health care quality and safety and medical education. With a career development award in medical education from the Josiah Macy Jr. Foundation, she started to research, plan and build infrastructure at Penn to support her ideas. She currently directs Penn’s Center for Healthcare Improvement and Patient Safety (CHIPS), which provides a framework for students, residents, faculty, nurses and other interprofessional health care staff to learn how to make improvements in the health care delivery system.

The joy of Myers’ work is that she has discovered she loves to mentor and coach people and ideate new programs. Her efforts in quality and safety have allowed her to work with physicians and health care workers across specialties.

“One of the hats that I wear within our Division of Hospital Medicine is director of faculty development. That combines two of my passions and interests — developing other people’s careers and creating infrastructure for the new faculty in our division. That work has been one of my proudest achievements.”

Myers loves nothing more than when her mentees — whether they are students, residents or junior faculty — eclipse her with their own achievements. She continues to see patients about 12 weeks out of the year.

And even with all of her responsibilities, her career has given her the flexibility to have three children and be present for them. (This year Myers and her husband, Ian, who met on the first day of medical school, are celebrating their 25th anniversary.)

In choosing academic medicine, Myers instinctively chose the ideal career direction for her own professional and personal fulfillment.

“I love to teach; I love to write, I love to develop people and programs, and I love medicine. And this work allows me to do all of those things in one job. I couldn’t have made a better path for myself.”
CONGRATULATIONS TO THESE DESERVING ALUMNI!

JEFFREY NAU, PHD; MS MEDICAL SCIENCE ’02
Biomedical Sciences Graduate Recognition Award

KELA Y. HENRY, MD, MCPHU ’99
Boots Cooper MD Service Award

AUSTIN D. WILLIAMS, MD ’13
Emerging Leader Award

BRIELLE FERGUSON, PHD NEUROSCIENCE ’18
Graduate Citation Award – Early Career or Young Investigator

CRAIG BRADFORD LANGMAN, MD, HU ’77
HU Distinguished Graduate Award

EDWARD ANTHONY NARDELL, MD, HU ’73
Lifetime Achievement Award

DAVID STEPP, PHD, MCP ’94
Outstanding Biomedical Sciences Graduate Award

KATIE ELIZABETH MCPEAK, MD, MCPHU ’01
Outstanding Medical Graduate Award

ANTOINETTE C. RIPEPI, MD, WMC ’61
WMC/MCP Distinguished Graduate Award

To give their fellow alums a chance to learn more about them, we asked them to answer a few questions.

WHO AT YOUR ALMA MATER INSPIRED YOU AND WHY?

NAU: What inspired me was being a part of the Philadelphia medical community. At MCP-Hahnemann there was an amazing cooperation with the Greater Philadelphia medical community, innovation (at the time the first artificial heart was being transplanted, and gene therapy was in its infancy), and being a part of a city-driven health care system.

HENRY: Dr. Cato Laurencin in orthopedics. He was the epitome of confidence, competence and excellence as a role model for Black medical students. He had a strong and powerful presence as well, which was inspirational to me.

WILLIAMS: Dr. Rhonda Soricelli, who directed the Medical Humanities program, was a great inspiration to me. Through elective coursework in the program, she was able to ground all we were learning in our other courses (such as anatomy and biochemistry) in the patient experience, despite our having limited patient interaction in the first two years. She also embodied the traits of a physician-scholar and showed how important it is to maintain curiosity throughout your career.

FERGUSON: My first lab mentor, Dr. Brian Wiltgen. I had never really known about neuroscience before taking his class. Sitting in his lecture, I was inspired to start working in his lab, and I credit that experience with starting my journey in neuroscience.

LANGMAN: Dr. Bonita Falkner was an inspiration to me.

STEPP: Probably the person who most inspired me and motivated me was not faculty at all. It was the technician in the lab, Elizabeth Cannon. While I learned a lot from the faculty in class and discussion, Liz’s bench-side education helped me translate what I learned into usable, applicable knowledge, and once I moved on, I stayed in touch with her more than anyone.

MCPEAK: This is a hard one for me! I really loved Marie Hartman. She was always such a great advocate for students. Her door was always open, her affect was pleasant and warm, and she was diligent in her follow-up. I also particularly loved Dr. Cheryl Hanau’s teaching style in pathology! She left an indelible mark on my style as an educator.

RIPEPI: Everyone at Woman’s Medical College was receptive and supportive, but Dr. June Klinghoffer stands out the most to me. She served as an advisor to our class and really led the way for us during medical school. She was kind and made herself readily available to students.
NAU: One great lesson is to surround yourself with great people. Great people doing things together can make amazing things happen and elevate each other to accomplish things that they may otherwise never have been able to do on their own.

HENRY: That there is great value in being a truly skilled listener. In all areas of life, especially as a doctor, while I am seeing patients during an appointment, listening attentively and carefully helps me to understand their needs. This leads me to ask certain follow-up questions and will usually point me toward the best path of wellness.

WILLIAMS: I think the most important lesson I have learned in life — which applies both personally and professionally — is that if something doesn’t work out, it is for some reason that will become clear at some point in the future. I think it is in our nature, especially as physicians, to try to make things work or turn out the way we want them to. However, it is actually less stressful to accept the alternative path that is presenting itself, which, almost universally, leads you to a better destination than the one you initially planned.

FERGUSON: That in science, challenge and rejection are more present most times than success. You can’t work for those tiny moments of success. You have to learn how to be happy in the in between.

LANGMAN: I’ve learned you should always do the best for your patients.

STEPP: Be over-prepared. I stayed longer in college (five years), grad school (five years) and post-grad, but because I invested the time upfront, later professional benchmarks like advancement and tenure came more easily.

MCPEAK: Listen more than talk, especially for our families who have been discriminated against. I saw many mentors when I was a new physician or resident who modeled incredible listening and nonverbal communication skills. I like to put down my computer screen and really engage/listen. I try really hard not to interrupt folks, which, as an extrovert, is hard for me.

RIPEPI: From childhood, I learned about the importance of listening and showing compassion to others, especially those in need. People don’t always ask for help when it is most needed, so I always try to make myself available and reach out with a supportive hand. My parents, who were immigrants, instilled this in me. They were such kind individuals and always helping others.

NAU: When facing challenges, I feel that forward momentum is key to overcoming them. Too many people give up or stop what they are doing. Moving forward allows iteration, learning and reflection on solving the problem.

HENRY: Thinking about the challenges my ancestors faced, and the enormous sacrifices they made, makes me feel I can handle any obstacles that come my way. The segregation and the prejudices they had to face in our country during their lifetime always humbles me.

WILLIAMS: I am a very goal-directed person, so having pre-planned goals (both short- and long-term) allows me to stay on track and see things to their completion despite unforeseen challenges. It is also important to have time away from the challenges in order to put things into perspective, so I think hobbies unrelated to medicine are super important. After a long, challenging day, I enjoy listening to a podcast and working in the garden, even for a short time, to recenter and recharge.

FERGUSON: Keeping the big picture in mind. Remembering the larger goal of the work, and not the tiny little setbacks on the way there.

LANGMAN: It’s important to try to figure out the right thing to do when faced with challenges.

STEPP: I spent my post-doc in Seattle, where one climbs a lot of mountains. I found that if you stop every so often to admire the view from where you are, it keeps you plugging toward the top no matter how rough the terrain gets.

MCPEAK: My children, Amelia and Desmond. And my third baby: Barkley! He’s a dog, but I love him so! I am also constantly inspired and motivated by the patients and families who I serve in West Philadelphia.

RIPEPI: To me, a challenge is like a problem to be solved. When I meet a challenge, I try to let go of fear. Challenges can come up unexpectedly, like those you meet in the operating room. If I’m able to meet a challenge head on, I consider it a success. If not, I consider it a learning tool. So, my advice is to use the skills that you’ve been trained with and face challenges head on, as long as it’s legal, and never let a challenge defeat you. And I’ve always been a person of devout faith, which helps me manage challenges/problems.
IF YOU HADN’T GONE INTO YOUR CHOSEN PROFESSION, WHAT ELSE WOULD YOU HAVE LIKED TO DO?

NAU: I would have loved to be a dive master on a scuba diving boat.
HENRY: I certainly would have liked to be a luxury travel blogger, working for an international magazine and writing about my experiences, sampling all the wonderful resorts around the world!
WILLIAMS: Prior to matriculating at Drexel, I was a high school chemistry teacher in North Philadelphia with Teach for America. I have always enjoyed teaching and would have probably continued in education. Happily, I did not give this up entirely since a large portion of what I do now is teaching students, residents and fellows.
FERGUSON: That’s a tough one. I really like doing deep dives on particular subjects, so I’ve often thought I would especially enjoy journalism and maybe podcasting in particular. But then sometimes, I could see myself opening a coffee shop or doing interior design.
LANGMAN: If I were not a pediatric nephrologist, I would likely be a biochemist.
STEPP: I actually never deviated from (or even considered) being anything other than a scientist, even as a small child. I enjoy the logical argument parts of science a great deal, and if I ever considered anything else transiently, it was probably being a lawyer. I also enjoy, in the later phases of my career, the academic summary and archival aspects of my job, and when my ability to compete for grants comes to an end, I will probably wind out my career in databasing and writing reviews.
MCPEAK: I would either own a gourmet grocery store (with homemade soups!) or I’d become a high school biology teacher (I still may do that when I retire from medicine!).
RIPEPI: I grew up in a small country town where there wasn’t a great deal to do. We would read books, listen to the radio and head to the movies on Sundays. As a child, it was fun to fantasize about becoming a dancing movie star or an airplane pilot. Ultimately, I felt like medicine was my mission and my way of giving back to others.

LIFETIME ACHIEVEMENT AWARD

EDWARD ANTHONY NARDELL, MD, HU ’73

WHO AT YOUR ALMA MATER INSPIRED YOU AND WHY?
I was greatly inspired by Luther Brady, MD, who was my assigned advisor from the freshman year onward. Luther, head of radiation oncology, was a recognized global leader in his field, an amazing clinician and researcher, and a renaissance man. He was on the board of the Philadelphia Air Museum and many other cultural institutions in the city. He advised my travel to London during my fourth year, introduced me by letter to colleagues, and inspired me to have the international career in tuberculosis and global health that became a reality.

WHAT’S A FAVORITE MEMORY YOU HAVE OF YOUR TIME AT HAHNEMANN?
The first memory that comes to me is meeting the late artist Andrew Wyeth, when he was an inpatient at Crozer-Chester Medical Center during my medical residency. When rounding to discharge him on a beautiful Sunday morning, we asked where along the Brandywine River we might stop for lunch while on our planned canoe expedition upon getting off duty that day. He invited us to put in at his home, “the farm,” along the river, where he greeted us, and on a later visit showed me and another resident the Helga Pictures well before they went on tour to the general public.

WHAT’S ONE GREAT LESSON, PERSONAL OR PROFESSIONAL, YOU’VE LEARNED?
The personal lesson that comes to mind is that the intensive study and practice of medicine requires for me almost as intensive outside interests. During my seven years in Philadelphia, I was introduced to the city’s rich musical offerings — symphony, opera, musical theater and Saturday ritual walks to Sam Goody’s to buy recordings on sale.

WHAT’S A PERSONAL OR PROFESSIONAL ACHIEVEMENT YOU’RE PARTICULARLY PROUD OF?
Achieving full professorship at Harvard Medical School and School of Public Health and a global leadership position in my field have been my proudest accomplishments. Of course, being in global health, it is ultimately the lives saved through my work that is the real achievement.

WHAT KEEPS YOU GOING WHEN YOU FACE CHALLENGES?
The security of knowing that I am loved by my family and partner keeps me going in tough times, bolstered by my outside interests. I am now an avid late-life cabaret singer!

IF YOU HADN’T GONE INTO YOUR CHOSEN PROFESSION, WHAT ELSE WOULD YOU HAVE LIKED TO DO?
Although it is tempting to say that I would have been a musician were I not a physician, I know that I don’t have enough talent to succeed professionally in music. My life’s work has been in the interface between airborne infection and the built environment, so I think another good place for my abilities might have been architecture. For many years I co-directed a Harvard-based postgraduate course, “Building Design and Engineering for Airborne Infection Control,” resulting in safer buildings around the world that can be attributed to lessons learned through that course.
When Helen Morrison, MD, MCP ’73, says she’s “always maintained a separation between my normal life and my serial murder life,” it’s with the assurance of a criminal forensic psychiatrist drawing on 50 years of experience. Over her prolific career, Morrison has written books and numerous articles, and profiled serial killers across the world. Despite this expert insight into a notorious and frightening population, she continues to test herself and her theories.

Morrison knew she wanted to practice medicine from a young age. As a child, her sister contracted scarlet fever, and the house visits made by the doctor greatly impressed the young girl. His care and demeanor were wonderful, Morrison recalls, inspiring her own vocation. “I was very lucky,” she says, “because I was relatively young when I became determined to find my way in medicine. I didn’t have to go through the angst of ‘What am I going to do?’”

Even though she was sure of her career path, that certitude didn’t mean the journey was straight. Morrison worked for a few years after high school. When she enrolled at Temple University, it was to both day and night schools simultaneously, resulting in a very heavy course load. An undergrad course, though, kicked off her interest in psychiatry: An assignment to profile a character in one of Aristotle’s allegories was fascinating.

Morrison was accepted into the Medical College of Pennsylvania, applying only after first being rejected by Hahnemann University (“On the grounds I was too old,” she laughs). Fortunately, MCP proved to be an excellent fit. “I went to medical school and found, at MCP, that I belonged,” she says. “It was the first time in my life I felt I belonged to a group, to a commonality that made so much sense.” Morrison is proud that this feeling of camaraderie and belonging remained palpable at her class’s recent 50-year reunion.

After fellowships in research and child psychiatry, Morrison became a faculty member at Loyola University Chicago and worked as a child psychiatrist. She’d later go on to found the Evaluation Center, a multidisciplinary clinic for child and adult psychiatry and neurology still in operation today. Yet Morrison’s introduction to forensic psychology occurred early in her career.

FINDING FORENSICS
Soon after she had started her residency in psychiatry at the University of Wisconsin–Madison, Morrison was involved in her first forensic case. A college student in his 20s was found, almost nude, walking along the interstate. Morrison was tasked with his commitment hearing. It was her first experience with the legal system, and she was “utterly fascinated by the whole process.”

Her career in criminal forensic psychiatry began with a connection to the Wisconsin Department of Justice. Morrison had participated in a hypnosis demonstration that a DOJ official was attending. At its conclusion, he approached Morrison and told her a woman had been found murdered at the Abbey, a resort on Lake Geneva, Wisconsin. He asked Morrison what type of person could commit a murder like that. “I don’t know,” she replied. “If you find him, I’d love to talk with him.”

Six months later the criminal was apprehended, and he was a serial killer. The law enforcement official from the demonstration reached out to Morrison so she could interview him. “That was the beginning,” she says.
NOTHING REDEEMING ABOUT THEM
Since then, Morrison has interviewed almost 90 serial murderers. Her 2004 book, My Life Among the Serial Killers, details her theories and observations gleaned from decades of profiling murderers across the world.

Interestingly, Morrison says that regardless of time or place, serial killers "are all alike... if you've seen one, you've seen them all." One trait they share is that, initially, they present as very kind and solicitous. This was true, she says, of that first murderer she profiled in Wisconsin. "He was so friendly and so caring," she recalls. "Was I comfortable? Did I need anything? He was just amazingly caring. It's jarring when you realize he committed this horrible crime."

She continues, "Every serial murderer I've ever met, I've wondered when I first met them if they really could be a serial murderer, because they were so nice and so considerate — so 'normal.'" Morrison explains that this superficial kindness actually taught her how to interview this particular type of killer.

It takes several hours, she says, to break down that external persona. "Most interviewers think an hour or two is enough. It never would be with one of these people." She elaborates, stating, "You have to spend four to six hours at a time with them to break them down. They break down only because you're in their space, and they can't hold it together that long."

Morrison also chillingly concludes, based on her extensive experience, that serial killers "are not human... they have no empathy, no real emotion, no capacity to care for someone. [There is] nothing redeeming about them... If they had a serial murderer in prison, and they let him out for any reason, he will kill again."

THE CHALLENGE OF WHY AND HOW
Along with assessing serial murderers after they've been caught, Morrison has also aided law enforcement by profiling at-large killers based on their crimes. She recalls a case in Texas where officials wanted to know "what kind of person" could do something like this. Morrison "sketched out" a profile based on the evidence. "When they found him six months later," she says, "he fit the profile. Believe me, I didn't have any sense of 'I was right.' It just happened that I could explain who this person was without seeing him."

This type of profiling also led to Morrison's involvement with the John Wayne Gacy trial in Chicago. After reading an article about Morrison's forensic work in the Chicago Tribune, Gacy's defense attorney reached out to the psychiatrist. He wanted to know if she'd already met the serial killer because she "explained him very well." Morrison hadn't met Gacy, but her profiling generated valuable insight for people trying to understand the murders.

The defense team ended up hiring Morrison to meet with Gacy. "I spent a lot of hours with this man," she says. During the trial, Morrison eventually testified for the defense from a psychiatric standpoint.

A theory that seemed relevant to Gacy connects to another trait Morrison identified in serial killers: They never seem to develop into an individual or complete person. If one thinks of a baby, she says, a normal developmental phase is for that child to experience separation anxiety when away from their primary caregiver, usually around 6 to 9 months old.

Yet, a serial murderer doesn't seem to experience that development. "He never becomes a separate person," Morrison states. "He never goes through the phase of separation and individuation. He never becomes a complete person in his life. It's utterly fascinating to see that happen."

Although Morrison recognizes common traits in every serial killer (even saying they're "cookie cutter"), the experience of profiling them has remained interesting and engaging for her. Rather than being frightened, which she says doesn't happen easily, she views each case "as a challenge."

Throughout her career, every time she encounters a new criminal, she still wonders why and how.

And criminal forensic psychiatry — for all its interest — is a challenge. "You never know when you're going in to meet with one of these people whether you'll be able to reach them at all. If you're going to be able to show that your theories are solid," she says. "That's probably the biggest thing that happens. We always test ourselves, test our theories."
Alumni gathered to rekindle old friendships and create new ones at Alumni Weekend in May 2023. All enjoyed good food and warm fellowship at events over the weekend.

All photos from the weekend are available at flickr.com/photos/drexelalumni/albums.
Gathering for their 50th reunion, members of the MCP class of 1973 including (back row) Drs. Maria Urban, Lloyd Garren, Sandra Abda, Norma Wenger, Rebecca Conrad, Diane Field, Helen Morrison, Cheryl Leddy, Lewis Snitzer, Bruce Garrett and Barry Hendler, and (front row) Drs. Stella Kwong, Andrea Hanaway, Irma Zelig, Susan Jonas, Elise Jacques and Mary Garren.

Celebrating 50 years as Hahnemann alumni: (back row) Drs. Alan Miller, Robert Ceci, David Luschini, Kenneth Weiss, Alan Meltzer and Daniel Hensell, and (front row) Drs. John Sierocki, Erwin Weber, Andrew Levin and James Erdahl.

Alumni were invited to attend a panel discussion with Dean Charles B. Cairns, MD, and other College of Medicine leaders to learn about the medical school today. The panel was followed by a tour of the new state-of-the-art Health Sciences Building and lunch. The Legacy Center was also on hand with archival materials on display from attendees’ time in school.

Members of the class of 2013 including Drs. Sidra Ghafoor, Kunal Patel, Karna Sura, Anjali Sethi, Margarita Litvak, George Heckert, Eric Christenson, Jessica Meisner, Lauren Glassmoyer, Douglas Scott and Catherine Capo.
Wine Pairing Dinner

The weekend ended with alumni from all class years at a dinner and wine pairing with sommelier Erik Segelbaum '05 walking guests through an unforgettable tasting experience.
THE VALUE OF MENTORSHIP:

KYLE BRUNNER AND ROBERT ABBOTT

By G.K. Schatzman

By all measures, Kyle Brunner, MD ’23, was what you would call an involved student at Drexel University College of Medicine. A class president for all four years of medical school, an alumni representative for his class, and a voting member of the school admissions committee, Brunner took advantage of the school’s many opportunities. But it wasn’t until his third year, as he tried to decide on a specialty, that Brunner pursued perhaps the best opportunity on offer: the fact that he didn’t have to navigate all of the big decisions on his own.

In February 2022, after an Alumni Association board meeting focused on connecting current students with alumni practicing in different specialties, Brunner decided to reach out to someone in the specialty he was considering, radiology. At the top of the alphabetical list was Robert Abbott, MD, MCP ’85.

Within an hour of Brunner’s introductory email, they had a phone call scheduled for that afternoon. The mentorship that soon took root continues to guide and transform Brunner’s path and the paths of those he touches in turn.

As Brunner has prepared for a residency in radiology — a preliminary year at St. Luke’s Hospital-Anderson Campus, to be followed by a radiology residency at Brown — he’s quick to say: “I don’t think I could have accomplished all the things I’ve done in medical school without a mentor like Dr. Abbott.”

Taking Care of Our Own

Mentorship grows from experience; where we come from shapes what we have to share. For Abbott, mentorship is part of a responsibility for communal care that he learned in the military, where he served from 1981 until 2006 after receiving a scholarship as a part of the Health Professional Scholarship Program.

“In the military, everybody has to take care of each other. That’s kind of what we do, right?” Abbott says.

Sometimes, that kind of care means stepping up to fill a gap. Abbott thinks back to a dear friend he made in the United States Air Force when he was a flight surgeon. His friend Dave was one of the squadron pilots. “I got married, he got married. I had children, he had children. I’ve known him my entire career in the Air Force and my entire time as radiologist,” Abbott recalls.

Over the years, Abbott ended up becoming a mentor to his friend’s son Evan, who elected to pursue a career in medicine. Evan thrived academically, and in March of 2020, he and his girlfriend (now fiancée), also a Drexel University College of Medicine student, both matched at Johns Hopkins in Radiology. Evan’s father, by then a longtime commercial airline captain, lived to see that proud match, but didn’t have the chance to see Evan graduate medical school. In April 2020, he was admitted to the hospital with COVID-19, where he passed away in July after a long struggle and months on a ventilator.

It was a profound and emotional loss for family and friends. “I tried to provide support the best way I knew how,” Abbott says.

Abbott, who lives in Baltimore, continues to be a mentor for Evan, and for others in Philadelphia and elsewhere. Though it’s not a substitute for in-person relationships, Abbott says, the normalization of video calls has made it easier to make that first connection, including for students who are considering practice in a geographical area different from that of their medical school.

A Shift in Mindset

Brunner was first drawn to medicine during an undergraduate internship at the National Institutes of Health, where he was inspired by the professionalism and compassion of one of the physicians working with a mistrustful patient who had a rare genetic disorder. Watching the doctor connect with that angry patient and validate their feelings, Brunner says, amazed him: “I thought, ‘That’s real medicine, right there.’”

What brought Brunner to Drexel was the school’s focus on the underserved and the “flipped” classroom model, which he says makes for more integrative class periods. The pressure and uncertainty around big decisions isn’t always easy to shoulder, but having a great mentor makes all the difference, personally as well as professionally.

“I feel like a lot of times I really focus on the negative, what’s going wrong and what I didn’t achieve. That’s the mindset I sometimes call Dr. Abbott with, and he helps reframe it,” Brunner says. “Talking to Dr. Abbott is like talking to a father figure. It’s always so supportive. During the whole residency application process, there are a lot of moments where self-doubt creeps in. But I knew whenever I talked to him, I would always feel so much better.”

Over time, that mindset shift begins to set. “I just felt like I was getting showered with praise. Like I could just do anything in the world,” Brunner says. “It’s kind of new to me.”

By G.K. Schatzman
Mentorship Is Mutual
There’s an old saying among pedagogues that no one is too big to learn nor too small to teach. Personally, Abbott doesn’t believe in one-sided relationships. In fact, he’s insistent that he receives more than he gives as a mentor.

“Mentorship is an amazing opportunity after a long career to ensure that our students do well, and it will provide you with a lot of satisfaction seeing them flourish,” he says. “The ability to give back really is a gift.”

One of the first steps in being a good mentor, he says, is to be a good correspondent. (Remember Abbott’s speedy reply to Brunner’s first email? There’s no story without it.) The second is to view students as future colleagues and peers. To that end, his aim is to be a facilitator, providing a pathway to good decision-making rather than a set of steps to follow. And while Abbott’s own enjoyment comes from the fun of watching someone develop, there is one measure of reciprocity he’s adamant about.

“I tell the students I interact with, ‘You don’t owe me anything. I’m getting a lot of pleasure out of this by seeing you do well. But you do have to do one thing for me, which is to pay it forward.’ And that’s how the system should work.”

Forward and Onward
Brunner took the “pay it forward” doctrine seriously before graduating, helping to set up a first-year mentorship program that pairs incoming students with fourth-years. Learning to navigate new systems, manage the work’s mental and emotional demands, and address grievances appropriately are all places where first-year students can benefit from those on their way out. “By the time they’re in my shoes, they’re going to achieve so much more than I did,” Brunner says.

First-year students shouldn’t stop at peer mentorship, Abbott urges. It’s never too soon to get connected to alumni. “With these really complex practice environments, with all this talk of burnout and moral injury, what we need is young physicians to have careers that are sustainable and healthy. And those of us who are toward the end of our careers hopefully provide some insight as to how you achieve that.”

Abbott also encourages more alumni to take advantage of opportunities to step into mentorship roles. The first step, he says, is just to see what opportunities are available. All it takes is an email to Nikki Bromberg, director of campus partnerships in the Office of Alumni Relations, at nlb67@drexel.edu. “We’ve all benefitted by our ability to attend medical school. It’s a privilege,” Abbott says. “And my feeling is that you have to pay it forward.”

Not all mentorships look the same. Abbott believes that mentorship isn’t “one-and-done,” that it often even stretches beyond residency and fellowship. And certainly, Brunner has been more involved than your typical student. But regardless of the shape your mentorship takes, it makes a world of difference.

“We want the Alumni Association to be a resource for students,” Abbott says. “Between Hahnemann, MCP and Drexel, there are a lot of graduates out there. It’s a big school at this point. There’s a lot of untapped opportunity.”
Among the symposium speakers was College of Medicine alumnus Liang Oscar Qiang, MD, PhD, assistant professor, Department of Neurobiology & Anatomy. Qiang, who completed his PhD at Drexel in the Molecular & Cell Biology & Genetics program in 2009, has extensive knowledge and expertise in the field of neurodegenerative disease research.

After completing his pivotal postdoctoral research on Alzheimer’s and Parkinson’s disease at Columbia University Medical Center, Qiang joined Angiocrine Bioscience in 2013 as a principal scientist. There he played a vital role in establishing an in vitro platform of the blood-brain barrier for drug screenings in the central nervous system, as well as a CNS-derived microvasculature environment to support neuronal reprogramming.

In 2015, Qiang returned to Drexel, where he now leads a research laboratory that focuses on using human induced pluripotent stem cell-based technologies to develop in vitro and ex vivo cellular and tissue models.

Qiang spoke about his gene and cell therapy research in neurodegenerative disease, specifically Alzheimer’s disease and Alzheimer’s-related dementia. “As a scientist, I believe in hypothesis-driven studies and mechanistic analyses,” he says. “I want to know the causative pathways, essential modules and molecules involved in the disease progression. In my research, we are trying to find the underlying mechanism that leads to tauopathies, which are a group of neurodegenerative disorders such as Alzheimer’s disease, Parkinson’s disease and frontotemporal dementia, characterized by the deposition of abnormal tau protein in the brain.”

He explains, “Our research seeks to understand how certain changes in the brain’s internal structure, specifically related to tiny structures called microtubules, are caused by two types of abnormal situations found in tauopathies. They are known as ‘reduced functional tau’ and ‘toxic oligomeric tau aggregates.’ By studying these two mechanisms, we hope to gain insight into the underlying causes of tauopathies, which could lead to better treatments for these neurological disorders.”

In addition to tauopathies, Qiang’s lab is using the human induced pluripotent stem cell-derived CNS organoid and assembloid models to study hereditary spastic paraplegia and Gulf War illness. “By employing this cutting-edge technology, we have the ability to extract human skin cells and reprogram/develop them into fully functional brain cells and three-dimensional central nervous system tissues. This approach allows us to effectively model various neurological diseases in a laboratory setting,” he notes. “Consequently, we can conduct extensive drug screening experiments and identify potential therapeutic candidates for treating these conditions. Additionally, the generated functional brain cells and central nervous system tissues hold immense promise as a potential source for transplantation, thus paving the way for personalized medicine strategies in the field of neurodegenerative disorders.”

Qiang emphasizes the importance of patient involvement in cell and gene therapy research efforts. “I want to inspire and encourage patients to be involved as much as possible — attend conferences, read articles, participate in clinical or preclinical studies,” he says. “For example, right now, I’m using human fibroblasts and turning them into stem cells for other diseases I’m studying. If we all put forth effort toward our research goals, we will be able to conquer diseases one day earlier.”

Collaboration among researchers is also of paramount importance, according to Qiang. “Events such as the Cell & Gene Therapy Symposium give us opportunities for face-to-face contact, which is invaluable,” he says. “To learn about what other researchers are doing in detail is quite eye-opening. And the opportunities for collaboration are enormous. Working
NEW AND ONGOING PROGRAMS AND INITIATIVES

The College of Medicine offers a number of new and ongoing programs and initiatives designed to support and advance cell and gene therapy research and education.

Drexel’s Master of Science in Biomedicine and Cell and Gene Therapy. One of only two such master’s programs in the United States, this program offers a unique graduate-level opportunity for students at the intersection of medicine and bioengineering.

An ever-evolving global burden of disease requires new innovations in pharmaceuticals, biotech products such as antibodies and vaccines, and medical devices. This program empowers students to contribute to these critical areas of research and development. Students take courses in both the College of Medicine and the College of Engineering, providing a unique collaboration between medicine and engineering.

Certificate in the Regulatory Affairs of Cell & Gene Therapy. The only post-baccalaureate certificate program of its kind offered by a university, this program trains leaders for the unique challenges of this growing discipline and prepares them to bring new therapeutics to market. Program courses are taught by College of Medicine faculty as well as adjunct faculty who are currently working in cell and gene therapy, biotech and the pharmaceutical industry.

Molecular & Cell Biology & Genetics Program — MS/PhD. This interdisciplinary graduate program offers both MS and PhD degrees, focusing on the study of the structure, function and makeup of biologically important molecules within the context of living cells. Curriculum and research activities are tailored to students’ needs and interests in biomedical problems that cross disciplinary boundaries.

Program faculty are at the forefront of new advances in the biomedical sciences and new developments in techniques for understanding the genetic and molecular basis of developmental pathways and disease states such as cancer, aging, AIDS, malaria and neurological disorders. This intensive and research-oriented program provides students with opportunities to perform cutting-edge biomedical research employing multidisciplinary strategies.

$1 Million Curriculum Development Grant. The College of Medicine’s Department of Microbiology & Immunology and Drexel’s School of Biomedical Engineering, Science and Health Systems secured a joint department grant for almost $1 million dollars from Bristol Myers Squibb. The award, Curriculum Development for Cell & Gene Therapy Technology, Engineering, Analytics, Manufacturing & Science (CGT-TEAMS), is being used to support cell and gene therapy curriculum, co-ops, research, outreach and other related endeavors at Drexel.

Drexel’s Cell and Gene Therapy Institute. The University’s Cell and Gene Therapy Executing Team, which was run by the Drexel Solutions Institute and reported to President Fry, was charged with creating a blueprint for a university-wide Cell and Gene Therapy Institute, as well as an assessment and evaluation of CGT current and future initiatives, including potential custom training, courses, degrees and enhanced partnerships.

breathing new life into spinal cord injury research

At the College of Medicine’s Marion Murray Spinal Cord Research Center, Michael Lane, PhD, associate professor in the Department of Neurobiology & Anatomy, leads efforts to develop novel and innovative cell therapy strategies for repairing damaged neural tissue, particularly spinal cord injury. He began his research in his native Australia during postdoctoral training at the University of Melbourne, and later at the University of Florida. He accepted his position at Drexel in 2013 to continue his research into spinal cord injury, neuroplasticity, and strategies to optimize repair and lasting functional recovery.

Most recently, his lab has been collaborating with Drexel alumna Lana Zholudeva, PhD, staff research scientist at the renowned Gladstone Institutes in San Francisco. Zholudeva completed her PhD in neuroscience at the College of Medicine in 2018, focusing on the study of spinal interneurons, the neurons that physically reside and communicate in the spinal cord. In particular, she studied how these cells change after injury to the central nervous system and ways that scientists may harness this plasticity for functional improvement. At Gladstone, she is engineering human spinal interneurons from pluripotent stem cells and testing their therapeutic efficacy for promoting repair and recovery after injury and neurodegenerative disease (see Winter 2022 Alumni Magazine).

“Using the human cells that Dr. Zholudeva is engineering has significantly advanced our research,” says Lane.

“With this technology, we can engineer specific types of neurons and glia that will be most reparative, and that’s where our research teams are a bit ahead of the game for cell therapies being used in spinal cord injury,” he explains. “We’re focusing on a cell called the V2a spinal neuron, which contributes to the recovery of locomotive functions and breathing. It has repeatedly been shown to be beneficial in our preclinical testing, without any observed adverse effects.

“Impaired breathing for people with spinal cord injury is not only devastating to their quality of life, but it’s also life threatening,” Lane continues. “If we can improve their quality of breathing, it will make very significant differences to their longevity and quality of life. If this same cell type can improve arm function, for example, for someone who has quadriplegia, they might be able to use their arms more effectively for activities of daily living such as buttoning a shirt or brushing their teeth. To be able to give them that level of recovery and independence would be a huge improvement in their quality of life.”

Lane and Zholudeva aim to scale up cell production of the V2a spinal neuron to the point where they can translate it as a therapy for people with spinal cord injury. If successful, this therapy will provide an innovative and effective cell therapy for spinal cord injury, and one that could become more broadly applicable to other types of neural injury and disease, according to Lane. They hope that it can be applicable more broadly to treating other types of neural injury and disease.
“Our research team is looking at other reparative cell types as well,” Lane adds. “We have several more cell candidates that we are testing to see if they are equally beneficial for treating a range of other functions, such as bladder and bowel function and pain. Personally, I’m very invested in finding ways to improve the translational path to treatment. And it’s good to see an investment and interest across the entire University, and the city of Philadelphia overall, in the growing field of cell and gene therapy.”

CRISPR FOR A CURE
Another Drexel alum involved in cell and gene therapy is Will Dampier, PhD bioinformatics ’11, BS bioinformatics ’06, who is an associate professor in the Department of Microbiology & Immunology and the Center for Molecular Virology and Gene Therapy within the Institute for Molecular Medicine and Infectious Disease. In collaboration with Brian Wigdahl, PhD, professor and chair of microbiology and immunology, and Michael Nnonnemacher, PhD, professor of microbiology and immunology, Dampier is engaged in HIV gene editing to utilize CRISPR-based technologies to work toward an HIV cure. Their strategy directly targets the virus hiding within an infected individual’s cells, unlike current therapies, which only suppress the virus. By delivering a properly targeted CRISPR-Cas9 protein to a patient’s genome, the protein will cut the viral genome and remove it. Dampier studies the genetic variability of the HIV virus, which enables him to target the therapy in a way that will be both safe and effective for a wide patient population. He does this using a population drawn from the Greater Philadelphia area who are patients at Drexel’s Partnership Comprehensive Care Practice. His work is part of a wider effort at the College of Medicine to study the impacts of HIV and develop a cure.

HARNESSING THE HIVE MIND
“At Drexel, we have researchers from diverse backgrounds and interests striving to advance cell and gene therapy,” notes Kara Spiller, PhD, a professor in the School of Biomedical Engineering, Science and Health Systems, who developed the recent Cell & Gene Therapy Symposium and leads tissue engineering research in her lab. “The next phase of research in this area will require all of their input. We must capitalize on their diversity of expertise to develop new, innovative research pathways, as well as educational initiatives.”

“Drexel researchers have great enthusiasm for cell and gene therapy because it makes miracles happen,” says Mary Genevieve Carty, MS, MHEd, director and senior program manager, Department of Microbiology & Immunology, who has played a key role in developing new cell and gene therapy graduate programs at Drexel. “It literally can make the blind see again. We are seeing to see if they are equally beneficial for treating a range of other functions, such as bladder and bowel function and pain. Personally, I’m very invested in finding ways to improve the translational path to treatment. And it’s good to see an investment and interest across the entire University, and the city of Philadelphia overall, in the growing field of cell and gene therapy.”

CELL & GENE THERAPY SYMPOSIUM
Speakers at the May 2023 symposium demonstrated the wide-ranging cell and gene therapy research being conducted at Drexel.

CELL THERAPY
Wendy Clemens Trigona, PhD, MS, Vice President, Bristol Myers Squibb
Kara Spiller, PhD, School of Biomedical Engineering, Science and Health Systems: Immune cell therapy for regenerative medicine
Shaoping Hou, MD, Department of Neurobiology & Anatomy, College of Medicine: Rebuilding supraspinal regulation of sympathetic input to improve cardio-electric disorders after spinal cord injury
Yinghui Zhong, PhD, School of Biomedical Engineering, Science and Health Systems: Biomaterial-enabled cell therapy for neuronal repair
Christopher Rodell, PhD, School of Biomedical Engineering, Science and Health Systems: Biomaterials for cell therapy
Masoud Soroush, PhD, Department of Chemical and Biological Engineering, College of Engineering: mRNA vaccine manufacturing

GENE THERAPY
Federico Mingozzi, PhD, Chief Science and Technology Officer, Spark Therapeutics
Liang Oscar Qiang, MD, PhD, Department of Neurobiology & Anatomy, College of Medicine: Anti-sense oligonucleotides for neurodegenerative disease
Emanuela Piermarini, PhD, Department of Neurobiology & Anatomy, College of Medicine: Gene therapy for neurodegenerative disease
William Dampier, PhD, Department of Microbiology & Immunology, College of Medicine: Gene editing to cure HIV
Catherine von Reyn, PhD, School of Biomedical Engineering, Science and Health Systems: Optogenetic control of neurons
Wei-Heng Shih, PhD, Department of Materials Science and Engineering, College of Engineering: RNA/DNA-based biosensors
Michele Kutzler, PhD, Departments of Medicine and Microbiology & Immunology, College of Medicine: DNA vaccines for infectious disease
’70s

Helen Horstmann, MD, MCP ’72, was appointed chair of the Pennsylvania Horticultural Society’s Philadelphia Flower Show for the fourth time.

Stanley Fiel, MD, MCP ’73, has been named chief medical officer of Atlantic Health System’s Morristown Medical Center in Morristown, New Jersey. Fiel has served as the chairman for the Department of Medicine and as a leading physician at Morristown Medical Center for nearly 20 years. He is professor of medicine at Thomas Jefferson University, the author of more than 200 published medical works, a fellow of the American College of Chest Physicians and the American College of Physicians, and a member of other professional societies including the American Thoracic Society. His major research interests include the mechanisms of inflammation in cystic fibrosis and therapeutic advances in the treatment of obstructive pulmonary disorders including asthma, cystic fibrosis, bronchiectasis and chronic obstructive pulmonary disease.

Mariell Jessup, MD, HU ’76, shared her cardiology expertise about the cardiac arrest suffered by NFL football player Damar Hamlin on an NBC Nightly News With Lester Holt segment. Jessup is the chief science and medical officer for the American Heart Association.

Kenneth Kosik, MD, MCP ’76, was appointed to the Scientific Advisory Board of Expansion Therapeutics Inc., a biotechnology company focused on developing transformative oral medicines for severe RNA-mediated diseases. Kosik is the Harriman Professor of Neuroscience Research and co-director of the Neuroscience Research Institute at the University of California, Santa Barbara. Previously, he was a full professor of neurology at Harvard Medical School and held appointments at McLean Hospital, Brigham and Women’s Hospital, Massachusetts General Hospital and the Dana-Farber Cancer Institute.

Stephen Klasko, MD, HU ’78; MBA, was appointed to the National Board for Education Sciences by President Joe Biden. Klasko is an advocate for transformation in higher education and health care, including his call for institutions to close gaps of equity and health disparities.

Madeleine Weiser, MD, MCP ’78, sold her primary care practice in Ardmore, Pennsylvania, to Nemours Children’s Health on January 1, 2023. The practice was renamed Nemours Children’s Health, Ardmore. Weiser is a pediatrician with 44 years of experience. She is a former clinical instructor for Thomas Jefferson University Hospital’s Department of Pediatrics.

Ana L. Pujals-McKee, MD, HU ’79, executive vice president, chief medical officer, and chief diversity, equity and inclusion officer at The Joint Commission, has been named one of 2022’s Top Diversity Leaders by Modern Healthcare.

Ihor S. Sawczuk, MD, MCP ’79, was honored by the New York Academy of Medicine at an event celebrating his 30th year as a fellow of the academy. Currently, he serves as the president of academics, research and innovation at Hackensack Meridian Health and associate dean of clinical integration at Hackensack Meridian School of Medicine in New Jersey.

’80s

Mark Russ, MD, HU ’80, has been named chief medical officer of Silver Hill Hospital, a not-for-profit psychiatric hospital in New Canaan, Connecticut. Russ will oversee clinical operations of the hospital’s inpatient, transitional and outpatient programs. He previously served at New York-Presbyterian/Westchester Behavioral Health as vice chair for clinical programs and medical director. Over the course of his 40-year career, he has received grants and authored more than 40 peer-reviewed papers on self-injurious patients, assessment of suicide risk, aggressive behavior in psychiatric inpatients, inpatient unit structure and function, the impact of the COVID-19 crisis on mental health and other topics.

David O’Rourke, MD, HU ’83, owns a family medicine practice that has joined the Penn State Health Medical Group and has been renamed Penn State Health Medical Group – Spring Ridge. O’Rourke is board certified by the American Board of Family Medicine. He began his Berks County, Pennsylvania, practice in 1987. He has served patients of all ages for primary care needs, as well as partnered with the Wilson and Wyomissing Area school districts to provide medical services to student athletes and school district staff.

Joseph G. Cacchione, MD, HU ’85, the recently appointed CEO of Thomas Jefferson University, was quoted in the Philadelphia Inquirer about the reorganization plans of the university’s health system. He shared that Jefferson’s hospitals will be divided into three regions, each with its own president. Cacchione spoke at the Philadelphia Business Journal’s Health Care CEO Summit at City Winery, addressing the soaring labor and supply costs that have impacted hospitals locally and nationally. He was also listed in the Philadelphia Business Journal’s 2023 Power 101.

The Town of North Hempstead, New York, declared April “Donate Life” Month. Lionel U. Mailleux Jr., MD, HU ’62, was one of the speakers at the April 4, 2023, event. Also in attendance were several organ donors and transplant recipients, a transplant surgeon, town officials and representatives from LiveOnNY and Long Island Transplant Recipients International Organization.
David J. Shulkin, MD, MCP ’86, HD ’19, joined the Health Testing Advisory Board of ixlayer, a health tech company focused on lab testing. Shulkin is the CEO of Shulkin Solutions and previously served as secretary of the U.S. Department of Veterans Affairs. Shulkin and his daughter, Jennie Shulkin, have launched a health care startup, called Override, that is taking a non-opioid approach to help people suffering from chronic pain. The company has acquired Take Courage Coaching, a national health and wellness company that provides pain management coaching in the workers’ compensation area.

Virginia Calega, MD, MCP ’87, was appointed to the board of directors of Chester County Food Bank. An internist and geriatrician, Calega is the founder and president of VCC Healthcare Solutions, which works with providers, payers and employers in a patient-centric approach to optimize the delivery of care. She previously worked for 17 years in the health insurance industry.

Beth Baughman Dupree, MD, HU ’87, was featured on NBC Nightly News in a segment, “Arizona Hospital Misses Cancers in Dozens of Patients.” Dupree is chief medical officer and co-founder of Innerstill Health, Gateway Clinics and Signal Relief, companies working to bring about change in mental wellness and non-narcotic pain management.

Christopher Bowden, MD, HU ’88, was appointed chief medical officer of Remix Therapeutics, a biotechnology company developing small-molecule therapies to modulate RNA processing and address the underlying drivers of disease. Bowden joined Remix from Agios, where he served as strategic advisor and chief medical officer from 2014 to 2022.

Howard J. Franklin, MD, MCP ’88, was appointed senior vice president, medical at Assertio Holdings Inc., a specialty pharmaceutical company. Franklin was previously chief medical officer at Finch Therapeutics, a microbiome-based biotechnology firm applying new technologies to the treatment of immuno-oncology, IBD and autism spectrum disorder. He previously served as chief medical officer of Salix Pharmaceuticals, a division of Bausch Healthcare Corporation with a focus on gastrointestinal medicine, where he shaped and executed clinical, regulatory and medical affairs strategies for a suite of GI-related assets with a focus on lifecycle management. He has also held senior roles at Icon Bioscience, Oceana Therapeutics, The Medicines Company, Esprit Pharmaceuticals and Odyssey Pharmaceuticals.

Scott M. Klein, MD, MCP ’93, was appointed president and CEO of Mt. Washington Pediatric Hospital. Klein is board certified in pediatrics and pediatric critical care medicine and has spent the past 30 years working in children’s hospitals. He began his career in medicine as a pediatric intensivist, caring for seriously ill children in the intensive care unit, then transitioned into pediatric hospice and palliative care. Before joining Mt. Washington Pediatric Hospital, Klein served as executive vice president, chief operating officer and chief medical officer at Blythedale Children’s Hospital in Valhalla, New York.

Lisa Ahrendt, MD, HU ’97, is being recognized by Continental Who’s Who as a Distinguished Healthcare Provider for her contributions to the medical field. Ahrendt is a board-certified medical oncologist with 18 years of experience in the field and eight years in her current position with Intermountain Healthcare in Colorado. She specializes in treating breast, colorectal and lung cancers, chronic myeloid leukemia, and chronic lymphocytic leukemia. Ahrendt is affiliated with the American Medical Association and the American Society of Clinical Oncology.

Wendell Joseph Gorum II, MD, HU ’97, was recognized by Continental Who’s Who for his career in the medical field and for his private practice achievements. An orthopedic surgeon with 20 years of experience, Gorum serves patients at his private practice in Brooklyn, New York, where he specializes in trauma surgery, motor vehicle accidents and workers’ compensation cases.

Daniel Albo, MD; PhD molecular pathology, MCP ’98, chair of surgery at the University of Texas Rio Grande Valley School of Medicine, participated in a two-part video interview series with the Rio Grande Guardian International News Service. In part one, he discussed the work of the medical school and how it is handling what he called a “bonafide health crisis” of health care access in the area. In part two, Albo focused on his department’s work helping patients with cancer.

Robert J. Winn, MD, HU ’98, was promoted to regional director of the Crossroads Treatment Center at its new Pennsauken, New Jersey, location. The center is an outpatient facility that treats patients with opioid use disorder.

Paul Bolno, MD, MCPHU ’00; Surgery Residency, MCPHU; MBA, Business Administration, LeBow ’05, president and CEO of Wave Life Sciences, was named one of the Top 25 Healthcare Technology Leaders of Massachusetts for 2023 by the Healthcare Technology Report.

Brett Karlik, MD ’03, joined the medical team at Penn Highlands Eye Center in St. Marys, Pennsylvania. A board-certified ophthalmologist, Karlik has 20 years of ophthalmological experience. He previously served as chief of ophthalmology at Nassau University Medical Center. He practiced at Elk County Eye Clinic in St. Marys, and the Lasik Vision Institute and Karlik Ophthalmology in Pittsburgh.

Jamie Rapacciuolo, DO; MS biological science ’04, offered advice about how humidifiers help relieve nasal congestion for Live Science magazine. Rapacciuolo is a family physician for the Christiana Care Health System in Wilmington, Delaware.

Major Mathanraj Packiam, PhD microbiology and immunology ’06, was a member of a U.S. Army medical team that helped investigate the cause of death of a red panda at the Smithsonian’s National Zoo and Conservation Biology Institute. The United States Army Medical Research Institute of Infectious Diseases’ pathology team conducted transmission electron microscopy studies on formalin-fixed, paraffin-embedded tissue.
from the red panda’s brain in an effort to identify and speciate the protozoa in the brain tissue. Packiam is stationed in Maryland at both the Aberdeen Proving Ground 1st Area Medical Laboratory and the Fort Detrick U.S. Army Medical Research Institute of Infectious Diseases.

**Felipe Orellana, MD; PBC Drexel pathway to medical school ‘07,** a board-certified surgeon, joined the medical team at Honesdale Surgical Associates, part of Wayne Memorial Community Health Centers in Pennsylvania. Previously, Orellana practiced acute care surgery in hospitals located in New Jersey and New York.

**Danielle J. Miller, MD ‘08,** was quoted in an article on LancasterOnline’s website about the increase in direct primary care practices — those not affiliated with a health system — in the Lancaster County, Pennsylvania, area. Miller opened her direct primary care practice, Luz Medicine, in Ephrata, Pennsylvania, in October 2020.

**Liang Oscar Qiang, MD; PhD molecular and cell biology and genetics ‘09,** assistant professor, Department of Neurobiology & Anatomy at the College of Medicine, co-chaired a symposium, “Innovative Cellular Models and Experimental Approaches to Probe Mechanisms and Therapies for Gulf War Illness” at the 2023 annual conference of the American Society for Neurochemistry in Lexington, Kentucky, on March 21. Qiang also delivered a talk, “Anti-sense Oligonucleotides for Neurodegenerative Diseases,” at the Cell and Gene Therapy Symposium held by Drexel University on May 4, 2023 (see page 24).

’10s

**S. Yaseen Zia, MD ‘10,** was appointed by Governor Roy Cooper to serve as a member of the North Carolina Advisory Committee on Cancer Coordination and Control for a term ending August 31, 2026. Zia is a board-certified radiation oncologist and has been with Pardee UNC Health since 2018.

**Lawrence Fried, MD ‘11,** was announced as one of the physicians who will be assisting Virpax Pharmaceuticals of Berwyn, Pennsylvania, in the development of NobriXiol, a cannabidiol product aimed at managing epilepsy in children and adults. He is expected to assist in several areas, including advising on trial design, regulatory pathway development and patient recruitment. An experienced clinical leader in epilepsy and neurology and a practicing epileptologist, Fried serves as an attending physician in the Pediatric Regional Epilepsy Program at the Children’s Hospital of Philadelphia and as an assistant professor of clinical neurology at the Perelman School of Medicine at the University of Pennsylvania.

**Michael Minarich, MD ‘11,** was a guest on WAMC Northeast Public Radio station’s “Medical Monday,” in which he discussed colon health for Colorectal Cancer Awareness Month. Minarich is a surgical oncoologist with Nuvance Health in New York. He has a broad-based practice in melanoma, sarcoma, gastrointestinal and hepatobiliary malignancies, and has a special clinical interest in appendiceal malignancies, cytoreduction and HIPEC therapies.

Gisela Vargas, MD ‘12, PBC Drexel pathway to medical school ‘07, was one of four local Hispanic leader panelists who participated in Penn State Lehigh Valley’s Hispanic Heritage Month Business Panel discussion. Vargas is the assistant program director for Lehigh Valley Health Network’s internal medicine residency program.

**Amanda Baker, MD ‘14,** led a structured literature review with her peers regarding parental leave policies within the neurointerventional surgery community and related arenas that was published in the Journal of NeuroInterventional Surgery. As a result of the survey data from Baker’s team, the Society of NeuroInterventional Surgery released a statement advocating pregnancy and parental leave policies in neurointerventional surgery that would support balancing surgeons’ careers with their goal of having a family. Baker is a neurointerventional radiology fellow at the University of California San Francisco and a member of the Society of NeuroInterventional Surgery.

Michael Twomey, MD ‘14, was named executive medical director for the Saint Alphonsus Health Alliance in Boise, Idaho. Twomey came to Saint Alphonsus from Valley Family Health Care, where he had served as medical director since 2020. He has practiced family medicine in Emmett, Idaho, since 2017.

**Elizabeth Adrianne Hammershaimb, MD ‘16,** was recognized as one of Baltimore Business Journal’s 40 Under 40. Hammershaimb, a pediatrician specializing in infectious diseases, is an attending physician at University of Maryland Medical Center and an instructor at the University of Maryland School of Medicine.

**Lucas First, MD ‘17,** joined St. Peter’s Musculoskeletal Medicine, a practice of St. Peter’s Health Partners Medical Associates in Latham, New York. Board certified in pain medicine and physical medicine and rehabilitation, First practices interventional pain management.

Brielle R. Ferguson, PhD neuroscience ‘18, see Chamberlin ‘22.

**Erin P. McEachern, MS neuroscience ‘18,** see Chamberlin ‘22.

**Xuan Luo, MS drug discovery and development ‘19,** now a PhD student in the Pharmacology & Physiology program, Renée Jean-Toussaint, MS drug discovery and development ‘19, and colleagues at the College of Medicine authored “Small Extracellular Vesicles From Spared Nerve Injury Model and Sham Control Mice Differentially Regulate Gene Expression in Primary Microglia.” The paper appeared in the Journal of Pain on April 11, 2023.

’20s

**Owen McLeod, MS interdisciplinary health sciences ‘20,** see Chamberlin ‘22.

**Mitch Nothem, PhD pharmacology and physiology ‘20,** and colleagues at the College of Medicine authored “Effects of Ethanol on Mechanical Allodynia and Dynamic Weight Bearing in Male and Female Mice With Spared Nerve Injury,” which appeared in Alcohol: Clinical and Experimental Research in February 2023. Nothem is currently a postdoctoral scholar in Drexel’s Department of Pharmacology & Physiology. See also Bryant ‘23.
ALUMNI NOTES

Claire A. Rolland, MS neuroscience ‘20, see Chamberlin ‘22.

Mariah Wulf, MS neuroscience ‘20, now a Neuroscience PhD student at the College of Medicine, and a Drexel colleague authored “Consequences of Spinal Cord Injury on the Sympathetic Nervous System,” which appeared in Frontiers in Cellular Neuroscience in February 2023.

Rachel Berman, PhD molecular and cell biology and genetics ‘21, see Mohamed ‘21.

Jadwiga Bilchak, PhD neuroscience ‘21, and Drexel colleagues published a research article, “Bumetanide Increases Postsynaptic Inhibition After Chronic SCI and Decreases Presynaptic Inhibition With Step-Training,” in the Journal of Physiology on April 15, 2023.

Tejsi Dhameliya, MS molecular and cell biology and genetics ‘21, and colleagues from Drexel and the Medical University of South Carolina authored “Kruppel-Like Factor 8 Regulates Triple Negative Breast Cancer Stem Cell-Like Activity,” which was published in Frontiers in Oncology on April 19, 2023.

Hager Mohamed, PhD, microbiology and immunology ‘21, and a College of Medicine colleague are among the authors of a paper, “Pancreatic Cancer Cells Undergo Immunogenic Cell Death Upon Exposure to Gas Plasma-Oxidized Ringers Lactate,” published in the January 2023 issue of the Plasma Oncology Collection of the journal Cancers. Mohamed, Rachel Berman, PhD molecular and cell biology and genetics ‘21, Jennifer Connors, PhD microbiology and immunology ‘22, and College of Medicine faculty members published “Immunomodulatory Effects of Non-thermal Plasma in a Model for Latent HIV-1 Infection: Implications for an HIV-1-Specific Immunotherapy” in the journal Biomedicines on January 3, 2023, as part of a special issue, “Nonthermal Plasma-Based Immunotherapy.”

Linda A. Chamberlin, MD/PhD neuroscience ‘22, in collaboration with Neuroscience program alumni including Shasha Yang, PhD ‘21, Nancy R. Mack, PhD ‘22, Brielle R. Ferguson, PhD ‘18, and Erin P. McEachern, MS ‘18; Joshua Lucas, MD ‘22; and Interdisciplinary Health Sciences alumni Owen McLeod, MS ‘20, and Claire A. Rolland, MS ‘20, along with a College of Medicine colleague, published a research article, “Pharmacogenetic Activation of Parvalbumin Interneurons in the Prefrontal Cortex Rescues Cognitive Deficits Induced by Adolescent MK801 Administration,” in Neuropsychopharmacology on March 23, 2023.

Jennifer Connors, PhD microbiology and immunology ‘22, see Mohamed ‘21.

Joshua Lucas, MD ‘22, see Chamberlin ‘22.

Nancy R. Mack, PhD neuroscience ‘22, see Chamberlin ‘22.

Emily Nickoloff-Bybel, PhD pharmacology and physiology ‘22, was one of the authors of “Dopamine, Immunity, and Disease” in the December 8, 2022, issue of Pharmacological Reviews. Coauthors included colleagues at the College of Medicine and Children’s Hospital of Philadelphia.

Kayla Socarras, PhD microbiology and immunology ‘22, now a PhD student in the Microbiology & Immunology program, published a first-author review, “Manipulation of Oxidative Stress Responses by Non-thermal Plasma to Treat Herpes Simplex Virus Type 1 Infection and Disease.” The review was

Kaytie Innamorati, PhD molecular and cell biology and genetics ‘21, recently set a Guinness World Record for a seemingly unusual feat: She ran the fastest-ever half marathon dressed as a witch and carrying a broom. Innamorati was inspired to achieve this after learning that the same record had been set by a woman expressing her support for J.K. Rowling, who has become notable for controversial tweets about the transgender community. Innamorati felt inspired to set the “record” straight by breaking it in support of the LGBTQ+ community.

When she began making this plan, the race Innamorati was already training for, the Helderberg to Hudson Half Marathon in Albany, New York, was just three weeks away, and Guinness usually takes 12 weeks to approve an application. She used GoFundMe to raise money for an expedited review of her application, which costs $800. She met this goal swiftly and had enough money left over to expedite Guinness’s review process after her race for another $650. This left more than $1,300 collected in support of her fundraising, which Innamorati donated to the Trevor Project, an organization that provides crisis support services to LGBTQ youth.

The verification of Innamorati’s achievement included an affidavit from the race director, video evidence of the entire race with the costume and broom intact, and two independent witnesses who ran the race with her. Ultimately, she completed the half marathon on April 15, 2023, in 1 hour, 42 minutes and 53 seconds, beating the previous record by about 12 minutes.

The “record” straight by breaking it in support of the LGBTQ+ community. Innamorati felt inspired to set the “record” straight by breaking it in support of the
published in the February 2023 issue of the International Journal of Molecular Sciences. Other authors included colleagues from the College of Medicine and the University of Minnesota.

Kathleen Bryant, PhD neuroscience ’23, Mitch Nothem, PhD pharmacology and physiology ’20, and colleagues from the College of Medicine’s Barker Lab published a research article, “A History of Low-Dose Ethanol Shifts the Role of Ventral Hippocampus During Reward Seeking in Male Mice,” in eNeuro on May 16, 2023. The article was chosen for the journal’s featured research spotlight.


Former Residents and Fellows (alphabetical)

Nita Desai, MD; Obstetrics & Gynecology Residency, Drexel/Hahnemann ’08, was profiled in Axios Charlotte’s “Behind the Mask” series, produced in partnership with Atrium Health. The series tells the stories of health care heroes in Charlotte, North Carolina. Desai serves as a gynecologic surgeon at Atrium Health Women’s Care Urogynecology & Pelvic Surgery. She is the only female pelvic surgeon with a focus on minimally invasive gynecology and pelvic pain in the area.

Steven A. Maser, MD; Surgery Internship, HU ’88, Orthopedic Surgery Residency, HU ’92, has recently been named vice president of medical affairs of Rapid City Hospital, Monument Health, in Rapid City, South Dakota. He had previously served as vice president and medical director of Monument Health Orthopedic & Specialty Hospital, also in Rapid City.

IN MEMORIAM

Dwayne T. Anderson, MD, MCP ’90, February 17, 2023
Harold Joseph Barthold II, MD, HU ’82, February 15, 2023
Allan Brooks, MD, HU ’57, March 25, 2023
Leonard Brown, MD, HU ’54, June 8, 2023
Laurette Martin Bryan, MD, WMC ’55, January 25, 2023
Leroy H. Corhart, MD, HU ’73, April 28, 2023
Frank E. Carroll Jr., MD, HU ’67, July 7, 2023
Richard J. Cassidy Jr., MD, HU ’84, July 2, 2023
James F. Compton, MD, HU ’62, October 5, 2022
Mary T. Cullen, MD, WMC ’56, January 18, 2023
H. James Day, MD, HU ’53, January 20, 2023
Joseph DeMichele, MD, HU ’56, April 23, 2023
James Durkin, MD, HU ’78, February 21, 2023
Mary Rondo Eberhardt, MD, WMC ’56, June 22, 2023
Mary Jo Fishburn, MD, MCP ’85, June 24, 2023
William T. Fritz, MD, HU ’86, March 15, 2023
John E. Hoffman, MD, HU ’57, February 18, 2023
William Kamerling, MD, HU ’56, February 28, 2023
Joseph W. Kauten Jr., MD, HU ’61, February 12, 2023
Marvin H. Kreamer, MD, HU ’65, February 6, 2023
Jolanta Kulpa-Gubnart, MD, MCP ’72, April 16, 2023
Morris Levin, MD, HU ’67, February 7, 2023
Tina M. Maiorano, MD ’05, June 21, 2023
Aaron Medow, MD, HU ’56, May 5, 2023
John C. Moser, MD, HU ’79, April 19, 2023
Joan Stern Narad, MD, WMC ’68, March 17, 2023
John Kevin Parry, MD, MCP ’88, March 27, 2023
Francis X. Perna, MD, HU ’60, July 9, 2023
Jane E. Perrine, MD, WMC ’55, June 1, 2023
Alan Nathan Hirsh Rademan, MD, MCP ’73, March 22, 2023
Ida Schneck, MD, WMC ’53, April 12, 2023
Peter J. Semple, MD, HU ’56, April 6, 2023
Elliott C. Shull Jr., MD, HU ’56, February 8, 2023
Jeffrey Louis Silveira, MD, HU ’87, June 14, 2023
Barry Wenz, MD, HU ’65, April 12, 2023

William I. Westcott Jr., MD, HU ’66, December 30, 2022
Curtis L. Withrow, MD, HU ’57, February 4, 2023
William Wolgin, MD, HU ’47, April 12, 2023
Ronald Wood, MD, HU ’75, February 1, 2023

Susan Higley Bray, MD, WMC ’70, died on June 6, 2003, at age 81. She attended Ursinus College and worked for several years at Smith, Kline and French Pharmaceuticals before matriculating at Woman’s Medical College, where she also completed her internal medicine residency. She later earned a master’s degree in bioethics at the University of Pennsylvania in the early 2000s. Bray joined Chestnut Hill Hospital’s medical staff in 1974 and remained there until her health declined. She was the first female president of the hospital’s medical staff, as well as the first female chief of nephrology. She was instrumental in the creation of palliative care units at Chestnut Hill Hospital and Hahnemann University Hospital. The former was recently renamed the Susan Higley Bray Palliative Care Program of Chestnut Hill. She is survived by four children, Brian, Gavin, Tara and Brendan, as well as 14 grandchildren.

Fran DuRocher, MD, WMC ’70, died on August 5, 2023. She was 80 years old. She earned a bachelor’s degree in biology from Trinity College, followed by a master’s in science from Brown University. After graduating from Woman’s Medical College, DuRocher completed her internship and residency at MCP and the Philadelphia VA Hospital. Over the course of her career, she worked at Guthrie Clinic in Sayre, Group Health Association in Washington, D.C., and the Annandale Center of Group Health, where she served as associate chair of internal medicine. In 1987, she and classmates Barbara Carson, MD, WMC ’70, opened an internal medicine practice in Fairfax, Virginia. DuRocher also served as a faculty member at Hahnemann Medical College and George Washington University Medical School. She was president of the American Medical Women’s Association in Washington, D.C., and was on staff at INOVA Fairfax Hospital. DuRocher was predeceased by her wife, Siggi Moser. She is survived by her sister, Joan, and a loving network of extended family including nieces, nephews, grandnieces, grandnephews, cousins and in-laws. Donations to the Fran DuRocher, MD, WMC ’70 Scholarship can be made at drexelmed.edu/giftsonline or by contacting Mary Waring at mow29@drexel.edu or 484.678.2760.
WHAT’S IT LIKE to move a medical school?
Packing is always a nightmare. I don’t care whether you’re moving a studio apartment or a medical school. We have simulation labs, rooms full of equipment made to look like an outpatient doctor’s office or a hospital clinic. These simulations help students make the transition from the textbook years of medical school to working with real patients. For the students at the end of their second year, we had to do all of that in the old space because we couldn’t move in the middle of class. Then, in June and July, we had to get everything packed up, moved, installed and tested. Did the equipment handle the move correctly? Let’s make sure nothing broke during the transition. Is it connecting to the new networks? We’ve got to have it running when the new class comes in.

HOW IS THE NEW HEALTH SCIENCES BUILDING different from the College of Medicine’s previous home in East Falls?
Students will notice the anatomy lab right away. It is bigger and better ventilated. Usually there’s a table for the instructor to show you the fine details of what’s going on. Now that can be projected to all the students in the room without everybody trying to squeeze in to look at the same time.

There are multiple simulation spaces in the building. I’m most involved with the simulated hospital rooms and emergency room bays. There are more of them. They are bigger and better laid out. With the medical school expanding, we can have more students come through in the same amount of time. Say you’re working in the emergency room, and you got called over because someone wasn’t feeling right. I’m in the control room saying, “Now this horrible thing is going to happen. What do you do next?”

We’ve got more physical space for the individual skills. We’ve got models for students to learn to do a pelvic exam, a breast exam, a prostate exam. With more physical space to lay out the models, we don’t have to keep taking the displays down at night.

HOW DOES THE MOVE ENABLE THE College of Medicine to take advantage of new technology?
The new anatomy lab has a flat-screen display, about 6 feet by 3 feet. We didn’t have room for this in the old building. It shows the inside of a body. It’s made with incredibly detailed photographs of a real human body. You can pick up the virtual scalpel and go through this virtual human layer by layer. The nice thing about this, that you don’t have with an actual dissection, is you can go backwards. Surgery doesn’t have an undo button. A computer does, enabling you to go back and say, “What if we look at this layer instead?” Or maybe you want to see what the same layer would look like on a CAT scan. Boom, you’ve got it.

WHAT’S THE BENEFIT OF HAVING the health sciences all in one place?
If we want to involve nurses and doctors in an event, it is so much easier to arrange when the nursing students don’t have to come to East Falls. There’s value to being physically in the same place at the same time. We can leverage that in a way we couldn’t before.

Jennifer Hamilton, MD, PhD

Interview by Christina Hernandez Sherwood
Gifts to the College of Medicine Dean’s Priorities Fund are current-use dollars that the dean can apply with flexibility to areas of the greatest need. The fund has provided support for a range of College of Medicine initiatives and programs that have benefited our students, faculty and community. A few such areas that philanthropy have supported are highlighted below.

- **MD students can graduate with six-figure student loan debt. Scholarships** alleviate some of this burden, allowing students to pursue specialties regardless of earning potential.

- **The Drexel Medicine Diagnostics Laboratory** was created to support Philadelphia’s efforts to combat COVID-19; at its peak the lab processed 10% of the city’s PCR tests.

- **Discovery Day** highlights the innovations and achievements of our graduate and medical students, residents, fellows and postdoctoral trainees, who share their work through poster and platform presentations.

- **The Pediatric AIDS Benefit Concert** is a tradition spanning back 30 years. The annual event raises funds for the Dorothy Mann Center for Pediatric and Adolescent HIV at St. Christopher’s Hospital for Children.

**Contact**

To contribute to the Dean’s Priorities Fund, contact Kate McGovern at kbm56@drexel.edu or 267.577.2854.
Alumni Weekend

May 9-11

Join Us to Celebrate!

If your graduation year ends with a 4 or a 9, 2024 is your reunion year!

TO-DO CHECKLIST:

- SAVE THE DATE for May 9-11, 2024, and watch your email for updates on Alumni Weekend event and program information.

- VOLUNTEER to serve on your reunion committee. For more information about how to get involved, contact Nikki Bromberg at nlb67@drexel.edu or Kate McGovern at kbm56@drexel.edu.