Health Sciences Building

Bringing more than 4,000 students, faculty and staff members to Drexel’s University City Campus

The Drexel University Health Sciences Building, housing the College of Medicine’s MD program and Graduate School of Biomedical Sciences and Professional Studies beginning in 2023, will transform the student experience by facilitating collaboration across Drexel's campuses and placing aspiring physicians in the heart of Philadelphia’s bioscience and biotechnology revolution.

To support the College’s expanded capacity to provide best-in-class education at the Health Sciences Building, scan the QR code or visit giving.drexel.edu/HSBmedicine.

Distinctive naming opportunities — including the gross anatomy lab, simulation spaces, study rooms and classrooms — are available at a wide range of price points.

To learn more, contact Andrea Hannan at adp77@drexel.edu or 215.432.7934.
FEATURED

HARRIET COLE’S LEGACY
The College of Medicine is working to correct the long-told story of a woman named Harriet Cole and the first complete dissection of a human nervous system.

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Alumni were happy to share their own retirement and second career stories after our Fall 2022 cover story about four alumni and their interesting retirement activities.

I don’t have a retirement career, but I am on my second career. When I was riding the PATH train on the way home from New York City, I noticed signs for teaching fellows. I applied and became a science teacher. With my background in science, as well as human biology, it was a natural fit. I worked at a school in Harlem that was excess when the school was being closed. Then I taught living environment and science in an all-boys middle school and high school in Brooklyn. After that closed, I landed at a school in Boro Park, Brooklyn, teaching science, robotics and even social studies. I also teach after-school chess, robotics and STEM, and mentor a child at Children of Promise, which is a NYC non-profit organization that serves kids whose parents or other caregivers have been incarcerated. Working with the kids is fantastic, but the adults are trying.

Jeff Utz, MD, HU ’94

I never wanted to retire from practicing medicine and teaching residents, fellows and medical students. I was first in private practice but completed my medical career as a Drexel physician in the Division of Pulmonary & Critical Care Medicine. I loved my outpatients, some of whom I had been seeing for over 30 years. I was devastated when first Hahnemann and then my Drexel outpatient practice closed.

My second act is not unique or earthshaking. I never developed any hobbies, did not play golf and did not want to follow many of my retired friends to Florida. During my work life, I usually spent my free time reading medical journals or planning an educational activity. I needed to be around students and medicine. It was my life.

I was fortunate to be asked to teach or facilitate classes of first- and second-year Drexel medical students in Case-Based Learning 1 and 2, as well as teaching physical diagnosis skills in the sim lab. I also got involved in Drexel medical clubs/interest groups, both pulmonary and internal medicine. Along with volunteering in a free clinic and working with a group seeking to help veterans of Iraq and Afghanistan who have sustained respiratory injury from burn pits, I have forged a second act. It is different but fulfilling and allows me to teach and mentor students as well as help patients. My grandchildren fill in the rest of the time. That is an entirely different and wonderful story.

Robert Pomerlof, DO; Internal Medicine Residency, HU ’76; Pulmonary Diseases Fellowship, HU ’78

For the last five or six years I have discovered real joy in singing cabaret in the only remaining piano bar in Boston, the Napoleon Room at Club Café, where I can be found having dinner with “a family” of fellow singers and cabaret aficionados, waiting my turn to be called to the mic. The repertoire is the great American songbook and Broadway songs. New to solo singing, I have two singing lessons per week, one general and the other classical.

Mixing my professional expertise in airborne infection control with my singing hobby, the Napoleon Room is equipped with the latest in ultraviolet germicidal air disinfection — the same as found in parts of the Pentagon. It was featured in an NPR story. The air disinfection system was installed in time for my 75th birthday cabaret show last February: “Here’s to Life,” viewable on YouTube. A friend and I are planning another cabaret featuring the Italian-American songbook: “Tutti Frutti Italiano — A Red Sauce Cabaret.” I have also been a regular participant in CabaretFest in Prowincetown every spring. At a time in life when it is often hard to make new friends, cabaret singing has provided a common interest across a wide range of ages and backgrounds and the motivation to keep learning new songs and lyrics.

Edward Nardell, MD, HU ’72

Where to start? First of all, our kids and grandkids live within minutes of us and we see them every weekend minimum. Although there were times during our two sons’ teenage years when I would have deserved a medal for not strangling them, somehow they have turned out to be great adults whom we are very proud of. My wife, Rhoda, and I have been together since high school. I attribute much of the success in our family’s relationships to Hahnemann. It was drilled into us to listen to our patients, and listening is a key to many if not all personal relationships.

Beyond family time, I write. Mainly, I write letters to the editor of the local paper, the Dallas Morning News. The topics include medicine, sports, politics, public policy, etc.

In addition, I have taken up bridge. Before COVID, I played at local clubs. I started teaching the game to seniors at the local community college. After COVID I tried teaching online, but it is difficult. Now many of my fellow bridge players and I are slowly returning to face-to-face bridge.

Jerry Frankel MD, HU ’69

We want to hear from you! Please send your ideas or letters concerning the magazine by email to skh33@drexel.edu, or by mail to DUCM Alumni Magazine, 245 N. 15th Street, Room 6323, Philadelphia, PA 19102. Please include your contact information. Letters to the editor may be edited for space.
Greetings, fellow alumni!

At the end of every year, Merriam-Webster publishes a list of new words that have been added to the dictionary. 2022 included such gems as “TBH,” “Fluffernutter” and “whataboutism.” As we enter 2023, I have a word that should become part of our collective lexicon: **demisemiseptcentennial**. For those who don’t want to go through the exercise of parsing out the syllables (or Googling the word), allow me to help — this means the 175th anniversary.

2023 marks the demisemiseptcentennial of the founding of Hahnemann Medical College, the oldest of our legacy schools. (In two more years, we’ll be able to celebrate the demisemiseptcentennial of the founding of the Woman’s Medical College of Pennsylvania too!) For any institution, this would be an amazing accomplishment, but I believe our school’s ability to persevere for 175 years through mergers, buyouts, bankruptcies, the closure of more hospitals in the Philadelphia area than we’d care to count — just to name a few — makes this even more impressive.

Just as our past has been incredible, the future of the College looks amazing. On October 6, I had the pleasure of attending an open house at the West Reading Campus, the College of Medicine at Tower Health, which is led by Regional Vice Dean Karen Restifo, MD, JD. In a beautiful new building with a gorgeous view of the valley below, there are now two classes of medical students.

One of the speakers that evening was student doctor Alexis Price-Moyer (MS-2), who noted that she was born in Reading Hospital and now will have the opportunity to hone her clinical skills in the very same facility — inspiring current and future students alike.

The campus in West Reading has state-of-the-art facilities, resources and opportunities. Reminding students and faculty of the past, the walls are adorned with stories of the school’s history and commitment to diversity.

Speaking of state-of-the-art, on December 7 a ribbon-cutting ceremony took place at the new Health Sciences Building in University City. Accompanied by Drexel University President Fry and State Senator Vincent Hughes, Dean Charles B. Cairns, MD, officially opened the building that will welcome its first class of medical students in August 2023. It is already housing students from the College of Nursing and Health Professions and the Graduate School for Biomedical Sciences and Health Studies. One of the highlights was touring the new gross anatomy lab, which is moving from the basement at Queen Lane to the 12th floor of a modern tower where — along with enjoying views of the city — students will be able to cross-reference their own dissections with 3D interactive models and digital textbooks, ensuring Drexel University College of Medicine’s continued place on the forefront of medical education.

The list of institutions that can celebrate a demisemiseptcentennial isn’t very long, and we are fortunate to be part of one. Reflecting on the last 175 years provides us with an opportunity to remember and appreciate all that our legacy schools have overcome and accomplished. With the new facilities in West Reading and University City, we also have the opportunity to look forward with hope and optimism for our College’s next 175 years. And for those who are interested, the word for a 350th anniversary is **sesquarcentennial**.

Edward Siegel, MD ’12; MBA
President, Alumni Association Board of Directors
Having mentored and educated medical students and residents for more than two decades, Nathalie May, MD, observed that minority medical students are rarely recognized during award ceremonies. The associate professor in the Department of Medicine at Drexel hopes to change that with the announcement of the May Family Award, a new honor for underserved and underrepresented students graduating from Drexel University College of Medicine.

May’s desire to level the playing field for emerging physicians of color is a highly personal one. She was raised by her grandmother in Port-au-Prince, Haiti, as her parents, both physicians, came to work in the United States. When May was a preteen, her beloved grandmother was diagnosed with late-stage breast cancer. Witnessing her grandmother’s suffering and the lack of available treatments in Haiti at the time, May decided at age 12 to become a doctor and ensure others had better access to care. In 1981, her grandmother passed away, and May and her sister joined their parents in the U.S., where she finished her secondary education at the United Nations International School in New York. She then attended Princeton University, graduating in 1993, before getting her medical degree and completing her internal medicine internship and residency at the University of Pennsylvania.

May launched her career as a clinical educator and primary care doctor at Drexel in 2000. She landed at Drexel, she says, precisely because it would allow her to care for patients in an academic setting. Hailing from — and later marrying into — a family of physicians, May values the importance of lifelong learning and helping other doctors stay on top of new and emerging best practices. Teaching interns, residents and students has been a meaningful experience, as has her role as associate director of the Internal Medicine Residency program.

Nathalie May, MD, administering the Physician’s Pledge at the College of Medicine’s 2022 Commencement ceremony.
“One of the most rewarding things is seeing the growth — that look in someone’s eyes when they suddenly make connections and understand a concept, and then seeing them continue to evolve as they go on to teach others,” she says. “Medicine is always progressing. Being able to stay on top of the latest innovations is important, as is understanding how to explain those innovations and the history behind them to others.”

Dr. Nathalie May's hard work and penchant for paying it forward has not gone unnoticed. She has served as the vice chief of the Division of Internal Medicine and sat on numerous Drexel committees, and she has frequently been named a “Top Doctor” by Philadelphia magazine and Castle Connolly. In 2019, May was surprised and delighted to win the WMC/MCP Phyllis Marciano, MD, WMC ‘60, Woman in Medicine Award, which came with a cash prize.

“I was not expecting it at all, and I knew instantly that I wanted to extend that good fortune to help students emerging in their own careers.”

At that point, May worked with Seema Baranwal, MD, associate dean of student affairs, to establish the Dr. Nathalie May Phyllis Marciano Jr. Award, intended as a two-year prize for underserved students who demonstrate outstanding leadership. The awards committee selected recipients for 2021 and 2022.

During last spring’s graduation ceremony, as May administered the Physician’s Pledge to graduating students, the two planned award cycles had come to an end. She realized, though, that she had more to give and her work honoring and supporting new doctors was just beginning. To have a greater impact she enlisted the help of her sister-in-law, Dorothy May, MD, MCP ’96, to explore the possibility of establishing a new award fund.

“I have deep respect for my sister-in-law and her contribution to the patient population and medical residency education in Philadelphia,” says Dorothy May. “I also believe in supporting initiatives that promote diversity, equity and inclusion in the education of medical professionals like physicians.”

They also approached Dorothy May’s mother (Nathalie May’s mother-in-law), Edith May, to ask her if she was interested in participating. “My father-in-law was also a physician,” Nathalie May says. “Unfortunately, in 2010, he passed away. But my mother-in-law’s always been very generous, and I knew she would also be on board with helping to support an award.”

Together, the three family members established the May Family Award for Excellence in Clinical Medicine Rotations — specifically, for underserved students who have shown dedication to leadership and service, and modeled these qualities to others during their work at Drexel.

“It also honors students who we think have been teaching those below them and shown their leadership in that respect as well,” May says. The 10-year award includes a cash prize. Students are selected by the awards committee, with a focus on those who have required more financial assistance. In addition to inspiring students to work hard for a coveted recognition, the money is a crucial boost during what for many is a financially challenging time, facing down accrued medical school debt during the leaner times of internship and residency. May recalls her own experience having to borrow money for education and then having to budget significantly to make it last.

“My parents, for various reasons, had gone back to Haiti at that time. So I didn’t have family to help financially, and I had a huge debt load finishing medical school,” she says. “As we know, the money that residents and interns earn is not that significant. But more importantly, you’re not going to get your first paycheck until two weeks into the internship and you have to find a place to live in the meantime. For some people, that may mean taking more loans to pay the first and last month’s rent or whatever deposit you have to pay. This cash prize is a little something that could help some students in those early days of getting started and take the pressure off.”

May’s second big hope is that, by establishing the award with her family’s name, others in the Drexel community will be prompted to consider doing the same.

“It’s not a huge award, but it helps to get students recognized for doing great work,” she says. “Anyone who is in a position to create an award can do their part to lift up the next generation of doctors, and that is something I think all of us would like to see.”
College of Medicine alumni from numerous specialties work or volunteer across the world. The Alumni Magazine caught up with three: Robert Edward Black, MD, MPH, HU ’71, professor and director of the Institute for International Programs and former chair of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health; William N. Hait, MD, PhD, MCP ’78, Johnson & Johnson executive vice president, chief external innovation and medical safety officer, and interim head, Janssen R&D; and Ian B.K. Martin, MD, MBA, MCPHU ’00, eminent scholar, professor with tenure and system chairman, Department of Emergency Medicine, and professor of internal medicine at the Medical College of Wisconsin in Milwaukee; and emergency physician-in-chief in the Froedtert and Medical College of Wisconsin Health System.

Although these physicians hail from different predecessor institutions, practice in different fields and focus on different outcomes, two related themes emerge. There is a sensitivity to the ethics of delivering care as an outsider and, with that, a willingness to listen and partner with local individuals and programs. Also, there is the recognition that, in order to be responsive and deliver the most impactful long-term care, research is critical.

You can’t think of one without the other

After graduating from Hahnemann University in 1971, Robert Black (who’d already completed a residency in internal medicine) was pursuing a fellowship in infectious disease at the University of California Los Angeles when he decided to simultaneously attain a Master of Public Health degree. The combination of those courses “opened my eyes much more to epidemiology and global health,” he says. He had the opportunity to work in Bangladesh through the Centers for Disease Control, and that was where “the hooks sank in.” The work sparked a lifelong dedication to preventing child mortality.

The World Health Organization estimates that two-thirds of the 5 million child deaths in developing countries each year are caused by infectious diseases, such as pneumonia, diarrhea and malaria, and that undernutrition...
ALUMNI DELIVERING GLOBAL HEALTH CARE

By Kate McCorkle

contributes to nearly half of child deaths. Black saw this connection while living and working in Bangladesh. “It was quite clear that infection and nutrition are so closely related,” he explains. “You can’t think of one without the other. The interaction between the two is quite important in regard to mortality.” His career has focused on reducing child deaths through epidemiologic research, and trials of vaccines, treatments, nutritional supplements and other interventions.

Black is perhaps most widely recognized for his research into the mineral zinc. After a two-year sojourn in Bangladesh, Black, then a faculty member at the University of Maryland School of Medicine, lived in Peru, again studying the causes of child mortality. Although a zinc deficiency in low-income children had been discovered decades earlier, Black conducted pioneering studies that linked a zinc deficiency to increased susceptibility to infection, particularly diarrhea.

Diarrhea is the second leading infectious cause of death in children worldwide and kills more than half a million children each year. Through randomized controlled trials in South America, Asia and Africa and other inquiries conducted over “a couple decades,” Black concluded that zinc could both prevent and treat diarrhea — thereby significantly reducing child mortality.

In 2004, these studies led to a joint recommendation from WHO and UNICEF that all children in low-income settings should receive zinc, in addition to fluids, as part of the treatment of diarrhea. “It was rewarding that there was a direct link between the research I did and the policy from U.N. agencies,” Black says.

For this body of research and his frontline interventions, Black was honored with two international awards: Thailand’s Prince Mahidol Public Health Award, which is bestowed by the King of Thailand, and the Canada Gairdner Global Health Award. Additionally, for the past 20 years Black has led an effort sponsored by the Bill & Melinda Gates Foundation, “to estimate the causes of childhood death globally” and determine what interventions are most successful. These analytics become the statistics used by WHO to influence international health care policy.

Throughout his career — and around the world — Black strived for “very strong partnerships” with local institutions. “Our role is to support them and help them get the work done,” he says. As a testament to these “mutually beneficial” connections, Black says many in-country partners were able to continue their work despite the interruptions caused by COVID-19. “In addition to the research that I’m proud of, the institutional ability to build capacity is much longer-lasting in terms of helping countries address child health problems.”

A remarkable thing

William Hait was on vacation when a Johnson & Johnson colleague dropped by, mentioning the then-current Ebola outbreak in Sierra Leone.

“I think we can make an Ebola vaccine,” the colleague asserted. Hait, who at the time was heading research and development for the Janssen Pharmaceutical Companies of Johnson & Johnson, thought, “How do we make an Ebola vaccine?” Yet his team did just that. “Sure enough,” Hait says, “we launched the first Ebola vaccine a few years later. It was remarkable. These are the kind of things, with strong leadership, resources and great, talented people, you can do.”

As executive vice president and chief external innovation and medical safety officer at Johnson & Johnson, one of the largest pharmaceutical companies in the world, Hait is in a unique position to influence global health at a macro level. During his tenure leading Janssen, his team launched about two dozen new medications, an exceptional accomplishment. “We developed many of the world’s leading medications for multiple myeloma, leukemia, prostate cancer and lung cancer — probably 10 or so of what they would call blockbusters,” Hait says.

For all that notable success, Hait is relatively new to pharmacology. A 1978 MD/PhD graduate of the Medical College of Pennsylvania (now Drexel), Hait was an academic for 30 years. He was the chief of medical oncology at the Yale University School of Medicine, founding director of the Rutgers Cancer Institute of New Jersey, and professor of medicine and pharmacology, and associate dean for oncology programs at the University of Medicine and Dentistry of New Jersey. His main research interest was translational medicine.

“What I realized,” he explains, “was that if you really wanted to get something onto the market, it’s very difficult, if not impossible, from a university.” Transitioning from academia to industry “gave me the opportunity to go from discovery aspects to actually launch products for the world.”

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His Janssen team did just that with bedaquiline. The first new medication in 40 years for treating tuberculosis, bedaquiline was developed and then made available to low- and middle-income countries. Hait describes visiting hospitals in South Africa where “everyone there had drug-resistant TB, including the staff, doctors and nurses. There was no good treatment for it.” Bedaquiline was introduced and, during his team’s next South African trip, “all those hospitals were closed,” thanks to the medication’s efficacy.

Johnson & Johnson also developed and donates the drug mebendazole, which is for deworming children with soil-transmitted helminths, mostly in sub-Saharan Africa. Hait says that children take one pill a year and they’re completely dewormed. “It’s a remarkable thing. When you are in a big company like this, and you get into these leadership positions, you really can make a global impact,” he relates. “It’s thrilling to be part of it. I wouldn’t have imagined in a million years, having been a dyed-in-the-wool academic, to have experienced this next stage of my life.”

Hait has enjoyed great success in academia, in the field of oncology and now in the pharmaceutical industry. He credits MCP for providing a strong foundation, “both in the medical school and for my PhD.” This realization came, he says, when he was selected as chief medical resident at Yale over his Ivy League classmates. He wondered, “Do I really deserve to be here with all these kids who graduated first in their class from Harvard and Yale?” But after being selected, he knew. “I’d gotten a tremendous education, and it was Woman’s, that became MCP, that became Drexel. I have a lot of gratitude for that education.”
The Christmas Tree Effect

Nearing the end of his college years at Duke University, Ian B.K. Martin wanted to take time off before applying to medical school. His family wasn’t keen on this idea. “They were afraid that a ‘gap year’ would turn into a ‘gap lifetime,’” Martin recalls. “I would lose momentum and never go to medical school.”

Fortunately, his family’s fears were not realized. Not only did Martin attend medical school, he went on to found and lead two global health training programs and he continues to mentor countless individuals in this space.

As an undergrad, Martin thought the Peace Corps might combine his interest in global health care with a pause in higher ed. Yet during a study abroad experience in Cameroon, he recognized that the Peace Corps wasn’t oriented toward health care. Instead, Martin spent his gap year teaching just outside Philadelphia, which eventually led to enrollment at MCP-Hahnemann University. “One of the things that really drew me to [MCPH] was its commitment to diversity before that was a thing,” he says. “They really put money into it. As an in-state, minority student, I paid half tuition. That’s an incredible enticement to get students of color to be part of such a distinguished school.”

Dual-trained in emergency medicine and general internal medicine, Martin accepted his first faculty position at Duke. Yet there was still “this unmet thing I wanted to do, which was provide health care in a global setting.”

Fortuitously, his emergency medicine division chief was also an expert in global health and emergency care. She mentored Martin and ultimately “bestowed her work” in Kenya and Tanzania to him.

“When I was young and starting out, I, like so many in global health, focused on direct clinical care in remote, resource-limited settings, which was fulfilling at first,” Martin explains. “Quickly I recognized that my impact was limited to the number of patients I could actually see and the time I would actually be there.”

This familiar trajectory for many physicians providing care abroad spurred Martin to become involved in educational program development, in short, creating what he calls the “Christmas tree effect.” “I teach two people who teach two people, and so on,” he says. “We help create some sustainability. Also, critically important to that — we teach locals. We partner with locals to build sustainability, capacity and agency in-country.”

Martin established the Duke International Emergency Medicine Fellowship (now the Duke Global Health Fellowship), a subspecialty training program designed to prepare fellows to lead in the global health and emergency care space. As part of the program, fellows engage in program development, conduct research, provide direct clinical care and build lasting partnerships. Fellows also complete course work leading to a Master of Public Health and receive intensive mentorship as early-career emergency medicine faculty members.

Drawing attention to the program’s sustainability, grounding in ethics and in-country presence, Martin points out, “You can count the number of fellows trained, but you can’t count the number of people they’ve trained that have made a difference in individual patient lives.” Martin also later founded and led a similar program, the Emergency Medicine Global Health and Leadership Program (GHLP) at the University of North Carolina at Chapel Hill School of Medicine.

He elaborates on the particular challenges faced by emergency medicine specialists working in sub-Saharan Africa. Along with trauma, they encounter the more typical communicable diseases, such as malaria and dysentery, yet non-communicable, chronic diseases like diabetes and coronary artery disease are also emerging. Coupled with this is the specialty’s relative newness in many parts of the world. Only recently has emergency medicine gained formal recognition as a specialty in parts of Africa — an effort Martin actively worked to support.

Martin reflects on the early days establishing the fellowship programs: “As we were going in and trying to elevate emergency care, we had to first understand the baseline. What were the diseases, the conditions, the capabilities, the capacities? These answers informed the next questions: What are the training needs? The staffing needs? What are the infrastructure needs?”

While creating this infrastructure has undoubtedly elevated emergency care locally, Martin highlights the next step. “When you take care of one patient at a time, maybe you’ll touch a few thousand patients. If you engage in educational program development, you get the Christmas tree effect. So maybe you get tens of thousands,” he says. “But if you ask important research questions and find some answers and disseminate that [knowledge], maybe you helped elevate emergency care for millions or billions of patients.” To that end, Martin co-chaired the 2013 Academic Emergency Medicine International Consensus Conference on Global Health, which generated a 10-year research agenda in global health and emergency care.

In their respective fields, Black and Hait have drawn similar conclusions.

Hait, with his dual understanding of academics and industry, observes, “Knowledge is generated at the universities. Generally speaking, fundamental knowledge is not generated in a big pharmaceutical company. We generate a lot of knowledge about making medicines. Knowing diseases — that comes out of the universities.”

So the research is critical — whether from a university or the frontline clinical trials Black uses to generate WHO data and policy. “There are two ends of the spectrum,” Hait explains. “One is at the very early part, making discoveries that lead to medications and new treatments. The other end of the spectrum is delivering, through access. In many countries it’s difficult for people with health problems to access treatment, including our own.”

College of Medicine alumni are active throughout this spectrum: conducting research in the field and in the lab, asking questions in academia and in-country. Physicians are personally delivering care on a patient-by-patient basis as well as contributing to new drugs that will help entire populations.

When delivering global health care, ethical implications matter as well. Even if a physician remains in-country for an extended period of time, eventually they return to the U.S. This temporary nature of working overseas means it is imperative to help create and nurture sustainable health care. Black, who’s spent his career — minus time at the CDC — in academic institutions, says, “We have a very strong commitment to building capacity, to training, to health education and to building skills. I’ve had the good fortune to have had dozens and dozens of students who’ve graduated and gone on to work in their home countries. It’s satisfying to me that they’ve become experts. They’ve become leaders with their own countries and had accomplishments on their own.”

Martin unifies these themes, noting that the joys of a vocation in global health care outweigh the challenges. “No matter what the specialty — if [global health] is a passion, there’s a way to make a career out of it,” he says. “Focus on sustainability and your ethical lanes. Focus on partnership. It’s not, ‘We’re going to come in and tell you what to do,’ but, ‘We’re going to partner with you about the things that are important to you.’ It’s an incredibly rich way to spend one’s career.”
Setting the Pace:
Drexel Alums Go Fast and Far

IT TAKES DISCIPLINE, SELF-MOTIVATION AND VISION TO BECOME A DOCTOR, AND IT TURNS OUT THAT THESE CHARACTERISTICS CAN BE APPLIED TO OTHER ENDEAVORS.

FOR THREE ALUMNI — JACK LONDON, GLENN STAMBO AND VIBHU SHARMA — COMPETITIVE RACES HAVE BECOME A WAY OF LIFE. AND PERHAPS MOST INSPIRingly, ALL THREE SAY THEY HAVE CONTINUED TO IMPROVE THEIR FITNESS WELL BEYOND THE AGE OF 40.
A lifelong athlete and outdoor enthusiast, Jack London was a dedicated swimmer into their 20s — to the point of “sneaking back” on the Bryn Mawr College campus to use the pool on weekends well after graduation. Then, friends in medical school introduced them to running.

It was an exciting and fun way to fit exercise into the busy medical school lifestyle. They recall taking lunchtime runs with a group of colleagues around the hospital campus with their pagers on.

“It was easy: Just put your shoes on and go,” they say. London initially had an aspiration of being the next Hawkeye Pierce from M*A*S*H, but trauma surgery and its high-adrenaline lifestyle was not the right fit for them, so they moved on to pediatrics. Now a general pediatrician with an interest in developmental pediatrics and sports medicine, London is based in Buffalo, New York.

Once a more casual hobby, running became a full-on passion in the late 1990s, when London started competing in 5K races, marathons and later triathlons. “It turned out that I was not slow. So then I started working toward half marathons and marathons until I qualified for Boston.”

That was the first of six times London has competed in the Boston Marathon — and they’ve racked up 30 total marathons across the country. Then it was onto the next big challenge.

“My very first Ironman was on my 41st birthday in 2007, and I did it with a broken tailbone because I had crashed my bike three weeks before the race. I actually had to get my bike repaired, and it turned out it wasn’t quite ready for prime time. That mechanical problem lost me a lot of time and cost me a lot of energy. But it was still a great day. It rained right up until the beginning of the swim start, and then the rain stopped, and then you got to swim and it was perfect. When I finished the bike component and the handlers took my bike, they asked how I felt. I said ‘Great. All I have to do is run a marathon and I’m done.’ I was serious but they sort of stared at me.”

For London, participating in races over the years has been a social outlet, meeting friends new and old along the way and training with them between events. Racing has also been a meaningful way to embrace their identity as a nonbinary person. While most races up until very recently required them to register as a woman, a newer nonbinary category will now allow London to enter and compete in a gender-affirming environment. “It is going to be very interesting to see how organizations run that division — different races are going to do things differently, and that’s fine. But I’m looking forward to seeing where it goes, because it’s a really cool and important first step in making everybody feel like they belong in the community. Change takes a long time. You know, it’s not that hard to change what kind of shirt somebody gets or to ask what their preferred name is or to ask what their preferred pronouns are. Or to have your bib have the name you want it to have. But this was never the case until now.”

London has won many medals over the years and has also qualified several times for the USA Triathlon Age Group nationals, but only competed once due to scheduling conflicts. Now in their mid-50s, they last completed an Ironman in 2016. Since then, they have participated in very long-distance races such as 50K trail runs and six-hour runs. They are now training for long-distance open water events. The goal, always, is to work as hard as possible, keep progressing and perform well in their age group.

Training and competing in individual sports is a meditative act for London, and it has given them a way to build confidence that transcends the race course.

“Running and biking alone, you have to be comfortable in your own head. That makes you comfortable with who you are, which is good for medicine, for sports and everything in life. It has made me a better person. It has in many ways defined who I am today, and I am grateful for it.”

Jack London, 2008 Ironman race, Louisville, Kentucky
steadily built up his distance and endurance over the years and raised his goals accordingly. Today, his “track” record includes more than 50 distance races, 25 half-marathons (three of which he ran with his wife) and numerous triathlons. In 2009, he ran the Marine Corps marathon on behalf of his father, who served as a Marine. Most recently, he completed the New York City Marathon in November 2022.

Stambo maintains a rigorous running schedule wherever possible, but it’s more about frequency than time spent in each session. “The best you can hope to get after working and without getting phone calls, is maybe 4 miles in a run. I might do that every couple days and then maybe a longer run on the weekend, say, 6 to 7 miles. The key is cross training. I do bicycling and swimming.”

He somewhat ramps up this routine when training for a marathon or triathlon, but he finds that his consistency over the years has paid off to the point where he doesn’t need a more traditional approach to distance training or any formal coaching to prepare. The results, he says, have demonstrated the success of this approach. “I’m up there winning races in my age group. It’s really hard to believe sometimes,” he says. “Looking back, my 30s were tougher because I was just learning how to race, and so I kind of held back and wasn’t as fast as I could have been. But now, since I hit my 40s and beyond, I feel like I’m just taking off and doing much better. Even better than some of the 30 and 40-year-olds. I am also very lucky that I don’t have any joint problems.”

Now the father to a son and a daughter, who are athletic in their own right, Stambo vigilantly maintains a healthy lifestyle, eating carefully and relying on natural remedies where possible. He not only feels focused and energetic, but he says he is as mentally sharp as ever.

“There’s no question that this was the right path for me, and I think anyone can benefit from it.”

**Glenn Stambo,**
2022 New York City Marathon

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Unlike many avid runners, Vibhu Sharma did not take up the habit in his teens or 20s. In fact, he only started running five years ago, in his early 40s. But he has made up for lost time, gradually building up his distance and endurance to participate in marathons.

“I was not at the typical age that most people start, and I would not call myself a master runner, but I very much enjoy the activity and reap all of its benefits by doing it regularly,” he says.

Sharma got his medical degree from University of Delhi in India. Following his internal medicine residency at Easton Hospital, an affiliate of Drexel, Sharma completed a one-year geriatrics fellowship at Drexel. He then went on to an endocrinology fellowship at University of Massachusetts and now works in the endocrinology practice of Albany Medical Center and as an associate professor of medicine at Albany Medical College.

He was well into his career when a friend invited him to a 5K charity run. Sharma found the experience both fun and challenging. He registered for a few more 5Ks in the ensuing months, then began training for longer distances, including his first half marathon in 2019.

“Then, with the pandemic, things kind of slowed down. There were not many races for two years, but I took that time to gradually build myself up and aim higher. I did my first marathon, the Upstate Classic, here in Albany, in November last year. It was a great experience — not the easiest, but I was able to finish in the time I was hoping for.”

Given the constraints of his professional life and other commitments, Sharma hopes to run marathons every other year going forward, with his next one slated for 2024. The plan is to come back to his Drexel turf for the Philadelphia Marathon. He currently trains three to four times a week, both alone and occasionally with a running group, which he says includes many local health care workers. Sometimes he runs with his older son, who competes with his high school cross-country team. Above all, Sharma doesn’t get too caught up in times or rankings. Health and wellness are the ultimate goal.

Looking back, he enjoys his accomplishments and takes pride in how far he’s come. “Just finishing a half-marathon or a marathon is a hard goal to achieve and it keeps you focused and active, which is more important to me than any specific race goals. That, and staying injury-free.”

Still, he says, the experience has been transformative. “You don’t know if you even have the ability to run that kind of a distance at first, and I really doubted myself in the beginning as to whether it was feasible. But, you know, gradually, you realize that your body is capable of doing more. It just has to be a little bit structured in how you approach this, and you have to have some goals in place. The rest should hopefully follow.”

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**Vibhu Sharma, 2022**
**Helderberg Hudson Half Marathon**
Findings from the Government Accountability Office that “the PSLF program had denial rates upwards of 99%” in 2017 suggest that the keyword here is, indeed, “qualifying.” Many financial advisors, perhaps anticipating a reversal or failure of the PSLF program, pushed graduates to aggressively pay down their loans in key early career years. According to Schultz, some of her colleagues are regretting it.

“I know people who graduated the same year of medical school as I did but were given bad advice from their medical school,” Schultz says. “They were told that public service loan forgiveness wouldn’t really be a thing and that they should pay their loans down aggressively. And those people obviously missed out on several hundred thousand dollars of loan forgiveness. I’m very grateful I went to Drexel and that I was given the best advice.”

When it comes to loan forgiveness, access to solid financial advice can make a six-figure difference. Fortunately, alumni from Drexel and its predecessor institutions can take advantage of the school’s financial planning services. Following graduation, key financial goals and challenges, including marriage and mortgages, debt and taxes, are discussed by a certified financial planner, offering free one-on-one consultations to help them navigate their new financial paths. For Schultz, Clancy has been a trusted personal contact through big financial decisions.

“Physicians are not always given the same financial advice as other more corporate fields,” Schultz says. Though she remembers taking detailed notes during group financial advice sessions in medical school, she also remembers feeling overwhelmed by it all. At that stage, there were just so many things to focus on other than debt.

SARA SCHULTZ, MD ’10, RANG IN THE NEW YEAR WITH A SIGH OF RELIEF — SPECIFICALLY, STUDENT LOAN RELIEF. AS IN, ALL OF IT.

For Schultz and many other alumni of Drexel University College of Medicine and its predecessor institutions, thousands of dollars of federal student loan debt have been wiped clear by the Public Service Loan Forgiveness program (PSLF), thanks to responsive financial advice from Drexel’s executive director of financial planning, Michael R. Clancy, MBA, CFP, CLU.

The PSLF program, launched in 2007 to encourage continued service in high-need public sector work, has proven notoriously elusive as college-educated medical staff, government employees, educators and not-for-profit workers have tried to cash in on the promise after over a decade of service. According to the Department of Education, the program “forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.”

References

has-changed-temporarily-heres-what-it-means-borrowers
injection drug use,” she says. “I saw how a lot of patients were heavily stigmatized, and how the medical community doesn’t always treat people who use drugs with the dignity that they deserve.” That stigma compounds for patients with HIV, for which injection drug use is a risk factor.

CARING FOR A COMMUNITY

Schultz would return to Drexel, and to her work in harm reduction for HIV-positive patients and patients who use injection drugs — after her residency at Jefferson and a fellowship at Temple — this time as faculty. Today, she is a faculty member at Temple, where she directs the same infectious disease fellowship that she participated in years ago — what she calls “a dream job.”

“Both my clinical interests and my research interests are in compassionate care for people who inject drugs. How do we take care of their complex infections?” Schultz says. “We’re really learning all the time. This is all brand new stuff.”

You might argue that another one of Schultz’s interests is Philadelphia. “I’ve always been someone who is committed to Philadelphia,” she says. “I love it here. It’s my home.”

It doesn’t take a Philly native to know how vital harm reduction work is in the city. Long dubbed one of the epicenters of the opioid epidemic, Philadelphia made headlines again this January in a New York Times article on the proliferation of fentanyl (or “trans”) in the city’s — and, to an increasing degree, the nation’s — fentanyl supply. For doctors like Schultz, that story has been developing in our city for a long time. In the end, isn’t this what Public Service Loan Forgiveness is made for: to enable us to develop our skillsets through higher education and keep giving back where it’s most needed?

Sara Schultz, MD ‘10, (far left) with Drexel medical student volunteers from the student-run Streetside clinic at Prevention Point in the Kensington neighborhood of Philadelphia. The team served walk-in patients with street medicine needs including wound care, hospital follow-up care, antibiotics, and linkage to care for opioid use disorder and HIV/hepatitis C.

“IT ALL WORKED OUT”

For Schultz, it was amid all that work in the years after graduation that the time came to focus on planning ahead financially with trustworthy help. She arranged to work with Clancy, connecting both via email and virtual appointments.

“I felt it would be silly to not take advantage of this amazing resource. And then, once I got to know Mike and how receptive and how helpful he is, but also how knowledgeable, he sort of became this automatic person that I would touch base with about financial decisions.”

One part of financial planning is being able to prioritize your goals — for example, making sure you can plan to meet your benchmarks for things like home-buying and education costs while also focusing on longer-term objectives like college funding and retirement. Here, Schultz is once again grateful for Clancy’s advice. “He’s helped my husband and me meet all of our financial goals. And he’s really coached us on how to meet our goals in order.”

To those walking similar paths, Schultz suggests thinking about whether it’s time for that next step. “If you have a financial obstacle or a financial goal, I think it would be a good time to reach out,” she says. “There’s a lot of information online, but you don’t always know what applies to you. Mike is able to choose what fits your personal situation. It’s very personalized and very customizable.”

The payoff, of course, can mean financial freedom. “I always followed exactly what Mike Clancy said, and my loans were forgiven on January 1st of this year. I just feel so grateful to him, because he gave me advice and told me very specific things to do that I would not have done, and my loans would not have been forgiven,” Schultz says.

“Several of my friends who graduated from Drexel also had their loans forgiven this year. I’m not the only one. We’re almost 13 years out, but it all worked out for us.”

Michael Clancy, MBA, CFP, CLU, executive director of financial planning, is available by email at mrc324@drexel.edu. Alumni can also schedule a one-hour virtual appointment between 9 a.m. and 5 p.m. Eastern Monday through Friday by visiting bit.ly/DUComFinancialPlanning. Clancy is a Drexel employee and does not sell any product or service as part of his work with alumni. Because he provides services for the entire College of Medicine, appointments may be limited.
CORRECTING THE NARRATIVE:

Harriet Cole’s Legacy

Generations of medical students at Drexel and its predecessor institutions have encountered the Complete Dissection of the Human Cerebrospinal Nervous System Known as “Harriet” created in 1888 by anatomist Rufus B. Weaver, MD. He was the first to complete such a dissection, and the specimen became an important neurology teaching tool that was lauded throughout the medical world over the next century.

The nervous system dissection’s existence was impactful then and remains so today. But just as impactful is the story of how the dissection came to exist and how wrong the long-told narrative might be. The history of the specimen and the woman named Harriet Cole sheds light on issues of medical ethics and informed consent, as well as the health inequities that were rampant in Rufus Weaver’s time and persist today.

The Story We’ve Told

The narrative that has long been relayed about the specimen is as follows: Harriet Cole was a custodial worker at Hahnemann Medical College while Weaver was an anatomist there. She was African American and between 35 and 40 years old, and she willed her body to Weaver for use in anatomical preparations, for the benefit of science. Some versions of the story paint Weaver and Cole as having a friendly relationship. Many iterations of this narrative exist in the print record, and most seem to simply restate the details of previous versions of the story.

Searching for Facts

In 2015, staff at the Legacy Center Archives and Special Collections began to question the reliability of the story they were sharing. As a result, Alaina McNaughton, the Legacy Center’s social media outreach educator at the time, was tasked with exploring the topic. This work was part of a larger effort to improve the representation of women of color in archives.

The project aimed to answer three questions: Did anyone named Harriet Cole exist at the time and place of this story? Did anyone by that name donate their body to Weaver in 1888? Did a Harriet Cole work for Weaver or Hahnemann in that timeframe? The answers to these questions were ambiguous. Records indicate the existence of a Harriet Cole in Philadelphia at roughly the right time, who died of tuberculosis in 1888 and whose burial location was listed as Hahnemann Medical College. Body donations were not well-documented during this time, so no definitive records of a donation exist. And Hahnemann’s staff records did not list employee names, just expenditures on wages.

To the question of whether the oft-told narrative of Harriet Cole is accurate, we can’t know is a straightforward answer. It is also a superficial one. While records are sparse, broad understanding of the culture at that time is plentiful. In a 2018 blog post, McNaughton notes, “1888 was still an era when body donations were not documented as rigorously... It was also an era when most Americans disapproved of dissection and voluntary body donations were quite rare.” She goes on
to say that in many states, bodies used for anatomy work were those of people who died in hospitals, asylums or prisons, making body donation a signifier of poverty. So, while it is possible that Harriet Cole chose to donate her body, either to help Weaver or to remove the burden of costly burial from her family, it is not especially likely.

**Time for Change**

The Legacy Center has continued its work to understand the story of Harriet Cole and the nervous system dissection, and correct the narrative publicly. These efforts have expanded to include the College of Medicine’s Office of Diversity, Equity and Inclusion, the Department of Neurobiology & Anatomy, and the Office of Educational Affairs.

In 2021 and 2022, the Legacy Center updated the specimen’s exhibit labels to reflect the known facts and recontextualize the exhibit focusing on informed consent. In conjunction with these updates, the Legacy Center posted a “Historical Human Remains” section to their website. It outlines the problems with the existing Harriet Cole narrative, provides important context about the culture and laws of that time, and offers supporting documentation where available.

“As archivists, we’re responsible for being transparent about biases and gaps in the historical record and ensuring we provide as accurate a record as possible. This is a constantly evolving process. With the nervous system dissection, one way we’ve addressed these issues is by shifting from telling a mythical story about a medical marvel to a conversation about 19th century medical ethics and their impact on health care inequalities today,” says Margaret Graham, director of the Legacy Center.

**Students Leading the Way**

As the Legacy Center worked to address the inadequate telling of the Harriet Cole story, Samiza Palmer and Willow Pastord, members of the MD program class of 2025, approached the team with concerns about the specimen and how it was being introduced to incoming students. They became active participants in discussions with College of Medicine leaders about the specimen, and they reviewed the updated language used in the specimen’s exhibit. In large part due to the students’ efforts, Legacy Center staff members Matt Herbison and Kieran McGhee ran orientation sessions addressing the nervous system dissection issues for the entire incoming medical class in August 2022.

Leon McCrea II, MD, MPH, senior associate dean of diversity, equity and inclusion and director of the Drexel Pathway to Medical School (DPMS) program, lauds the students’ insights and initiative as central to this process. “Samiza and Willow are two amazing medical students who I have known since their time in our DPMS program,” says McCrea. “They are uniquely attuned to the lived experiences of disenfranchised communities and the importance of their contributions to the field of medicine. Their steadfast leadership was central to the process of modifying the content of our MD student orientation.”

The students also wrote a blog post about their experiences. In the post, Palmer and Pastord note that their anatomy lab instructors began their first day in the lab with humanizing stories about whose bodies they would be dissecting, making it clear that respect for their cadavers’ “ongoing personhood” was essential. The contrast they saw was stark: “Unlike the people we celebrate on that first day of anatomy lab, we cannot confirm that Ms. Cole willingly donated her body. We must thus acknowledge that her autonomy was potentially violated (as likely happened to many others) by laws that institutionalized medical discrimination in Philadelphia. This stands in contrast to current donation practices and the ethic of patient choice emphasized to Drexel students today.”

In exploring the importance of Drexel’s role in telling Harriet Cole’s story accurately, they add, “During our medical education, Drexel rightfully sheds light on egregious examples of medical discrimination and apartheid — Hela cells, the Tuskegee syphilis study, etc. — but it is equally important to shine that light inward. The ‘Harriet’ exhibit exists within a canon of medical advancements that came at an ethical cost and presents an opportunity to educate students about the relationship between the marginalization of communities and medical advancement. It is imperative to discuss that relationship, because these histories exist on a continuum that informs the realities of medicine today.”

**Looking Back and Ahead**

Confronting our own biases is a critical step for growth and change for both individuals and institutions. Instead of perpetuating the narrative around Harriet Cole as a willing participant, we can now emphasize her absence from the record and use this to prompt important discussions about why she’s not there. “We are at a crucial junction in the field of medicine. As an educational institution, we embrace the collective responsibility to accurately depict medical advances and the sacrifices that have been made in the name of progress,” says McCrea.

“We must continue this conversation and lean into the inherent imperfections of our discipline’s history.”

References

“The story of Harriet Cole allows us to examine how the ethics around body donation, consent, and bodily autonomy have changed over time, and to explore why gaps and erasures in history may exist.”

— An excerpt from the updated text panels that accompany the physical exhibit at Queen Lane.
Celebrating Hahnemann’s History:
175 Years of Education,
1888
Hahnemann professor Rufus B. Weaver, MD, dissects the world’s first complete nervous system. It later won a gold medal at the World’s Columbian Exposition in Chicago. See story on page 14.

1890
Hahnemann opens its hospital-based nursing program, the Training School for Nurses. Twenty students initially register for the two-year program.

1959
Garth Boericke, the last teacher of homeopathy, retires, ending the last homeopathy course at the school.

1963
Hahnemann’s new $2.3 million School of Nursing building, housing 230 students, opens at 15th and Race Streets. Hahnemann doctors perform the region’s first kidney transplant.

1967
Opening of the $2 million, five-story Myer Feinstein Polyclinic at 216 North Broad Street, and the $3 million, 17-story Elmer Holmes Bobst Clinical Research Building. In addition, Creative Arts Therapy programs begin at Hahnemann, serving as the first graduate-level art therapy education opportunities in the world.

1968
The College of Allied Health Professions is organized. Hahnemann alumnus Walter P. Lomax, MD ’57, treats Martin Luther King Jr. for laryngitis at King’s hotel room in Philadelphia.

1993
Allegheny Health acquires Hahnemann. With the purchase, Medical College of Pennsylvania and Hahnemann University combine to form MCP Hahnemann University.

1998
In June, eight of Allegheny’s Philadelphia-area hospitals, including Hahnemann and St. Christopher’s Hospital for Children, along with the chain’s medical university and hundreds of doctors’ practices, file for bankruptcy. In November, Tenet Healthcare Corporation, a for-profit firm, buys Hahnemann, St. Christopher’s and six other Allegheny hospitals. Drexel University takes over the professional schools, including MCP Hahnemann University.

2000
MCP Hahnemann University is renamed Drexel University College of Medicine.

2002
American Academic Health System, owner and operator of Hahnemann University Hospital, files for bankruptcy in June and closes the hospital permanently in September. The Hahnemann spirit endures at Drexel and with the school’s more than 15,000 alumni.
When you grow up in a small town, you grow up looking out upon the whole world. Loretta Christensen, MD, HU ’84 — Lori, as loved ones called her back then in Gallup, New Mexico, long before her time at Harvard, at Hahnemann, at posts from the Jersey shore to the Indian Health Service — remembers the natural and cultural richness of the Southwest. The years and an adaptive, admirable career in medicine would prove those riches enough not only to prepare Christensen for the future but also to bring her back to where it started.

“I loved the country. I loved the desert mountains. We used to do a lot of outdoors stuff growing up — freshwater fishing, hiking, camping — things that were just part of growing up in rural areas. I live in such a rich area,” Christensen recalls over the phone from Phoenix, Arizona, where she is duty posted as chief medical officer of the Indian Health Service. Rural, of course, does not mean monocultural. In Christensen’s experience, growing up near Navajo, Zuni and Hopi land, it was quite the opposite: “Our area is a very blended area. For my background, I’m a member of the Navajo nation. On my mother’s side I’m Mexican, and on my father’s side I’m Navajo and Danish. I had all that mix in me, so I always valued that blend quite a bit.”

One of the curious things about being a child in the same place one will someday be a major medical officer is that first impressions are liable to be a little funny. As a kid, when Christensen would go to Gallup Indian Medical Center — constructed not long after her birth, a state-of-the-art marvel and a symbol of medicine in the region — it was to pick up laundry for the family business, which serves the whole Navajo area. What started as a weekend dry-cleaning client, though, would also become her introduction to medicine when, for two pivotal summers during high school, she worked at the medical center for a pathologist, a colleague of her aunt’s, named Dr. Doris Herman.

“Dr. Herman let me do so much,” says Christensen. “I was taught how to make pathology slides, how to dictate cases, and I was just in my teens. She really put a lot of trust in me.”

When the time came to make a decision about college, a connection came through a Harvard student recruiter, who Christensen remembers as her aunt’s sometime babysitter and a fellow member of the Navajo nation. “I would love to tell you how I decided I wanted to go to Harvard, but I’m not exactly sure. Maybe I didn’t realize how daunting that was when I made the decision to write away to them,” Christensen says. “I always wanted to go somewhere. I am an avid reader; I read constantly. And that was my connection with the world, being in such a small town: I just read everything. And I thought, ‘There’s just so much out there.’”

And so Christensen turned down basketball scholarship offers from a few schools in the Southwest and headed off to Cambridge, Massachusetts, to study anthropology, a discipline that built on the deep cultural heritage of her home region. They’d have a team she could play on too, she figured. Christensen has always loved the feeling of the last shot in a basketball game.

COMMUNITY CARE AS A CALLING
As life would have it, what one studies is rarely the limit of what one learns. Remembering her time at Harvard, Christensen is impressed by the presiding value of service. “When I look back, I see that there were so many that are learned and academic, but their goal in life was to be of service, as teachers or doctors or in
social programs,” she says. “As academic as it is, what I always loved is that they made you think outside the box. Not about what was in front of you, but what you could do with that, how you could make it work for others.”

After graduating from medical school at Hahnemann, Christensen went on to her residency in surgery at Monmouth Medical Center. “The reason I went to Hahnemann is that they were geared toward getting you into the hospital sooner and to getting you with patients sooner. It was heaven for me, because I got to take care of patients right away,” she explains. “It was the same thing with Monmouth; because the staff was smaller, you got very involved even as an intern.”

Christensen credits fortunate rotations and good mentors for the professional smittenness that followed. “Trauma ended up being my love. I love critical care. I loved being in the ICU,” she says. “I consider trauma care to be public health. Anybody that comes through the door, we take care of.”

Before her residency was through, she was tapped by Dr. Carl Marchetti, a “visionary” and another professional guide, to help start a trauma center in New Jersey. Then, a rotation at Jersey Shore University Hospital turned into a surgical post in trauma from 1990 until 2013. All the while, Christensen found herself looking for ways to work more systemically. “I thought, ‘As much as I love this, I can only make so much difference here at this level,’” she says. During her time on the East Coast, Christensen started attending courses on leadership training and fought for motorcycle helmet laws. She earned a master’s in business administration in 2010 and another in jurisprudence in 2013, combining long-time interests with her ongoing mission of equipping herself to create the best care for people from a high level. “I kept studying different things to strengthen my knowledge base of what it takes to run a system,” she says.

Life on the shore, Christensen says, was breathtaking and beautiful — a home on the bay, a hobby in sailing, work that she loved and ample opportunities to grow. And then, one day, it was time to go home.

It wasn’t anything magic, she says. “One day, I was driving up to Newark, and I said, ‘When I finish this [master’s in jurisprudence], I think I’m done. I’m going home.’ It just comes to you that it’s time.”

Christensen’s love of trauma care had kept her from pursuing her longtime goal of working for the Indian Health Service, which didn’t have opportunities for her in trauma. As she started looking toward her late-career goals, though, she began to see a path to make a difference through an administrative role. “I thought, ‘Maybe now I can go back. I feel like I’m ready to be a chief medical officer.’”

Or perhaps there is a sort of everyday magic in the way that capital-H Home calls us back irrespective of the intervening time and space. “I missed the Southwest. One of the things about being Navajo is that your heart always beats there, and you will come back at some point. And it just was time,” Christensen says. “I missed the desert mountains. You look at Monument Valley, Shiprock, Canyon de Chelly, Chaco Canyon — it’s so miraculous what happened before us there.”
TELLING WHO YOU ARE
Having studied anthropology at Harvard has enriched Christensen’s experience of the Southwest, she says. But her familial ties to the region have plenty of layers in themselves.

“In the Navajo culture, clans are matrilineal,” Christensen explains. Affiliations start with the maternal clan, followed by the clan you’re “born for” — the paternal clan — and the clan of each paternal grandfather. “So, I am Naakai, which means Mexican, born for Táchii'nii, which is ‘red running into water.’ On my mom’s side, my grandfather, is my shicheii, Naakai, because he was Mexican also. On my dad’s side my grandfather, Shina’li’, it is Bilaga’ana, because he was Danish. And that tells people who you are.” Each name holds a story, a history with Dinétah, the homeland of the Navajo.

And those histories are alive and ongoing. “What’s amazing is that it’s still here. Despite all the boarding schools trying to change everybody, there is such a richness of belief,” Christensen says. “I work with amazing people who are highly intellectual and highly focused on their work. And you’ll turn around, and they’ll be in traditional dress for ceremony. They just go back and forth so easily, but they never give up that tradition. Many of them speak beautiful Navajo.”

WAYS TO WELLNESS WITH THE INDIAN HEALTH SERVICE
Christensen describes the origins of the IHS as a part of a non-ideal treaty with the Department of the Interior. “It was one of those treaty issues where they said, ‘We’re going to take this land and do not-so-nice things to you. But, in return, we’re going to vow to provide your health care.’”

Today, the mission of IHS is to care for all American Indians and Alaska Natives. With the advent of new self-determination policies in the 1990s, their footprint has shrunk as over 60% of tribes opt to assume responsibility for their own health care. “It has changed over time. We used to be it, and then we started empowering our tribes to take care of their own health care in a way that they felt works best for their tribes,” Christensen explains. Operating a health care system isn’t easy, of course. Some tribes, like the Chickasaw and the Cherokee in Oklahoma, run large and efficient medical systems, while other, often smaller tribes take advantage of technical advice from the IHS. “We always do everything to help them succeed, because that self-empowerment is very important. I think it is the right thing. Our goal is to make sure everybody is getting the best health care, whether we run it or the tribes run it.”

That mission comes in the face of challenges both profound and unique. The assumptions that physicians can generally make when prescribing home care in well-resourced suburban communities — that patients have access to a variety of dietary options, to running water, to electricity for medical appliances — are unwise in Christensen’s community, where the staff has to be especially conscious of their patients’ specific circumstances. “Definitely the disparities are profound, and when we think about the vulnerable populations of American Indians and Alaska Natives, it’s a collision of many things. One of the things we are doing for the first time — and I’m so proud — is actually quantifying the social determinants of health across our agencies. That gives us an opportunity to prioritize mitigation.”

In the case of food deserts, among other wellness challenges, traditional practices can shape mitigation strategies. “In the Navajo nation, we have 27,000 square miles and 14 grocery stores,” Christensen says. “So we’re trying to create a healthy population in this milieu. And we do that very much with indigenous foods in mind. We look at what they grow and what they’ve lived on and how we can incorporate that into a healthy diet.”

One of IHS’s initiatives is to help the new generation return to traditions of wellness that have served the Navajo community for many years. “These types of culturally appropriate endeavors are actually extremely important so that we can connect our provider and care staff with the patients, what they believe in, and what they need. And I’ll tell you, there are elders in the Navajo that are in better shape than 1 am! They herd sheep every day; they grow their own corn and squash; they don’t have TV and junk food. They’re the most beautiful people. They’re 90, 100 years old, and they’re perfect, because they live that Navajo wellness model their whole life.”

Traditionally passed on orally in Navajo, the Navajo wellness model is currently being translated into English by LT Shawnell Damon, IHS’s health promotion disease prevention coordinator and acting area diabetes consultant, and her team as a part of an IHS public health initiative for both Native and non-Native populations. “Public health is more than just what people think. It’s truly monitoring your patient population and looking at what over time creates good health. It’s food security and improving access to care,” Christensen explains. “We’re trying to reignite public health across our agency so that we have the readiness, the surveillance, the epidemiology, and the ability to intervene quickly and definitively.”

Another initiative, also headed by Damon, is the creation of a public health aid position designed to train an adaptable workforce of medical paraprofessionals that can pivot in the face of health care crises and worker shortages. “It empowers young kids and community members to get into the profession,” Christensen says. “Suicide screenings, safety follow-ups — we don’t have enough psychologists to send out to follow up with people, but we can send our aids out to make sure somebody’s okay. This is a huge project, which Damon is overseeing for the agency. There will be some definite gems in those workforces that might go to nursing school, might go to medical school, might become an epidemiologist, and we can keep them in our system and grow them into other positions.”

At the outset of the COVID-19 pandemic, those health aids served a crucial role as contact tracers, especially for Navajo-speaking populations. “We captured people that wanted to help,” Christensen says. “And God bless all the people that wanted to help.”

Christensen still loves basketball, and she still loves the energy of that last shot — the same energy that’s driven her through her career all these years. “I like that edge,” she says. “I can’t quite get rid of the trauma room, the absolute coordination of everything that has to happen.”

These days, she shoots hoops with one of Damon’s daughters, showing a trick or two to a talented young athlete. “I can only jump in my mind now,” she laughs. Those backyard baskets are yet another offshoot of one of Christensen’s big philosophies: “If you can lift somebody up, you have to do it, every single time. You have to lift them up and see what they can do.”
'50s

Gertrude M. Crum, MD, WMC ‘52, celebrated her 95th birthday and was profiled in the Montgomery Independent, a local Alabama newspaper. She and her husband were private practice physicians.

'60s

Members of the Hahnemann University class of 1962 met over Zoom on January 10, 2023. The gathering allowed classmates the opportunity to participate and reconnect with each other, since there was no special celebration for the their 60-year reunion. Many members of HU ’62 support an endowed 1962 scholarship to honor Ron Caputo, who passed away many years ago. His widow, Jean, was able to participate in the January event. In addition to Jean Caputo, attendees included Vincent Zarro, Lionel Mailoux, Bill Young, Ben McAdams, Marvin Derezin, Mark Kramer, Peter Patukas, Andrew Cattano, James Higbee and Casimir Czarnecki, along with members of the Institutional Advancement and Alumni Relations team who assisted in arranging the event, including Mary Waring, Julie Karavan, Kate McGovern and Nikki Bromberg. The class hopes to do a similar Zoom event in June.

'70s

Howard O. Kerpen, MD, HU ’72, an internist and nephrologist with Northwell Health Physician Partners Internal Medicine at Lake Success and Long Island Jewish Medical Center in New York, was recognized as a “Top Doc” by FindATopDoc.com. Kerpen also serves as the Larber Professor of Medical Education at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. In addition to being a fellow of the American College of Physicians, he is board certified in internal medicine and nephrology by the American Board of Internal Medicine. In recognition of his clinical expertise, Kerpen has been the recipient of seven Teacher of the Year awards and two Lifetime Teaching Awards from the Department of Medicine at Long Island Jewish Medical Center; he has also earned the 2014 National Outstanding Volunteer Clinical Teacher Award from the American College of Physicians, and has received Compassionate Doctor Recognitions in 2011, 2012 and 2013, and Patients’ Choice Awards in 2012, 2013 and 2018.

Gary Michelson, MD, HU ’75; Orthopedics Residency, HU ’79, was a guest on the Positive Phil Podcast. Michelson is a board-certified orthopedic spinal surgeon and holds nearly 1,000 patents throughout the world related to the treatment of spinal disorders. Michelson is the founder and funder of three private foundations and a recipient of numerous awards. He is among a small group of individuals to be inducted into both the National Inventors Hall of Fame and the National Academy of Inventors.

Sharon A. Ashley, MD, HU ’76, a pediatric anesthesiologist affiliated with UC Davis Children’s Hospital in Sacramento, California, was profiled in an IssueWire article. Ashley is board certified in anesthesiology and pediatric anesthesiology by the American Board of Anesthesiology and is an active member of the American Society of Anesthesiologists, the Florida Society of Anesthesiologists, the National Medical Association, the Society for Cardiovascular Anesthesiologists and the Society of Pediatric Anesthesiologists. Among her most notable achievements, Ashley received the King-Drew Medical Center Alumni Association’s Achievement of Excellence in Educational Improvement Award, and the King-Drew Department of Pediatrics Education Award, both in 2004. She earned the UCLA National Society of Collegiate Scholars’ Outstanding Scholarship, Leadership, and Service Award in 1999, and the UCLA School of Public Health Ann G. Quealey Memorial Award in 2000.

Richard Cohen, PhD psychiatry, MCP ’78, was quoted in an article, “PHMC Opens Penn Medicine-Staffed Health Center at Former Mercy Philadelphia Hospital,” in the Philadelphia Business Journal.

Stephen J. Pandolph, MD, HU ’78, joined Mount Nittany Physician Group Primary Care at Mount Nittany Health in State College, Pennsylvania. He settled in Centre County, Pennsylvania, as a private practice family physician in 1986 after spending seven years in the U.S. Army at various locations around the country. Pandolph is a diplomate of the American Board of Family Practice and has been involved with the American Diabetes Association.

Edward R. McDevitt, MD, HU ’79, USN (Ret.), was inducted into the American Orthopaedic Society for Sports Medicine Hall of Fame at the society’s 2022 annual meeting in Colorado Springs, Colorado. The society established the Hall of Fame in 2001 to honor members of the orthopedic sports medicine community who significantly contributed to the specialty and set themselves apart. After medical school, McDevitt completed his orthopedics residency at Portsmouth Naval Hospital. He served as an orthopedic surgeon and head team physician at the Naval Academy from 1987 to 1999. He retired from the Navy in 1999 but continued his involvement in the advancement of sports medicine.

Ana L. Pujols McKee, MD, HU ’79, was named a 2022 AL DÍA Archetype in celebration of Hispanic Heritage Month. Pujols McKee is the executive vice president and chief medical officer, and the chief diversity, equity and inclusion officer of The Joint Commission. She is a fellow of the American College of Physicians. She has also served on the U.S. Food and Drug Administration’s Advisory Committee and several committees of the National Institutes of Health.
’80s

Robert D. Auerbach, MD, HU ’84, became chairman of the board at May Health (formerly AblaCare), a clinical-stage medical device company dedicated to helping those living with the endocrine disorder polycystic ovary syndrome (PCOS). Auerbach has had a distinguished career of more than 35 years that includes both clinical practice and extensive experience running large health care companies. Previously, he served as the chief medical officer, chief strategy officer and ultimately president of CooperSurgical. Auerbach is the chairman of the board for Escala Medical, and he is a board member for OCON Healthcare, Aspira Women’s Health, Empress Medical and the Yale University Center for Biomedical Innovation and Technology.

Richard Malamut, MD, HU ’85, became chief medical officer of MedinCell, a pharmaceutical company that develops innovative long-acting injectable medicines in many therapeutic areas. Previously, Malamut was CMO and executive vice president at Collegium Pharmaceuticals and chair of the MedinCell Medical Advisory Board. He also served as CMO for both Braeburn Pharmaceuticals and Avanir Pharmaceuticals.

Daniel Bobrowski, MD, HU ’86; Surgery Residency, HUH ’91, joined Lehigh Valley Physician Group as a general surgeon. He has been practicing in Schuylkill County since 1992, most recently with Integrated Medical Group and previously with Bobrowski & Fisher Surgical Associates. Bobrowski is board certified by the American Board of Surgery and is a member of the American Medical Association, Pennsylvania Medical Society and Schuylkill County Medical Society.

Roman P. Kownacki, MD, HU ’86; MPH, joined Agile Occupational Medicine as vice president of quality assurance. Kownacki most recently served as chief of occupational medicine for Kaiser Permanente Richmond. Before that, he served on the Permanente Medical Group Board of Directors and was medical director of Northern California Occupational Health, overseeing medical services, physicians and staff at numerous clinics within the Permanente Medical Group.

David J. Shulkin, MD, MCP ’86; HD ’19, joined the advisory board of Kaia Health, a global digital therapeutics company. Shulkin is the CEO of Shulkin Solutions and previously served as Secretary of the U.S. Department of Veterans Affairs.

Marla Hochfeld, MD, HU ’88, joined Prometheus Biosciences Inc. as senior vice president of clinical development and clinical affairs. She will be responsible for leading and expanding the company’s pipeline of immune-mediated programs. Most recently, she served as vice president and head of clinical development, immunology and fibrosis at Bristol Myers Squibb where, among other achievements, she set the clinical strategy and achieved global approvals for Zeposia as a treatment for multiple sclerosis and ulcerative colitis.

Kurt Kaulback MD, HU ’88; Internal Medicine Residency, HU ’91, Cardiology Fellowship, HU ’92, clinical director of network cardiovascular services for Inspira Health, was mentioned in a Philadelphia Business Journal article about Inspira Health being approved to perform elective coronary angioplasty procedures. The license, granted by the New Jersey Department of Health, gives Inspira Medical Center Vineland the ability to offer elective percutaneous coronary intervention procedures to patients.

Christopher T. Olivia, MD, HU ’88, was listed in Becker’s Spine Review’s list of “Leaders From Rothman Orthopedics to Know.” Olivia became CEO of Rothman in August 2021 and was previously CEO of six health-related entities.

Stephen Higgins, MD, HU ’89, wrote an article, “Tips for Minimizing the Risk of COVID-19 in Children With Asthma” for the Philly Voice. Higgins is the medical director at Independence Blue Cross in Philadelphia.

’90s

James Tursi, MD, MCP ’90, has resigned from the Agile Therapeutics’ Board of Directors to focus more of his time on his role as executive vice president of global research and development for Endo Pharmaceuticals. Tursi previously served as chief scientific officer of Ferring Pharmaceuticals and chief medical officer of Antares Pharma Inc.

Joanne S. Warren, MD, MCP ’91, is being recognized by Continental Who’s Who as a Distinguished Healthcare Professional, acknowledging her excellence as an anesthesiologist at the Martinsburg Veterans Affairs Medical Center.

Yolanda Holmes, MD, MCP ’92, was featured in a “Journey With the Experts” video, part of an educational initiative created by Journey Medical Corporation. In the video, she discussed post-inflammatory hyperpigmentation, including what it is, why it occurs and how those affected can seek treatment from their local dermatology practice. Holmes is a board-certified dermatologist and surgeon with Medical and Cosmetic Dermatology in Washington, D.C.

Amy Murtha, MD, MCP ’92; ELAM ’15, an accomplished researcher and a specialist in maternal-fetal medicine, has been named dean of the Rutgers Robert Wood Johnson Medical School. Murtha comes from Rutgers from the University of California, San Francisco, where she was professor and chair of the Department of Obstetrics, Gynecology and Reproductive Services. Prior to serving at UCSF, she was a professor at Duke in the Department of Obstetrics and Gynecology and the Department of Pediatrics, as well as vice chair for research in obstetrics and gynecology. Murtha led the establishment and direction of the Duke Clinical and Translational Science Institute’s Clinical Research Unit and raised the department’s National Institutes of Health funding ranking from 57th to 17th.

Alissa Tran, DMD; MS medical biochemistry, HU ’92, an orthodontist, joined the dentistry team at Iowa Orthodontic Solutions, in Caroll, Iowa. Previously, Tran worked at the Kimball & Beecher Family Dentistry locations in Cedar Falls and Waterloo, Iowa. She also practices at the Iowa Orthodontic Solutions location in Ankeny, Iowa, where she currently resides.
Nevin Elizabeth Gokalp, MD, MCP ‘93, was profiled for FindaTopDoc.com. Gokalp is affiliated with Glow Skin Boutique Spa in Phoenixville, Pennsylvania. She has also maintained a solo private practice since 2001. Gokalp began her postgraduate training in general surgery at Graduate Hospital in Philadelphia. After practicing for three years at St. Vincent’s Midtown Hospital in Manhattan, she became a teaching/attending staff member in the Department of Plastic & Reconstructive Surgery at the New York Eye & Ear Infirmary, where she currently maintains an affiliation. She is also a professional/teaching attending staff member at St. Barnabas Hospital.

Chong U. Kim MD, HU ‘94, wrote an article about the importance of brain health, which was published in Southbay magazine. The piece covered the causes of dementia, related symptoms and brain health strategies. A board-certified internist who is trained in anti-aging and restorative medicine, Kim focuses on disease prevention and mental health care. He opened Coastal Anti-Aging Medical Group in Torrance, California, in 2007 and maintains an independent hospital practice at Providence Little Company of Mary Medical Center and Torrance Memorial Medical Center.

David W. Stepp, PhD physiology, MCP ‘93, was appointed co-director of the University System of Georgia’s MD/PhD program. Stepp is a vascular biologist, the director of the graduate program at the Vascular Biology Center at the Medical College of Georgia at Augusta University, and co-director of the Department of Medicine’s Research Residency Track. He is a co-principal investigator on a $3.4 million grant from the National Institutes of Health to determine how disruption in circadian rhythm impairs cardiovascular function in obesity. In addition, he is the contact principal investigator on a $1.5 million T32 NIH training grant that supports the graduate education of future scientists whose focus is cardiometabolic diseases like hypertension and diabetes. Stepp also leads the Medical College of Georgia training program for the new American Heart Association Cardio-Oncology Strategically Focused Research Network.

Dinesh Govindarao, MD, HU ‘97, a medical doctor in the San Ramon, California, area, entered the city’s mayoral race in November 2022. He currently works as chief medical officer for the State Compensation Insurance Fund, and he has served in several volunteer roles. Govindarao is a member of the San Ramon Valley Education Foundation Board and the city’s Library Advisory Committee.

Col. Norman C. Waters, PhD microbiology and immunology, MCP ‘97, USA (Ret.), director of the U.S. Army Medical Materiel Development Activity’s Force Health Protection Directorate at Fort Detrick, retired after 31 years of service. He was commissioned in 1991 from the Reserve Officer Training Corps program at the Indiana University of Pennsylvania. After serving in the Reserves, he became an active-duty soldier in 1997. At the Walter Reed Army Institute of Research, Waters marked the beginning of his career researching infectious diseases, particularly malaria.

Maryann Lauletta, MD, HU ‘98, chief medical officer for Dina, an AI-powered care-at-home platform and network, was interviewed for First Report Managed Care magazine. In the piece, she discusses implications of the Accountable Care Organization Realizing Equity, Access, and Community Health model, the Center for Medicare & Medicaid Services’ emphasis on accountable care, and how home-based care options will matter for patients nationwide.

Rocio D. Murphy, PhD microbiology and immunology, HU ‘98, director and solution team leader, Johnson & Johnson Lung Cancer Initiative, spoke at an event, “You Can Do Anything If You Put Your Heart to It,” hosted by Biopatrika. Prior to her work at Johnson & Johnson, Murphy spent more than two decades at Merck Research Laboratories, where she led teams of scientists supporting development, validation and testing of bioanalytical assays that are used to evaluate specimens from vaccine clinical trials. She was a significant contributor to the successful filings and post-licensure deliverables for numerous marketed vaccine products.

Kela Henry, MD, MCPHU ‘99, has been creating a new TV series called Let’s Talk Teens With Kela. She and her team are planning to film their proof-of-concept first episode with the help of sponsors and investors. The new series is an offshoot of Henry’s award-winning book, Nia & The Numbers Game, A Teenager’s Guide to Education, Relationships & Sex. Henry has directly and candidly discussed the ongoing issues of African American teenage girls, including relationships, mental and physical health, and sex via her live chat “Let’s Talk Teens With Kela” on Instagram.

Monisha Kumar, MD, MCPHU ‘00, was promoted to vice chair for quality and safety, Department of Neurology in the University of Pennsylvania Health System, according to a LinkedIn update. She is also a director of the neuro ICU at the Hospital of the University of Pennsylvania.

Tony Reed, MD, MCPHU ‘00, was appointed senior vice president and chief quality and safety officer at Inspira Health. In this position, Reed focuses on executing and expanding Inspira’s role as a high-reliability organization through patient safety, quality and excellence. He has 22 years of experience in health care, most recently serving as the chief medical officer at Temple University Health System. He also served as an adjunct professor at the Temple University Lewis Katz School of Medicine for six years.

Shaifali Sharma, MD ‘01, joined Fairfax Radiological Consultants in Fairfax, Virginia, as a subspecialty-trained radiologist. Sharma was previously with Butler Memorial Hospital.

Gina Woods, MD ‘01, was a co-keynote speaker at the Bone Health Update 2022 event hosted by the Doris Howell Foundation for Women’s Health Research. Woods is an associate professor in the Division of Endocrinology and director of the Osteoporosis Clinic at the University of California, San Diego.
Yanghee Woo, MD ’03, is a board-certified cardiologist with 16 years of clinical experience specializing in noninvasive cardiology, with a particular interest in cardiac imaging and lifestyle medicine.

Denise Torres, MD ’03, has been appointed chair of the Geisinger Surgery Institute after having served as interim chair for the 10 months prior. In this role, Torres will oversee general surgery, trauma, plastics, oral medicine, ophthalmology, transplant and urology throughout the organization. She will also continue to serve as chair of the Department of General Surgery and division chief of acute care surgery. Torres is credited with establishing trauma centers throughout the Geisinger system. Through a partnership with critical care medicine, she created a surgical intensive care unit.

Yanghee Woo, MD ’03, is a surgical oncologist and associate professor of surgery at City of Hope, joined the Imugene Limited Advisory Board. Woo is an internationally recognized surgeon-scientist with clinical expertise in robotic surgery and gastric cancer. She holds several key positions at City of Hope, including director of the GI Minimally Invasive Therapies program and vice chair of international affairs. She is also a visiting professor at Xiangya Medical School in China. In addition to her clinical and teaching experience, Woo is currently researching gastric cancer inception and viral oncolytic therapy based on the CF33-platform.

Rebecca D. Edmonds, MD ’04, a surgical oncologist specializing in the treatment of diseases of the liver, pancreas, gallbladder, spleen, colon, thyroid and breast, joined the Allegheny Health Network Cancer Institute.

Vincent Ricci, MS medical science ’04, was appointed chief financial officer at Pillar Biosciences, the developer of Decision Medicine, which is the utilization of next-generation sequencing tests to localize testing and reduce time to treatment initiation and overall testing costs. Ricci has two decades of experience as an investment professional focusing on the global health care and life sciences industry. He joins Pillar Biosciences from Davidson Kempner Capital Management LP, where he was responsible for equity investments in the life sciences sector. Previously, Ricci was a portfolio manager for Alliance Bernstein, where he managed investments across the global health care industry. Ricci began his career at Wachovia Bank NA in their Capital Markets Division, where he was a vice president and senior equity analyst covering the small and mid-cap medical device industry.

Kristina Thomas, MD ’04, a board-certified ophthalmologist, joined Novus Clinic and Corrective Eye Center, part of the EyeCare Partners, in Tallmadge, Ohio. In 2012, she was voted one of Northeast Ohio’s Best Doctors by Cleveland Magazine.

Amanda Mullen, MD ’06, was named the new Montezuma County, Colorado, public health medical officer. Mullen has practiced at Southwest Health System’s Primary Care Clinic since October 2021.

Rebecca Brocks, MD ’07, a pediatric surgeon, has joined Albany Medical Center’s Department of Surgery and will also serve as assistant professor of surgery at Albany Medical College in Albany, New York. Most recently, Brocks worked as assistant professor in the Department of Surgery at the University of Montreal. She is a member of the American Pediatric Surgical Association, the American College of Surgeons, the Canadian Association of Pediatric Surgeons and the American Academy of Pediatrics.

William Ding, MD ’07, recently resigned from the board at University of the Sciences over the school’s merger with St. Joseph’s University. He wrote an opinion piece for the Philadelphia Inquirer discussing the reasons behind his resignation. Ding is a board-certified radiation oncologist and the medical director of New Jersey Urology.

Jeegar Patel, PhD pharmacology and physiology ’07, was appointed chief scientific officer of Evommune Inc., a clinical-stage biotechnology company discovering and developing new ways to treat immune-mediated inflammatory diseases. He most recently served as senior vice president, research and nonclinical development at Kadmon Holdings Inc., a Sanofi Company, where he held positions of increasing responsibility and led the research and development organization with a therapeutic focus on fibrosis, immunology and immuno-oncology. He has directly contributed to IND and NDA filings across multiple therapeutic areas, including the development and approval of Rezurock, which received FDA approval in July 2021, leading to Sanofi’s acquisition of Kadmon.

David Abbatematteo, MD ’08, joined the Pain Management Department of Canton-Potsdam Hospital in Potsdam, New York. Board certified in pain medicine and anesthesiology, Abbatematteo was a critical care registered nurse and a combat medic with the U.S. Army National Guard before becoming a physician.

Amaal Starling, MD ’08, co-presented at a Key Opinion Leader webinar on the acute treatment of migraine using DHE and STS101, hosted by Satsuma Pharmaceuticals Inc. Starling is an associate professor of neurology at the Mayo Clinic College of Medicine and Science. She joined Mayo in 2012 and is currently a board-certified consultant within the Department of Neurology. She is also the clinical practice chair of the Division of Headache, the associate program director for the Headache Medicine Fellowship and program director for the Transitional Year Residency program in the Mayo Clinic College of Medicine and Science – Arizona Campus. She is a fellow of the American Academy of Neurology and the American Headache Society, and she is an active member of the American Medical Association and the American Pain Society. Starling serves on the advisory boards of the International Concussion Society, NeurologyLive, the NDPH (New Daily Persistent Headache) Research Foundation, the United Council for Neurologic Subspecialties, the Alliance for Headache Disorders Advocacy and the American Headache Society (AHS). In addition, she has served
as co-chair of the American Headache and Migraine Association, chair of the New Investigator and Trainee Special Interest Section and Electronic Media Committee of the AHS. She is the current chair of AHS’s Advocacy Committee.

Shauna Guthrie, MD ’09, a family medicine practitioner, was elected president of the North Carolina Academy of Family Physicians at the academy’s annual winter meeting in December 2022. Guthrie is also chief medical officer of Maria Parham Health in Henderson, North Carolina, and medical director at Granville Vance Public Health, a district health department. In 2021, she opened Sunflower Direct Primary Care in Henderson.

Adam Walchak, MD ’09, MS medical science ’05, joined Fox Chase Cancer Center as an assistant professor in the Department of Surgical Oncology, where he will work in the Division of Plastic and Reconstructive Surgery. He completed his general surgery residency at Temple University Hospital, where he served as chief resident. Previously, Walchak worked as a plastic and hand surgeon at Associates in Plastic Surgery in Media, Pennsylvania.

’S10s

Clarence M. Lee Jr., MD ’10; PBC Drexel Pathway to Medical School ’06; MBA, became an official member of Forbes Business Council, according to a LinkedIn update. He is also president and CEO of Exhort Health and founder/CEO of CMLEEJR Companies LLC. Lee earned his MBA from the LeBow College of Business in 2015.

Usman Zafar, MD ’10, was inducted into the Blue Mountain High School All-Sports Hall of Fame. During his four years at Blue Mountain, Zafar excelled on the tennis court, earning four varsity letters before graduating in 2002. The Blue Mountain tennis team were four-time Schuykill League champions and captured a District 11 team championship. Zafar practices medicine as an anesthesia and pain management specialist in Manassas, Virginia.

Rosemarie Arena, MD ’11; Internal Medicine Residency, Drexel/HU ’12; Gastroenterology Fellowship, Drexel/HU, was awarded the “Top Doctor” recognition from FindaTopDoc.com. She is a gastroenterologist currently affiliated with Hackensack Meridian Mountainside Medical Group, serving patients in Glen Ridge, New Jersey. Her clinical interests include inflammatory bowel disease.

Alfredo Arrojas, MD ’12, was profiled by VeroNews.com, a local Vero Beach, Florida, online news publication. Arrojas, a board-certified orthopedic surgeon with Vero Orthopedics, specializes in total joint reconstruction. He is Mako-certified to perform total and partial knee replacements and total hip replacements.

Rohini D. Samudralwar, MD ’13, was appointed assistant professor of neurology at the Perelman School of Medicine at the University of Pennsylvania and Penn Medicine. In addition, she serves as associate director of the Neurology Residency program and co-director of the Neuroimmunology Fellowship at Penn. She completed residency training at Baylor College of Medicine and a fellowship at Washington University in St. Louis. She also spent time in academic practice at the University of Texas-Houston before returning to Philadelphia. Her clinical practice will be within the Division of Neuroimmunology and Multiple Sclerosis. Her clinical focus is rare neuroimmunological conditions, including neurosarcoidosis.

Visish M. Srinivasan, MD ’13, was appointed assistant professor of neurosurgery at the Perelman School of Medicine at the University of Pennsylvania. Srinivasan returned to Philadelphia after completing his neurosurgery residency at Baylor College of Medicine in Houston and a cerebrovascular fellowship at Barrow Neurological Institute in Phoenix. In addition to his clinical practice focusing on brain aneurysms, stroke and complex cerebrovascular surgery, he is director of the Kim Family Neurovascular Innovations Lab, where he conducts translational research to bring forth new therapies for these conditions.

Jason R. Woloski, MD ’14, was elected to a one-year term as president of the Pennsylvania Academy of Family Physicians in April 2022. Woloski is a board-certified family medicine physician practicing in Wilkes-Barre. He is the assistant program director for the Geisinger Kistler Family Medicine Residency program, assistant professor of family medicine for the Geisinger Commonwealth School of Medicine and an adjunct clinical faculty member for the Wilkes University Nesbitt School of Pharmacy. He is a past president of the Pennsylvania Academy of Family Physicians Foundation.

Preeti Badve, MS interdisciplinary health sciences ’15, see Gargiulo ’19.

Anthony J. Ferrara MD ’15, became a head and neck surgeon at Bassett Healthcare Network, in Oneonta and Cooperstown, New York, according to a LinkedIn update.

Allison Denman, MS forensic science ’16; BSN; RN; SANE-A, is president-elect of the International Association of Forensic Nurses, according to a LinkedIn update. She is also a clinical director and nurse manager of Drexel University College of Nursing and Health Professions’ Philadelphia Sexual Assault Response Center and an adjunct professor at Rosemont College.

Timothy Nacarelli, PhD molecular and cell biology and genetics ’16, Ashley Azar, PhD biomedical science ’17, Manali Potnis, PhD molecular and cell biology and genetics ’22, and faculty members at the College of Medicine, along with colleagues from Absorption Systems LLC, the University of Pennsylvania and the University of North Dakota School of Medicine and Health Sciences, published “The Methyltransferase Enzymes KMT2D, SETD1B, and ASH1L Are Key Mediators of Both Metabolic and Epigenetic Changes During Cellular Senescence” in the May 1, 2022, issue of Molecular Biology of the Cell.

Aislinn Sowash, PhD molecular and cell biology and genetics ’16, see Flashner ’20.

Ashley Azar, PhD biomedical science ’17, see Nacarelli ’16.
Frank Bearoff, PhD microbiology and immunology ’17, was one of the authors of “Identification of Quantitative Trait Loci for Survival in the Mutant Dynactin p150Glued Mouse Model of Motor Neuron Disease,” which was published in PLoS One online September 15, 2022. Other authors were from the College of Medicine, Temple University, Stony Brook University, the Children’s Hospital of Philadelphia and the Jackson Laboratory. Bearoff is currently a postdoctoral research fellow in the Department of Microbiology & Immunology at the College of Medicine.

Brielle Ferguson, PhD neuroscience ’17, a co-founder of Black in Neuro and postdoctoral researcher at the Wu Tsai Neurosciences Institute at Stanford University, was interviewed by the institute about her research at Stanford and her passion for activism. In 2021, she was listed as one of Forbes magazine’s 30 Scientists Under 30 for her work studying parvalbumin interneurons.

Brad Nash, PhD pharmacology and physiology ’17, see DiNatale ’21. Nash is a scientific writer in the Department of Pharmacology & Physiology at the College of Medicine.

Sherice Simpson, MS interdisciplinary health sciences ’17, was selected to participate in the National Institutes of Health Medical Research Scholars Program. She is a medical student at University at Buffalo Jacobs School of Medicine and Biomedical Sciences and has been working at the National Institute of Environmental Health Sciences in Durham, North Carolina.

Michael Briskey, MD ’18, an emergency medicine physician, joined the medical staff of Evangelical Community Hospital. He specializes in rapid recognition and treatment of trauma and acute illness. Briskey is currently completing his fellowship in the Academy of Wilderness Medicine through the Wilderness Medical Society, the highest level of achievement in the field of wilderness medicine.

Nicole Maldari MD ’18, was promoted to chief anesthesiology resident at NYU Langone Health, according to a LinkedIn update.

Lyandysha Zholudeva, PhD neuroscience ’18, see Locke ’19.

Andrew Gargiulo, PhD neuroscience ’19, Preeti Badve, MS interdisciplinary health sciences ’15, Genevieve Curtis, PhD neuroscience ’22, and colleagues at the College of Medicine authored “Inactivation of the Thalamic Paraventricular Nucleus Promotes Place Preference and Sucrose Seeking in Male Rats,” which was published in the August 2022 issue of Psychopharmacology.

Katherine C. Locke, MS medical science ’19, now a member of the MD program class of 2023, Margo Randelman, PhD neuroscience ’21, Lyandysha Zholudeva, PhD neuroscience ’18, and colleagues at the College of Medicine and the University of Florida published “Respiratory Plasticity Following Spinal Cord Injury: Perspectives From Mouse to Man” in the October 2022 issue of Neural Regeneration.

Yoon Sung, MD ’19, completed his family medicine residency at Stanford Health Care, O’Connor Hospital, in 2022, having served as chief resident for the final year of his training. He is now a supervising urgent care physician at Carbon Health in Los Angeles. He also currently works as the pastry chef for Hanchic, a contemporary Korean restaurant, and he launched a successful Kickstarter campaign to open a Korean restaurant, Oksusu, which is slated to open in the near future in Los Angeles.

’20s

Maria Sofia Castelli, MS drug discovery and development ’20, see DiNatale ’21.

Samuel Flashner, PhD molecular and cell biology and genetics ’20, Michelle Swift, PhD molecular and cell biology and genetics ’21, Aislinn Sowash, PhD molecular and cell biology and genetics ’16, and College of Medicine colleagues published “Transcription Factor Sp1 Regulates Mitotic Chromosome Assembly and Segregation” in the August 2, 2022, issue of Chromosoma.

Anthony DiNatale, MD, PhD pharmacology and physiology ’21, Maria Sofia Castelli, MS drug discovery and development ’20, Brad Nash, PhD pharmacology and physiology ’17, and faculty in the Department of Pharmacology & Physiology at the College of Medicine authored “Regulation of Tumor and Metastasis Initiation by Chemokine Receptors,” which appeared in the Journal of Cancer online on August 27, 2022.

Pamela Alonso, PhD neuroscience ’21, along with College of Medicine and College of Arts and Sciences colleagues, published “Incubation of Cocaine Craving Coincides With Changes in Dopamine Terminal Neurotransmission” in Addiction Neuroscience in September 2022.

Margo Randelman, PhD neuroscience ’21, see Locke ’19.

Michelle Swift, PhD molecular and cell biology and genetics ’21, see Flashner ’20.

Genevieve Curtis, PhD neuroscience ’22, see Gargiulo ’19.


Manali Potnis, PhD molecular and cell biology and genetics ’22, see Nacarelli ’16.
Eleanor Ruth Axe (née Klein), MD, WMC ‘67, October 8, 2022
Mauvine Barnes, MD, WMC ‘57, March 8, 2022
Delphine Barbara Bartosik, MD, WMC ‘61, October 1, 2022
Bruce J. Basch, MD, HU ‘69, January 16, 2023
Clair J. Beard, MD, HU ‘83, July 31, 2021
Eugene A. Bentley Jr., MD, HU ‘58, January 3, 2023
Richard Berkowitz, MD, HU ‘60, October 10, 2021
Frank I. Burno Jr., MD, HU ‘53, October 26, 2022
David T. Casey, MD, HU ‘64, August 28, 2022
Edward G. DeVita, MD, MCP ’84, October 12, 2022
Joseph Francis Diaco, MD, HU ‘64, December 19, 2022
Alphonse J. DiGiovanni, MD, HU ‘60, December 1, 2022
Barbara Baute Dowd, MD, HU ‘55, November 23, 2022
Ivy Joan Dreizin, MD, MCP ‘74, March 29, 2021
Jeanne Marie Fastook, MD, WMC ‘69, October 3, 2022
Jamison K. Francis, MD, HU ‘76, October 8, 2022
David Michael Friel, MD, MCP ’87, July 15, 2022
Annette M. Gentile-Viola, MD, HU ‘93, April 15, 2021
Fred C. Hauser Jr., MD, HU ‘62, September 7, 2022
John A. Harrington, MD, HU ‘68, January 1, 2023
Jamielle Hyde, MD ‘11, March 11, 2023
Leonard R. Kilmer, MD, HU ‘61, January 19, 2023
Vladimir D. Korba, MD, HU ‘60, December 16, 2022
Salvatore A. Lawrence, MD, HU ‘83, June 1, 2022
Kenneth E. Miller, MD, HU ‘62, December 14, 2022
Martin D. Misenhimer, MD, HU ‘59, August 5, 2022
Carl J. Morrison, MD, HU ‘69, November 21, 2022
Edward N. Moser, MD, HU ‘54, August 22, 2022
Robert L. Moser, MD, HU ‘78, October 11, 2022
Lynn D. Negus, MD, HU ‘65, September 3, 2022
Jack D. Nuschke Sr., MD, HU ‘57, August 29, 2022
Mary Kelly O’Connor, MD, MCP ‘74, July 6, 2022
Theodore Oslick, MD, HU ‘62, December 19, 2022
Michele C. Pauporte, MD, MCPHU ‘99, August 26, 2019
Anastasia B. Petrides, MD, WMC ‘60, October 1, 2020
Frank S. Pettyjohn, MD, HU ‘63, December 6, 2022
Michael J. Piccuto, MD, HU ‘69, September 18, 2020
Anthony S. Puglisi, MD, HU ‘65, September 1, 2022
Richard F. Romfh, MD, HU ‘65, February 17, 2021
Nicholas P. Rossi, MD, HU ‘55, November 5, 2022
Mary S. Russin, MD, WMC ‘69, September 7, 2022
Francis P. Salvatore Jr., MD, HU ‘80, September 3, 2022
Conrad W. Smith Jr., MD, HU ‘85, July 12, 2021
Donald Anthony St. Claire, MD, HU ‘61, August 31, 2022
Philip M. Stern, MD, HU ‘86, August 29, 2019
Selig S. Strassman, MD, HU ‘51, October 25, 2022
John E. Sudol, MD, HU ‘58, November 12, 2022
Nancy Elliott Sydnan, MD, WMC ‘54, November 18, 2021
Richard S. Troiano, MD, HU ‘75, September 21, 2019
Herbert Wagemaker Jr., MD, HU ‘61, August 10, 2022
Arthur J. Wise, MD, HU ‘65, August 5, 2020
Daryl N. Zeigler, MD, HU ‘79, December 27, 2022

Charlie Puglia, PhD, emeritus professor of pharmacology and physiology, died on November 2, 2022. He was 81 years old. Puglia earned a bachelor’s degree in pharmacy from St. John’s University in Queens, a master’s degree in pharmacology from Rutgers and a PhD in pharmacology from Temple University, followed by postdoctoral training at the University of Pennsylvania. He came to the Medical College of Pennsylvania in 1977 as an assistant professor of pharmacology.

In 1992, Puglia created the Program for Integrated Learning, serving as the program’s director for the duration of his tenure at MCP and Drexel. In 1996 he was also named associate dean for medical education. A beloved educator, Puglia received more than a dozen Golden Apple Awards between 1980 and 1998. He was named to the Alpha Omega Alpha Honor Medical Society in 1993 and received the Medical College of Pennsylvania Trustees’ Award for Teaching Excellence in 1996. In 2000, he earned the Harry Gottlieb Award for Distinguished Service in Medicine.

He is survived by his wife, Joanne; his daughter and son-in-law, Allison and Stephen Bauer; his brother, Michael; and two grandchildren. Tyler and Chloe Anne, as well as many close members of his extended family.

Anyone who wishes to donate to the Puglia Scholarship can visit www.giving.drexel.edu/Puglia.

Chanel Tyler, MD ’02; PhD, died on February 4, 2023, at the age of 48. Tyler earned her bachelor’s degree in psychology at Duke University before coming to Drexel for her MD. She completed residency training in obstetrics and gynecology at University of Massachusetts Medical School and a fellowship in maternal-fetal medicine at the University of Wisconsin-Madison School of Medicine and Public Health, where she also earned a PhD in endocrinology and reproductive physiology. She served on the faculty of UW School of Medicine for many years after her training.

Tyler was an accomplished researcher, focusing on hypertension, preeclampsia, diabetes and obesity in pregnancy. She was a UW-Madison Building Interdisciplinary Research Careers in Women’s Health scholar and one of the earliest UW SMPH Centennial Scholars. In addition to her professional achievements, she was passionate about education and empowerment for Black girls.

Tyler is survived by her mother, Donna; father, Durette (Teresa); brother, Durette, and sister-in-law, Tenesha; sister, Taylor; three nieces, Breana, Savannah and Ava; and numerous aunts, uncles, cousins and friends.
Asif Ilyas, MD, MCPHU ’01, MBA, FACS, is associate dean of clinical research, a newly created position at Drexel University College of Medicine. He is also a professor of orthopedic surgery at Thomas Jefferson University and a surgeon at the Rothman Institute. A prolific researcher, he has published over 200 scientific studies and papers in peer-reviewed journals.

**Q&A**

Asif Ilyas, MD, MCPHU ’01, MBA, FACS

**WHAT ARE YOUR GOALS for clinical research at Drexel University College of Medicine?**

I have three broad goals in this new role. First, to grow the clinical research output of the College of Medicine along with our partner clinical sites, with particular focus on studies that will be most influential in terms of caring for our communities, as well as translational research. Second, to develop the clinical research expertise of our teaching faculty across our many clinical sites. Third, to increase the research opportunities and experience of our medical students.

**WHAT IS THE FOCUS of your personal clinical research?**

My research focuses on orthopedic injuries, especially to the upper extremities. I also enjoy studying peripheral nerve injuries and their management. Most recently, my research has focused on opioids and pain management strategies to decrease post-operative opioid use and dependency.

**WHY WAS THIS NEWLY CREATED position appealing to you?**

The opportunity to come back to my alma mater to help grow clinical research in this new role was very exciting to me, particularly in light of the latest changes and evolution of the College of Medicine through the leadership of Dean Cairns. The multitude of clinical and strategic partners brings a unique richness and amazing potential to the medical school.

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**WHAT ARE YOUR GOALS for achieving these goals?**

Since starting in this role in October 2022, I’ve been conducting a listening tour to learn from all key stakeholders about current research activities across the College of Medicine. I have been speaking with regional deans and their deputies charged with research at their campuses. I have also been talking with academic department chairs to learn about their research activities and needs. In addition, I have been talking to medical school administrators who are running various programs that support medical student research. Ultimately, my goal is to enhance their efforts as well as drive cross-pollination of these programs.

I am also talking to our medical students, who are eagerly pursuing clinical research for a variety of reasons. In addition to learning medicine, they need to become well-versed in the research process. This better positions them to succeed in securing a residency in the specialty of their choice and eventually to be more well-rounded as clinicians. My role is to try to help them achieve these research goals.

**WHAT ARE THE BENEFITS of conducting clinical research?**

Clinical research helps to advance science and enhance care in the communities we serve. It also helps our medical students, residents and fellows to understand the scientific process. Our faculty benefit by advancing their own professional development. In addition, attracting more research dollars will further advance and enhance Drexel’s overall mission.

**WHAT DO YOU FIND MOST challenging about clinical research?**

It takes a lot of perseverance to execute an effective and meaningful study in the midst of a physician’s daily clinical and personal responsibilities. There are the standard challenges of study design, recruiting subjects and data reporting, as well as data protection and analysis. In addition, clinical studies can be very expensive to execute so there can be significant financial challenges as well.

**WHAT IS YOUR STRATEGY for dealing with these challenges?**

When I am mentoring someone in the research process, my advice is to start small with straightforward projects directly relevant to their practice and expertise. Then build on that experience and move into larger and more elaborate studies when you better understand both the subject matter and the research process. Like anything, you have to walk before you can run.

**WHAT IS YOUR STRATEGY for dealing with these challenges?**

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Interview by Nancy West
ALUMNI WEEKEND 2023
MAY 19-20

JOIN YOUR CLASSMATES FOR A WEEKEND-LONG CELEBRATION OF DREXEL UNIVERSITY COLLEGE OF MEDICINE AND ITS LEGACY SCHOOLS!

Connect and reminisce about your medical school days and experience the College of Medicine of today at events including:

Lunch with the College of Medicine Dean, Charles Cairns, MD, FACEP, FAAEM, FAHA
Saturday, May 20
Dean Cairns and a panel of faculty members will discuss the medical school today, followed by a tour of Drexel College of Medicine’s new state-of-the-art building.

2023 Alumni Association Awards Ceremony
Sunday, May 21
We will honor alumni for their contributions to medicine, research, education and the community in this ceremony and brunch.

College of Medicine Wine Pairing Dinner
Saturday, May 20
Enjoy this sit-down dinner and wine pairing for all College of Medicine alumni at the Bellevue Hotel.

This year, we’re excited to honor the following milestone reunion classes:

- College of Medicine Class of 2013

More details and registration: drexel.edu/alumni/weekend
Alumni Reception at West Reading

On October 6, 2022, alumni from Hahnemann, Woman’s Medical College, Medical College of Pennsylvania and Drexel were welcomed by Dean Charles Cairns and Regional Vice Dean Karen Restifo at an open house at the College of Medicine at Tower Health in West Reading, Pennsylvania. The event included a tour of the building and an opportunity to meet students and learn about their engagement in the community.

To see more photos of the event, visit bit.ly/WRAlumniEvent