

Yale Medicine

Med students
get iPads

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The ethics of
seeding trials

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Doctors
and writers

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winter 2012



A 21st-century NGO

A handful of Yale medical students opened a clinic and hospital in a remote corner of Nepal. From 8,000 miles away, via the Internet, they provide support. **Here's how they do it.**

ON THE COVER Nyaya Health has brought health care to a remote corner of western Nepal. The program has hired community health workers like Kamala Koli, who conducts screening for malnutrition in her village, Mastamandu, in the area surrounding Nyaya's Bayalpata Hospital.

THIS PAGE Taraman Kunwar, a health assistant (mid-level practitioner) for Nyaya Health, sees patients in the Bayalpata Hospital outpatient department.

Photos by Roshani Andrews



WINTER 2012

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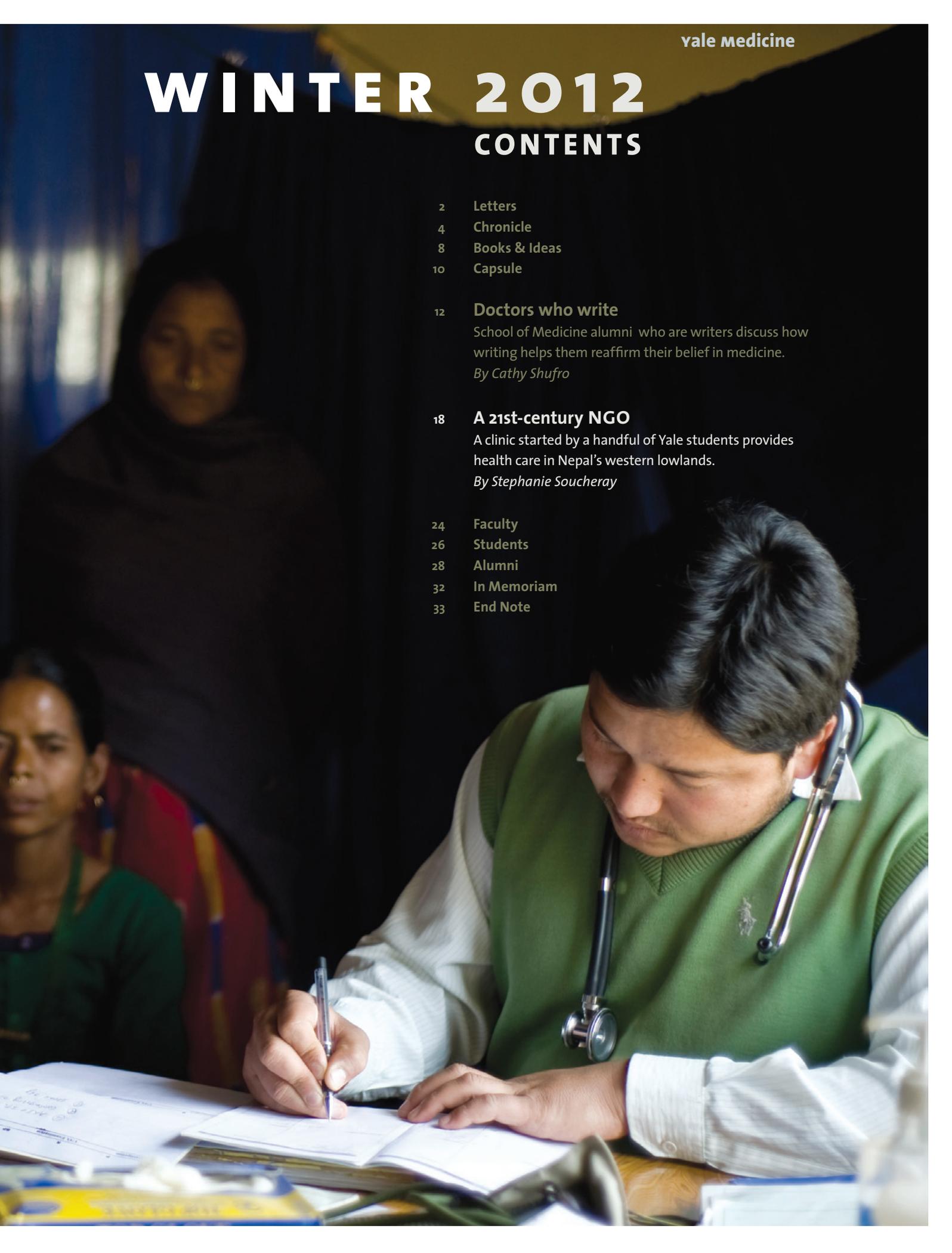
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A clinic started by a handful of Yale students provides health care in Nepal's western lowlands.

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HOW TO REACH US

Yale Medicine welcomes news and commentary. Please send letters (350 words or fewer) and news items to *Yale Medicine*, 1 Church Street, Suite 300, New Haven, CT 06510, or via e-mail to ymm@yale.edu, and include a telephone number. Submissions may be edited for length, style, and content.

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Public Health Service as a career

The U.S. Public Health Service Commissioned Corps (USPHS), one of the seven uniformed services, offers an alternative experience for physicians seeking a military service career ["Medicine and the military," *Yale Medicine*, Spring 2011]. Similar to those in the military, physicians in the USPHS are commissioned officers who have the same basic responsibilities and benefits. The head of the USPHS is the U.S. Surgeon General. Physicians in the USPHS practice preventive/population medicine at the Centers for Disease Control and Prevention (CDC); research medicine at the National Institutes of Health; clinical medicine with the Federal Bureau of Prisons and the Indian Health Service; and military medicine with the U.S. Coast Guard.

My career was with the CDC and began with an assignment to the Epidemic Intelligence Service (EIS) program, which is a two-year learn-on-the-job experience for physicians and other doctoral-level health professionals. As an EIS officer, I learned the skills needed to carry out applied epidemiology and population medicine through community-based experiences. These included investigations of cholera in Bahrain and in the Maldivian Islands; shigellosis in the Marshall Islands; suspected botulism in Peru; and norovirus on a cruise ship—plus several domestic investigations, including the first outbreak of Legionnaires' disease. These experiences prepared me for subsequent assignments that included a three-month tour with the World Health Organization in Geneva, followed by work as a state epidemiologist in the Florida State Health Department; deputy program director at CDC (which included leading a bioterrorism

response team at the 1984 Los Angeles Olympic Games); and director of the Sexually Transmitted Disease Program in San Diego, Calif. I retired from the USPHS in 2004 after 30 years of service.

I encourage medical school students interested in a career as a commissioned officer in any of the uniformed services to discuss opportunities with current and former commissioned officers and to look for such introductory opportunities as the CDC's senior medical students elective programs. As I reflect on my career with the USPHS, I realize how fortunate I was to have had so many professionally rewarding experiences, worldwide travel, and an opportunity to provide services to those in need.

*Robert A. Gunn, M.D. '66, M.P.H.
Captain, U.S. Public Health Service (retired)
La Jolla, Calif.*

Physician Associates slighted in article

I read your article about medicine and the military expecting that you would mention the contributions of Yale PAs in the military. Once again I was disappointed—and frankly, insulted. I served as an Army PA in both Iraq and Afghanistan, as have many other Yale PAs, I'm sure. When patients and physicians with whom I served learned where I had been educated, they usually expressed increased confidence in my care, and I did my best to live up to their expectations. Based on the commendations and additional duties assigned to me, I believe I lived up to the standards expected of a Yale graduate. How disappointing, then, to return home and see that the school's magazine continues to ignore us.

*Peter Fish, PA '97
Major, U.S. Army*

Global Health Program not the first

I feel compelled to point out that although Michele Barry, M.D., HS '77, and Frank J. Bia, M.D., M.P.H., FW '79, were innovators in sending residents abroad, they were not the first to do so ["Yale's global health program celebrates 30 years," *Yale Medicine Online Extra*, July 2011].

I served as an intern and junior assistant resident on the Osler Medical Service at Johns Hopkins from 1966 to 1968. Each year, the Department of Medicine sent two residents to work on the cholera wards of the Infectious Diseases Hospital in Calcutta, and I was sent there in early 1968. This was a time when clinical investigators under the direction of Nate Pierce, M.D., were working on the formula for oral rehydration therapy (ORT). Within a short period of time, a formula was worked out and introduced in the field. ORT saved thousands of lives in the cholera epidemics that accompanied the Indo-Pakistan War of 1971, and it became the backbone of WHO's global Diarrheal Diseases Control Program a few years later.

Needless to say, my experience in Calcutta, together with my two years with the Yale-China Association in Hong Kong in 1959-1961, changed my life. I imagine that Yale's global health program has had similar effects on the residents who have been sent abroad over the past 30 years.

*David S. Fedson, M.D. '65
Sergy Haut, France*

CORRECTION

An obituary in the Autumn 2011 issue of *Yale Medicine* incorrectly listed the house staff years of Walter P. Sy, M.D. He completed his residency in 1965.

A clinic in Nepal and doctors who write

In the fall of 2006, Jason Andrews, M.D. '07, then a student at the School of Medicine, approached *Yale Medicine* to ask if we'd be interested in writing about a project he and his classmates had undertaken. They were starting a clinic in Achham, a remote region in western Nepal. Students often ask us to write about their projects. I told Jason what I tell the others—let's wait until your project is up and running. The clinic, called Nyaya, the Nepali word for justice, soon opened its doors—but getting a story proved challenging. A writer in Kathmandu, Nepal's capital, was willing to visit the site, but an uprising by Maoist rebels forced her to cancel the trip. Indeed, it can take three days to travel from Kathmandu to Achham, a trip of about 260 miles that usually takes about 30 hours but is often stymied by landslides, flooding, and bad roads. Last summer Stephanie Soucheray, our summer writing intern, began interviewing Andrews and others for the article from our offices in New Haven. Her story shows how a group of students created a sustainable locally staffed clinic that has brought health care to an area that desperately needs it.

And our series on alumni career choices continues with Cathy Shufro's profiles of six physicians who are also writers. Some started out as doctors and turned to writing later in their careers. One was a journalist who became a doctor who is now a consultant for a TV doctor show, and another studied medicine in order to write about it. Each has found a way to bring some of the mysteries of medicine to a broad audience.

John Curtis
Editor

SECOND OPINION BY SIDNEY HARRIS



Yale Medicine

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TERRY DAGRADI

Schwartz said it costs roughly \$1,000 per student to provide paper copies of all course materials, which is about the same price as an iPad and supporting apps. “We pretty much break even,” he said, “but the iPad is better for the environment—and as an information delivery system, it’s much more versatile.”

It takes students about 30 minutes to download the entire curriculum for one year on the iPad, although they are advised to download the fall, winter, and spring courses separately because faculty update documents until the start of the course. But what administrators are realizing is that the iPad is more than just an efficient and environmentally smart curriculum delivery system; it enhances the way courses are taught.

Robert L. Camp, PH.D. '92, M.D. '97, who teaches pathology to first- and second-year students, said the iPad is ideal for small-group teaching. “Computer screens, which we used to use, create a barrier between you and the person you are talking to. It’s not interactive. But the iPad is more like a piece of paper. You hold it more like a book and you can pass it around. It tends to engender more group thinking and group discussion.”

Nine students participated in the pilot iPad program—six were tech-savvy and three weren’t. They met with Schwartz, IT specialist Gary Leydon, and curriculum coordinator Leigh Cromey once a week during the spring semester to discuss the iPad and how it was working.

“Originally they wanted to see how much we could depend on it,” said Nicholas Bergfeld, a member of the pilot

Students begin new semester with iPads

The devices save paper and allow a more interactive curriculum, say students and faculty.

A move to make the School of Medicine a greener campus has demonstrated the potential of new technology to change the ways in which faculty teach and students learn.

“It’s hard to think of anything else that has had such a profound and rapid impact,” said Michael L. Schwartz, PH.D., assistant dean for curriculum, referring to a pilot program in which a handful of students were given iPads to download course curricula, take notes in class, and update course material. Based on the success of the pilot program conducted during the 2011 spring semester, all 518 medical students received iPads this fall.



JOHN CURTIS (2)

TOP Richard Belitsky and Michael Schwartz decided to offer iPads to all medical students in an effort to go green. The medical school was spending about \$1,000 on paper copies of the medical curriculum—about the cost of an iPad.

ABOVE Jorge Ramallo-Pardo uses the iPad on his clinical clerkships to keep notes on patients.

et cetera . . .

group who is now in his second year. “Using it to take notes in class was their baseline goal, but we quickly exceeded that.” The iPads altered the learning process in a positive way, he said. In a pathology lab, for example, they allowed for a much greater level of collaboration by synching with the instructor’s presentation, enabling students to answer survey questions and draw on the slides in real time. “It made the class a lot more interactive, a lot more fun,” he said. During his clinical studies, Bergfeld can foresee the iPad enhancing his interaction with patients. “You and the patient can look at their lab test results, X-rays, or whatever else together. It enables a greater level of personal connection.”

A self-described “paper person,” Vicki Bing said she had “huge reservations” before joining the pilot program. “I absolutely have to have everything printed out, so I didn’t know how an iPad could replace that.” But after a semester of using the tablet, she said, “I really, really loved it.” Bing said she appreciates having access to all the course material while listening to a lecture. She also welcomes the iPad’s portability. “I travel a lot, and I used to bring paper copies of everything with me to study on the road,” she said. “With the iPad it’s so much easier. It’s all right there with the touch of a finger.”

In giving its students iPads, Yale is part of a growing trend at medical schools across the country, including those at Brown; the University of California, Irvine; Stanford; and the University of Minnesota.

Yale’s program is different in that the school is giving iPads to all its students, not just first- and second-years. Yale has also encrypted its iPads so that

they are security/privacy-compliant. This feature will allow third- and fourth-year students to use them during their clinical electives. The original plan was to give iPads only to first- and second-year students, but third- and fourth-years, who use their personal laptops for their clinical electives, balked at a recent requirement that their laptops be encrypted—they considered it an invasion of privacy and an inconvenience because the encryption program shut down their computers every few minutes. The solution? School officials decided to provide encrypted iPads to third- and fourth-year students for their clinical work.

Bergfeld said that the overall message he’s hearing from fellow students is that they are looking forward to incorporating the iPad into their study habits. “The administration spent a lot of time making sure it was feasible,” he said. “So far it’s everything we could have hoped for.”

—Jennifer Kaylin



First-year students use the iPads during a cell biology lecture by Peter Takizawa.

ENERGY INSTITUTE AT WEST CAMPUS

A \$25 million gift from a Yale College alumnus and his wife will help launch the Energy Sciences Institute on Yale University’s West Campus, President Richard C. Levin announced in September. The institute will join the five other institutes on the West Campus in cancer biology, chemical biology, microbial diversity, systems biology, and biodesign.

During the institute’s start-up phase, the university will recruit new faculty members, including a director; dedicate 40,000 square feet of laboratory space on the West Campus to the institute; and launch interdisciplinary research programs spanning Yale’s science and engineering departments. The institute will bring together physicists, chemists, geologists, biologists, and engineers to develop solutions to the world’s energy challenges.

“The cutting-edge research that will be conducted at this new Energy Sciences Institute is vitally important,” said Thomas F. Steyer, a hedge fund manager and graduate of the Class of 1979, who made the gift with his wife, Kathryn A. Taylor.

—John Curtis

HOSPITALS TO MERGE

Yale-New Haven Hospital (YNHH) and the Hospital of Saint Raphael (HSR) announced in September that they had signed an agreement that would create a single hospital with two campuses. According to officials of both hospitals, the merger will enhance health care quality, access, and efficiency for Greater New Haven and the broader region.

Under the agreement, YNHH will purchase the assets of HSR; HSR will continue to provide medical care consistent with the ethical and religious directives of Catholic Health Care Services; HSR liabilities will be addressed; and YNHH will make investments in the HSR campus and expand its clinical activity.

With the agreement in place, the Connecticut Attorney General’s Office, the Connecticut Office of Health Care Access, and the Federal Trade Commission will begin a regulatory review of the transaction.

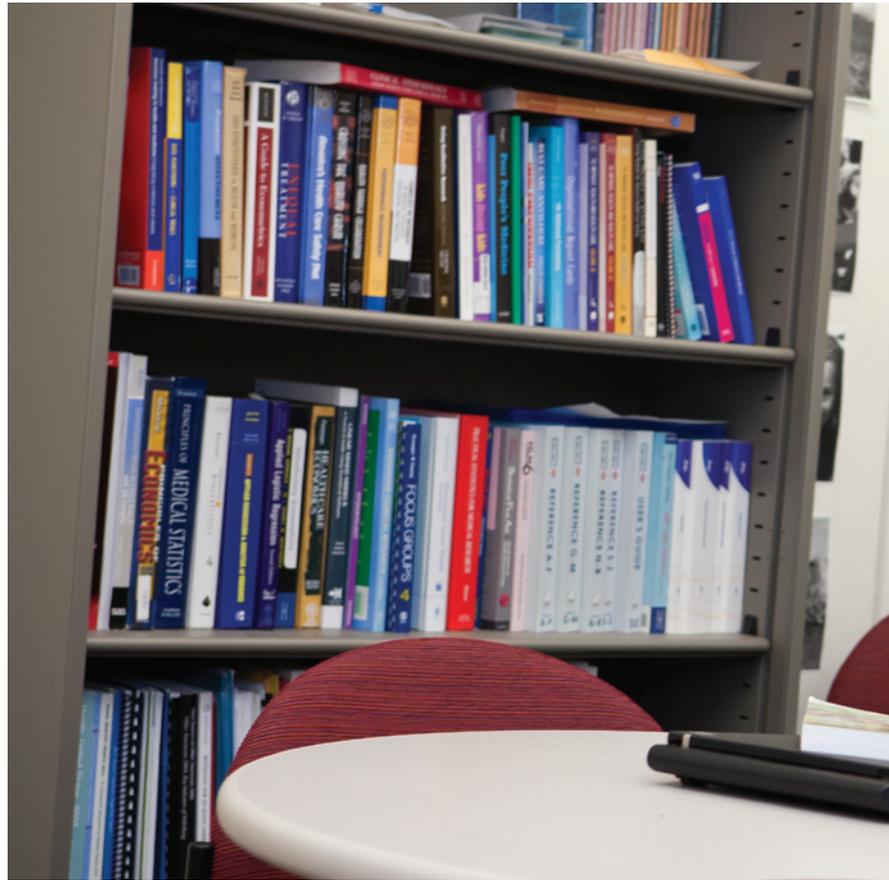
—J.C.

A Yale clinician ponders the ethics of a seeding trial masquerading as research

In the June 2011 issue of *Archives of Internal Medicine*, researchers described their discovery of a seeding trial for the epilepsy drug gabapentin, sold under the trade name Neurontin. The trial was conducted 15 years ago by Parke-Davis (bought by Pfizer in 2000). Under the guise of studying gabapentin's dosing—which had already been clinically established—the company enlisted more than 2,000 patients and 700 investigators. The trial's real goal was to increase prescriptions of the drug.

David A. Kessler, M.D., the commissioner of the Food and Drug Administration and later dean of the School of Medicine, sounded an alarm about the use of seeding trials in a 1994 article in *The New England Journal of Medicine*. The article described such trials as having little scientific value and as “thinly veiled attempts to entice doctors to prescribe a new drug being marketed” Fourteen years later Harlan M. Krumholz, M.D., M.S., the Harold J. Hines Jr. Professor of Internal Medicine, reported in the *Annals of Internal Medicine* on a 1999 seeding trial by Merck to market its arthritis drug Vioxx.

Last summer Joseph S. Ross, M.D., M.H.S. '06, assistant professor of medicine and co-author of the Vioxx report and senior author of the gabapentin report, met with *Yale Medicine* to discuss seeding, whistle-blowing, and the future of industry-sponsored trials.



How did you and your colleagues discover that a 15-year-old trial may have been a seeding trial?

Several years ago colleagues published in *Annals of Internal Medicine* an interesting review of a limited set of litigation documents that described Parke-Davis' promotion of gabapentin. Marketing involvement in the Study of Neurontin: Titrate to Effect, Profile of Safety (STEPS) trial was briefly mentioned, but discussion was incomplete. The recent availability of the complete documents produced as part of the litigation provided a unique opportunity to examine the STEPS trial in more detail.

Can you describe the elements of STEPS that pointed to a seeding trial?

Seeding trials are challenging to identify, but the internal documents clearly demonstrated that STEPS was a seeding trial posing as a legitimate scientific

study. For instance, the trial itself, not trial results, was part of a marketing strategy used to promote gabapentin and increase prescribing among investigators without informing trial patients or investigators. Investigators were selected for participation based on whether they were high prescribers in their area. After the trial, examination of rates and dosages of gabapentin prescribing showed that STEPS investigator participation in the trial was positively associated with greater gabapentin prescribing.

What are the risks of seeding trials?

Seeding trials pose several real dangers. First, they undermine the integrity of the clinical trial research process, exposing subjects to an experimental medication for marketing, rather than scientific purposes. Second, seeding trials unethically recruit

In an article published last year, Joseph Ross and colleagues criticized the practice of “seeding trials,” which are designed not for medical or scientific purposes but to boost sales of a drug.



TERRY DAGRADI

patients to participate because they are not provided with full informed consent. Finally, seeding trials undermine the medical literature when they are published, because the trials are designed by marketing to show the product's benefit, thus biasing the evidence available in the literature.

There is a whistleblower element to the article. Were you worried about offending fellow investigators and physicians?

My colleagues and I made the decision that it is more important to take a stand against these unethical trials in an effort to prevent them in the future. We expect that many companies have long conducted seeding trials as standard operating procedure. We are not interested in punishing acts from the past but hope that by exposing past practices, the public

and professional outcry will prevent them in the future.

What's your recommendation for staying ethical in pharma-sponsored Phase IV clinical trials?

Promoting the importance of ethical conduct is one step, so if evidence of other seeding trials is found in the future, the profession would frown ever more severely. Other steps that may prevent seeding trials include clinical trial registries. Similarly, steps to enhance the current institutional review board system could also be helpful. However, at the end of the day, physicians and the pharmaceutical industry need to make the decision not to participate in unethical clinical trial research and to keep the focus on science rather than on marketing.

—Stephanie Soucheray

et cetera ...

WHY AGING MAKES US FORGETFUL

Anyone who has searched for missing bifocals only to find them in the crisper drawer can find an explanation—and some hope—in a study from Yale researchers about the battle against age-related memory loss. Amy F.T. Arnsten, PH.D., professor of neurobiology and of psychology, reported in the July 27 issue of *Nature* that the neural networks of middle-aged and older brains are weaker and slower than those of younger brains.

Arnsten's study focused on age-related changes in the prefrontal cortex (PFC), the area responsible for abstract thought and reason as well as information recall (*Why did I come upstairs?*) in the absence of visual cues. As we age, the PFC accumulates excessive levels of a signaling molecule called cyclic adenosine monophosphate (cAMP), which can weaken prefrontal neuronal firing and may make these circuits more vulnerable to neurodegeneration.

The good news is that inhibiting cAMP with guanfacine, an FDA-approved hypertension medication, can combat the deterioration of neural networks.

—S.S.

MENTHOL CIGARETTES MORE ADDICTIVE

Menthol cigarettes may be more addictive than cigarettes without menthol because they reduce the protective respiratory responses to irritants in cigarette smoke, according to a study by researchers at Yale and the University of Connecticut School of Pharmacy, published online in September in *The Journal of the Federation of American Societies for Experimental Biology*.

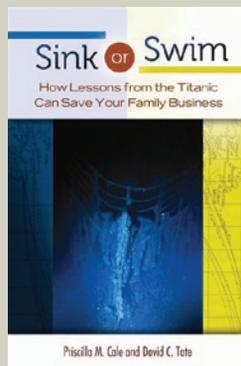
The scientists also say that the biggest danger is to young smokers. “Menthol may make smoke inhalation easier to tolerate and therefore promote nicotine addiction and smoking-related illness,” said author Sven-Eric Jordt, PH.D., associate professor of pharmacology at the School of Medicine. “Studies indicate that most young people smoke menthol cigarettes. So they are being exposed to higher levels of nicotine and other toxic substances at a young age, which may lead to rapid addiction and ultimately to the development of smoking-related disease.”

—John Curtis

Lessons from the Titanic

The ship's infamous sinking provides insights into management and leadership.

There's a trend in business publishing these days: books built around unlikely case studies. Consider *Shackleton's Way: Leadership Lessons from the Great Antarctic Explorer*; and *Tony Soprano on Management: Leadership Lessons Inspired by America's Favorite Mobster*. Now there's a new title, co-authored by David C. Tate, PH.D., FW '00, assistant clinical professor



Sink or Swim: How Lessons from the Titanic Can Save Your Family Business

of psychiatry: *Sink or Swim: How Lessons from the Titanic Can Save Your Family Business*. Surely no business owner would seek to emulate the combination of design flaws, construction weaknesses, and operational misjudgments that sank the Titanic.

But it turns out that the story of the Titanic can offer insights into the pitfalls of running a small family business. As Tate and co-author Priscilla M. Cale, M.B.A., write, "What initially seemed counter-intuitive ... turned out to be absolutely correlative."

Tate and Cale provide psychological insights into the personal frailties and structural problems that, taken together, doomed the Titanic. They examine team fragmentation (some iceberg warnings never reached the captain); ineffective leadership (the captain never alerted his officers that the ship was sinking); and overconfidence (the Titanic carried only half the lifeboats necessary because the ship was "a lifeboat in herself"). For each factor that contributed to the 1912 disaster, the authors reflect on similar problems that can arise in ordinary family firms.

They argue that the U.S. economy depends on such insights: Family firms employ nearly six in 10 workers and generate half the nation's GDP. But earnings are only part of the authors' point. In firms that endure, "the family will have learned to be stewards of values that bring enrichment." Ultimately, a family firm's legacy "is about enrichment, not riches."

—Cathy Shufro



Challenging and Emerging Conditions in Emergency Medicine

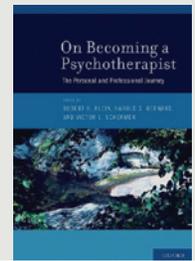
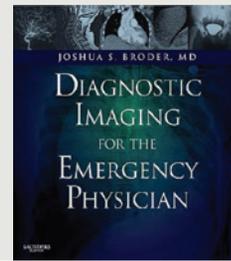
edited by Arvind Venkat, M.D. '00, with contributions by Esther Choo, M.D. '01 (Wiley) This book provides guidance for evaluating and diagnosing complex disease presentations in the emergency room. It addresses such chronic conditions as congenital heart disease, cystic fibrosis, morbid obesity, intellectual disability, and intestinal failure.

Diagnostic Imaging for the Emergency Physician

by Joshua S. Broder, M.D. '99 (Saunders) This text takes a step-by-step approach to selecting and interpreting commonly ordered diagnostic imaging tests. It presents clinical decision rules; describes time-efficient approaches for the emergency physician to identify critical radiographic findings that impact clinical management; and discusses such topics as radiation risks, oral and IV contrast in abdominal CT, and MRI versus CT for occult hip injury.

Evidence-Based Practices and Treatments for Children with Autism

edited by Brian Reichow, PH.D., associate research scientist in the Child Study Center; Domenic V. Cicchetti, PH.D., senior research scientist in the Child Study Center; Fred R. Volkmar, M.D., Irving B. Harris Professor of Child Psychiatry and director of the Child Study Center; and Peter Doehring, PH.D. (Springer) This book offers perspectives on topics related to autism ranging from the historical underpinnings of autism treatment to the use of psychopharmacology and the implementation of evidence-based practices.



In addition, the book presents a methodology for evaluation designed to reduce the risks and inconsistencies associated with variations among definitions of autism terminology.

The Psychosis-Risk Syndrome: Handbook for Diagnosis and Follow-Up

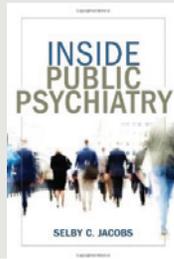
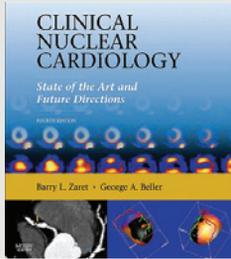
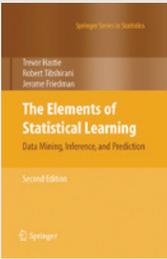
by Thomas H. McGlashan, M.D., professor emeritus of psychiatry; Barbara C. Walsh, PH.D., research associate in psychiatry; and Scott W. Woods, M.D., professor of psychiatry (Oxford University Press) This handbook details the diagnostic tools and building blocks that constitute the Structural Interview for Psychosis-Risk Syndromes, or SIPS. The handbook covers the SIPS evaluation, the initial interview, the evaluation process, and the summary session consisting of findings and future options.

On Becoming a Psychotherapist: The Personal and Professional Journey

edited by Robert H. Klein, PH.D., lecturer in psychiatry; Harold S. Bernard, PH.D.; and Victor L. Schermer, M.A. (Oxford University Press) This book explores how psychotherapists develop as practitioners both through professional training and personal experience. The book addresses current controversies that surround what constitutes the optimal set of experiences and characteristics for the developing psychotherapist.

Recursive Partitioning and Applications, 2nd ed.

by Heping Zhang, PH.D., professor of public health (biostatistics) and in the Child Study Center; and Burton H. Singer, PH.D.,



former chair of the Department of Epidemiology and Public Health (Springer) This book focuses on recursive partitioning strategies in statistical analysis as a response to the challenge of pathway characterization. The book addresses statistical issues—conceptual and computational—in the context of important scientific questions. This edition includes new material devoted to forests from predictive and interpretive perspectives.

Clinical Nuclear Cardiology: State of the Art and Future Directions, 4th ed.

by Barry L. Zaret, M.D., Robert W. Berliner Professor of Medicine (cardiology), and professor emeritus of medicine; and George A. Beller, M.D. (Mosby) The authors address the latest developments in technology, radiopharmaceuticals, molecular imaging, and perfusion imaging. The fully searchable text at expertconsult.com includes illustrated case studies that use a variety of imaging modalities.

The Essence of Analgesia and Analgesics

edited by Raymond S. Sinatra, Ph.D., M.D., professor emeritus of anesthesiology; Jonathan S. Jahr, M.D.; and J. Michael Watkins-Pitchford, M.D. (Cambridge University Press) This manual provides clinicians with information about the pharmacologic principles and clinical use of pain medications. Each chapter provides an overview of a particular drug, covering chemical structure, mode of activity, indications, contraindications, common dosages and uses, advantages and disadvantages, and drug-related adverse events.

Inside Public Psychiatry

by Selby C. Jacobs, M.D., M.P.H., professor emeritus of psychiatry and of epidemiology (People's Medical Publishing House—USA) This book tells the story of public psychiatry, with examples from the author's experience running the Connecticut Mental Health Center in New Haven.

The Comprehensive Treatment of the Aging Spine: Minimally Invasive and Advanced Techniques

by James J. Yue, M.D., associate professor of orthopaedics and rehabilitation; Richard D. Guyer, M.D.; J. Patrick Johnson, M.D.; Larry T. Khoo, M.D. '95; and Stephen H. Hochschuler, M.D. (Saunders) This book provides state-of-the-art coverage of both operative and nonoperative treatments for clinical pathologies of the aging spine. The authors cover such topics as minimally invasive fusion, dynamic stabilization, and intraspinal and biologic devices.

Preventive Cardiology: A Companion to Braunwald's Heart Disease

by Nathan D. Wong, M.P.H. '85, Ph.D. '87; Roger Blumenthal, M.D.; JoAnne Foody, M.D. (Saunders) This edition addresses the prevention and risks of cardiovascular disease, with the aim of delaying the onset of disease and moderating its effects and complications.

The descriptions above are based on information from the publishers.

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DAVID BIRO

Finding the right words for pain

For a person in great pain, wrote Virginia Woolf, "language at once runs dry." Woolf's words resonate for David Biro, M.D., Ph.D., who couldn't describe his own suffering after a bone marrow transplant. The "privacy" of his pain isolated him from his loved ones, Biro told the audience at a Humanities in Medicine lecture in October.

Biro, a dermatologist at the State University of New York Downstate Medical Center in Brooklyn, came to recognize that metaphors convey the experience of pain on a level that ordinary language cannot. As Biro researched his book *Listening to Pain*, he found three types of metaphors: first, images (often clichés) that suggest weapons—a shooting pain in the wrist or a knife in the gut; second, images of pain "mirrored" outside one's self, as by the silent screamer in Edvard Munch's paintings; and third, images that convey the anatomy of pain, as in painter Frida Kahlo's 1944 self-portrait, which shows her shattered spine as a broken stone column.

Even a faltering attempt to communicate about pain, Biro said, eases the sufferer's isolation. "As long as the conversation lasts, we are not alone."

—C.S.



ROSA DELAURO

Support federal research funding

Bracketing her remarks with anecdotes drawn from personal experience, U.S. Representative Rosa DeLauro gave an impassioned defense of continued federal funding for biomedical research, even as Congress looks to balance the budget by cutting spending.

Speaking at the October Medical Student Council Perspectives on Medicine series, DeLauro told the packed audience that in 1991 she was diagnosed with stage 1 ovarian cancer. "Because of the grace of God and biomedical research, my life was given back to me," she said. Since then, the 10-term congresswoman has been a progressive voice for health policy reform.

DeLauro said one of the proudest moments of her career was March 23, 2010, the day President Barack Obama signed the Patient Protection and Affordable Care Act into law. "It has the ability to transform people's lives," she said. Noting that some lawmakers want to repeal it to reduce the deficit, she said, "I will fight that as hard as I can, with every fiber I have. It is not a slush fund to deal with the deficit."

—Jennifer Kaylin



The Search for the Cushing Brains

With the neurosurgeon's collection on display, a trip to the "brain room" and a rite of passage are no more.

By Stephanie Soucheray

By now the story of Harvey Cushing's brains is well-known. When the neurosurgeon died in 1939, he left his brain tumor collection, patient registry, and glass plate photos to Yale, his undergraduate alma mater. For decades the 650 jars of brain specimens sat abandoned and ignored in the basement of Harkness Hall. Dripping limestone walls were the only companions for Cushing's malignant tumors and detailed photographs, a collection he had begun building in 1902. After years of neglect, the collection went on public display in the Cushing Center in the basement of the Cushing/Whitney Medical Library in 2010.

Before the brains' removal from the basement of Harkness, Yale employees found a large white poster board on the floor. "Leave Only Your Name. Take Only Your Memories" was scrawled on top of the board; underneath were the signatures, doodles, and "we were here" markings of several generations of Yale medical students who had ducked under dusty pipes and stumbled across abandoned anatomy dummies in the recesses below their dormitory to find the brain collection.

The public unveiling of the Cushing brains marked the end of an era. For decades, students who visited the brains were privy to a pilgrimage and rite of passage. Though the brains weren't hidden per se, they

were obscured in a faraway room, and the trip wasn't exactly condoned by the school. "We tried to keep students out with locks and reinforced wooden panels," explained Terry Dagradi, a Yale photographer who has curated Cushing's photographs. "No matter what we did, the students found a way to get down there and into the brains."

"I remember thinking, 'I'm inhaling diseased brain matter,'" said Jessica Bod, a fifth-year student who was among the last to see Cushing's brains in their basement tomb. She had "bid on an adventure" with classmate Sascha Qian during the Hunger and Homelessness Auction in 2008. The adventure brought her into the bowels of Harkness, where entry into the brain room required removing a panel in the door and crawling through.

"It was definitely creepy, and I remember whoever went first had to lead in the dark," said Bod. "I hadn't realized the brains were actually under the dorm. It was very 'Harry Potter.'"

Antony F. Chu, M.D. '02, visited the basement a few times as a student. He had a job in the audiovisual department, which meant he also had a set of keys that could open a number of Harkness doors. Visiting the brains, he said, was a bonding—and inspiring—activity. No one had exact directions to the "brain room," so each new group of students had to forge its own path.



"I'll never forget the shadows of the brains on the walls," said Chu, who described the experience as one born of curiosity and wonder. Nobody (to his knowledge) ever tried to remove or damage the brains. "There was such a sense of something bigger and greater in that brain room."

Dagradi felt that same sense of otherness the first time she entered the room. Her feelings intensified after she began to print some of Cushing's 10,000 glass plate photographs. "There are these really detailed and touching portraits of children, girls with big bows in their hair," said Dagradi. "The photos really had an impact on me."

Though Bod is glad that the brains are well-preserved, she feels nostalgic for their former basement home. "Going to find the brains was like standing on the seal of the library or the second-year show, a tradition that made the School of Medicine," said Bod. "Future students won't have that."

Do you have a memory of a nocturnal jaunt to the Cushing brains that you'd like to share? If so, please write to Terry Dagradi, terry.dagradi@yale.edu, and tell us about your visit to the basement of Harkness.



Randi Hutter Epstein came to medical school not to be a doctor, but to learn medicine so she could write about it.



Doctors who write

School of Medicine alumni discuss how writing helps them reaffirm their belief in medicine.

By Cathy Shufro

Making the first cut in a surgical patient shares something with writing the first line of an essay, says surgeon and writer Richard A. Selzer, M.D., HS '61.

"You are making an incision when you sit above a blank page," says Selzer, the nationally known author of 13 books of essays and short stories, mostly about medicine. "Call it blood and ink," he says. "That's the story of my life."

When he first began writing seriously in the mid-1970s, Selzer recalls, "My colleagues in surgery found it mystifying. They said, 'What's the matter with you? Isn't surgery enough for you?' ... I was alone."

No longer: Yale-trained physicians have increasingly combined medicine and writing. Notable among them are National Book Award winner Sherwin B. Nuland, M.D. '55, HS '61; memoir writer Dora Calott Wang, M.D. '90; her classmate, journalist and author Randi Hutter Epstein, M.S., M.D. '90; poet Dagan Coppock, M.D. '04; and *The New York Times Magazine* columnist and author Lisa Sanders, M.D. '97, HS '00. They say that their understanding of medicine informs their writing. And except for Epstein, who never intended to practice medicine, they all find that their writing has provided insight into their work as physicians.

The prevalence of great physician-writers suggests an affinity between medicine and writing. Among the best-known practitioners are the Russian short-story writer and playwright Anton Chekhov; the poets John Keats and William Carlos Williams; and Sir Arthur Conan Doyle, who created Sherlock Holmes and his physician sidekick, Dr. Watson. Contemporary physician-writers include Oliver Sacks, M.D.; Jerome Groopman, M.D.; Atul Gawande, M.D.; and Abraham Verghese, M.D., author of the popular novel *Cutting for Stone*. Khaled Hosseini, M.D., wrote *The Kite Runner*; Robin Cook,

M.D., writes medical thrillers; and the late Michael Crichton, M.D., wrote popular fiction on everything from dinosaurs to marijuana smugglers to extraterrestrial plagues.

Staying sane and the urge to write

Selzer began writing when he was a medical officer in the Army in Korea during the mid-1950s. "In order to keep my sanity," he says, "at the end of every day, I would write down what happened." On returning to New Haven to begin his surgery residency, Selzer says, "I completely forgot about this journal. I was busy learning to become a doctor and had no intention of being a writer."

And then in the mid-1970s, halfway into his 25-year career on the Yale faculty, Selzer again felt the urge to write. "One day the gate to my imagination sprang open," he says. "It was an awakening, an epiphany. I began to see my life in literary terms. I began writing furiously." Between 1976 and 1982, he wrote three of his best-known books: *Mortal Lessons: Notes on the Art of Surgery*; *Confessions of a Knife*; and *Letters to a Young Doctor*. His writing, he says, "is unconscious. It just pours out." When he finds a passage of prose or poetry that strikes him, Selzer says, "I write it down and study it."

Although Selzer bases his stories on his own experiences, he says, "I give myself all the freedom in the world to make things up. But each story has a grain of truth. I'm not really interested in the facts. I'm interested in the truth, which lies beneath the real. It is the *real* real that lies beneath the real."

Selzer describes writing as "the reason for which I was born." He continues to write, using Yale's Beinecke Library as an office. His latest book, *Diary*, was published by Yale University Press last spring.



Finding a second calling

Sherwin Nuland became a surgeon, as he describes it, “quite simply because it’s such great fun.” But when he sat down to write a series of biographies of historically important doctors more than two decades into his career, he found a second calling. Now he is internationally known as a writer and scholar. The biographies became his first book, *Doctors: The Biography of Medicine*, published in 1988. His best-known book, *How We Die: Reflections on Life’s Final Chapter*, won a National Book Award in 1994 and was on *The New York Times*’ best-seller list for eight months. Nuland’s work includes short biographies of Leonardo da Vinci and the 12th-century physician-philosopher Moses Maimonides. Nuland also wrote a memoir, *Lost in America: A Journey with My Father*, which he says may be his best work.

The surgeon’s schedule presented opportunities for Nuland to write: during delays between cases, usually unexpected, he would retreat to the library and write. “The Medical Historical Library is two football fields away from the operating room,” he says. “I just never wasted any time.” Because few physicians have such gaps in their day, he says, “I couldn’t have done this if I was in pediatrics or internal medicine.”

Nuland says writing informed his life as a surgeon. “I wrote for about six or seven years before beginning to do it full time. There’s no question that writing, as well as the research and contemplation required to do it, gave me a much greater perception of what we call the human condition; helped me to understand the perspective of patients and families; and acquainted me with the uncertainties of medical knowledge and clinical decision making.”

When surgeons and writers make decisions, Nuland says, they draw on everything that’s occurred in their lives up to that moment. But whereas a surgeon in the OR deliberates before making a choice, “In writing, you’re not nearly as aware that you’re making decisions. You’re allowing your unconscious mind to float free.”

At 80, retired from surgery since age 61, Nuland continues to study and write—with time off to luxuriate in the company of visiting grandchildren. He reads aloud each newly written paragraph to make sure that he’s considered the nuance and resonance of each word. “You’ve got to be absolutely meticulous. You’ve got to hit that thing right on the head.”

Nuland also requires himself to be meticulous about facts. “The danger for medical writers is distorting things to make for literary effect.” Over time, he believes, a reader will recognize and resent distortions.

He imagines that reader as “a person very much like myself who has had a different life experience from my own.” Of his own experiences, Nuland values, above all, his 35 years as a surgeon. Although he hasn’t entered the OR for nearly 20 years, he views healing the sick as “the greatest satisfaction of life.”

“To carry a sick person through the burden of illness is a gift to the person who does it.”

“Doctors have not been well”

Dora Calott Wang’s memoir tells the story of an intimate relationship and how a third party damages it: the relationship is the one between doctor and patient, and the interloper is the insurance industry.

A psychiatrist at the University of New Mexico, Wang uses her personal story to describe the changes wrought by for-profit health care. “I thought memoir was a form begging to be applied to the telling of history,” says Wang. Her 2010 book is *The Kitchen Shrink: A Psychiatrist’s Reflections on Healing in a Changing World*.

“I wasn’t interested in the traditional doctor narrative about the romance of healing the patient, where the doctor is almighty and the patient is vulnerable. I wanted to write a different kind of doctor narrative, because the truth is the medical system and doctors have not been well,” she says. “It’s ridiculous that doctors should go through all this training and have to defer to the decisions of insurance clerks.”

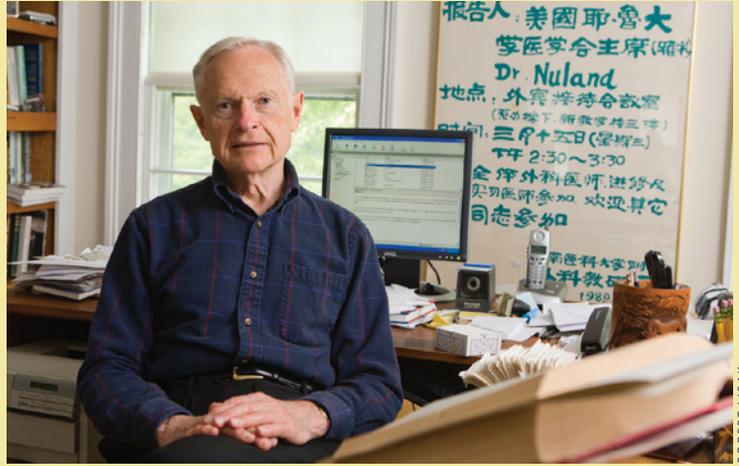
Wang was already interested in writing while in medical school, and the medical school chaplain, Alan C. Mermann, M.D., M.Div. ’79, encouraged her to take a year off to earn a master’s in English at the University of California, Berkeley. Selzer introduced her to the idea of writing at night. To write *Kitchen Shrink*, she slept from 8 at night until 2 a.m., then worked on the book for six hours before starting her day as a doctor (and mother) at 8 a.m. “There’s this excitement of getting up early and seeing what’s going to come out on the page.”

Wang wrote 40 drafts of the book. “It’s not linear. ... You change one thing, and the whole book changes. It’s like a river: you do something upstream, and everything downstream gets affected.”

Wang sees a correlation between seeking truth as a psychiatrist and seeking it as a writer. “A lot of my work as a psychiatrist is to get patients to see the truth. I think it’s time we tackled the truth of what’s happened to the medical profession. What does it mean that the insurance industry holds the purse strings on medical decisions? After all, our medical system is the moral infrastructure of our country, where life-or-death decisions are made each moment. Like a patient in denial, our



JOHN CURTIS



ROBERT LISAK



TOM BRAHL



TERRY DAGRADI

CLOCKWISE FROM TOP LEFT:

Lisa Sanders left a successful journalism career for medicine after watching a medical correspondent save a drowning woman.

Sherwin Nuland found a second calling when he began writing biographies of historically important doctors.

Richard Selzer began writing when he was a medical officer in the Army during the Korean War. "In order to keep my sanity, at the end of every day, I would write down what happened."

Dora Calott Wang used her own experiences as a psychiatrist to tell the story of changes wrought by for-profit health care. "It's ridiculous," she said, "that doctors should go through all this training and have to defer to the decisions of insurance clerks."



nation needs to face the truth. How can anything in this nation be healthy until we've healed the medical system?"

Despite her frustrations, Wang says, "I still think we're in a very privileged position of seeing so much of life and gaining the wisdom from knowing so many lives in intimate detail."

A career in medical journalism

Randi Hutter Epstein had already been accepted by the Columbia University Graduate School of Journalism when she arrived in New Haven for her medical school interview. She expected to be rebuffed when she told the admissions committee that she did not plan to become a clinician but rather to write about medicine. Instead, she found encouragement. And she got in.

By the end of her second year, however, Epstein had qualms. "I thought if I'm not going to practice, I should drop out of med school." Robert H. Gifford, M.D., HS '67, then the associate dean for student affairs, refused to let her leave. "He said, 'What you gain from being on the wards during third and fourth year will help you with your writing.'"

After graduation, Epstein worked as a medical reporter for the Associated Press (AP) in London. "There were glimmers where I thought maybe I could practice and write. But I think my heart was in reporting and investigating, which is so time-consuming and I never thought I'd be able to do it all—have a full-time practice, write reported pieces, and raise my children," says Epstein, the mother of four children. "I'm incredibly impressed with the doctor-writers who are balancing it all."

She faced culture shock working for the AP. As a medical student, she says, "I was very used to talking about 'maybes' and gray zones." She quickly discovered that wire service writing is "black and white." "It scared me at first," she says, "because nothing is certain." And although her editors scanned her prose for style, "no one checked my facts. ... But I did, relentlessly. My professors continued to be my professors. I learned so much from them while I was at Yale, and then I relied on them when I got my job at the Associated Press. I had a lot of their home numbers, and I've woken some of them up, saying, 'I need a quote, I need your advice; I'm on deadline!' This was before e-mail." In addition, she says, "I kept my medical school biostatistics book by my side. There were certain epidemiologists I knew really well."

Now an independent journalist and author, Epstein contributes to the "Science Times" section of *The New York Times* and has written for publications including *GlobalPost*, *Psychology Today*, and *The Washington Post*. She finds satisfaction not only in providing information about medical topics but also in creating a sense of community among readers. She remembers in particular a story for the *Ladies' Home Journal* in which she wrote about women

with autoimmune diseases. Readers told her that they "felt validated, with their fears and worries, when they read about these other women going through the emotional turmoil of living with these chronic diseases." Her first book, *Get Me Out: A History of Childbirth from the Garden of Eden to the Sperm Bank*, was published in 2010.

Dedicated to a poem

When Dagan Coppock is working on a poem, it follows him everywhere. Feeling this presence is what Coppock calls being "dedicated to a poem."

"It moves in and out of your consciousness during the day," says Coppock, who recently left a primary care practice near Boston to spend two years in Botswana as a preceptor for Beth Israel Deaconess Medical Center training program. "If you don't write it down, you'll forget it. I think that poets in the course of living are always on guard for inspiration," he says. "They are looking for the clues, the god in the gaps, in every moment. If a poet suddenly thinks his love is like a red, red rose, he wants to know why—what's the connection? A poem is like a bit of detective work to connect the dots between the two apparently disparate aspects of a metaphor.

"A doctor is a detective, too. ... A doctor tries to make a diagnosis or sort out some other problem, and a connection can seem just as revelatory or inspirational. Maybe I'm biased, but I think that primary care providers get more chances at such moments."

Coppock never considered making poetry his career. "I always thought that it was never enough to be only a poet. You have to be a mechanic and a poet, a teacher and a poet, a chef and a poet, a doctor and a poet. ... it doesn't matter. You have to be something else—something which gives impulse to your writing. Besides, I would have been too lonely being a writer alone."

Between college and medical school Coppock traveled to Nigeria on a Fulbright grant to write poetry and study the poetry of traditional healers. "When I came to Yale med, I needed a reader, a mentor, someone to help me find a community. Dr. Selzer was that person. With his help, we started a writing group. It kept me sane and healthy and circumspect during medical school." Coppock co-edited a collection of poetry by medical students and residents titled *Body Language: Poems of the Medical Training Experience*, published in 2006.

He sends his poems to medical journals rather than literary magazines—his work has appeared in *JAMA: The Journal of the American Medical Association* and in the *Journal of General Internal Medicine*. Poetry in medical journals, he believes, validates the connection between medicine and the humanities. Especially as doctors are pressured to do more in less time, he says, "Medicine can become a very automatic field, where we don't reflect." Poetry, he says, "forces you to think about things."

What might be missing from life

In the late 1980s, CBS television producer Lisa Sanders was on the banks of the Nantahala River in North Carolina taping a show on whitewater rafting with health reporter Bob Arnot, M.D. Suddenly Arnot disappeared.

When Sanders spotted him again, Arnot was on his knees beside the churning river, doing CPR. Sanders was surprised by the rush of admiration she felt as he revived a woman who had nearly drowned.

"It was the first time I'd thought about what might be missing from my life," she says. She'd won an Emmy Award and had worked in news for three major networks, but Sanders left a 12-year television career to study medicine in 1992.

As it turns out, internal medicine has reconnected her with journalism. Since 2002, Sanders has written the "Diagnosis" column for *The New York Times Magazine*. The column allows her to think about what she finds most compelling about medicine: the complex deliberations that lead to diagnosis. Before studying medicine, she'd imagined diagnosis to be formulaic: plug in facts, find answer.

Each monthly column tells the story of a patient with a constellation of baffling ailments. The story moves from mysterious symptoms to false diagnoses to resolution. Since March, the column has also appeared online (minus the correct diagnosis). The first time the column went online, 1,400 readers contributed guesses in less than two days. That response pleases Sanders: "I want this to be a conversation."

The column brought her back to television when producer Paul Attanasio asked Sanders to serve as technical advisor for a new medical drama "about an irritating, arrogant, drug-addicted doctor who hates patients and loves diagnosis." "That's not going to fly," she remembers thinking.

It flew: *House M.D.* has been an international hit on Fox since beginning its run in 2004. Sanders invents medical problems for the show's characters. And although she also reviews scripts for medical accuracy, she doesn't mind the liberties that *House* takes with matters of law: *House* frequently orders his team to break into patients' homes to find clues to their ailments. "I think it's a very good metaphor for the probing, impertinent questions that doctors ask—for that violation, that intimacy with a stranger, that is part and parcel of going to see a doctor," says Sanders. That intimacy, she says, "is why that trusting relationship has to be there."

Sanders often writes before dawn. She enjoys the silence of the house and the absence of inquiries about errant items of clothing and similar matters from her two teenage daughters. Rising early allowed her to write her latest book, *Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis*, while keeping up with her day job teaching Yale residents and seeing patients at Waterbury Hospital.

Just as seeing patients provides material for Sanders' writing, writing informs her work as a doctor and reminds her that seemingly routine symptoms sometimes signal

something unusual. "We have a limited number of symptoms and a vast spectrum of diseases," she says. "Writing reminds you every day that there's something interesting happening. It may remind you that curiosity killed the cat—but satisfaction brought it back." **YM**

—Cathy Shufro is a freelance writer in Woodbridge, Conn.

LaLisa Alita Anderson, M.D. '01 published a collection of oral histories titled *On the Other Side: African Americans Tell of Healing* in 2001. In 2006 she was an American Philosophical Society Fellow. About five years ago she placed her creative writing on hold; she presently works in a medical communications agency in Atlanta that supports pharmaceutical clients as they conduct oncology research and bring oncology drugs to market.

Pauline W. Chen, M.D., HS '98 is a surgeon, author, and columnist for *The New York Times*. She published *Final Exam: A Surgeon's Reflections on Mortality* in 2007.

John A. Eleftheriades, M.D. '76, HS '81, FW '83 chief of cardiothoracic surgery and the William W.L. Glenn Professor of Cardiothoracic Surgery, has written four textbooks, including *Your Heart: An Owner's Guide*, with Lawrence S. Cohen, M.D., HS '65, the Ebenezer K. Hunt Professor Emeritus of Medicine. Eleftheriades also wrote *The Woman's Heart: An Owner's Guide*, with Teresa Caulin-Glaser, M.D., and he is the author of *Transplant*, a medical thriller.

Robert L. Klitzman, M.D. '85 wrote *When Doctors Become Patients* in response to his own grief over the death of his sister, who died in the World Trade Center on September 11, 2001. Klitzman, a research scientist and associate professor of clinical psychiatry at the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and at Columbia University, is the author of five other books. He got his start as a writer by reviewing books at Yale, where his role models included Richard A. Selzer, M.D., HS '61, and Sherwin B. Nuland, M.D. '55, HS '61.

Bernie S. Siegel, M.D., HS '61 has written frequently about medicine and the healing process. His books include *Faith, Hope & Healing: Inspiring Lessons Learned from People Living with Cancer*; *A Book of Miracles: Inspiring True Stories of Healing, Gratitude, and Love*; and *Help Me to Heal: A Practical Guidebook for Patients, Visitors, and Caregivers (Essential Tools, Strategies, and Resources for Healthy Hospitalizations and Home Convalescence)*.

Alan A. Stone, M.D. '55 the Touroff-Glueck Professor of Law and Psychiatry at Harvard Law School, uses literature to interest students in the themes of psychology and justice. He is the author of *Movies and the Moral Adventure of Life and Law*; *Psychiatry and Morality: Essays and Analysis*; and co-editor of *The Abnormal Personality through Literature* with Sue Smart Stone.



Are you a physician who writes or works in another of the fields we'll be profiling in our "Alumni Career Paths" series? Do you know medical school alumni, former Yale house staff, or fellows who are? Send us the names and then check the Web edition of *Yale Medicine* to view an expanding list of alumni with similar interests. You can write to us at yym@yale.edu and view the list at yalemedicine.yale.edu.

"Alumni Career Paths" future topics:

- International health and research
- The front lines of clinical practice
- Academic medicine

Bayalpata Hospital, which is operated by Nyaya Health, was founded by Yale students and opened in 2009. The hospital

serves an area of 250,000 people and sees more than 150 patients per day, all of whom receive treatment free of charge.

A 21st-century NGO



A handful of Yale medical students opened a clinic and hospital in a remote corner of Nepal. From 8,000 miles away, via the Internet, they provide support. **Here's how they do it.**



BIBHAV ACHARYA

By Stephanie Soucheray

The last time Ryan Schwarz, M.D. '11, M.B.A. '11, was in Kathmandu, he told a Nepali man that he was traveling to Achham, a district in the western part of the country, on behalf of Nyaya, a nonprofit health organization.

“The man looked at me and smiled, and said, ‘Assam is a beautiful part of India,’” Schwarz said. “I told him, ‘No, Achham. Here in Nepal.’ He just looked and shrugged. He had never heard of it.”

Achham, a region of 250,000 people, is South Asia’s land that time forgot, or more likely ignored. The journey from Kathmandu, about 260 miles away, can take up to three days—more if monsoons have washed out the few dirt roads on which rickety buses travel. The region is slowly recovering from a decade-long civil war and suffering the effects of HIV, malnutrition, and lack of maternal care. Five years ago, the region didn’t have a single allopathic doctor.

Now Achham is home to Nyaya Health, a nongovernmental organization (NGO) started by three Yale students in 2005. Nyaya runs the Bayalpata Hospital, a fully operational free hospital that is staffed by Nepali health care workers and treats more than 150 patients per day. A dedicated—and e-mail addicted—group of Yale medical students and graduates monitors the operations of the hospital from their smartphones in New Haven, Boston, and San Francisco. They do not see themselves as “running” the hospital and are careful on their yearly visits not to interfere with its day-to-day operations. Instead, the Yale students and graduates handle donations, publicity, and finances so that their vision of a free health care system in rural Nepal can be realized by the people to whom it matters the most: the Nepalese.

Nyaya, which means “justice” in Nepali, is not the first NGO started by Yale medical students, but it may be the first NGO undertaken by members of the millennial generation—people born between 1980 and 1995. Nyaya’s founders use the Internet; involve the local government to ensure that their efforts will be protected; and don’t worry about the lack of an office, a proper mailbox, or even roads.

“A different generation, a generation ahead of us, may not have the same understanding of our work that we do,” said Schwarz. “But we believe that free health care is every citizen’s right, and we think of citizenship as global, not national.”

It's that philosophical underpinning and the explosion of the millennials' interest in global health—not to mention the Internet—that allows Nyaya to create a radical health care system 8,000 miles away from New Haven and, in the process, show how to build a 21st-century NGO.

An encounter in New Haven

Jason Andrews, M.D. '07, visited Achham in 2006 between his fourth and fifth years of medical school. His wife, a Nepalese photographer, was working on a documentary there about women and children with HIV—an infection carried back to Achham by men who had traveled to India for work. Noting the region's abandoned hospital, Andrews saw an opportunity in a country that had fascinated him since his undergraduate days at Yale when he met a Nepali chef at the Royal India Restaurant in New Haven. "I came back and e-mailed two of my friends about the abandoned hospital," Andrews said.

Achham was supposed to be the site of a district hospital 25 years ago, but at the last minute, in response to demands from a community with more political influence, the government moved the hospital to a location eight hours away. "There was a devastating history to that hospital, which we later confirmed with several people," said Andrews. Troops arrived after the change was announced and six protesters were killed.

With no hospital in the region, doctors and nurses moved elsewhere and Achham remained a health care desert. In Nepal, health care is based on a user-fee system largely out of reach to the rural poor. Because the region is so isolated and travel so difficult, the lack of accountability in government-run clinics has resulted in a shadow medical economy. Rural doctors take supplies and drugs from government clinics and open up private practices in small villages, selling expired antibiotics at exorbitant prices.

Andrews, along with Duncan Smith-Rohrberg Maru, M.D. '09, PH.D. '09, and Sanjay Basu, M.D. '09, PH.D. '09, decided that they could change that landscape. They knew, however, that implementing their vision of a free first-world health care operation in the abandoned hospital was an ambitious undertaking in a region where most citizens don't have electricity. So they started with the Sanfe Bagar Medical Clinic.

"The clinic was in an old grain shed," said Smith-Rohrberg Maru, a resident in medicine and pediatrics at Brigham and Women's Hospital in Boston. "It was a classic NGO beginning, but we knew it was not possible to start off with a full hospital."

After organizing a pharmacy, painting the walls, and repopulating the clinic with Nepalese doctors, Nyaya turned over the clinical operation to the Nepali government in May 2009. That last step is a bit antithetical to traditional NGO models, but it's vital to the Nyaya vision.

"It was never meant to be a drop-in or expat-staffed model," said Andrews, an infectious diseases fellow at

Massachusetts General and Brigham and Women's hospitals. "It's not Doctors Without Borders. The idea has always been to create a sustainable model of health care for that community."

Nyaya staffed both the clinic and the hospital with local Nepalese—everyone from the hospital's accountant to the medical director, chef to ambulance driver is a local. Though Yale students are encouraged to visit Achham, their role is always to help the hospital meet its needs—not get in the way.

With the free clinic in the hands of the Nepali government, Nyaya turned its sights back to Bayalpata Hospital, which opened on June 21, 2009. With a staff of more than 30 Nepalese health care providers, the hospital tends to more than 3,000 patients per month.

Working with the local government

"How people live in Achham is fairly typical for rural and poor Nepal, but the isolation, the lack of transportation, and the lack of services set it apart," said Bibhav Acharya, M.D. '11, a resident in psychiatry at the University of California, San Francisco. Acharya, the executive vice president of Nyaya, is Nepalese but hails from the central part of the country.

Achham looks like a lot of other impoverished places around the world. Multiple generations of families live in mud homes. Agriculture is the only way to make a living, but a feudal social system means a handful of families control the debts, crops, and fates of most people in the region. Most of the population is illiterate and few have ever had access to regular health care.

When Andrews, Smith-Rohrberg Maru, and Basu approached Kaveh Khoshnood, M.P.H. '89, PH.D. '95, assistant professor of epidemiology (microbial diseases), to be faculty advisor for their project in 2006, Khoshnood asked the same skeptical questions he asks of any students thinking of starting an NGO.

"Is there a need for this? Should somebody else be doing this? Can you really direct something there from here?" asked Khoshnood. "But they had considered [those things]. There was simply no other health care provider."

Khoshnood was surprised by how thoroughly the founding members of Nyaya had thought out their plans. Khoshnood said students often spew a lot of rhetoric about "long-term capacity building"—a buzz phrase that means whatever an NGO creates will endure long after its creators have moved on. Nyaya has figured out one counterintuitive way to make sure their NGO is sustainable: involve the government. "So many NGOs get frustrated by corruption and bureaucracy in governments, so they just bypass them," said Khoshnood. "But then, when the NGO leaves there's a vacuum of services."

Nyaya has secured government approval for every action taken in Achham, not always an easy feat given the region's isolation and political turmoil. Between 1996 and 2006 Maoist insurgents were fighting the government in a



JOHN CURTIS

LEFT Bibhav Acharya and Ryan Schwarz are currently in residency training and are both directors of Nyaya Health.

BELOW In Achham per capita income is less than \$1 per day and two of every three people are

illiterate. Because of gender inequality and the necessity for men to leave home to find work, the women of Achham are responsible for running households, raising children, and managing the farms. As a result, maintaining basic health needs becomes extremely difficult.



ROSHANI ANDREWS

civil war that ended when the ruling monarchy tumbled. The new democratic government, however, hasn't been exactly eager to pour money into the region. Furthermore, foreign trekkers and climbers, the bulk of the country's tourist trade, ignore the lowland west in favor of the high peaks of eastern Nepal, home to Mount Everest. "Most money doesn't travel west," said Schwarz. "Tourism money stays in the east."

By involving the government in their plans, Nyaya has ensured that some government money will be planted in the hospital and that Nyaya will be accountable to the community it serves. The government funded the clinic's first health officer, and Nyaya takes pride in the government's regular—if

small—allowances for daily operations. Most of the more than \$500,000 Nyaya has raised since its founding—about 74 percent—comes from individual donors, with foundations providing another 19 percent.

"If we work with the government we can ensure that if we run out of money, they can step in," said Acharya. "If we collaborate, we help make the government responsible."

Getting the proper permits, proposals, and agreements was a headache for the founding members of Nyaya, but cooperating with a government is not nearly as difficult as confronting a society that places a greater value on health care for men than for women.



ABOVE LEFT Every day the Bayalpata Hospital outpatient department sees between 150 and 200 patients, along with many more in the emergency room and inpatient wards.



ROSHANI ANDREWS (3)

ABOVE RIGHT Amir Bista, medical director of Bayalpata Hospital, sees patients in the outpatient department.

RIGHT More than three quarters of the patients at Bayalpata Hospital walk more than three hours each way, and more than 20 percent walk more than 10 hours each way, crossing mountains and rivers, where no roads or other means of transport exist.

Yale medical and Yale College students, including Bibhav Acharya, M.D. '11; Jason Andrews, M.D. '07; Chhitij Bashyal, B.A. '10; Sanjay Basu, M.D. '09, PH.D. '09; Jen Garnett, M.P.H. '08; Jen Guo; Duncan Smith-Rohrberg Maru, M.D. '09, PH.D. '09; Ruma Rajbhandari; Ryan Schwarz M.D. '11, M.B.A. '11; and Aditya Sharma M.D. '07, have led the Nyaya team since 2006. Despite numerous challenges, they have succeeded in developing a health system that provides care to a region of hundreds of thousands of people.



“In this part of Nepal, there is a cultural stigma against blood,” said Acharya. “It’s thought of as unclean.” That means that during menstruation and for 11 days after childbirth, women are isolated and made to sleep in cow sheds. And most families don’t believe women’s health is “worth” the expense.

While conducting a survey to gauge community health needs, Acharya encountered a very sick woman outside a small private medical practice near Achham. “She and her son came out of a clinic. I asked her what her symptoms were, she said she had had a fever for several weeks,” said Acharya. “I asked her what kind of treatment she got. She said, ‘What do you mean?’”

The woman wasn’t there for herself—her son was showing signs of illness. Her husband, she said, had told her not to tell the doctor she was ill, too—they could afford medical care only for the male child.

Nyaya found a sustainable and double-pronged way to overcome the lack of health care for women: Nyaya health care is free, so there’s no argument within families about who may get care. And the female patients trust their peers, the community health care workers (CHW), who are nearly all women. A CHW can have a nurse- or physician assistant-like role in the hospital, or act as a community educator. In most hospitals in Nepal CHWs are unpaid, but those who work for Nyaya make a decent living. Nyaya also supplements their government medical training with specialized programs. So far, the model has worked—65 percent of all patients seen at the hospital are women.

Product of a new generation

Nyaya’s directors and founders are young, not unusual for an NGO, but remarkable for a successful one. In many ways, Nyaya is the product of a generational shift reflected in its founders, who value flexibility, transparency, and social connectedness, and see health as a global right.

Members of their generation have come to expect several job or career changes over a lifetime, a handful of homes, and maybe even more than one marriage. They also live their lives online, on social networks, and on mobile phones. With change and flexibility a cornerstone of their lives, Nyaya’s founders were willing to allow the hospital to define itself in a way that serves the community. “We started out with the HIV focus,” said Acharya. “But then we saw children dying of diarrhea and malnutrition, so we had to shift our focus. Our question is always, ‘What’s killing people?’”

Along with flexibility came transparency, which has set the organization apart in a sea of 32,000 NGOs in Nepal. “With so many NGOs, you have no idea of what actual work they do,” said Khoshnood. “With Nyaya you can go to the blog daily and see that they had an immunization campaign, or that they painted a building on the hospital campus.”

Nyaya is an open-source organization—every financial statement and every up-and-down confronting the organization can be found online, either on its blog or its wiki page.

“We don’t keep things hidden as far as how we operate,” said Andrews. “Any volunteer can read our financial model, our clinical model—it’s all totally open. Being open has let more people come in.” Khoshnood said donors are attracted to this transparency and the instant gratification of seeing their efforts on the Web.

The Web doesn’t just make this transparency possible—it allows Nyaya to function. Such normal hospital functions as reviewing charts or offering advice on a mysterious case take place via the Internet or over a satellite phone service that is one of the hospital’s highest monthly bills. Andrews oversees weekly mortality and morbidity meetings online, and because of the organizational structure of Nyaya (new presidents assume their roles every 18 months or so), constant e-mail is essential.

Familiarity with the Internet is only one element of a generational shift. Where do the motivation and inspiration to start such a project come from? That answer lies in an even larger question: why is the millennial generation so taken with global health?

As a professor of epidemiology, Khoshnood has seen an explosion in global health course offerings, student interest, and volunteerism in the last 10 years. He said that the HIV epidemic, the resulting activism, 9/11, and a realization that events around the world can have repercussions for the United States led this generation toward thinking of global health as both a vocation and a career. The Internet and mogul foundations like the Gates Foundation made having a career in such a field seem possible.

Schwarz came to Nyaya with a deeply held conviction, shared with other members, that health care is a fundamental human right. Everything flows from this uncomplicated belief.

Though Nyaya has been successful, the members say they’re just starting to feel proud of their health care model, and it’s nowhere near perfect. First, they need a surgical ward—too many women who make it to the hospital’s maternity ward staffed with six full-time midwives die when a cesarean is needed. Second, since the organization is flexible, it’s always looking for holes in its services. In that way, the hospital will never be perfect or complete.

Only when the members slow down and look up from the constant barrage of e-mails do they allow themselves to be a bit impressed with their work. They’ve turned an abandoned hospital in a small corner of the world into a house of healing and justice. **YM**

—Stephanie Soucheray is a freelance writer based in Durham, North Carolina.

To read more about Nyaya’s work and find out how you can help, please visit www.nyayahealth.org.



Paul Cleary

Public Health dean appointed to second term

PAUL D. CLEARY, PH.D., the Anna M.R. Lauder Professor of Public Health, was reappointed in June to a second five-year term as dean of the School of Public Health and chair of the Department of Epidemiology and Public Health. In his first term, applications for admission to the School of Public Health increased 30 percent. In September 2009, the new M.P.H. Global Health Concentration admitted its first cohort of students. The school's doctoral program also has been independently recognized by the National Research Council of the National Academy of Sciences as one of the finest in the nation.

Cleary has developed and expanded the school's public health service and practice activities. A sustainable model for community service has been created through the new Office of Community Health, which focuses on regional programs and activities aimed at improving the health of New Haven-area residents. In addition, the school has established the Community Alliance for Research and Engagement, a collaboration with the Yale Center for Clinical Investigation and the city of New Haven's municipal offices, school system, and community organizations.

The school has expanded its research portfolio under Cleary's direction, especially in cancer prevention. He has also strengthened the school's ongoing research on such global infectious diseases as HIV/AIDS, as well as research on related legal and policy issues. The school is also deeply involved in Yale's Global Health Initiative.



Ruslan Medzhitov

Shaw Prize awarded to immunobiologist

RUSLAN M. MEDZHITOV, PH.D., the David W. Wallace Professor of Immunobiology, a member of Yale Cancer Center, and a Howard Hughes Medical Institute investigator, is one of three scientists awarded the Shaw Prize in Life Science and Medicine for 2011. The Shaw Prize consists of three annual prizes: astronomy, life science and medicine, and mathematical sciences. Each carries an award of \$1 million.

Medzhitov shares this year's prize in life science and medicine with Jules A. Hoffmann, PH.D., professor at the University of Strasbourg, France; and Bruce A. Beutler, M.D., chair of the Department of Genetics at the Scripps Research Institute, La Jolla, Calif. The Shaw Prize Foundation honored them "for their discovery of the molecular mechanism of innate immunity, the first line of defense against pathogens."



Alanna Schepartz

Director named to West Campus institute

ALANNA SCHEPARTZ, PH.D., the Milton Harris '29 PH.D. Professor of Chemistry, has been named director of the Chemical Biology Institute on the West Campus. Schepartz was chair of the faculty advisory committee that met to define and develop the institute over the past year.

Schepartz will retain her position as professor in the Department of Chemistry and the Department of Molecular, Cellular and Developmental Biology and will split her time between the West Campus and Science Hill.

The institute will promote innovation at the intersections of different scientific disciplines—not only in chemistry and biology but also in engineering, physics, and medicine. Chemical biology involves both synthetic biology—the design and synthesis of new molecules to tackle problems that arise in biology and medicine—and the development of new reactions, materials, and processes inspired by those found in nature.

Schepartz came to Yale in 1988. Over the past 23 years, her lab has broken fresh ground in designing and developing new molecules as tools to monitor, manipulate, or mimic interactions between and among proteins in live cells. Her lab's work in developing the first synthetic protein was named one of 2007's "most important research advances" in chemistry by *Chemical & Engineering News*.



Robert Sherwin

Diabetes researcher honored

ROBERT S. SHERWIN, M.D., the C.N.H. Long Professor of Medicine, chief of the Section of Endocrinology, and director of the Yale Center for Clinical Investigation and the Diabetes Endocrinology Research Center, received the American Diabetes Association's prestigious 2011 Albert Renold Award in June.

The Albert Renold Award is presented to an individual whose career is distinguished by outstanding achievements in the training of diabetes research scientists and facilitation of diabetes research. Sherwin has served as director of the training program in diabetes and metabolism at Yale for 26 years, where he has taught many diabetes researchers to design studies, collect and analyze data, and present the results.



Karen Anderson



Peter Cresswell



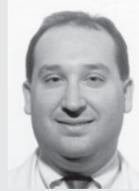
Jeffrey Gruen



James Brink



Eve Colson



Alan Dardik



William Jorgensen

Seven faculty members at the School of Medicine were among 35 of the state's leading experts in science, engineering, and technology elected to the Connecticut Academy of Science and Engineering in May.

The faculty members are:

Karen S. Anderson, PH.D., professor of pharmacology; **Thomas O. Carpenter, M.D.**, professor of pediatrics and of orthopaedics and rehabilitation; **Peter Cresswell, PH.D.**, the Eugene Higgins Professor of Immunobiology and professor of cell biology and of dermatology; **Robert S. Galvin, M.D.**, adjunct professor of medicine and health policy; **Jeffrey R. Gruen, M.D.**, professor of pediatrics, genetics, and investigative medicine; **Charles J. Lockwood, M.D.**, former chair, Department of Obstetrics, Gynecology and Reproductive Sciences; and **Ruslan M. Medzhitov, PH.D.**, the David W. Wallace Professor of Immunobiology.

Ralph E. Hoffman, M.D., FW '80, professor of psychiatry; and **Flora M. Vaccarino, M.D.**, HS '71, Harris Professor in the Child Study Center and professor of neurobiology, are among 15 researchers to share in \$1.5 million in NARSAD Distinguished Investigator Grants. Each grant, awarded by the Brain & Behavior Research Foundation, provides funding of up to \$100,000 for a one-year study of brain and behavior disorders.

James A. Brink, M.D., professor and chair of diagnostic radiology, was elected president of the American Roentgen Ray Society in June. The society is dedicated to the advancement of medicine through the science of radiology and its allied sciences.

Eve R. Colson, M.D. '89, associate professor of pediatrics, has been named a Macy Faculty Scholar by the Josiah Macy Jr. Foundation. The award provides \$100,000 in salary support for each of two years and is given to as many as five American faculty members in health professions education each year. The program aims to accelerate reforms in education for health professionals and to accommodate the dramatic changes occurring in health care.

Alan Dardik, M.D., PH.D., associate professor of surgery (vascular), has been appointed assistant editor of the *Journal of Vascular Surgery*, which provides vascular, cardiothoracic, and general surgeons with the most recent information in vascular surgery.

Myron Genel, M.D., professor emeritus of pediatrics, received the President's Certificate for Outstanding Service from the American Academy of Pediatrics in May. Genel was honored at the Pediatric Academic Societies' annual meeting in Denver. Genel ended his 27-year tenure as chair of the Public Policy Council, an advocacy voice of academic pediatric societies, in December 2010.

Akiko Iwasaki, PH.D., associate professor of immunobiology and of molecular, cellular, and developmental biology, was named a recipient of the 2012 Eli Lilly and Company Research Award in August. The award, given by the American Society for Microbiology, recognizes fundamental research of unusual merit in microbiology or immunology by an individual on the threshold of his or her career. Iwasaki's research

focuses on innate viral recognition mechanisms and their link to adaptive immunity.

William L. Jorgensen, PH.D., Sterling Professor of Chemistry, was among the 72 new members inducted into the National Academy of Sciences in May. Jorgensen, a co-founder of Rib-X Pharmaceuticals in New Haven, specializes in computational methods for drug design.

Megan C. King, PH.D., assistant professor of cell biology, is one of 15 researchers in the chemical and biological sciences named a 2011 Searle Scholar in April. Each scholar will receive \$300,000 to support their research over three years. King will use her award to pursue research in mechanical coupling of the cell nucleus and cytoplasm.

Jennifer M. McNiff, M.D., professor of dermatology, has received the Walter R. Nickel Award for Excellence in Teaching of Dermatopathology from the American Society of Dermatopathology. The award recognizes individuals who have made outstanding contributions in the teaching of dermatopathology.

Clarence T. Sasaki, M.D. '66, HS '73, the Charles W. Ohse Professor of Surgery and section chief of otolaryngology, has been named president-elect of the American Laryngological Association. Sasaki gave the Baker Lecture at the association's annual meeting in Chicago in April. Postdoctoral fellows **Mikhail Wadie, M.D.**, and **Juan Li, M.D.**, were jointly honored at this meeting with the American Broncho-Esophagological Association's Broyles-Maloney Award.

M. Bruce Shields, M.D., chair emeritus and the Marvin L. Sears

Professor of Ophthalmology and Visual Science, was honored in June with an international ophthalmology symposium to mark his retirement. During his career, Shields centered his clinical practice, research, and teaching on glaucoma. Before coming to Yale, Shields served as a faculty member in the department of ophthalmology at Duke University; staff surgeon at the Durham (N.C.) Veterans Affairs Medical Center; and consultant at the Veterans Affairs Medical Center in Asheville, N.C. He directed Duke University's Glaucoma Service and developed glaucoma treatments involving the application of laser technology.

Brian R. Smith, M.D., chair and professor of laboratory medicine, has been selected to receive a 2011 Alternative Training Pathway Grant from the American Society of Hematology. Smith's grant will provide physicians specializing in internal medicine and pediatric hematology with clinically relevant training in transfusion and coagulation.

Eiji Yanagisawa, M.D., HS '59, clinical professor of otolaryngology, received a Presidential Citation at the annual meeting of the American Laryngological Association in Chicago on April 27. The citation recognized his efforts as president of several otolaryngology societies; an honorary member of otolaryngology societies of several countries; and a guest lecturer around the world.

SEND FACULTY NEWS TO

Claire M. Bessinger, *Yale Medicine*, 1 Church Street, Suite 300, New Haven, CT 06510, or via e-mail to claire.bessinger@yale.edu

After five years, HAVEN clinic still thriving

A student-run free clinic on Saturday mornings provides health care to New Haven's uninsured.

The staff meeting starts at 8:30 on Saturday mornings. Thirty or more students in medicine, nursing, public health, the Physician Associate Program, and graduate and undergraduate programs—supervised by volunteer physicians, nurse-midwives, and physician associates—gather on the second floor of the Fair Haven Community Health Center to orchestrate a free clinic called HAVEN (HAVEN stands for health care, advocacy, volunteerism, education, and neighborhood.) over the next four hours. The session coordinator

for the day, Kate Standish, entering her second year as a medical student, assigns teams of senior clinical team members (nursing or third- or fourth-year medical students); junior clinical team members (first-year medical, physician associate, or nursing students); and interpreters (students fluent in Spanish) to work with attending physicians. Charts are distributed, bagels inhaled, and the teams descend to the first-floor exam rooms where they will provide care to uninsured and underserved patients in New Haven. About 90 percent of HAVEN's patient base are immigrants.

Since it opened five years ago, the clinic has seen hundreds of patients, filled countless prescriptions, referred patients to other health care providers in New Haven, and provided an opportunity for medical, nursing, and physician associate students to learn in a clinical setting. Six years ago students approached Nancy R. Angoff, M.P.H. '81, M.D. '90, HS '93, associate dean for student affairs, with the idea of launching a free clinic in one of New Haven's poorest neighborhoods. The students, though enthusiastic,

had little in the way of a business plan. "I told them, 'You know a free clinic isn't free,'" said Angoff.

The students regrouped and presented Dean Robert J. Alpern, M.D., Ensign Professor of Medicine, with a prospectus that overcame his initial reservations. He agreed to provide a \$20,000 grant. In June, in his State of the School address on reunion weekend, Alpern called HAVEN "one of the great stories" of the School of Medicine.

The clinic also relies on the support of the Fair Haven Community Health Center, which provides the space on Saturday mornings. "Without them," Angoff said of the health center's staff and administrators, "it could not exist."

HAVEN's mission is hardly novel: trainees serving the poor and in the process learning at the bedside is a pillar of American medicine. But HAVEN is also the largest weekly lesson offered by the medical school in how to work in health care. By involving nursing, physician associate, and public health students, the clinic is a place where future doctors learn to collaborate with other health care professionals—a valuable skill as primary care increasingly falls to physician associates and nurses. And unlike those in many free clinics, students at HAVEN really do work. From running the social services referrals department to scheduling and providing



Medical student Leonard Edokpolo examined a patient at HAVEN, a student-run free clinic on a Saturday morning in June. HAVEN is based in the Fair Haven Community Health Center on Grand Avenue.

lifestyle counseling, student volunteers at HAVEN get a 360-degree window of access into a patient's life.

"Whatever it means to live with illness, one can't possibly understand that until one works with patients," said Angoff. "HAVEN is an opportunity right from the beginning to understand that."

Medical student Lauren Graber spent a year as the inaugural John A. Jones-HAVEN Fellow, an honor that means she was responsible for organizing the clinic and performing community-based research. Graber said HAVEN provides students with a chance to care for patients consistently through their time at the School of Medicine. "Because of the collaboration between different years and experience, we have first-years reteaching older students about the social contextualization of care," Graber said.

Contextualization of care is a big topic among HAVEN volunteers. HAVEN is rooted in understanding New Haven's immigrant population—what countries they come from, how they earn money, where they get (or don't get) their groceries. It's that holistic approach to care that appealed to Emily Thomas, a medical student who serves as the education co-director of HAVEN.

"These patients need additional education and support in order to be healthy," said Thomas. Thomas works with the patient lifestyle counseling program, ANDO ("I walk" in Spanish), which helps treat chronic disease with nutrition and exercise. On a Saturday in June, she found herself making soy smoothies, introducing a Zumba (dance-fitness) class, and counseling a woman who wanted an IUD. To steer more patients to ANDO, and such departments as social services and women's and men's groups, medical charts now carry a sticker that reminds team members to screen patients for food insecurity and daily habits. "For me medicine is not performed in a vacuum," said Thomas. "You have to understand the patient first."

After more than 250 Saturdays and 1,000 patient visits per year, the directors of HAVEN have learned that their clinic can't do everything. An in-house pharmacy was abandoned, and urgent care cases are now referred to Yale-New Haven Hospital or to Project Access, a program in which specialists donate free care. Most notably, HAVEN patients are now transferred to the regular Fair Haven clinic after one year. Standish said that HAVEN sees itself as a "portal to care," not a long-term solution for its patients.

But the clinic is a boon to students at the School of Medicine who are looking to explore a career in primary medicine or to apply the science and medicine that they learn in the classroom. "The first year of med school is focused on basic science and classroom learning. At HAVEN I go into the community and learn how to provide clinical care in the type of environment I want to work in," Standish said.

—Stephanie Soucheray



JOHN CURTIS (5)

TOP TO BOTTOM:

Clinic directors Julia Lubsen and Kate Standish met with student volunteers Jonathan Levin, Michael Ma, and Joseph Patterson before the clinic opens to patients.

Medical student Laura West and pharmacology student Michelle Mo track prescriptions and vaccinations and educate patients about their medications.

Robert Gifford, former deputy dean for education at the medical school, served as a preceptor and advised students on cases they presented to him.

Clinic directors Julia Lubsen and Kate Standish went over a roster of assignments.

A friendship endures from Yale to Harvard

After meeting as first-years, two doctors make history by becoming full professors at Harvard.

Valerie E. Stone, M.D. '84, M.P.H., and Tina Young Poussaint, M.D. '83, met at the School of Medicine in 1979, when they were moving into Harkness Dorm as first-year students. They became good friends, and despite cross-country moves and different medical specialties, they have remained close. When both landed in Boston—Stone at Massachusetts General Hospital (MGH), Poussaint initially at MGH and currently at Children's Hospital Boston—and on the faculty of Harvard Medical School (HMS), they began meeting monthly over dinner to catch up on their lives and careers. Recently their dinner was also a celebration—Stone, an infectious disease specialist and internist, and Poussaint, a neuroradiologist and expert in neuro-oncologic imaging, had just been named full professors, making them the first African-American women to hold this rank in their respective departments, medicine and radiology—and only the second and third African-American women to achieve this rank at HMS.

Though both women have CVs as thick as novels, becoming a full professor is often uncharted territory for even the most accomplished black women doctors. At a social gathering with fellow female African-American Harvard associate professors a few years ago, Stone recalled, the group knew of only one black woman who had been named a



ROBERT LISAK

professor at HMS—in the Department of Psychiatry—about two decades earlier. That professor had since left Harvard and the group wondered whether another black woman would ever be named a full professor there.

“We had just gone on so long without one, and history tends to predict history,” said Stone, who is also the first African-American woman on Massachusetts General Hospital’s staff to be named a full professor. “But I never thought that it was impossible for one of us to be promoted to full professor—challenging, but not impossible. I really felt that it was just a matter of time for the medical school, and a matter of reaching the required level of achievement for one (or more) of us.”

Both Stone and Poussaint said the lack of other female African-American full professors reflects the scarcity of minorities in medicine. “There are very few minority women who become doctors,” said Stone. “An even smaller percentage of those women go into academic medicine and many of those who start out in academic medicine don’t ‘stay the course’ for a variety of reasons, including the difficulties of getting grant funding and the paucity of minority mentors.”

Poussaint, who directs the Neuroimaging Center for the Pediatric Brain

Tumor Consortium at Children’s Hospital Boston and in 2010 co-authored the *Atlas of Pediatric Brain Tumors*, didn’t let the fact that none of her career mentors or role models looked like her deter her from climbing the academic ladder. “If you persevere and are strong and determined, anything is possible in 2011,” said Poussaint, the first female African-American professor at Children’s Hospital Boston. “My hope is that academics in medicine will eventually better reflect the composition of this country.”

In Stone and Poussaint’s class at Yale there were three African-American women and seven African-American men out of 102 students. Poussaint, a graduate of a women’s college, never felt marginalized as part of a minority group, noting that she was close to classmates of all races. “I went to Mount Holyoke College, so for me diversity also included men and women in the classroom together,” she said.

There were times, however, during Poussaint’s first year when administrative staff would call her by the names of the other black women in the class. “We three looked really different, so it was clear we were just not being looked at very closely as individual human beings,” said Poussaint,

Tina Poussaint and Valerie Stone became fast friends at the School of Medicine. They are among the first African-American women to receive tenure at Harvard Medical School.

who is married to noted child psychiatrist and Harvard professor Alvin Poussaint, M.D. Together they have an 11-year-old daughter.

Stone has a stepdaughter, a senior at Georgetown University, with her long-term partner, a research scientist at HMS and the Beth Israel Deaconess Medical Center.

Stone said that she is one of a number of those in her generation of physicians who were moved to make a difference in a disease which was first described while she was in medical school: AIDS. "I was a third-year medical student when I first remember hearing about it," said Stone. "I was fascinated by the clinical manifestations of the disease and saddened by the way it was disproportionately affecting minorities and vulnerable populations." Now Stone is a leading expert on HIV/AIDS among minorities and women; in 2009 she co-authored a book titled *HIV/AIDS in U.S. Communities of Color*.

Both Stone and Poussaint said Yale's emphasis on lifelong learning prepared them for long careers in medicine. "The Yale system promotes a sense of responsibility," said Stone. "You keep up with the literature not because of an upcoming test but because you want to continue to grow as a physician."

—Stephanie Soucheray

How a passion for golf set a slacker on his life's course and to a president's bedside

Growing up in Cuba, Donald O'Kieffe, M.D. '64, says he was "headed nowhere fast," until a love of golf indirectly drove the future gastroenterologist to medical school and made him a key presence at ailing former President Dwight D. Eisenhower's bedside.

The son of a Minnesota banker and an Indiana homemaker and aspiring actress who once roomed with Ida Lupino, O'Kieffe was born in Hong Kong, where his father had been transferred by what was then Chase National Bank. When Japan attacked Pearl Harbor in 1941, O'Kieffe and his pregnant mother were evacuated to the United States, but Japanese forces held his father prisoner for another nine months.

Once freed through a prisoner-of-war exchange, O'Kieffe's father was assigned to Havana, Cuba, where O'Kieffe sank into the languor of the locale, studying sometimes and playing golf often. "I wasn't motivated. It was the heat, the tropical climate," O'Kieffe says.

Certain that O'Kieffe was on the wrong track, his father laid before him brochures from the most prestigious American boarding schools. He chose to attend the Taft School in Watertown, Conn., whose brochure had a photo of a golf course on the cover. "It straightened me out and propelled me into Yale."

During his years at Taft and later as an undergraduate at Yale College, O'Kieffe spent holidays in Havana—including New Year's Day 1959, when Fidel Castro took over the island. The New Year's Day fireworks turned out to be gunfire. "We were trapped down there. The port was closed, the airport was closed, and there was a lot of shooting."

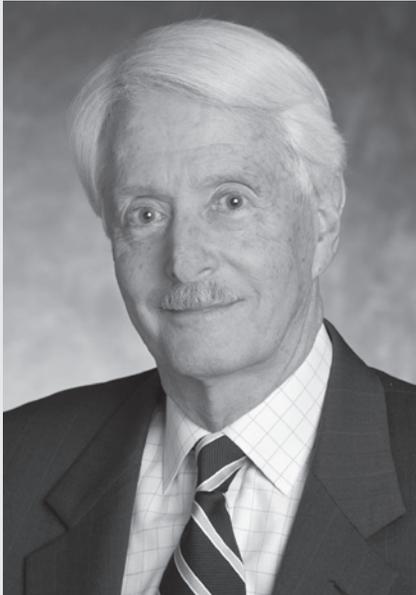
When the U.S. Embassy arranged emergency evacuations for American students, O'Kieffe and throngs of other

students and parents met at the Hotel Nacional, where they caught a bus—with machine gunners behind sandbags on the roof—to the airport. With more passengers than seats, O'Kieffe sat in the aisle during the flight, cradling a canister of film a network reporter had asked him to bring to New York. In New York, after O'Kieffe handed over the film, a news producer whisked him and a classmate off to the television studio to be interviewed. Back in New Haven, a reporter from the *New Haven Register* asked for an interview despite O'Kieffe's protests that he'd be late for class. The next day the headline over his picture read "Yale Student Witnesses Cuban Revolution."

Life wasn't any less exciting after the flight from Cuba. O'Kieffe served as a staff physician at Walter Reed Army Medical Center during the Vietnam War. The highlight of his career was a rotation in 1968, when he kept daily eight-hour vigils at the bedside of former President Eisenhower, in critical condition after a second heart attack. "We were sitting just a few feet from him, and if it wasn't the middle of the night, we'd be talking to him. We could see the constant parade of dignitaries coming in while he was in the hospital."

As a golf lover, O'Kieffe was given a special task. Eisenhower never missed weekend golf on television, and the chief of cardiology asked O'Kieffe to determine whether watching golf was bad for Eisenhower's heart. O'Kieffe found that the former president's heart rhythm was irregular only when Arnold Palmer was playing. Palmer, who was Eisenhower's dear friend, had just quit smoking and had started

After a childhood in Hong Kong and Havana, Donald O’Kieffe came to the United States to complete his education and embarked on a path that would take him to a president’s bedside.



CAROL CLAYTON

wearing eyeglasses, and his game was patchy. O’Kieffe recommended that Eisenhower not watch Palmer play, and that became the policy. Eisenhower must not have held a grudge—his typed thank-you letter hangs in a frame on O’Kieffe’s office wall.

“Dear Captain O’Kieffe ... I want you to know of my gratitude for your interest and professional skill during many hours of extra duty following my last heart attack,” the letter read.

Eisenhower was not O’Kieffe’s last politician patient by far. Settling in D.C., O’Kieffe served as a medical consultant to the White House, the State Department, the National Institutes of Health, and the Peace Corps. In this role, he cared for Nancy Kissinger while she was hospitalized during Secretary of State Henry Kissinger’s historic trip to China in 1971.

O’Kieffe performed the first colonoscopy in the D.C. area in 1972. Having trained at Walter Reed under H. Worth Boyce, M.D., a leading authority on the

emerging field of endoscopic photography, O’Kieffe had access to the only existing equipment for the procedure. When he began his practice in D.C., O’Kieffe performed colonoscopies through an agreement with the manufacturers before the scopes were made available commercially. “There was a great need. I wanted to start right then.”

While patients and physicians rejected routine colonoscopy for the next 20 years, O’Kieffe became an ardent spokesperson for its benefits in lectures across the country and from his downtown practice on K Street—where he still treats a “parade of dignitaries”—including a Secretary of State, a former Secretary of Defense, members of the House and Senate, and many ambassadors—not unlike those who once visited Eisenhower.

—Sonya Collins

Familiar Faces

Do you have a colleague who is making a difference in medicine or has followed an unusual path since leaving Yale? We’d like to hear about alumni of the School of Medicine; Physician Associate Program; and the medical school’s doctoral, fellowship, and residency programs. Drop us a line at ymm@yale.edu or write to Faces, Yale Medicine, 1 Church Street, Suite 300, New Haven, CT 06510.

NOTES



Ralph Greco



Joseph Renda

Three Yale alumni are among the 72 new members inducted into the National Academy of Sciences in May in recognition of their distinguished and continuing achievements in original research. The alumni are:

ARTHUR L. BEAUDET, M.D. ’67, the Henry and Emma Meyer Professor and chair of molecular and human genetics, Baylor College of Medicine.

BRIAN K. KOBILKA, M.D. ’81, professor of molecular and cellular physiology and of medicine, Stanford University School of Medicine.

IRA S. MELLMAN, PH.D. ’78, vice president of research oncology, Genentech, in South San Francisco, Calif.

1960s

Ralph S. Greco, M.D. ’68, HS ’73, the Johnson & Johnson Distinguished Professor and director of the general surgery residency program at the Stanford University School of Medicine, was chosen to receive the 2012 John C. Gienapp Distinguished Service Award from the Accreditation Council for Graduate Medical Education in March. Greco was honored for his nearly 40 years of work as a surgery program director, humanitarian, and innovator of a surgery curriculum focused on resident well-being and wellness.

Joseph L. Renda, M.D. ’68, HS ’74, associate clinical professor of medicine, was given the Community Achievement Award by the National Kidney Foundation in February 2011. In addition, he received the George F. Thornton Teaching Award in November, given by the Connecticut Chapter of the American College of Physicians. Renda is the senior



Richard Boland



Mark Gold



Richard Low



Robert Posteraro



Richard Wohns



Paul Di Capua and Deborah Lehman



Paul Rolston

partner of Associated Specialists in Nephrology and Hypertension in Waterbury, Conn.

1970s

C. Richard Boland, M.D. '73, became president of the American Gastroenterological Association on May 9. Boland also received the Gastrointestinal Oncology Section Research Mentor Award in May. He notes that he is still working on colon cancer, the subject of his Yale thesis.

Mark S. Gold, M.D., HS '78, the Donald R. Disney Eminent Scholar, Distinguished Professor and chair of psychiatry at the University of Florida (UF), has been named by the university and the UF Alumni Association the 17th Distinguished Alumni Professor for 2011 to 2013. Gold has worked for nearly 40 years to develop models for understanding the effects of tobacco, cocaine, and other drugs on the brain and behavior.

Jesse B. Jupiter, M.D. '72, Hansjörg Wyss AO Professor of Orthopaedic Surgery at Harvard Medical School and Massachusetts General Hospital, has been named an honorary member of the Royal College of Orthopaedic Surgeons in Thailand. He gave the IFSSH Eponymous Swanson Lecture at the International Federation of Societies for Surgery of the Hand in October 2010. He also delivered the Edward Nalebuff Visiting Lecture at the New England Baptist Hospital during the past year and will receive a lifetime achievement award from the National Arthritis Foundation.

Richard Low, M.D. '76, has been chosen as the new president of

the Yale Club of Argentina. Low has been an active member in Yale Club of Argentina activities. He is the founder and CEO of Praxis EMR, a binational company with offices in California and Buenos Aires that produces electronic medical records software.

Robert H. Posteraro, M.D. '73, was inducted as a fellow in the American College of Radiology during its 88th annual meeting and chapter leadership conference in May in Washington, D.C. Posteraro is an assistant professor at Texas Tech University Health Sciences Center School of Allied Health Sciences.

Richard N.W. Wohns, M.D. '77, M.B.A., J.D., was listed as one of the top 100 spine surgeons in the United States by the 2010 *Becker's Hospital Review*. He also graduated from the Seattle University School of Law in May. Wohns is the founder and president of South Sound Neurosurgery in Puyallup, Wash.

1980s

Michael A. Rothschild, M.D. '88, and Alison Gail Max were married in June in New York. Rothschild is a pediatric otolaryngologist in private practice in New York, a clinical professor of otolaryngology and pediatrics at the Mount Sinai School of Medicine, and the director of pediatric otolaryngology at Mount Sinai Medical Center. The bride is a co-director of the lower school of the Calhoun School in Manhattan.

1990s

David L.S. Morales, M.D. '95, a pediatric cardiovascular surgeon at Texas Children's Hospital

Heart Center, performed the first implantation in the United States of an artificial heart into the chest of an 18-year-old patient. The operation took place on May 22 at Texas Children's Hospital in Houston. The patient was born with his heart on the wrong side of his chest and his heart vessels backwards. The artificial heart will serve as a bridge to transplantation of a donated heart.

2000s

Paul D. Di Capua, M.D. '09, M.B.A. '09, and Deborah Kathryn Lehman were married on July 3 in Palm Beach, Fla. Di Capua is a third-year internal medicine resident at Ronald Reagan UCLA Medical Center in Los Angeles. Lehman is a student in the doctoral program in architecture at UCLA.

Barbara Latunik Esders, M.M.Sc. '03, PA-C, and her husband, Theodore Esders, became the parents of twin girls, Leah Katherine and Emily Mary, on May 13, 2010. The twins join big sisters Ella and Sophie. Esders is a physician assistant at Rochester General Hospital in New York.

Robert McGlynn, M.D. '06, and Sarah Burge were married on February 5 in New Haven. McGlynn completed an ophthalmology residency at the New York Eye and Ear Infirmary in New York City last year. He is now a fellow at the University of Illinois at Chicago. Sarah McGlynn is the preservation librarian for the Cushing/Whitney Medical Library.

Paul Rolston, M.M.Sc. '02, PA-C, is a captain in the United States Army. He recently returned

from a 15-month deployment in Iraq, where he served with an infantry company at a combat outpost. He worked with coalition forces teaching Iraqi physicians and developing local national medical assets. While doing so he continued to be the sole line medical provider for infantry soldiers engaged in combat operations in Abu Ghraib, Nasir Wa Salam, Sadr City, and in and around Baghdad. He is now serving the Army as the battalion surgeon for the Airborne Rangers at the 6th Ranger Training Battalion, Eglin AFB, Valparaiso, Fla.

SEND ALUMNI NEWS TO Claire M. Bessinger, *Yale Medicine*, 1 Church Street, Suite 300, New Haven, CT 06510, or via e-mail to claire.bessinger@yale.edu

VISIT US ON THE WEB yalemedicine.yale.edu

HEALTH SCHOOLS TO PRODUCE ALUMNI DIRECTORY

Yale's health professional schools have contracted with Harris Connect, the largest alumni publication company in America, to update contact information for all alumni. Harris will also help produce a hardcover directory of alumni. The "Alumni Today" publication will include a section for photos and memories from your days at Yale. Alumni will be contacted to verify and update contact and career information.

YOUR PRIVACY IS IMPORTANT

Yale University values your privacy and treats your information in a secure manner. You decide whether or not your personal information is published—make your wishes clear to the representative with whom you speak.

C. Davenport Cook, M.D., the fourth chair of the Department of Pediatrics who oversaw the expansion of subspecialty services, died in Old Lyme, Conn., on September 4. He was 91. During his 10-year tenure, Cook, a ninth-generation physician, recruited faculty and oversaw the opening of the nation's first modern neonatal intensive care unit at Yale. His commitment to underserved populations led him to become a founder of the Hill Health Center and to work as a physician in the New Haven public schools.

Gregory E. Gardiner, PH.D., died on September 7 at his home in Stonington, Conn. He was 67. Gardiner was the former managing director of Yale's Office of Cooperative Research, where he was responsible for development of technology and licensing of intellectual property created by Yale faculty. He devoted more than 30 years of industry, consulting, and investment experience to the Healthcare Group of CMM. He was also a partner in Elm Street Ventures, which specialized in the life sciences. He served as a director of five biotech companies as well as a consultant and advisor to several investment funds and pharmaceutical and biotech companies.

John A. Kirchner, M.D., a world-renowned physician-scientist who served as chief of the Section of Otolaryngology at Yale School of Medicine for 30 years, died on July 31 at Yale-New Haven Hospital after a brief illness. He was 96. Kirchner was a skilled surgeon and prolific researcher, with expertise in the anatomy, physiology, and pathology of the larynx and pharynx, and in the surgical treatment of laryngeal cancers.

Frank F. Richards, M.D., a professor emeritus of medicine (tropical) who served on the Yale faculty from 1968 until 2001, died on June 13 at Connecticut Hospice in Branford. He was

82. Richards co-founded and directed the MacArthur Center for Molecular Parasitology and Tropical Diseases at Yale and was a co-founder and associate director of the Morgan-Tan Centers of Biological and Medical Research at Fudan University in Shanghai.

Herbert S. Sacks, M.D., HS '53, died on August 30 in New Haven. He was 84. Sacks was a renowned clinical professor of child and adolescent psychiatry at the School of Medicine, as well as an international medical consultant who worked with the U.S. Peace Corps and the Agency for International Development. He was a founding member of the Committee on International Health, which has awarded international student travel grants to Yale medical, nursing, and physician associate students for more than 40 years.

Sacks' international work focused on the psychological impact of population dislocation caused by natural disasters and water development projects. He was an early advocate for the integration of traditional healing practices into structured public health programs in conjunction with village leaders and traditional healers. As president of the Connecticut Psychiatric Association, Sacks led a successful campaign to mandate group insurance coverage for outpatient psychiatric treatment—the first such state legislation in the country. In 1997, as president of the American Psychiatric Association, he spearheaded a national initiative for mental health parity in insurance coverage as part of a policy of universal access to mental health care.

Robert L. Scheig, M.D., '56, HS '61, FW '62, professor emeritus of medicine at the State University of New York at Buffalo, died on April 8 at Hospice Buffalo. He was 80. After holding various appointments at Yale, Scheig was appointed professor of medicine at the University of Connecticut School of Medicine in 1973 and was its acting head of medicine

until 1979. In 1981 he became head of the department of medicine at Buffalo General Hospital and professor of medicine at the University of Buffalo.

We have also received word of the passing of the following alumni and faculty:

Michael D. Albis, M.D., HS '50, a pediatrician in Hamden for many years, died on July 19 in Farmington Hills, Mich. He was 86.

Carole L. Berger, PH.D., research scientist in the Department of Dermatology, passed away from a rapidly progressive malignancy on July 25. She was 66.

Thomas J. Coleman, M.D., '46, an orthopaedic surgeon, died on July 1 in Arcadia, Calif. He was 89.

Charles J. Corbin, PA-C, '74, died on December 24, 2009. He was 73.

Lawrence G. Crowley, M.D., '44, HS '51, died on March 30 in Cupertino, Calif. He was 91. A surgeon, Crowley was the dean of the University of Wisconsin Medical School and dean and vice president for medical affairs at Stanford University after 1977.

M. Michael Eisenberg, M.D., HS '62, died in New York City on February 24. He was 80 and had been a professor of surgery at Weill Cornell Medical Center.

Joseph I. Epstein, M.D., '43, of Portland, Conn., died at home on May 29. A general practitioner and allergist, he was 92.

John H. Hageman, M.D., '62, HS '68, a vascular surgeon, died on March 30 in Toledo, Ohio. He was 76.

Paul J. Jakubiak, M.D., HS '66, a neurosurgeon in Williamston, Mich., died at home on April 11. He was 74.

John J. Jasaitis, M.D., '59, died on June 11 in Neptune, N.J. Until his retirement in 2009, he was a general surgeon in Manhattan.

A veteran of the Vietnam War, he was 77.

Joseph F. Kell Jr., M.D., '43, a retired neurosurgeon, died on March 15, 2010, in Richmond, Va. He was 92.

John B. LeRoy, M.D., '50, who did early research on human DNA, died on April 22 in Eastham, Mass. He was 87.

Roland D. Paegle, M.D., '61, a professor of pathology, died on April 6 in Tierra Verde, Fla. He was 74.

Boris G. Rifkin, M.D., formerly an associate clinical professor of psychiatry, died in Naples, Fla., on April 18 after a long illness. He was 80. Born in Cape Town, South Africa, he practiced psychiatry in New Haven and served as acting chair of the Department of Psychiatry at the Hospital of Saint Raphael in New Haven.

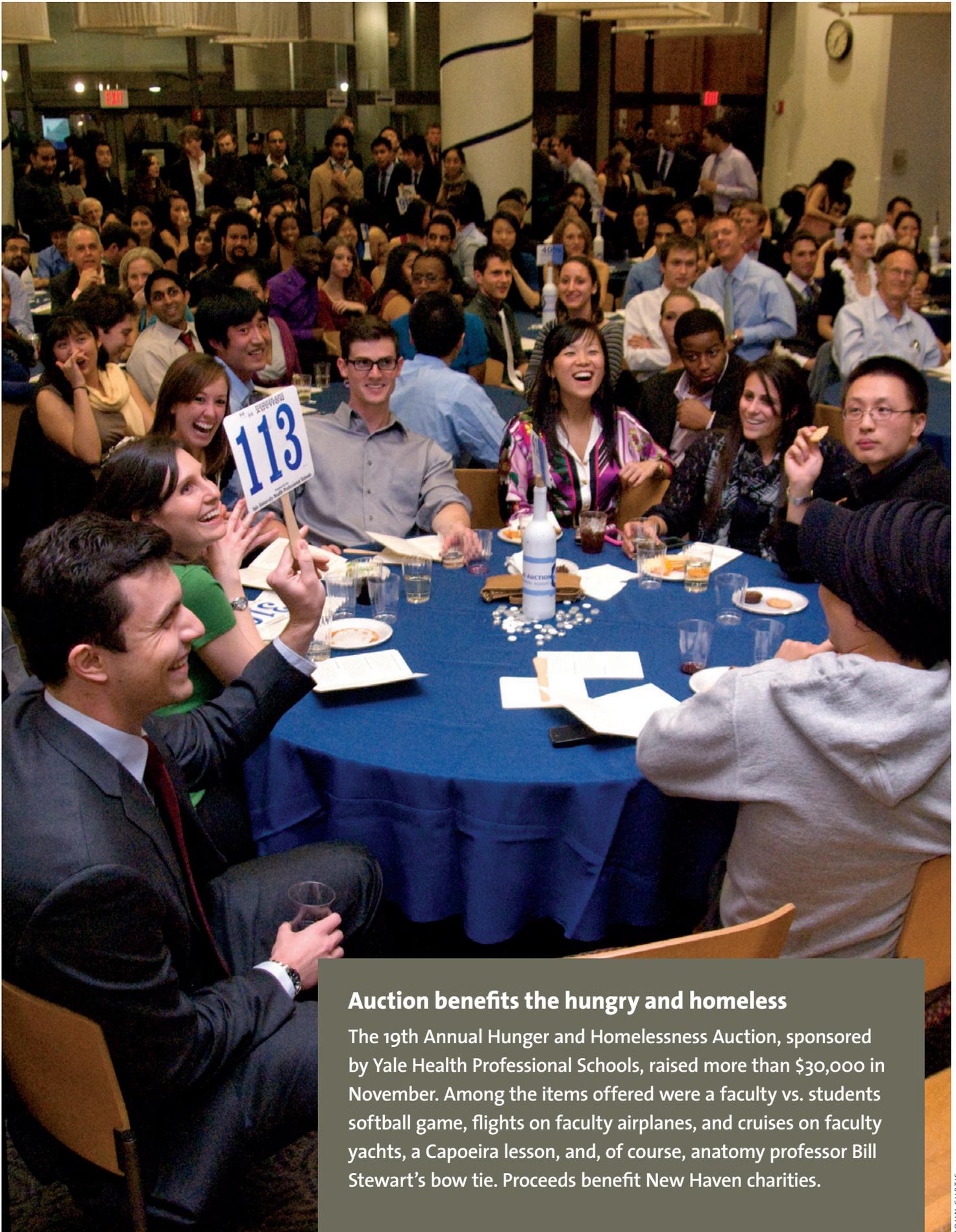
Michael H. Sheard, M.D., FW '65, professor emeritus of psychiatry, died on June 15. He was 83.

William L. Shepard, M.D., '53, a retired internist, died on June 26 in San Luis Obispo, Calif. He was 83.

Elihu S. Wing Jr., M.D., '46, died on April 10 in Providence, R.I., where for many years he was in private practice and led medical missions to Haiti. He was 89.

James W. Wood, M.D., HS '67, who for many years was in a gastroenterology practice in Greenwich, Conn., died on April 24 in Pittsford, Vt. He was 76.

SEND OBITUARY NOTICES TO Claire M. Bessinger, *Yale Medicine*, 1 Church Street, Suite 300, New Haven, CT 06510, or via e-mail to claire.bessinger@yale.edu



Auction benefits the hungry and homeless

The 19th Annual Hunger and Homelessness Auction, sponsored by Yale Health Professional Schools, raised more than \$30,000 in November. Among the items offered were a faculty vs. students softball game, flights on faculty airplanes, and cruises on faculty yachts, a Capoeira lesson, and, of course, anatomy professor Bill Stewart's bow tie. Proceeds benefit New Haven charities.