Mark Your Calendar

April 5, Friday, 6:00 P.M.
Alumni reception, with Dean Thomas Nasca ’75 and Clara Callahan PD’82, Senior Associate Dean, Admissions and Student Life, Wilmington Country Club, Wilmington, DE

April 5, Friday, 8:00 P.M.
Thomas Jefferson University Choir and Orchestra, 32nd Annual Spring Concert, First Baptist Church, 17th and Sansom Streets, Philadelphia.
Robert T. Sataloff ’75, Director. Mozart’s Vesperae Solennes De Confessore and selections of patriotic and popular music will be performed.

April 12, Friday
Alumni reception, American College of Physicians, Philadelphia

April 25, Thursday
Alumni Annual Business Meeting, Eakins Lounge, Jefferson Alumni Hall

May 5, Monday
Alumni reception, American College of Ob/Gyn, Los Angeles

May 13, Monday
Jeff HOPE Annual Charity Golf Tournament at the Bala Golf Club, Bala, Pennsylvania.
For more information please call 215 955 1878 or e-mail Michael.Cellucci@Jefferson.edu

May 20, Monday
Alumni reception, American Psychiatric Association, Philadelphia

May 27, Monday
Alumni reception, American Urological Association, Orlando

June 6, Thursday, 6:00 P.M.
Alumni Association party for the senior class, Jefferson Alumni Hall

June 7, Friday, 6:00 P.M., Alumni Banquet, Jefferson Alumni Hall

June 8, Saturday, Clinic Presentations, Women’s Forum, Reunion Parties

June 13, Thursday
Reception in honor of Joan Schott, retiring Associate Director of Alumni Annual Giving
4:00 till 7:00, Jefferson Alumni Hall

October 25, Friday
The President’s Club Dinner at The Crystal Tea Room, Wanamaker Building, Philadelphia

Listening In: Lectures on Campus

April 5, Friday, 9:00 A.M., Connelly Conference Hall, Room 101 Bluemle Life Sciences Building, 10th and Locust Streets: Brucker Lecture: John A. Kastor MD, Professor of Medicine, University of Maryland School of Medicine will speak on "Success and Failure in the Merging of Six of the Nation’s Leading Teaching Hospitals."

April 9, Tuesday, 4:00 P.M., Brent Auditorium, Jefferson Alumni Hall, 1020 Locust Street: William Potter Lecture: Dr. Joanna Groden, Associate Professor, Molecular Genetics, University of Cincinnati will speak on: "Chromosome Instability and Cancer."

April 12, Friday, 5:00 P.M., DePalma Auditorium, 1025 Walnut Street, Thompson Building: Clerf Lecture: David E. Schuller MD, Chair, Otolaryngology, Ohio State University, and Director of the James Cancer Hospital.

April 17, Wednesday, 10:30 A.M., DePalma Auditorium, 1025 Walnut Street, Thompson Building: Biele Lecture: Jimmie Holland MD, Professor and Chairperson, Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center will speak on "Psycho-oncology’s Contribution to Cancer Care."

April 25, Thursday, 5:00 P.M., Bluemle Life Sciences Building, Room 105, 10th and Locust Streets: Lang Lecture: Robert J. Kurman MD, Richard W. Telinde Distinguished Professor, Director, Gynecologic Pathology, Departments of Gynecology/Obstetrics and Pathology, Johns Hopkins University.

May 2, Thursday, 4:00 P.M., Connelly Conference Room, Bluemle Building, 10th and Locust Streets: Luscombe Lecture: Roy S. Rogers III MD, Professor of Dermatology, Mayo Medical School will speak on "Ten Tongue Troubles and the Burning Mouth Syndrome."

May 9, Thursday, 8:00 A.M., DePalma Auditorium, 1025 Walnut Street, Thompson Building: Raymond C. Grandon Lecture: Kenneth W. Kizer MD, MPH, President and Chief Executive Officer, The National Quality Forum, Washington, DC will speak on "Academic Medicine and Quality of Care."

June 4, Tuesday, 5:00 P.M., Solis-Cohen Auditorium, Jefferson Alumni Hall, 1020 Locust Street: Hodes Lecture: Philip H. Cook MD, Professor of Radiology, Harvard Medical School, Chairman, Radiology, Brigham and Women’s Hospital, Boston, will speak on "Management Challenges Facing Academic Radiology Departments."

Please submit nominations for the Alumni Achievement Award:
Submit the name of the candidate to the Chairman, Alumni Achievement Award Committee, Alumni Office, Jefferson Alumni Hall, 1020 Locust Street, Philadelphia, PA 19107, and the committee will do the rest.
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At left, freshman and sophomore medical students get to know the alumni at Career Day, and at the “Beef, Brew, and Tofu” reception hosted each year by the Alumni Association. Photos by Med. Media Serv.

On the front cover, next Alumni President Wilfreta Baugh ’79 (see page 8). Photo by Kelly & Massa

On the back cover, photographs of Yemen by Scott Kennedy ’81 (see page 18).
Affirmative Action in Medical School Admissions and Minority Underrepresentation in Medicine

by Lois W. Choi ’2002

The great majority of Americans are . . . uneasy with injustice but unwilling yet to pay a significant price to eradicate it.

Martin Luther King Jr.

Medical education is among the most rapidly changing fields of higher education today. It is being adapted to suit new developments in research, technology, politics, and economics. Both the content and the structure of the undergraduate medical curriculum continue to evolve in an effort to train students to be the kinds of doctors our society requires in an age of rapid social and technological advance. However, in spite of the continuing progress in medical education in changing responsively to the society it is to serve, the field has remained relatively slow to respond to the demands of what is an increasingly multicultural society. While it is true that there continues to be active dialogue concerning diversity and cultural sensitivity in medical education as well as in medicine at large, few programs or policies have been implemented successfully to promote these currently important issues. In short, while many physicians and medical educators agree that achieving diversity and developing cultural sensitivity is a valuable end, few agree on what means can be employed towards that end.

Affirmative action has been a highly polarizing and controversial issue at all levels and in all fields of education. It has, however, a special relevance in medical education. The landmark case on the issue, Regents of the University of California v. Bakke, concerned affirmative action in medical school specifically. In the late 1970s, Allan Bakke, a 32-year-old engineer, sued the University of California under the claim that the university’s affirmative action policies violated his rights under both Title VI of the Civil Rights Act of 1964 and the equal protection clause of the 14th amendment to the U.S. Constitution. After Bakke had been denied admission to the medical school at the University of California at Davis twice, he discovered that the medical school admissions committee employed a quota system for minority students. Under this system, the school reserved a number of spaces in each entering class for students of specific minority groups and admitted candidates from these minority groups with scores and grades lower than the scores and grades of the general pool of admitted students. Ultimately, a narrow majority of the U.S. Supreme Court found in favor of Bakke, ruling that the specific admissions policy employed by the University of California was in fact unlawful, but no majority could agree on an opinion on affirmative action in general. In his concurring opinion, Justice Lewis Franklin Powell wrote that the use of race-based quotas in an admissions program did in fact constitute discrimination. However, Powell also noted that diversity in the student body is “a constitutionally permissible goal for an institution of higher education.” To elaborate this point, Powell wrote, “The nation’s future depends upon leaders trained through wide exposure to the ideas and mores of students as diverse as this nation of many peoples.”

According to Powell, race could be considered a “plus” for a particular applicant.

The case of the University of California v. Bakke condemned a certain type of affirmative action, but nonetheless upheld the ends to which affirmative action is employed, namely diversity within universities aimed at producing graduates that are both aware and understanding of the differences among individuals in our multicultural society. Since Bakke, the task for society has been to determine what type of affirmative action program would be both lawful and effective in achieving the worthy end of maintaining diversity in higher education. Two decades later, we still have not come to a consensus. Twenty-two years after Bakke, affirmative action continues to be a divisive and apparently insoluble issue.

According to current demographic trends, it is projected that “the minority population in the United States will increase by 60 percent by the year 2010.” Currently, minorities, including African Americans, Native Americans, Mexican Americans, and mainland Puerto Ricans (referred to collectively as Underrepresented Minorities-URMs) are grossly underrepresented in the medical profession. Although these URMs constitute at least a quarter of the U.S. population, they only make up approximately 8 percent of our nation’s practicing physicians. URMs are similarly underrepresented in almost all health professions. Given the projected demographics for the next decade, it is likely that the underrepresentation of URMs will worsen in the absence of any deliberate intervention aimed at increasing admissions of URMs into medical training programs.

In recognition of the problematic disparity, Jordan J. Cohen, President of the Association of American Medical Colleges (AAMC), initiated “Project 3000 by 2000,” an effort to increase minority enrollment in medical schools by (1) emphasizing the importance of affirmative action in medical school admissions, and (2) fostering an interest in medicine among URM high school and college students. The first component of this project has encountered massive obstacles in light of the recent grass roots backlash against affirmative action. In 1996, Californians voted to pass Proposition 209, which rendered unlawful several important affirmative action policies employed by admissions committees in the state. Additionally, in the same year, in its ruling on Hopwood v. State of Texas, the Fifth Circuit U.S. Court of Appeals declared the use of differing test score and grade point average (GPA) requirements for applicants of different ethnic groups unlawful in the states of Texas, Mississippi, and Louisiana. Between 1996 and 1997 alone, the number of medical school applications submitted by URMs declined markedly: African Americans by 10.4 percent, Mexican Americans by 13.8 percent, and Puerto Ricans by 16.2 percent. Notably, 40 percent of the decline of minority applications occurred in California, Texas, Louisiana, and Mississippi.

Those recent statistics demonstrate the crucial role that affirmative action plays in medical school admissions. With the repeal of affirmative action policies in four states, the pool of minority applicants to medical schools
in those states has been greatly affected. According to the AAMC, "17,000, or 40 percent, of 40,000 U.S.-trained physicians from underrepresented minorities would not now be in practice if it had not been for affirmative action." Given those findings, it appears that the most effective plan for addressing the problem of the severe and worsening underrepresentation of URM physicians in the medical profession is to protect and expand affirmative action policies in medical school admissions. It is easy to argue that affirmative action is strategically effective for combating the problem of underrepresentation. Making the case that it is politically and philosophically acceptable, however, is much more difficult. To begin, it is appropriate to step back and examine the importance of diversity in medicine. On the surface, the wide disparity between the representation of URM physicians in the medical profession versus in the population at large seems to be a problem. But what makes it a problem? Does it have any real effects on the delivery of quality health care for the public? Does it merely offend our politically-correct sensibilities, or does it reflect real underlying injustices within the system? The most compelling statistic demonstrating the need for increased minority representation in medicine is the greater tendency of URM physicians to serve underserved segments of the population. The fierce competition present today in medical school admissions, postgraduate training, and post-training employment suggests that there are too many doctors. But the truth is that there are too many of one kind of doctor, the kind of doctor who wants to practice in a specialized field in a metropolitan center, and not enough of those who want to serve the urban and rural poor. It seems most logical to attempt to achieve a balance between candidates likely to enter the more competitive, prestigious, and lucrative sectors in medicine and those likely to address the needs of the underserved, rather than to control the number of people admitted into training to become a physician. Affirmative action becomes important here. One way that admissions officers try to identify candidates likely to serve the underserved is to look for compassionate, civic-minded individuals who have demonstrated their commitment to serving the disadvantaged. Although this effort is likely to achieve a more compassionate medical work force, it is not guaranteed to produce doctors who are truly committed to serving the underserved. A study conducted by Sonia Crandall, Robert Volk, and Vicki Loemker compared the attitudes of the first-year medical students about serving the medically indigent to the attitudes of fourth-year students on the same subject. The investigators found the fourth-year students' attitudes were significantly less favorable than those of the first-year students. Their findings suggest that a student may begin medical school with intentions of serving the medically indigent, but that the intention generally dissipates by the fourth year of the undergraduate medical experience. The researchers ask, "Are we training socially responsible physicians?" Whether or not the reason for the difference in attitudes in the first year and fourth year is attributable to training is not clear. In general, the idealism that inspires young people dissipates over time. People become more conservative as they grow older. The real questions to ask are: What kind of commitment do the students entering medical school really have to serve the medically indigent? How much are young students' interests in serving the disadvantaged influenced by the fashionability of liberalism? How deeply does the knowledge that admissions committees value such an interest motivate students to project themselves as compassionate and civic-minded? Despite the need, the number of applications from underrepresented minorities dropped after 1996. The factor that most reliably contributes to a true commitment to serving the medically indigent appears to be race. Data from a 1997 Graduation Questionnaire administered by the AAMC shows that URM students demonstrate greater concern for providing care and improving access to adequate health care for the medically underserved in the United States than white students. Superficially, it may seem that this difference stems at least partly from a unique empathy that URM physicians have for the underserved because of their similar backgrounds. However, even when socioeconomic factors are controlled, URM physicians showed significantly higher levels of concern about the problems of access to medical care in the United States. "1997 minority graduates from families with incomes of $50,000 and higher were nearly three times more likely than non-minority graduates to indicate they planned to locate their practice in an underserved area (40 percent vs. 16 percent)." A study conducted by Howard Rabinowitz MD, Professor of Medicine at Jefferson Medical College, yielded similar results. Rabinowitz analyzed data for 2,955 physicians who had graduated from medical school in 1983 and 1984 and found that "physicians who are members of an underserved minority are three times more likely than others to provide substantial care to an underserved population." Other factors demonstrated a much weaker correlation to outcomes concerning substantial service to the medically underserved. Having grown up in an underserved area, for example, made graduates only 1.6 times as likely to serve such an area. When the effects of race are separated from the effects of having a background of economic disadvantage, it becomes clear that the tendency of minority physicians to serve in underserved areas has more to do with their race than with their socioeconomic background. Such facts validate the medical profession's need for more minority representation: not only for the cultural and social value of diversity, but, more imperatively, for supplying a need within medicine. This is not to say that minorities should have some special obligation to provide care for the underserved, but the facts clearly show that they have a strong tendency to be so committed. It is evident that race matters in the kind of doctor a candidate is going to be; it is a more reliable predictor than what an applicant may claim on an application. To whom exactly are we referring when we speak of "the medically underserved"? The group consists of the economically disadvantaged, but, more than that, includes those who are also racially and culturally disadvantaged. Several studies have shown that the persistent racism that affects our broader culture extends also to the treatment of patients by doctors. In his paper, "Trust, Patient Well-being and Affirmative Action in Medical School Admissions," Kenneth DeVille reports: There are studies that suggest that physicians treating minority patients are "less likely to follow guidelines from nationally recognized organizations for health promotion and disease prevention" than are physicians who care for predominantly white patients. Other research reveals lower utilization rates for African Americans for ordinary components of basic medical care and reports that African American patients are more likely to feel that physicians failed to give them full information about their diagnosis, treatment and follow-up. Other studies have found that African Americans are more likely than whites to be hospitalized for avoidable conditions, may receive a lower quality of care when hospitalized, and show more instability at discharge than do other patients. African American patients receive fewer hip and knee replacements, are less likely to receive prophylactic therapy for HIV, are less likely to undergo
surgical resection for colorectal cancer, and are less likely to receive angiography, angioplasty and coronary artery bypass surgery than white patients. In contrast, African Americans appear more likely to receive procedures patients typically wish to avoid, such as lower-limb amputation, bilateral orchiectomy, and cesarean delivery. The authors concluded that such findings “may represent overt prejudice on the part of physicians or, more likely, could be the result of subconscious perceptions rather than deliberate actions or thought.”

This review of the studies on the treatment of African American patients by physicians only brings to light what we already suspect: medicine is not immune to racism. The problem of racism in medicine is not simply one that mars our esthetic of political correctness, but is also one that has penetrating and permanent physical effects for those discriminated against by people in whose hands they place their health.

The problem is not a temporary one that will disappear when racism subsides, if it ever does. The American medical profession has a longstanding history of shameless abuse and exploitation of African Americans that dates back to the founding of this country. Such instances of stark racism are not just remnants of a distant past. As recently as 1972, at the end of the Tuskegee experiments, the health of black men was compromised for the sake of the advancement of medicine. Even today there is no shortage of incidences of racist and prejudicial treatment of minority patients by doctors. Although it may be true that most doctors are in fact benevolent and equitable in their treatment of all patients, given the history outlined here, the mere presence of the most isolated incidences of racial prejudice in medicine keeps African American suspicion of medicine sustained. Both the deep-seated mistrust of African Americans for the medical profession and the actual racism and prejudice influencing physicians in their treatment of those patients combine to produce a group of people who tend to be more poorly served by the medical community.

What these patients need most are physicians whom they can trust. Louis Sullivan, former U.S. Secretary of Health and Human Services, has said that the United States has a “social and moral obligation to cultivate physicians who can relate to that segment of the community.” In short, given the mistrust that minorities sometimes have towards physicians, diversity in the medical profession is indeed an important goal. Since affirmative action has been thus far the only effective means of achieving diversity, it should be legally sustained and employed in medical school admissions policies.

In considering the health care needs of the public, we must also expand our scope to consider the health of the entire population, not just those underserved. The question here becomes, “Is affirmative action and diversity, the end that it serves, bad for the health of the greater population?”

Critics argue that affirmative action is in fact bad for the health of the public because it produces substandard doctors admitted to medical school under substandard qualifications. As one critic put it, “Minority communities and poor families don’t need black doctors. They need good doctors.” But what should be suspect is not the so-called underperformance of minority students as much as the underlying assumptions about the criteria that persistently rank them as substandard. Currently, grade point average (GPA) and Medical College Admission Test (MCAT) scores are the primary criteria for medical school admission. People assume that strong GPAs and MCAT scores qualify a candidate to be a physician. The truth is that, historically, MCAT scores were not intended to be predictors of who would ultimately make the best doctors. The test was introduced in the 1950s at a time when admission to medical school was not competitive and attrition rates were high due to the presence of underqualified students. The MCAT was used to ensure that medical students were minimally qualified to study medicine. However, with the rise in competition for medical school admission in the 1960s and 1970s, average MCAT scores rose above the level needed to “guarantee reasonably successful completion of a course of medical studies.” What this means is that even though minority students may score lower on average than white students on the MCAT, they are not “substandard” in terms of this isolated criterion. The fact is that all physicians must pass the U.S. Medical Licensure Examination (USMLE) to practice medicine. In this context, affirmative action does not create substandard doctors. Rather, it provides minorities with the opportunity to be trained and prepared to be physicians. Passage of the USMLE is what qualifies them to practice medicine.

Some argue that even if all doctors are at least minimally qualified, why not have the most qualified, meaning those with the highest scores. The fact is that affirmative action students do not underperform relative to non-affirmative action students, either in medical school or in practice. In a 1997 study conducted at the University of California, Davis, School of Medicine, Robert Davidson and Ernest Lewis analyzed the performance of all affirmative action and special consideration admissions students over a period of 20 years. Of all students studied, 20 percent were special consideration admissions, meaning that they were students who had a GPA of less than 3.0 and MCAT scores of less than 10 on each of the 4 subsections of the test. URM students constituted 47.7 percent of special consideration admissions and only 4.0 percent of regular admissions. In the final analysis, special consideration students did nearly as well as regular admissions students. Ninety-four percent of special consideration students graduated and 97 percent of regular admissions students graduated. Regular admission students were more likely to receive honors, but there was no difference in failure rates between the two groups. Additionally, there were no significant differences in the performance of the students in the two groups in their residency training performance, according to the evaluations of their residency program directors. Davidson concluded,

Criteria other than undergraduate grade point average and Medical College Admission Test scores can be used in predicting success in medical school. An admissions process that allows for ethnicity and other special characteristics to be used heavily in admission decisions yields powerful effects on the diversity of the student population and shows no evidence of diluting the quality of the graduates.

What Davidson showed is that undergraduate GPA and MCAT scores are not, in fact, bottom-line determinants of the quality of graduates produced. All medical schools employ special admissions criteria related to state residency, alumni connections, postbaccalaureate affiliations, extracurricular interests, or future professional commitments, among others. Such criteria are less frequently challenged as adequate reasons for admitting students than is race. Racial diversity enhances the experience of all
medical students in their education, produces doctors that underserved patient populations trust, and more equitably reflects the make-up of the population at large; these are compelling reasons to admit applicants who may not be as competitive in terms of raw scores. In the absence of evidence showing that affirmative action special admissions produces doctors less qualified than those admitted by special considerations influenced by any criteria other than race, the assumption that affirmative action results in bad doctors is not well founded.

The facts presented here support the claim that employing affirmative action in medical school admissions is both efficacious and valuable in terms of promoting diversity within the medical profession. However, affirmative action is admittedly not without faults. As some critics argue, it is a means towards racial equality that paradoxically relies on a system of racial preference. While it is true that such a characterization makes affirmative action seem hypocritical, it is important to acknowledge that preference made in light of disadvantage is different and unique from both preference made in the context of advantage or preference based on more arbitrary distinctions. It is arguable that being a racial minority subject to prejudice and with a long history of discrimination and abuse is not trivial. That history, those facts, can be justifiably considered not only in judging the merit of an individual’s accomplishments, but also in predicting what kind of doctor that individual will be.

In his speech, “Where Do We Go from Here: Chaos or Community?,” Martin Luther King Jr. stated, “The great majority of Americans are . . . uneasy with injustice but unwilling yet to pay a significant price to eradicate it.” As a professional community, we need to both acknowledge the racial inequity that exists within our ranks, and to apply appropriate measures to move towards eradicating it. Affirmative action is among the most effective and direct means of addressing the problems of racial disparity within the profession. It should be advocated and implemented so that we will be able to provide our nation with the kind of doctors it needs.

References
13. Davidson RC, Lewis EL. Affirmative action and other special consideration admissions at the University of California, Davis, School of Medicine. JAMA 1997; 278: 1153-58.
Mark Your Calendar: Alumni Weekend 2002

June 7, Friday
Alumni banquet, at Jefferson Alumni Hall, with presentation of the Alumni Achievement Awards

June 8, Saturday
Women’s forum, clinic presentations, reunion class parties as follows

’42 60th Jefferson Alumni Hall (6:30 P.M.)
’47 55th Ritz-Carlton Hotel (6:30 P.M.)
’52 50th Union League of Philadelphia (7 P.M.)
’57 45th Jefferson Alumni Hall
’62 40th Davio’s
’67 35th Pyramid Club
’72 30th Union League of Philadelphia
’77 25th Ritz-Carlton Hotel
’82 20th Park Hyatt at the Bellevue
’87 15th Park Hyatt at the Bellevue
’92 10th Park Hyatt at the Bellevue
’97 5th Jefferson Alumni Hall

Wilfreta Baugh ’79, who takes office as President of the Alumni Association in April, is in her 20th year of a large general practice in the Germantown section of Philadelphia. First-year residents regularly rotate through her office from Albert Einstein Medical Center, a Jefferson affiliate.

Dr. Baugh is a past President of the Medical Society of Eastern Pennsylvania, a chapter of the National Medical Association, an association of African American physicians. She is also a member of the NMA’s House of Delegates. She runs an MSEP program in which minority students can shadow physicians in order to learn about various subspecialties.

Dr. Baugh is a longtime member of the Executive Committee of Links Incorporated, an international women’s organization that has varied initiatives including raising money for students, sponsoring a school in South Africa, and contributing to the Welfare to Work program. She is a frequent participant in the Women’s Forum at Jefferson’s Reunion Weekend.

Dr. Baugh has also won wide recognition for her flower arranging, including prizes at the prestigious Philadelphia Flower Show. She has five grandchildren “and a sixth on the way.”

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James M. Delaplaine ’64, President of the Jefferson Medical College Alumni Association, cordially invites

Alumni, Postgraduate Alumni, and Current Faculty to Attend the Annual Business Meeting and Dinner and Installation of the New President Wilfreta G. Baugh ’79

Thursday, April 25, 2002 at Six O’Clock

Jefferson Alumni Hall

215-955-7750 Fax 215-923-9916 Email jmc-alumni.office@mail.tju.edu

I will attend the Annual Business Meeting and Dinner of the JMC Alumni Association on Thursday, April 25, 2002. Enclosed is my check for $55.00 (payable to JMC Alumni Association).

I regret that I will be unable to attend.

Name ________________________________
Jefferson Affiliation ___________________________
Address _______________________________________
Phone ________________________________

No tickets will be issued.
Report from the Alumni Trustees

Since our last report to the alumni, Stephen Slogoff ’67, Dean, Stritch School of Medicine, Loyola University Medical Center, Chicago, joined the board as an Alumni Trustee replacing Robert Poole ’53 who completed his term. The previously announced construction of a new clinical cancer research building on campus has been put on hold temporarily. The need for extra research space on campus remains critical and various options continue under study. Jefferson’s Kimmel Cancer Center was successful in obtaining a renewal of its National Cancer Institute core grant with an award of $22.3 million for five years. In addition, the Dr. Ralph and Marian C. Falk Medical Research Trust has given an additional $4 million to Thomas Jefferson University to support Dr. Carlo Croce’s research in the genetic changes underlying the occurrence of human leukemia as well as investigations of new methods for treating human leukemia based on gene therapy. Jack Farber, prior Jefferson Board Chairman, gave $10 million to Jefferson through the Farber Foundation to establish the Farber Institute of Neurosciences at Jefferson. The new institute, to be housed in the former Wills Eye Hospital building, will focus its efforts on basic and clinical research in Alzheimer’s disease, Parkinson’s disease, amyotrophic lateral sclerosis (ALS), and other neurodegenerative diseases. Alzheimer’s disease specialist Samuel E. Gandy III MD, PhD has been named the first Director of the Farber Institute for Neurosciences at Thomas Jefferson University. Dr. Gandy will be Professor of Neurology at Jefferson Medical College. Dr. Brucker also announced the formation of search committees for chairs of the Departments of Medicine, Family Medicine, Radiology and Urology.

The board discussed ongoing problems with Jefferson campus housing. Presently, 627 students and other Jeffersonians live on campus in Orlowitz, Barringer and Martin Buildings which now are out of code by not having fire sprinkler systems and are not wired for information system upgrades. Estimates to make these buildings suitable for campus housing range from 26 to 37 million dollars. After a full study of the issue by the Finance Committee of the board and as recommended by them, a partnership between Lubert-Adler, a local real estate development firm and the Philadelphia Management Company was approved by the board to redevelop Orlowitz, Barringer and the Victory Building at 10th and Chestnut Streets into state-of-the-art units to replace present campus housing and to manage them for Jefferson. The Victory Building is owned by Lubert-Adler but Jefferson owns the underlying ground. Upon completion, the Victory Building will contain 100 residential units to replace existing housing in the Martin Building which will no longer be used for housing. The Victory Building will also have a Student Community Center and a University Bookstore. Renovations will be privately financed with no Jefferson contributions, subsidies or master leases required, but rental fees will go to the redevelopment company, not to Jefferson. The properties will revert back to Jefferson upon lease termination. The board authorized the Finance Committee to negotiate a definitive term sheet covering the transactions and the use of the Victory Building for Jefferson housing. Victory Building renovations are expected to be completed by August 2002, and the Barringer and Orlowitz Building renovations by 2003. This board action effectively removes the institution from campus housing business and allows it direct its full attention to its core business of education, research and patient care.

At the July 30, 2001 board meeting Dean Thomas J. Nasca ’75 made a “State of the Medical College” presentation to the Scientific and Academic Affairs Committee of the board. He first assessed the status of the medical college as he presently perceives it to be. He followed with his Strategic Plan in which he presented his vision of how the medical college could be by 2024, the year of Jefferson’s 200th anniversary. He reviewed issues he believes need to be addressed including curriculum development, teaching methods, institutional commitment, student affairs, educational facilities and faculty development. Dean Nasca’s Strategic Plan, if implemented, envisions that by 2024 Jefferson will be recognized as one of the 20 best medical schools in the country as well as, in the dean’s words, “a national destination of choice” for medical students, residents, graduate students, faculty and patients. Dean Nasca predicted that, by the year 2024, Jefferson will be renowned for its continuing excellence in its students and graduates, for its excellence in basic and translational research, and for the loyalty of its faculty and alumni. Since that presentation in July 2001, Dean Nasca’s Strategic Plan for the medical college has been folded into a new and bold Strategic Plan for Thomas Jefferson University for the long term fulfillment of its vision. This new Strategic Plan for Thomas Jefferson University was approved for implementation by the Board of Trustees at a special meeting on February 20, 2002. Details about the university’s Strategic Plan will be shared with the alumni as the details become available.

Respectfully submitted,
John J. Garland ’54
Allen E. Chandler ’61
Stephen Slogoff ’67

Alumni Spotlight: Al Heath ’57

Jefferson Medical College turns its Alumni Spotlight on Alfred O. Heath ’57 whose professional accomplishments have brought honor and prestige to the institution. Dr. Heath admits to having some difficult moments during medical school, but credits teachers John Gibbon, George Willauer, Kenneth Fry, John Dietrich, and classmates John Prehatny and Emil Trellis with helping him through the difficult times. After graduation he was accepted into Jefferson’s general surgery residency program, where he credits Charles Fineberg, Gerald Marks, Rudolph Camishion, John Templeton, Tom Nealon, Wally Davis and Joe Stayman with teaching him much about life, time management, relationships, dedication and commitment.

Board certification in Surgery and Fellowship in the American College of Surgeons soon followed.

Because he had been a member of the Reserve Officers Training Corps (ROTC) since 1947, he was called to active duty in 1960 and served three years as Captain, Medical Corps, U.S. Army Hospital, Heidelberg, Germany, at the same time learning German at the University of Heidelberg. He then completed his interrupted Jefferson surgical residency and, in 1965, returned to Charlotte Amalie, St. Thomas, U.S. Virgin Islands to begin his professional career. He joined the Virgin Islands Army (cont’d)
Al Heath ’57, continued from preceding page

National Guard as State Surgeon in charge of the medical units, and in 1978 he became a Flight Surgeon after completing training at Fort Rucker, Alabama. Promoted to Brigadier General in 1999, he retired after 32 years of military service. Along the way he was awarded the Army Commendation Medal with Oak Leaf Cluster, the Meritorious Service Medal, the Legion of Merit Award, and the Virgin Islands Distinguished Service Medal.

His surgical practice in St. Thomas included general surgery, thoracic and vascular surgery, selected gynecological and otolaryngological procedures and some closed fracture work when the orthopaedic surgeons were unavailable or absent on leave. He was Chief of Surgery at Knud-Hansen and St. Thomas Hospitals, Charlotte Amalie, St. Thomas, and attending surgeon at Roy Schneider Hospital, St. Thomas. In addition, he was Chief Executive Officer and Medical Director, and Director of Emergency Medical Services, St. Thomas Hospital. He holds the rank of Clinical Assistant Professor of Surgery, Georgetown University School of Medicine, Washington, D.C., and Professor of Surgery, American University of the Caribbean, Montserrat, West Indies. He served as President of the Virgin Islands Medical Society in 1986.

A member of the Board of Trustees of the University of the Virgin Islands, and later Board Chairman, Dr. Heath served as Commissioner of Health for the U.S. Virgin Islands from 1973 to 1976, and again from 1989 to 1993. He was the Democratic candidate for Lt. Governor of the Virgin Islands in 1994. He reports, “We lost, but for me, the campaign was another exhilarating experience.” Dr. Heath summarizes his professional activities as “I served in many appointed positions over the years including Chief of Surgery, Director of Emergency Medical Services, Medical Director, Chief Executive Officer-Administrator of the hospital and Commissioner of Health under three governors of difficult political persuasions. Through it all, I continued my clinical practice.”

In 1974 he constructed a medical complex in Charlotte Amalie, St Thomas, U.S. Virgin Islands under the aegis of his business venture, Heath Health Enterprises, Ltd. This initial complex houses medical, dental, and optical offices along with x-ray facilities, a laboratory and a pharmacy. His company built the Seaview Nursing and Rehabilitation facility in 1993, an 80 bed HCFA- and VA-certified facility which provides skilled nursing, custodial care, hospice and respite care, day care for seniors, and rehabilitation services, including speech, occupational therapy and physical therapy. In addition, the facility has an adolescent behavioral unit and home health care.

In his spare time, Dr. Heath sings bass with four choral groups and plays the violin. He does a lot of recreational flying and, on many occasions, has flown mercy missions to Haiti with food, medicine and clothing. When asked to explain his success in life, multitalented Al Heath says, “First, my faith in God, a supportive family and good sound training at home and at school. My credo always has been to find a void, fill it, and stay focused. I plan my work and work my plan, manage my time, and keep my word.” Jefferson congratulates Alfred O. Heath ’57, and his wife, Geraldine, on a distinguished professional career and thanks him for bringing honor and distinction to Jefferson Medical College.

Sebastianelli Named President of the Jefferson Health System

Health care leader and innovator Joseph T. Sebastianelli has been selected as the new President and Chief Executive Officer of the Jefferson Health System, headquartered in Radnor, Pennsylvania. As of February 1 he succeeds Douglas S. Peters, who announced in October that he would step down as President of JHS. At that time, the JHS board, chaired by Paul C. Brucker MD (who is President of Thomas Jefferson University), established a planning process to identify a successor.

“The JHS board was impressed with his experience and his knowledge of health care in the Philadelphia market, and felt he would make a strong contribution to JHS’s direction and future,” said Dr. Brucker. “The Jefferson Health System has prospered, while remaining true to its mission of providing high quality and cost effective patient care to our community. With the ongoing economic and health care challenges, we will need Joe to help us work through our future development. His insights will be invaluable to us as we face the future.”

Mr. Sebastianelli has a long and distinguished career in the health care and insurance industries as well as the legal profession. He currently serves as Chairman and CEO of RealMed Corporation, based in Indianapolis. The corporation has contracts with several large Blue Cross/Blue Shield organizations and numerous provider groups to adjudicate health benefit claims on a real time basis. He also served on the board of Universal Health Services.

Mr. Sebastianelli says he is “pleased to be returning to the Philadelphia area to lead the premier health system in the region.” Highlights of his career include serving as President of Aetna, Incorporated, and Co-president of US Healthcare. He was also Executive Vice President of Scripps Health in San Diego. Mr. Sebastianelli also held positions at Blue Cross of Greater Philadelphia, now known as Independence Blue Cross. He began his career as an associate in the office of Morgan, Lewis and Bockius in health insurance litigation. He graduated with highest honors from Villanova University School of Law in 1971.

The Jefferson Health System was formed through the merger of the Main Line Health System and Thomas Jefferson University Hospital, which was legally separated from university in 1996. Albert Einstein Healthcare Network, Frankford Health Care System and Magee Rehabilitation became additional founding members of the system in 1998. JHS also now includes long term care, behavioral health, a rehabilitation network, and physician and home health services. Its strategic alliance partners include Riddle Memorial Hospital, Pottstown Memorial Medical Center, Underwood Memorial Hospital, AtlantiCare and Christiana Care Health System in Delaware.

The Jefferson Health System has the greatest geographic coverage and market share of any health system in the Philadelphia region. JHS brought together five significant provider networks into the region’s only major not-for-profit health system operating as a decentralized model.
Jefferson’s Approach to Monitoring Clinical Education Is the Focus of JAMA Article

Susan L. Rattner MD, Associate Dean for Undergraduate Medical Education, was the lead author of a major article, “Documenting and Comparing Medical Students’ Clinical Experiences,” published this past fall in JAMA, the Journal of the American Medical Association. Other authors were Daniel Z. Louis MS, Carol Rabinowitz BS, Jonathan E. Gottlieb MD, Thomas J. Nasca ’75, Fred W. Markham FP’79, Ruth P. Gottlieb MD, John W. Caruso ’91, J. Lindsey Lane PD’82, Jon Veloski MS, Mohammadreza Hojat PhD, and Joseph S. Gonnella MD. This collaboration among faculty included members of several departments as well as Jefferson’s Center for Research in Medical Education and Health Care.

The article addresses a major concern of medical educators in recent years: the number of patients, and the variety of diseases, that students encounter during medical school. Both these measurements are crucial in order for students to gain a thorough education. One of the strengths of Jefferson Medical College, in fact, is that it offers its students an exceptional variety of clinical experiences compared to other schools.

The September 5 JAMA was an exceptional issue for Jefferson: two of the main articles were authored by Jeff faculty. A study by Professor of Family Medicine Howard Rabinowitz MD gave further support to his theory that the best way to increase the number of rural physicians is to support rural students and mentor them through medical school.

With declining income, high medical student debt and lack of support services to physicians and their families in rural and small towns, recruiting and retaining physicians for rural service is becoming more difficult. "We know physicians in rural areas work longer hours and are reimbursed less. It is critically important to help support physicians out there. They are dealing with substantial challenges,” said Dr. Rabinowitz.

While the overall health of Americans has improved in the past 25 years, those in rural areas do not receive as much preventive care and medical treatment, according to the Centers for Disease Control and Prevention. “Clearly we need more physicians in rural areas to address the significant needs there,” said Dr. Rabinowitz. Most medical schools provide counseling on a variety of practice settings, but only a handful have programs to encourage students to choose rural medicine.

Previous attempts at various medical schools to document students’ clinical experiences had been “limited to small samples in isolated clerkships over brief time periods,” the article points out, and “largely ignored the severity of illness.”

As the article points out, “Dramatic changes in the financing and delivery of health care during the past decade have altered the clinical environment in which medical education occurs. As medical education becomes increasingly decentralized, clinical education has partially shifted from a tertiary inpatient setting to community-based and ambulatory sites . . . Only by monitoring students’ opportunities for clinical encounters with a diverse mix of patients can informed decisions be made regarding the appropriateness of a teaching network, training sites, and the balance between inpatient and ambulatory activities. As medical schools review their learning objectives to better define the competencies needed by future physicians, it will become even more important to document the clinical educational opportunities offered.”

After calling for “a systematic way to record the case-mix of patients, the severity of diseases, and the diagnostic procedures” performed across different clerkships, the article demonstrates the effectiveness of Jefferson’s approach. While the article reviews Jefferson’s system as applied to clerkships in family medicine, pediatrics, and internal medicine, the same system is now also being used in Jefferson’s network for clerkships in surgery and obstetrics/gynecology, and will soon begin in psychiatry.

The federal government has not put forth the necessary funding that provides incentives for physicians to practice in rural areas, Rabinowitz said. While 20 percent of the nation’s 285 million people reside in rural areas, only 9 percent of physicians practice there. "The background of the students and career plans at time of medical school are by far the most predictive factors of who ends up practicing in rural primary care and staying there," Dr. Rabinowitz said.

The study found that 5.6 percent of Jefferson’s graduates from 1978 to 1993 were practicing primary care in rural areas in 1999 compared to 3 percent for all students nationwide. However, fewer Jefferson students, 5.2 percent overall, went to rural areas from 1988 to 1993.

"This is somewhat concerning because the numbers [of physicians] are magnified in low population areas. If one physician leaves a town of 2,000, that is a much greater impact than one doctor leaving [a large city],” Dr. Rabinowitz said. "I expect those numbers to decline because student debt [has nearly doubled to $100,000 between 1990 and 2000]."

Still, the retention rate for rural physicians who graduated from Jefferson’s PSAP between 1978 and 1986 was 82 percent compared with 49 percent for all graduates. Some 25 percent of graduates who were in PSAP went on to become rural physicians compared with 4.2 percent for students not in the program.

"When they leave Jefferson we don't have any hold over them. They have their moral commitment to continue,” Dr. Rabinowitz said. "Most take family practice residencies in small hospitals.”

In their first year, students in Jefferson’s PSAP are assigned an adviser in the family practice department who meets with them regularly, and they spend several days shadowing a family physician. The third year includes a rural hospital clerkship, and the fourth year is a preceptorship with a family physician in an office setting.®
Kimmel Provides $2.5 Million to Jefferson to Advance Prevention of Cardiovascular Disease

Sidney Kimmel, founder and chairman of the Kimmel Foundation, has donated $2.5 million to Jefferson to advance education and research on the prevention of cardiovascular disease. In recognition of his gift, which will be paid over 10 years, the university will name its cardiology research and education center the Sidney Kimmel Laboratory for Cardiovascular Prevention.

Mr. Kimmel said, "The fact that Bernie Segal, one of the preeminent cardiovascular specialists, practices in this gift particularly gratifying for me. This gift has the great potential to help prevent our nation's number one killer, cardiovascular diseases." Dr. Segal directs the Division of Cardiology in the Department of Medicine.

Although cardiovascular disease is the leading cause of death in the United States, many cases of heart disease are preventable. At the Sidney Kimmel Laboratory, Jefferson will continue to lead the way in preventing heart disease by identifying and managing lipid disorders and other risk factors that accelerate cardiovascular disease.

These additional resources will greatly aid our research. We are developing new and improved tests to identify and measure particles in the blood that will help predict those at risk for heart disease and stroke," said David Capuzzi MD, PhD, Director of Jefferson's Cardiovascular Disease Prevention Center. "Using these techniques, we can enhance the detection of disease in people not traditionally considered at risk, and reduce their chances of suffering acute coronary events."

In recent years, U.S. News and World Report ranked Thomas Jefferson University Hospital as one of the nation's best hospitals for heart disease. In the last year alone, Jefferson cardiologists were first in the area to use brachytherapy, a procedure that uses tiny amounts of radiation to help reopen blocked coronary arteries. Jefferson researchers later helped test the procedure during the approval process. The division is also involved in studies investigating ultrasound as a way to prevent arteries from narrowing after a balloon angioplasty procedure.

$4 Million Award for Cancer Research Nearly Doubles Falk Trust's Funding, Names Lab in Kimmel Cancer Center

The Dr. Ralph and Marian C. Falk Medical Research Trust has committed an additional $4 million to Thomas Jefferson University to support vital research in the Kimmel Cancer Center by renowned geneticist Carlo M. Croce MD. Dr. Croce is Director of the Kimmel Cancer Center and Professor and Chair of the Department of Microbiology and Immunology.

Building on the Trust's previous awards in support of Dr. Croce's work, the new four-year grant continues funding of research into the genetic changes underlying the occurrence of human leukemia, as well as investigations of new methods for treating human leukemia based on gene therapy. In appreciation for the gift and in recognition of the leadership support the Trust has provided, a new laboratory in the Kimmel Cancer Center has been designated The Dr. Ralph and Marian C. Falk Medical Research Trust Laboratory for Tumor Profiling.

"Dr. Croce and his team of scientists at the Kimmel Center are fighting hard to win the battle against cancer," said University President Paul C. Brucker MD. "This latest gift from the Falk Trust, which represents an increase of nearly 100 percent over the previous award, will advance the team's efforts and will help identify new therapeutic approaches for the benefit of cancer patients worldwide. We are very grateful for the Trust's commitment to Jefferson and to Dr. Croce's groundbreaking work."

The Dr. Ralph and Marian C. Falk Medical Research Trust was established in 1974 on behalf of Ralph Falk '1907 and his wife, Marian C. Falk. Dr. Falk, whose research is credited with making intravenous therapy safe and practical, died in 1960, and Mrs. Falk passed away in 1990. Devoted friends of Jefferson for many years, they made medical research the focus of their charitable giving. Under the administration of Bank of America in Chicago, Illinois, the Falk Trust continues Dr. and Mrs. Falk's philanthropic tradition.

Visit the Jefferson Development Office website at http://www.tju.edu/jeffgiving/

Lively Portrait Honors Mrs. Hamilton

by Julie S. Berkowitz, University Art Historian

A stunning and vivacious new portrait of Mrs. Samuel M.V. Hamilton entered the Jefferson collection on March 7, 2002. Celebrated artist Nelson Shank has captured the sitter's intelligence and vitality in a setting that suggests her interests.

Dorrance ("Dodo") Hamilton's leadership role and contributions to Jefferson are exceptional. She has been a member of the university's Board of Trustees since 1972 and chaired its Development Committee since 1988. A member of the hospital's Women's Board for more than four decades, she served as its President from 1969 to 1972. She has generously supported a wide variety of programs and chairs the Jefferson 2000 Fund which exceeded its goal of $200 million. In 1998 she was honored at the President's Club Dinner, an annual event that acknowledges Jefferson's most generous and loyal benefactors.

Soon after Jefferson's Board of Trustees elected to honor Mrs. Hamilton with a portrait, she set about researching prospective artists. She selected Nelson Shank, the internationally celebrated painter residing in Andalusia, Pennsylvania. He has portrayed notable sitters including American presidents and European royalty, as well as many Philadelphia area men and women of accomplishment including five Jefferson physicians.

Achieving an exciting portrait is an ongoing process between portrait sitter and artist. They should feel comfortable with one another in making decisions about the various elements of the painting. Hamilton and Shank were well matched in their worldliness and intellectual capacities. The artist said that he wanted the painting to be "upbeat and festive," with a prominent silhouette of form. They decided on a half-length, almost life-sized, seated pose. After considering various costumes, they selected a bright red knelt jacket later augmented by cream colored ruffles at the neckline and a dark skirt. Mrs. Hamilton is well known for her...
collection of glamorous hats, and the portrait features a wide-brimmed, asymmetrical, dark hat accented with a reddish flower anchored by a curling black ribbon. The portrait’s accoutrements include the sitter’s own purple orchids in a yellow cache-pot on a nearby Queen Anne table and a framed picture by Hovsep Pushman of an oriental figurine behind the sitter. She is turned slightly to the left and she rests her hands on the chair arm. Her head is almost frontal and she makes direct eye contact with the viewer. Her energetic and confident expression hints at an amusing thought. The bold silhouette of the curving dark oval hat and the rippling effect of the white ruffles echo this suggestion. Shanks’s lively painting surface plays off the curves and straight lines of the complex composition.

Perhaps while posing on the platform in front of the artist's easel, Mrs. Hamilton was contemplating the history of and materials in Nelson Shanks's studio at Chelwood, his estate on the Delaware River. The balconied studio had originally been an 18th century barn later converted into a carriage house. Close on hand were the artist’s encrusted palette, cans and jars of painting materials and other canvases in progress. Most observers are amused by the myriad of colorful props and other objects strewn about the studio: antique furniture, oriental carpets, ceramics, tapestries, a piano, drawings, costumes, hats, draperies, sculpted busts, screens, pillows, and clothed adult and child mannequins used as stand-ins for unfinished portraits.

Nelson Shanks paints by natural daylight entering his studio from the north. Unlike many artists he uses no preliminary underdrawing, saying that he “saves his energy” for painting. For Mrs. Hamilton’s portrait he first composed the picture in his mind’s eye and then painted directly onto a toned canvas of medium grayish-umber. Within twenty minutes the initial loosely painted shapes established the portrait’s main areas of interest. After one hour of posing Mrs. Hamilton was invited to take a peek and said, “Isn’t that nice?” The portrait was finished several months later.

Shanks receives many commissions abroad. When in London he uses the studio owned by the famous 19th-century artist John Singer Sargent. He has painted portraits of Diana, Princess of Wales, her brother Lord Spencer, and former Prime Minister Lady Margaret Thatcher. Other European subjects include Queen Juliana of the Netherlands and Queen Silvia and King Carl Gustaf of Sweden. He has depicted opera stars Luciano Pavarotti and Denyce Graves, publishers Katharine Graham and “Punch” Sulzberger, designer Mary McCadden, and former National Gallery of Art Director J. Carter Brown. He has portrayed former President Ronald Reagan and is currently completing a portrait of Bill Clinton.

Mrs. Hamilton is widely known for her contributions to other civic and arts organizations. She has been a board member of the University of the Arts since 1970 and Chairman of the Board since 1989. She has been a board member of the New Jersey State Aquarium since 1991. A member of the advisory board of managers at the Morris Arboretum of the University of Pennsylvania since 1988, she is widely known for her interest in greenhouse horticulture and has raised prize-winning orchids. She is President of the Little House Shop in Strafford, Pennsylvania.

Mrs. Hamilton received an honorary doctor of fine arts degree from the University of the Arts in 1988. Among her other awards are the Founders’ Day Medal of the Pennsylvania Academy of the Fine Arts in 1995, the Penjerdel Citizen of the Year award in 1995, the Please Touch Museum's Great Friend to Kids Award in 1998, the Distinguished Daughters of Pennsylvania Award in 2000, and the Pennsylvania Horticultural Society’s Distinguished Achievement Award in 2001.

Nelson Shanks is a committed teacher as well as practitioner. He has been an instructor at the Art Students League in New York for 25 years, and has also taught at the National Academy of Design in New York and the School of the Art Institute of Chicago. In addition, he regularly participates in seminars around the country, demonstrating to future art teachers his theory that each painting becomes an “investigation of how to see.” He feels that portraiture “can be the highest form of art.”
Nothing Fishy about This Research

The second-graders looking through microscopes in a Wellesley, Massachusetts, classroom probably don't realize the full significance of the inch-and-a-half-long striped tropical fish they are looking at—Leonard Zon '83, a nationally renowned researcher and the father of one of their classmates, has brought them zebrafish. What the young students are seeing is the most striking example of vertebrate embryology: zebrafish embryos are transparent and develop outside the mother's body, so that all organs, including circulating blood, are visible. A few miles to the east, in his laboratory at Children's Hospital in Boston, Zon has 100,000 zebrafish swimming around in small tanks. He uses them for his pioneering work in hematopoiesis and in cancer research.

Zon's work in developmental biology began when he isolated a new gene that was responsible for making blood cell precursors differentiate. He then used Xenopus, a frog, to try to understand how genes get turned on in development, with particular focus as to what would turn on the gene that he had cloned.

At about that time, genome mapping was coming to the forefront; Zon wanted to use these new tools, but Xenopus didn't have the genetics to prove his point. Through a remarkable series of coincidental events during the course of one week, including the discovery of mutant zebrafish with blood problems, Zon's research model became the zebrafish. Zebrafish mothers can produce 200–300 babies every week, which is a significant quantity and one that gives researchers more opportunities to find mutation in a gene, and the same type of mutation in humans would cause the disease. This is very exciting, because a lot of critics in the past had said that maybe zebrafish wouldn't be that similar to humans, but here we keep coming up with disease gene after disease gene.

Zon has recently isolated another new gene, which gave him a fascinating look at how iron is transported and absorbed, and which is relevant for humans of all ages. This discovery began with a mutant zebrafish that couldn't transport the iron in her yolk into the baby, so the baby developed an iron deficiency. By using genetics, and cloning the Zon's group made antibodies to the human protein and found it in the placenta. He believes that this transporter, called ferroportin, shows how biochemistry has been conserved, as he says dramatically, "through 300 million years." Bringing a mother's iron to a baby is accomplished by ferroportin.

Continuing this study, Zon knew that the other place where iron is absorbed into the body is in the gut, and he realized that ferroportin must be the gene that facilitates the transport of iron from one's diet into the bloodstream. He then fed the fish an iron-replete diet, but the mutants still couldn't absorb it, thus proving that this was ferroportin's function. "All this is very exciting," he says, "and two months ago another research group found that the mutated gene we isolated in fish is actually a human disease gene. They found families that had iron overload and found that they had mutations in their genes. It kind of completes the way you would like the story—you have the fish gene, you then get the human gene through the human genome project, find its function, and then find out it is a disease gene. It all corroborates. It's very powerful."

These discoveries have led to a refocusing of his efforts. While continuing to do some work in iron transport, he is now involved in research in stem cell biology and in cancer. Again, because the visual resolution of hematopoiesis in the zebrafish is better than in other species, Zon has been able to characterize in great depth three stem cell defects. He now has stem cell markers and can find the mutants. Now he is hoping to see whether he can clone the genes for them. "This could be extremely useful," says Zon.

His second area of focus now is to develop the zebrafish as a cancer model. "Since abnormal cell division is a characteristic of cancer," notes Zon, "we want to try to find mutant zebrafish whose cells cannot divide normally." He has now recovered eight such mutants. Zon says, "The zebrafish has actually been around for many years as a carcinogenesis model; you can add a carcinogen to the water and the fish will get tumors at a particular rate. We look at these tumors with a group of pathologists, and it's really remarkable how similar the human and fish tumors are—very very similar. We would really like to try to cure cancer using the zebrafish."

He has also recently started doing experiments using chemical genetics rather than classical...
Zon's commitment to research and his enthusiasm for it is contagious. "At Jefferson," he says, "I worked with Jaime Caro and Allen Erskie. I really enjoyed my time with both of those investigators, and they are the ones who pushed me toward blood research." Adds Zon, "Jefferson was a great place—I also met my wife there!" His wife, Lynda Schneider '83, is the head of the Allergy and Immunology program and of the Center for Atopic Dermatitis at Children's Hospital in Boston. They have a son and a daughter, whose drawings of numerous kinds of fish are prominently displayed on the entrance door to his office.

What does Zon do in his very limited spare time? A trumpet player for 35 years, and a soloist in the Jefferson Choir orchestra, Zon is the longest-standing member of the Longwood Symphony, a full-sized orchestra comprised of medical personnel and others in the Boston area. He also has a collection of trumpets, including a few that were custom-made for him.

Tooting his own horn is reserved for sessions with the trumpet, but the affable and dynamic Zon has great expectations from his promising research. And, who knows—one of those second-graders looking through Zon's microscope might just be inspired to follow in his footsteps.
IN MEMORIAM

William R. Fair ’60 died January 3, 2002. A 1987 recipient of Jefferson’s Alumni Achievement Award, he was a Fellow of the American Urological Association and the American College of Surgeons. He began his professional career at Stanford University School of Medicine, Palo Alto, CA where he served as an Associate Professor of Urology. From 1975 to 1984 he was Professor of Surgery (Urology) and Chairman, Division of Urology at Washington University School of Medicine, St. Louis, MO. In 1984 he became Chief, Urologic Surgery Service, Memorial Sloan-Kettering Cancer Center, New York, NY, and Professor of Urology at Cornell University Medical College where he soon established a national reputation as one of the world’s leading clinical and research urologists. He became the first to hold the Florence and Theodore Baumritter/Enid Ancell Chair of Urologic Oncology at Memorial Sloan-Kettering Cancer Center in 1992. A member of both the Alpha Omega Alpha Honor Medical Society and the Society of Sigma Xi, Dr. Fair’s sponsored research focused on prostate cancer and on how the body often limits the growth of these tumors while they are still small. He was a member of the Surgery, Anesthesiology and Trauma Study Section of the National Institutes of Health, 1979-1983. His publications in peer reviewed journals numbered over 250. He is survived by his wife MaryAnn and a son.

Paul A. Bowers ’37 died January 20, 2002. Board certified in obstetrics-gynecology, he practiced at Jefferson with Thaddeus Montgomery ’20 where they advocated natural childbirth, birthing rooms and the roooming in of mother and baby. They also began rebuilding the formerly separated Departments of Obstetrics and Gynecology after their realignment into one department in 1946. Paul Bowers also served as Chief, Section of Obstetrics-Gynecology at Philadelphia General Hospital and president of the PGH Medical Staff. He joined the U.S. Army Medical Corps in 1934 and served for 27 years, retiring as a Colonel. He was awarded the Military Order of the Crusades, the Military Order of World Wars, and the Medal of Outstanding Civilian Service to the U.S. Army. A Fellow of the American College of Obstetricians and Gynecologists, he also served as chairman of the organization’s District III. He became Professor Emeritus of Obstetrics and Gynecology on his retirement from clinical practice. In 1995, Paul and Eloise Bowers created the Paul A. and Eloise B. Bowers Professorship in Obstetrics and Gynecology at Jefferson, now held by the current department chair. The Class of ’48 took Paul and Eloise Bowers as guests on their reunion trip to Rome and Vienna. He was President of the Jefferson Medical College Alumni Association in 1973, served as Alumni Trustee, 1984-1990, and was Class Agent for the Class of ’37. His portrait was presented to the university in 1982. He is survived by his wife Eloise, two sons and a daughter.

Paul J. Hull ’63 died August 13, 2001. Dr. Hull completed his ob-gyn residency at Boston City Hospital and a fellowship in gynecologic endocrinology at the University of Southern California Women’s Hospital and Cedars-Sinai Hospital. He then became Chairman of Obstetrics-Gynecology at St. Mary’s Hospital, Long Beach, CA, and maintained a private practice for 18 years. After moving back to Boston, he joined St. Margaret’s Hospital as Medical Director of the Midwifery Service and served on the Tufts Medical School faculty. Later, in New York, he was an attending and Instructor at Montefiore/North Central Bronx Hospital and the Weiler Hospital of Albert Einstein College of Medicine. He was a Fellow of the Society of Gynecologic Laparoscopy. He is survived by his wife Pamela, a daughter and a son.

CLASS NOTES

announce the birth of their first child, Ayelet, on December 27, 2001.

Thomas Kay of Medford, NJ was recently named Chairman of the Department of Ob/Gyn at Virtua West Jersey Hospital. He is President of the New Jersey Ob/Gyn Society and Chairman of the Board, Regional Women’s Health Group, a 25 member group in southern New Jersey.

Marilyn Kershner, a radiologist, is semi-retired, working locum tenens on the west coast near her children. Living in Coronado, CA and loving it.

David Lintz is a diplomate of both internal medicine and infectious diseases. He is also board certified in tropical medicine and traveler’s health. He is currently Chief of Medicine at Railway Hospital and has an infectious disease practice in Westfield, NJ.

Ron Blum of Patten, ME recently completed a two-year term as President of the Maine Academy of Family Physicians. He is currently President of the American College of Clinical Thermology, pioneering digital infrared imaging.

’71

Arthur Tischler of Newton Highlands, MA, Editor-in-Chief of Endocrine Pathology, the official journal of the Endocrine Pathology Society, is the Society’s President for 2001-02.

’73

Frank Taylor of Tampa, FL spent two and a half weeks this past year with three other physicians from the Christian Medical and Dental Society on a teaching mission to Mongolia. During their time there, they lectured in their specialties at various hospitals throughout the capital city of Ulan Batur.

’74

Steven Peikin of Philadelphia is currently Professor of Medicine and Head, Division of Gastroenterology, Robert Wood Johnson Medical School and Cooper Health System in Camden, NJ.

’75

Robert Baker of Murrysville, PA has become Senior Medical Director at Three Rivers Health Plans, which operates two HMOs in Pennsylvania and Tennessee.

Marilyn and John Kay continue living in Mequon, WI. John does pain management and high-risk anesthesia. Marilyn does private practice in neurophtalmology and strabismus and spoke at the American Academy of Ophthalmology symposium headed by Ed Jaeger OPH’64.

’77

Cynthia Sears of Glenwood, MD was promoted to Professor of Medicine, Divisions of Infectious Diseases and
Charles Krespan is the Chairman of the Department of Ob/Gyn at Lancaster General Women's and Babies Hospital. He resides in Lancaster, PA.

Robert McNamara of Lafayette Hill, PA was appointed the first Chairperson of Temple University School of Medicine’s new academic Department of Emergency Medicine.

'83 Thomas Carnevale of Clearfield, PA is currently the President of the Medical Staff of Clearfield Hospital.

David Kramer has joined the Mayo Clinic, Jacksonville, FL, Department of Transplantation, where he provides critical care services for solid organ transplant candidates and recipients. Intensive care of the liver transplant patient is his primary focus.

'B4 B. Ian Blatt of Wynnewood, PA has been named Medical Director of the Southeastern Pennsylvania Medical Institute, an independent clinical research site.

John Cox of Bethlehem, PA is Section Chief of Musculoskeletal Imaging at Lehigh Valley Hospital Center in Allentown.

Guy Stojman of Pittsburgh is now President of the Pittsburgh Plastic Surgery Society. He has married Lori Delaney and, combined, they have seven children.

George Lisehora and wife Tanya of Kailua, HI were visited by Tony Furnary and Julia of Salem, OR. A conspiracy is being planned by all to descend upon Richard Tobin of Portland, OR unannounced, for "Jungle Rules."

'86 Louis Keeler III of Moorestown, NJ has been recently re-appointed Medical Director of the Cancer Center at Virtua West Jersey Health System along with maintaining a busy practice with Center of Urologic Care in Voorhees, NJ.

'Dennis Lin of West Newton, MA is a staff anesthesiologist at Winchester Hospital outside of Boston.

David Williams remains in the Air Force and is currently a staff neurologist at the United States Air Force Academy. He, wife Maggie and daughter Katie live in Colorado Springs.

Connie Drapcho-Foti of Diamond, MO is enjoying working part time in the local emergency room and taking care of her two children.

Doug Field and wife Maureen of Palmyra, PA welcomed William Douglas into their family November 19, 2001. Doug continues as a pediatric gastroenterologist and is Medical Director of the Pediatric Feeding Disorders Program at Penn State, Milton S. Hershey Medical Center.

Jonathan Lowry of Morgantown, NC is enjoying a private group practice and welcomed the birth of Benjamin.

Julia Miller and husband Rick are celebrating the birth of their third child, Julianna Faith, who joins their other two children, Ricky and Lauren. Julia is a part-time pulmonary ICU physician in a multispecialty group. They are living in Johnson City, NY.

Kathleen Osten of Pittsburgh had her third child, Matthew Joseph, in February 2001. She works part time in a nearby emergency room.

'90 Leslie Galloway of Salinas, CA and husband announce the birth of their third child Matthew Robert, October 8, 2001.

Lenore and Angelo Grillo of Elkhon, MD are enjoying their three children who are growing like weeds. Lenore is in a private ob/gyn practice in Elkhon and Angelo remains in an academic practice at Christiana Care.

Richard Humm and wife Michele of Darby, PA along with daughter Rochel were thrilled to welcome Joshua Michael and Melissa Jordyn on June 30, 2001.

Vik Kashyap of San Antonio was promoted to Lieutenant Colonel in the United States Air Force. He recently became Chief, Vascular Surgery and Vice Chairman, Department of Surgery, Wilford Hall Medical Center, Lackland Air Force Base.

'91 Christopher Levey of Easton, MD is now working with Shore Health System and Delmarva Radiology where his specialty is breast and women’s imaging and biopsy.

Howard Pittle of Pittsburgh married Naomi Ruben in March 2001. He enjoyed catching up with fellow Jefferson graduates Alan Mezey ’89, Sanghoon Kim ’90 and Dennis Hsieh ’93 this past fall.

Iqbal Anwar of Malibu, CA is proud to announce the birth of his second son Brett, born December 8, 2001.

Steven Grant of Irving, CA has completed an advanced laparoscopic surgery fellowship at USC and is now in private practice in Long Beach, CA.
Yemen, sadly associated in recent minds with terrorist incidents, is an exotic and varied country, and nobody knows it better than Scott Kennedy '81.

Scott is currently serving as a Regional Medical Officer in Amman, Jordan, providing medical coverage to U.S. embassies in Jordan, Lebanon, Syria, Israel, Cyprus and Turkey. He is living in Amman with wife Nora and their four young sons. Previously Scott worked in Yemen for five years for the U.S. Department of State, and had the opportunity not only to take fascinating photographs (see back cover of this magazine), but also to have published them in a book, Yemen: A Pictorial Tour, which he co-wrote with Nora. The book features an introduction by David G. Newton, the U.S. Ambassador.

Republic of Yemen stamps featuring Scott's photographs

Scott's interest in birding began as a third-grader at boarding school in India, where teachers took their classes bird-watching one afternoon a week.

Nora Kennedy was born in Tangier, Morocco, and grew up in North Africa. Their email address is kennedysmm55@hotmail.com. The book was published by Motivate Publishing of Dubai and London (email motivate@emirates.net.ac).

Martin Mandel '47 of Blue Bell, PA has written Diabetes: Don’t Fear It, Beat It. He continues to be active as Director of Bryn Mawr Rehabilitation Hospital’s Diabetic Neuropathy Program, where he has introduced innovative dance and movement exercises to improve mobility in neuropathic patients.

Walt McConnell '59 of Bolton Landing, NY has penned Malignant Decisions, a novel about a medical group that tries to control an area with an Asian crime syndicate. The book jacket explains of the villain, “His ethics have gone septic, and he will stop at nothing to corner the market on healing.” “Unfortunately the book may be more truth than fiction,” McConnell says. He wrote it in conjunction with a reporter from the Philadelphia Inquirer. See the Website at www.waltmcconnell.com.

The book will also be available through the Jefferson bookstore (phone 215 955 7922).

Guido Boriosi '65 of Clarks Summit, PA has written Understanding Yourself: It’s So Darn Easy. He describes it as “a straightforward primer on psychology and human behavior that can help any individual assess his or her emotional needs. In compassionate discussions of the process of decision making, the acceptance of human frailties, learning how to interpret outside criticism, and how to come to terms with our perception of self and reality, he provides the fundamental tools for coping with daily anxieties and mild depression. The book also gives the reader enough knowledge and insight to recognize when professional intervention or drug therapy is needed.” Published by Rutledge Press, Danbury, CT (phone 800 278 8533, Website www.rutledgebooks.com).
“I’ve appreciated the opportunity to give back to my alma mater and work alongside dedicated people to benefit Jefferson.”

J. Wallace “Wally” Davis ’42

As noted in the September 1997 Jefferson Medical College Alumni Bulletin, Dr. Davis is legendary for his leadership in the Alumni Association. Chairman of the Alumni Annual Giving Fund for 34 years, this pioneering plastic surgeon and dedicated volunteer joined Jefferson’s faculty in 1947 and is Honorary Clinical Associate Professor of Surgery. He has inspired generations of alumni, faculty and other physicians.

In 1978, Dr. Davis received the Cornerstone Award, the highest honor bestowed by Jefferson’s Board of Trustees upon the most loyal and generous benefactors. In 1997, he received an honorary degree of Doctor of Humane Letters from the University in recognition of his outstanding achievements.

As members of The Jefferson Legacy Society, Dr. Davis and his wife, Gail, continue their tradition of giving. By participating in Jefferson’s Pooled Life Income Fund and establishing a charitable remainder trust for the Medical College, Dr. and Mrs. Davis receive significant tax and income advantages, while helping future generations to benefit from Jefferson’s commitment to excellence.

To learn how you can join Dr. and Mrs. Davis and The Jefferson Legacy Society:

- Complete and mail the postcard at the center of this magazine
- Call Lisa Watson Repko or Fritz Ruccius toll free at 1-877-JEFF GIFT (1-877-533-3443)
- E-mail your questions to Lisa or Fritz at jeff.trust@mail.tju.edu

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