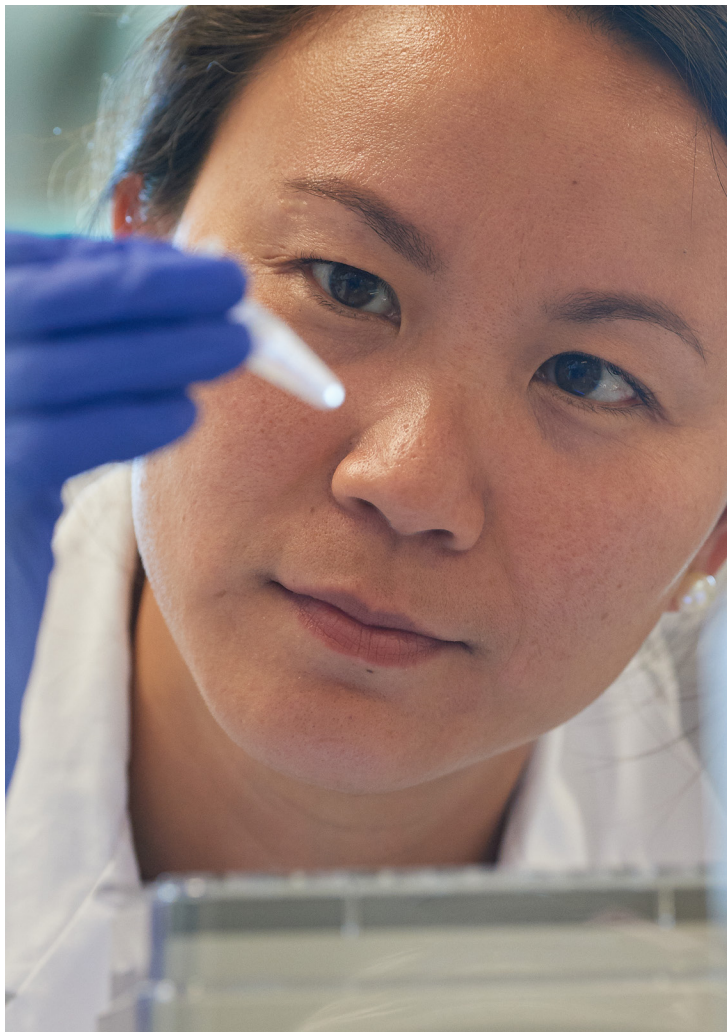


the Bulletin



JEFFERSON'S NEW PRESIDENT
Dr. Tykocinski



the Bulletin

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Photo from the Center City Archives and Special Collections in the Scott Memorial Library: Neurosurgery, 1959

Table of Contents

- 4 **Dean's Column** ◊
- 8 **Time Capsule** ◊
Dr. Marion Siegman
- 11 **A Message from Elizabeth A. Dale**
- 14 **ICYMI (In Case You Missed It)**
- 18 **At the Intersection of Health and Design**
- 20 **Discovery** ◊
A Path Toward Digital Equity
- 26 **Mark L. Tykocinski Takes the Helm as President of Thomas Jefferson University**
- 28 **Student Profile** ◊
Kayla Holston
- 30 **Faculty Profile** ◊
Stephen D. Silberstein, MD
- 34 **Alumni Profile**
Mahesh Krishnan, MD '94
- 36 **Class Notes**
- 42 **Reimagine**
- 43 **Bookshelf**
- 44 **In Memoriam**
- 46 **By the Numbers** ◊
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On the cover: Mark L. Tykocinski, MD
President, Thomas Jefferson University

Dean's Column



A dose of wonder can do wonders for you.

SKMC Dean Mark Tykocinski, MD, recently named president of the university (see page 26), spoke to graduates on May 25, 2022, at Jefferson's 198th commencement ceremony. His address can be viewed at [Jefferson.edu/Bulletin](https://jefferson.edu/Bulletin)

The three remarkable individuals to whom we have just conferred honorary degrees (Richard Gozon, Dr. Prabhakar Basavprabhu Kore, and Dr. Marion Siegman) come from very different walks of life. The worlds of business, politics, and academics. Yet they share in common fundamental approaches to life, human qualities, and core values. Their lives reflect an optimistic embrace of life professionally and personally. Their

lives are infused with commitment to service and a deep sense of social good. Their lives speak to independent thinking and being firmly grounded within an action-oriented, details-matter gestalt.

I've crafted my parting comments to you today with these honorary degree recipients in mind. At this landmark transition point of your lives, Class of 2022, and as a once-in-a-century pandemic winds down to an endemic, it is a perfect time to reflect deeply on how you choose to approach life in the years to come. On how you see your broader obligations to society, do listen intently.

A crystal-clear day, brilliant blue skies, a rocket heads to space with a trail of fiery engine exhaust marking its upward trajectory. Just one month ago, along with several Jefferson colleagues, I was there, at Cape Canaveral, 3.5 miles from the launchpad. Awestruck, we witnessed

Axiom 1 on the first private mission to the International Space Station. Four astronauts in the Dragon capsule atop the SpaceX Falcon 9 rocket. One carrying 35 biomedical experiments, three of them designed by Jefferson scientists. As the earth beneath our feet rumbled, I was struck by the wonder of it all. A technological marvel of mankind, and now personalized. Our 200-year-old institution heading to space in the service of humanity. Our one small step for mankind, one giant leap for Jefferson.

Several years ago, I stumbled upon the writings of Haruki Murakami, one of Japan's most distinguished literary writers whose novels are as much poetry as they are narrative. From his masterpiece novel *1Q84*, "Where there is light, there must be shadow. Where there is shadow, there must be light. There is no shadow without light and no light without shadow." This

motif has resonated for me ever since.

And so, too, that day at Cape Canaveral—light and shadow coexisting, interlaced: the human condition. The light, the uplifting sense of awe at human achievement exemplified by a rocket headed to space loaded with experiments to advance human wellness. The best of the human spirit amplified by the potential each of us has, to make a profound difference. Yet, simultaneously tugged in the other direction, dragged down to earth. We find ourselves mired in a world in which humanity's worst is manifest. Social discord, body politic fragmentation, absurd wars, shadow obscuring, and almost obliterating light.

According to Murakami, both must be embraced, the light and the shadow. But, how to square the two? Look what they share in common. One of those commonalities is that both are under our influence. We have personal agency over both. Let me explain. You and I can choose how we see the world and what we let in. We choose to admit the light. We choose to confront the shadow. We control the shutter, open, shut, and we can be purposeful about it.

First, the light opens the shutter and the many wonders that envelop us pour in. Caught up in our humdrum routines, we may ignore them, perhaps they're too close. Like the neo-impressionist pointillism of a Georges Seurat painting. Up close, a cacophony of disconnected dots; but take a step back, and the image emerges with heightened luminosity and brilliance of color. So too, life. Most often, we're simply too close up and so see mostly flaws. But step back, disengage and the wonder of it all emanates. What is there overrides what is missing.

As the 20th century Swiss modernist Ludwig Hohl puts it in *The Notes*, "Some things can only be made clearer when one distances oneself drastically from them."

Class of 2022, from time to time, step back and indulge yourselves in a sense of awe, the magnificence

of life, the gifts in your lives. A dose of wonder can do wonders for you. Therapeutic rebalancing, amidst the modern world's crescendo of negativity, souls still sore. You must first open the shutter and let the light in, and then take a step back to see the image in its totality.

But shadow, too, is important. Seeing the light doesn't mean a Pollyanna-like "la la land," where we convince ourselves that all is wonderful, blind to society's blemishes, ignorant of social needs, disengaged from a world in need of repair. Quite the contrary, where there is light, there is shadow. And shadow, too, must be confronted. We all have a moral obligation to generate rays of light to pierce the shadow. Call it social responsibility.

Last July, Sal Mangione of our Department of Medicine and I co-authored an article in the *New England Journal of Medicine* commenting on the passing of Bernard Lown, a 20th century luminary of the world of cardiology who devoted his 100 years on this planet advocating for physician social responsibility. Lown, a lifetime mentor of mine, was awarded the 1985 Nobel Peace Prize for his passionate stance against nuclear proliferation.

In our article, we noted the concurrence of two other centenary landmarks, the 200th anniversary of the passing of Rudolph Virchow and the 700th anniversary of the passing of Dante Alighieri, both icons in the realm of social responsibility. Indeed, Dante had so little tolerance for indifferent bystanders to social ills that he relegated them to the worst part of hell, the anti-inferno. The likes of Lown, Virchow, and Dante demanded that we see the shadows and confront them. Never be the bystander—engage.

Yes, engage. But how, and for what causes? Think Marcus Aurelius. Embrace stoicism. The philosophy that suggests we devote our energies to that which we can meaningfully impact. If you can't control it, lose it. The solution lies in what you can control. Avoid the performative, stay away from social theater, be substantive, and frame action around realities. Be informed,

probe deeply into issues. These admonitions all call upon personal agency. You are responsible.

A phrase that I've personally coined captures this: Social responsibility does not mean socialized responsibility. You, each of you, must think through the issues yourselves, thoroughly. Social responsibility starts with your own independent thinking, not with prepackaged, socialized thinking. Details matter. Again, from Ludwig Hohl, "People always say, on the whole, or overall, but everything comes down to details. Anyone can write a novel on the whole, but it takes a Dostoevsky to be up to the detail. Anyone can improve the world overall, that is, imagine a better world, but conceptualizing particular ideas is more difficult. Still, only the latter changes the world. Nothing can be changed overall. In this realm, ideas always remain ideas, that is, unproductive and sterile."

In being socially responsible, here are some things to avoid: intellectual monocultures, tyranny of the crowd, political tribalism, and the curse of connective technologies. In probing matters more deeply, do not rely on cartoon images or adopt the word salad of others. In developing your opinions and passions, practice freedom of speech, not freedom from speech. In refining your arguments, make clearings in the forest and shear the overgrowth that obscures issues.

The Dutch poet and novelist Cees Nooteboom in *533 Days* invokes a useful metaphor: "Negative sculptor changing the shapes of trees. So the garden receives more light." Yes, negatively sculpt. Hack away the tree limbs and branches that block lines of sight that cast shadows. Nooteboom says, "He wandered for days in an insane twilight world. A forest of obsessions magnificences exaggerations, hysteria, microscopic observations, a reality that is creating itself. This forest needs pruning."

Another metaphor from former Yale Law School Dean Anthony Kronman: "The wavy mirror that prevents us from seeing ourselves as we are." In his words, most people



remain slaves to reality—prisoners to illusion. Prisoners of illusion. Too often we have and present to the world, distorted images of ourselves. As digital marionettes, even slaves, we shape gestalts that are simply ill-informed. For Kronman, an antidote to such imposed icons and distortions is cherishing our individuality, which he describes in *After Disbelief: On Disenchantment, Disappointment, Eternity, and Joy* as “an inexhaustible source of innovation and surprise a bottomless well.”

Reinforcing this point, Kronman quotes Walt Whitman in advocating “a way of life that encourages the full flowering of every individual’s unique personality in a tapestry of infinite diversity.” Cleave to your individuality. Demand of yourselves independent thinking, even when information is being handed to you with a patina of science. Speaking as a scientist myself, science is not embodied in individuals, institutions, or philosophies. Science is not a monolithic body of knowledge.

No, science is a way of thinking and scientific knowledge evolves continuously. Science has had its share of scientific pretenders these past two years. Scientific data cherry-picked, politicized, and glued into pastiches for mass consumption to drive predetermined agendas, scientific fog. Common sense must reign in drawing conclusions from bits of science and pieces of scientific data offered. In finding your way, you have the right to question every realm, including science itself.

So, Class of 2022, in closing, life has light and shadow—open yourselves to both. Disengage from time to time to appreciate the light, but also engage to clear away shadows, to escape the anti-inferno of the bystanders. Next, in giving life to your social responsibility—let’s coin it “physician social responsibility”—be focused and intentional. Sift through the babbling brook of potential causes others would have you rally around. Thoughtfully navigate what Cees Nooteboom refers to as the “confused forest of voices, words linking into one another without immediate intelligibility, voices over and through one another.”

A kaleidoscope of worthy causes are out there. For some, it may be starving children in Africa. For others, climate change or gun control, or maybe global health inequities or past injustices to Indigenous peoples. Do your homework, give credence to complexities. And when you identify your passion, probe deeply into the matrix of attendant issues. And only then, as a stoic, pursue meaningful action. Put another way, don’t find yourself an actor in the wrong play.

Third, cherish and reinforce your individuality as you relentlessly push yourselves to think independently. And it truly takes pushing. In the words of Ludwig Hohl, “People today are simultaneously too busy and too lazy.” Try not to be lazy. One search on the omniscient internet cannot suffice. Your education has conferred upon you the intellectual

tools to think contextually, critically, and creatively. Use them.

And lastly, and at the risk of channeling a preacher, let me add, the light and the shadow can contribute to a search for purpose and meaning. We are a species capable of awe, of appreciating the grandeur of nature and human life. That is light. We are a species capable of kindness, of acting in ways that tolerate others and address their just needs. That is piercing the shadow. From these vantage points come purpose and meaning and the ability to see beyond the horizon of your own lives, to the glimmer of things that are greater.

Class of 2022, Thomas Jefferson spoke of generational revolutions. You are living through one right now amidst this third machine age of the internet, where we are witness to a social fabric that is fraying, subject to social media mind control, and flattened by dreary ideological conformity. Times of change demand independent thinking. Be willing to frame new possibilities, new mindsets by thinking freely and independently. Live your own life, not the life of another. And dial up the optimism and kindness. As physicians, you are already hardwired for both. Congratulations, onwards and upwards.

Mark L. Tykocinski, MD
President, Thomas Jefferson University
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Smooth Operator

After five decades at Jefferson, Dr. Marion Siegman is both living and preserving its history

BY JOANN GRECO

Every day, countless Philadelphians walk by Alexander Stirling Calder's bronze statue of Samuel Gross on Jefferson's Center City campus. They may recognize him as the so-called "Father of American Surgery," but chances are many don't know that the Japanese also credit him with introducing surgical instruments and ether to their physicians. Meanwhile, a block to the north, the name of John Gibbon graces another campus building. But as patients and doctors rush through its doors, do they pause to consider his remarkable contributions to the development of the heart-lung machine?

If only they realized that an opportunity to learn more about these men—and women such as Nancy Szweck Czarnecki, MD '65, the first female to matriculate to and graduate from Jefferson—is waiting for them at the Center City Archives and Special Collections in the Scott Memorial Library. The collection's highlights include the oxygenator component from Dr. Gibbon's original machine, a well-worn scalpel that belonged to Dr. Gross and is likely the one shown in

Time Capsule

Thomas Eakins' celebrated painting *The Gross Clinic*, and rare books such as a first edition of the 16th century anatomy atlas *De humani corporis fabrica*, by A. Vesalius, donated by an alumnus and valued at more than \$1 million. The space is an "over-stuffed jewel box," says F. Michael Angelo, university archivist. "We handle thousands of research requests a year, but those who don't use the archives don't know about it at all."

Enter Marion Siegman, PhD, professor and chair of the Department of Molecular Physiology and Biophysics, who recently made a generous gift to the university to jump-start a planned expansion of the physical space and programming of the archives. "I've always felt that Jefferson is not just a place to work," she says. "It has traditions and a history that one can easily connect to and appreciate—if you know about them." As the university enjoys its rapid growth, she reminds us that to "understand where we are going, it helps to know where we have been."

The reworked space will be named for Dr. Siegman, a beloved teacher, physiologist, and world-renowned expert in smooth muscles, the involuntary, non-striated drivers that regulate our blood vessels, gastrointestinal tract, and genito-urinary system. Just about any alum of the last five decades has taken the introductory course on physiology taught by Dr. Siegman, the university's first female full professor and its first female chair of the Molecular Physiology and Biophysics Department. No wonder at this year's commencement ceremonies, she received an Honorary Doctor of Science. "It was all rather exhilarating," she says of the event. "I have to admit, it felt very good to be loved."

Capping the honor (if you'll pardon the pun) was the hooding, performed at Dr. Siegman's request by Howard Weitz, MD '78, the Bernard Segal Professor of Cardiology. "As a first-year medical student in 1974, I had Dr. Siegman as

my professor," Dr. Weitz says. "I have never left Jefferson, nor has she, and we have become very close friends. I think I became a medical educator because of her. She taught me the continued rewards and impact that teaching can offer."

While Dr. Siegman says that coming to Jefferson was the "absolute best decision I ever made in my life," she "never, ever thought" she'd be teaching. What she did realize from an early age was that she would pursue a career in medicine. Her father, a family practitioner, emigrated from Austria in 1927 with her mother and her toddler brother and established a practice in their Brooklyn home. Dr. Siegman was born a few years later and soon became a fixture in his office, which she now likens to her playground.

"I was always curious about his machines," she says. "He had one of the first electrocardiograms, and he taught me how to develop the huge films for chest X-rays. I also remember that when there was a smallpox outbreak and streams of patients were coming in for the vaccine, I acted as a kind of usher to keep everyone organized. All of this got me going."

At Midwood High School, she signed up for projects at the biology club and then pursued her BA in biology from Newcomb College, the women's college at Tulane University. After graduating, Dr. Siegman moved back to New York City and was soon entertaining college friends who visited the Big Apple. "One day, I took a cruise around Manhattan with a group of them," she remembers, "and when we reached the East River, the guide pointed out the Rockefeller Institute for Medical Research. This was a Saturday; by Monday morning I was in their office applying for a job. By noon, I left with that job."

Dr. Siegman credits her years at the piano bench as convincing the eminent biologist Paul Alfred Weiss to hire her. "He had come from Austria, and so had my family," she says. "But the 'gimme' was when he asked if I could type and then

whether I had ever taken piano lessons. She did both. He wanted someone with strong, dexterous hands." After a few years working in his lab researching cultured isolated cells, which was then a new technique, as well as electron microscopy, she moved on to Stockholm for further cell research, including electron microscopy for future Nobel Prize-winner Ulf von Euler, which compelled her to consider graduate school. "I wanted my own lab," she says. "That was my motivating force. I was always being given projects to do, and managing the whole thing." She ended up back in Brooklyn—at the State University of New York's Downstate Medical Center in Pharmacology—under the tutelage of future Nobel Prize-winner Robert Furchgott. "I was the first female student he ever admitted to the graduate program," Dr. Siegman says with a laugh. "He nervously watched me the whole time. When I graduated, he smiled and said, 'Thank God!'"

She stayed on for another year, doing postdoctoral research in smooth muscles. "Skeletal muscle biophysics was well known, of course," she says, "and the study of cardiac muscles was in an embryonic stage. But virtually nothing was understood about smooth muscle mechanics. Her thesis advisor said, 'You can't study that; it's for boys,' because it was mechanical. And that was a mistake. Mechanics didn't scare her. "My hands never fail me," she says.

When Dr. Siegman learned that Jefferson had a strong history in physiology, she packed her bags for Philadelphia. Early on, she had a breakthrough in researching smooth muscle, which is notoriously hard to study since its spontaneous contractions make mechanical parameters such as force production and shortening impossible to quantify. "My trick for keeping the tissue calm was to work not at body temperature but at 70 degrees," she says. "This resulted in no deleterious effect and allowed us to do our experiments." It was, she says, "kind of cool"—in both senses



1



2

to understand where we are going, it helps to know where we have been.



3

Photos from the Center City Archives and Special Collections in the Scott Memorial Library

Photo 1
Jefferson Medical College orchestra in 1900

Photo 2
Men's Ward, 1949

Photo 3
In 1961, Jefferson Medical College accepted female students seeking an MD. These eight women were the first graduating class of 1965.

Time Capsule

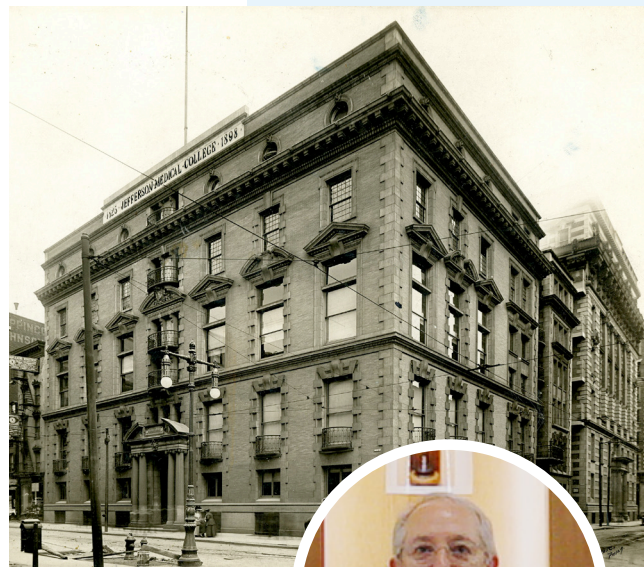
of the word.

"It never fails to amaze me how intrepid Marion has been since day one," says Samantha Harris, PhD, a professor in cellular and molecular medicine and physiology at the University of Arizona who counts Dr. Siegman among her "staunchest advocates and mentors." As Dr. Harris moves forward in her own career

studying the molecular mechanisms of muscle contraction in the heart, she says, "My main takeaway from Marion will always be her fearlessness. She forged a direction that she found interesting and remained undeterred by what other people said. Her guiding principle was to follow the data and let it lead you to the story."

Dr. Siegman's own story is far from over. "I try to enjoy every day and have a balanced life," she says. She still practices photography, a craft she learned at her father's side all those years ago as they snapped images of newborns to present to besotted parents. And the city girl—she lives a few blocks from the Center City campus—has of late become a country lass, acquiring a second home in Bucks County. "I mowed the lawn just last week," she says with a hint of pride. As she's boned up on the region's rich connections to Pennsylvania Impressionism, she's become involved with the James Michener Museum and started collecting pieces by area artists. And while she no longer teaches, Dr. Siegman continues her research work. "I'm studying the remodeling of smooth muscles that occurs in diseases like Parkinson's and diabetes," she says. "There's still so much to learn." 📺

 [Jefferson.edu/Bulletin](https://jefferson.edu/Bulletin)



History in its Place

Ever since he arrived at Jefferson more than 20 years ago, university archivist F. Michael Angelo (pictured above) has been pleading for a bigger and more public-facing space. At last, his wish has been granted. "Marion Siegman's generosity is exciting," he says, "because it's the last piece of the puzzle to make the Archives whole and to give it the much bigger profile that it deserves."

In tripling the amount of space devoted to the Archives—which are currently tucked behind a windowless door in a far corner of the fourth floor of Scott Memorial Library—the expansion will also provide room for programmatic improvements, such as public exhibitions and presentations, and will allow students to more easily enjoy hands-on encounters with the artifacts. "I think so much about [the project] is the importance of tangibility and storytelling," says Philip Ryan, principal of New York-based Studio Modh

Architecture, which will be designing the new Archives. "We [will] literally break down the walls between the students, the library, the university at large, and the archives to craft new educational and display spaces."

Ryan, who has worked on projects for not only Jefferson but the University of Pennsylvania and the Smithsonian Institution, observes that Dr. Siegman's mandate for the project goes beyond the sense that "we've renovated this one little room, and everything else is sort of the same. It is actually a gift to the students as they get off the elevator." To achieve that goal, the architects plan to create a curving wall that acts as a wunderkammer, or cabinet of curiosities, as well as an entry chamber that draws inspiration from such great, rare book collections as the Morgan Library in New York and the Beinecke at Yale.

In addition to funding the expansion, the Archives hopes to build an operating fund for costs associated with the upkeep and conservation of its 8,000 rare medical books. "We need an endowment to do justice to these assets," Angelo points out. Noting that about 90% of the collection has been donated by alumni or faculty members, Angelo adds that Dr. Siegman's donation and other funding will "allow us to fill some gaps" by enabling the Archives to accept objects that it previously didn't have space for and to make proactive purchases. "We're finally going to become the centerpiece for the [institution's] own history," Angelo promises.

A Message From Elizabeth A. Dale

All things are now.

The poet Maya Angelou said, "If you don't know where you've come from, you don't know where you're going."

From the moment George McClellan made his midnight ride to Canonsburg, Pennsylvania, to ensure the establishment of Jefferson Medical College in 1824, our history has been the stuff of legend, lore, and lifesaving advances. Clearly, we've always been going somewhere special.

That feeling of destiny—what alumni used to describe as "bleeding black and blue"—has long been written into the Jefferson DNA.

Way back in 1867, the illustrious Samuel Gross, who at the time had been the professor of surgery at Jefferson for 11 years and an alumnus for 39, gave an introductory address at the opening of the College Session, titled "Then and Now." He marveled:

"The advances in our knowledge in medical science within the last forty years are without parallel in any age. Never was the medical profession so busy and industrious and enthusiastic, so honest and exact in its views and its results, as it is at the present moment. It would almost seem as if the millennium were actually close at hand. Look where we may, progress—rapid and brilliant, nay, absolutely bewildering—literally stares us in the face, and challenges our respect and admiration. One is almost ready to exclaim, 'Behold, all things are now!'"

If you're like me, you feel that same sense of wonder today.

Each generation of Jefferson physicians and scientists has taken us one step—often one leap—further than the one before.

In the here and now, as it once was for Gross, it is up to us—and crucially, up to our alumni—to preserve and celebrate our history.

The publication you hold in your hands has been dedicated to chronicling that history since 1922—our next issue in fact will commemorate 100 years of the alumni *Bulletin*. And in just two years, we'll mark Jefferson's bicentennial.

How we tell our story for that anniversary will matter.

We're fortunate, of course, because we have a great story to tell. But more immediately, our efforts have received a huge kickstart thanks to my friend Dr. Marion Siegman (see page 6). Dr. Siegman's generous gift to renovate the Center City archives and special collections will shine a long-overdue spotlight on our institution's history.

In March, we held a virtual event to celebrate Dr. Siegman and what her gift represents. I was with her in person to watch it in her office. (She brought a homemade dinner in a slow cooker for us; it was delicious.)

As we watched, I reflected on how it is altogether fitting and proper that Jefferson's history will be enhanced thanks to the generosity of a history maker herself. Throughout her career as a researcher and teacher, Dr. Siegman has served as a role model, a mentor, and an inspiration to her students.

In the video, our new university president, Dr. Mark Tykocinski, said: "Preserving the records of a place through its historic resources gives a community its unique character. It connects us to people, times, places, and milestone events that were significant in our collective past. It serves as a narration for how we arrived at where we are today and is a blueprint for where we are going tomorrow."

The Jefferson archives house an invaluable treasure trove that documents our history—two centuries of remarkable accomplishments, milestones, and medical firsts at Jefferson. But what makes that history sing are the people who lived it and the stories that define it.

As we near epochal anniversaries of our alumni magazine and medical college, I encourage all alumni to reach out to the Alumni Relations office. Share your story, what you've been up to, and what Jefferson means to you. Find out how you can support and preserve your alma mater's history. This is the moment. As Dr. Gross put it, "All things are now."

To make a gift to support the archives expansion, please visit [Jefferson.edu/Siegman](https://jefferson.edu/Siegman), scan the QR code below, or email Lisa.Repko@jefferson.edu.



Elizabeth A. Dale

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Please contact me if you'd like to learn more about the doors you can open and lives you can change. I'd love to hear from you.



Even During Wartime, His Heart Belongs to Ukraine

Stirred by his heritage, cardiology fellow, Dr. Alex Hajduczuk, traveled to Poland to provide medical aid to Ukrainian refugees crossing the border.

BY PATRICK MONAGHAN

For Jefferson first-year cardiology fellow Alex Hajduczuk, MD, the Russian invasion of Ukraine and resulting war hit particularly hard. His Ukrainian grandparents were liberated from German camps in World War II, and he carries the Ukrainian heritage, cultural ties, and work ethic typical of all Ukrainian-Americans, traits handed down through generations, many of whom endured years of oppression, sorrow, and struggle driven by

conflicts with Russia and the former Soviet Union. It was no surprise, then, to his family, friends, and colleagues when he traveled to Medyka, a village in southeastern Poland on the main border with Ukraine, where thousands of Ukrainian refugees have crossed the border every day since the war began on February 24. Hajduczuk volunteered with SSF-Rescuers Without Borders, an international network that regularly intervenes throughout the world

after natural disasters or in war zones, providing shelter, water, food, clothing, and blankets to disaster victims. After arriving in Krakow on March 20, he began almost immediately, working nights in the medical tent just steps away from the border where as many as 8,000-10,000 Ukrainian refugees were crossing day and night. "It was just heartbreaking. Some of them will never go back to their homes," Dr. Hajduczuk says. "You



can see reports in the media, but I don't think that it really hits home until you talk with some of these people and they're asking you, 'What do I do?' I don't have an answer for them. These people's lives are changed forever, and the ripple effect is going to go on for generations." Working with a team of doctors, nurses, and volunteers from across Europe and the U.S., Dr. Hajduczuk treated hundreds of people for dehydration and hypothermia. But as the Russian assault on urban areas mounted, more and more required treatment for gunshot wounds or cuts from broken glass sustained in mortar attacks. It was unlike anything he had experienced in his career as a physician. Being the only physician that also spoke Ukrainian proved invaluable. "There weren't that many Ukrainian speakers in general, aside from the refugees. So anytime that I wasn't really working, I was just around translating." There were frequent trips into Ukraine to deliver blankets, food, water, or hot beverages to those waiting in the cold to cross the border. "Sometimes it was just a matter of providing sympathy or giving someone a big hug and handing them some warm food and a blanket," Dr. Hajduczuk says. "The hot chocolate was by far the biggest hit. The kids loved it." Time and again, he found himself awed by the bravery and resilience of the Ukrainian people. At first,

many would refuse the most basic offerings of food or water—their deep sense of pride too strong to allow it. "That's kind of like what I grew up with and hearing the stories from my grandparents, who were also refugees," Dr. Hajduczuk says. While he was at the border for just nine days, he believes the experience will resonate for a lifetime, both personally and professionally. Being back home is bittersweet, he says, because he would like to do more to help. "I think that, deep down, you keep a little piece of these experiences, and you try to direct that sentiment for the better." He remains hopeful for Ukraine. His spirits are buoyed by the people he met and the good they did. "Seeing the resilience of some of these people is really inspiring. I will carry that with me for the rest of my life." Dr. Hajduczuk brought back a Ukrainian flag from the border bearing a message written in Ukrainian. It translates to "everything will be Ukraine," which, Dr. Hajduczuk says, really means "everything will work out and be OK in the end." "I can only pray for that," he says, glancing at the flag that now hangs in the Jefferson cardiology fellows room. "My feeling is that this should give the world hope—hope that there is so much good in the world and that with time, that good will prevail."

Seeing the resilience of some of these people is really inspiring. I will carry that with me for the rest of my life.



**Dr. Adam E. Flanders
Receives Professorship**

Adam E. Flanders, MD, FEL '89, FSIIM, was honored as a William E. Conrady, MD Professor of Radiology Informatics at his Investiture Ceremony on May 16, 2022. The inspirational event was particularly special, not only because it is the second Conrady Professorship to be awarded, but also because it was held in the same lobby of the Dorrance H. Hamilton Building that bears Dr. and Mrs. Conrady's names.

Dr. Flanders is professor of radiology and rehabilitation medicine at Sidney Kimmel Medical College and vice chair of imaging informatics in the Department of Radiology at Thomas Jefferson University Hospital. He has been on the faculty at Thomas Jefferson University since 1989 after completing neuroradiology fellowship training at Jefferson and residency training at the University of Illinois Medical Center.

The majority of Dr. Flanders' research has focused on clinical applications of anatomic and advanced MRI in human spinal cord injury and imaging informatics. He has authored and co-authored more than 180 scientific papers, 20 review articles, three textbooks, and 23 book chapters.



Left to right: Mark L. Tykocinski, MD, Adam E. Flanders, MD, Vijay Rao, MD, FACR, and Elizabeth A. Dale, EdD, MPA, NACD.DC

**Michael Savage, MD '80,
Receives Prestigious
Designation**

Congratulations to Michael P. Savage, MD '80, MSCAI, FACC, FACP, for his newly bestowed honor in being named a Master Interventionalist (MSCAI) of the Society of Cardiac Angiography and Interventions (SCAI).

SCAI is the only professional medical society in the U.S. solely dedicated to interventional cardiology. This prestigious designation recognizes outstanding members who are nominated by their peers for having demonstrated excellence over the course of their

careers and for their commitment to the highest levels of clinical care, innovation, publication, and teaching.

Dr. Savage is the Ralph J. Roberts Professor of Cardiology; director emeritus, Cardiac Catheterization Laboratory; and director, Jefferson Angioplasty Center.

**Jesse Roman, MD, Named
Treasurer of the American
Thoracic Society**

Jesse Roman, MD, was voted by the American Thoracic Society (ATS) board of directors to serve as ATS treasurer for the 2022–2025 term. This position is critical for the ATS, as

this individual will spend three years providing guidance, oversight, and reporting of the Society's finances. Dr. Roman is the first to hold this position. Dr. Roman has been a member of the ATS since 1988, and he is committed to diversity, equity, and inclusion, having served as a founding leader of the Health Equity Subcommittee. He currently serves as the Ludwig Kind Professor of Medicine; enterprise division chief of Pulmonary, Allergy and Critical Care Medicine; and director of the Pulmonary and Critical Care Medicine Fellowship Program. Dr. Roman also serves as CEO of the Jane and Leonard Korman Respiratory Institute of Jefferson Health and National Jewish Health.



**Doctors Feel Hopeful
About Restoring Taste and
Smell Loss After COVID**

Thomas Jefferson University Hospital patient Nancy Damato, 54, is among millions who lost their sense of smell because of COVID-19. And like many, it is still not back to normal more than a year later.

"Losing my smell and taste from COVID has been life changing," says Damato. "I felt like I was missing a part of myself, and more than anything, I missed the experience of gathering with family to enjoy a meal."

While treatments for olfactory loss are currently scarce, Damato has found hope—and progress—through a first-of-its-kind topical platelet-rich plasma (PRP) treatment at Jefferson.

Promising research coming out of Hungary has shown that 4 out of 5 patients reported their sense of smell had returned—with the remaining patient reporting an improved sense of smell—thanks to the success of PRP treatment. This process uses a person's own blood, which is spun in a centrifuge to separate the PRP from the red blood cells. The PRP is then injected into the affected tissue. PRP is a common restorative therapy used to regenerate cells, heal tissue, and address an array of medical conditions, from healing injured muscles and tendons to increasing hair growth and reducing the

appearance of scars. Historically, when treating olfactory conditions, PRP treatment has utilized nasal injections that, while successful, were often uncomfortable and invasive for patients.

Jefferson's project expands upon existing research while eliminating the need for painful injections. This new topical PRP treatment consists of monthly applications for a minimum of three months.

Under the leadership of Edmund Pribitkin, MD, executive vice president at Jefferson Health and president of Jefferson Medical Group, and David Rosen, MD, RES '97, associate professor of otolaryngology, Jefferson has long been a leader in research into anosmia, or complete loss of sense of smell. This project builds upon that store of expertise.

The initial phase of the Sense of Smell Restoration Project began with 30 patients, who had experienced at least six months of olfactory disturbances. In a recent clinical trial, eight patients received completely topical PRP, and 50% of these participants have seen clinically significant improvement. It is the largest pilot study to date for the use of PRP in treatment of olfactory dysfunction (OD) and the first study to develop methods for topical delivery in human subjects.

"It was very important to me and our team to explore less-invasive options, as this issue has become increasingly prevalent due to COVID-19," says Dr. Rosen. "The results of phase I of the clinical

trial have been promising, and we are looking forward to phase II to further improve the treatment."

With philanthropic support, the team plans to enroll 60 new patients in phase II clinical testing. In this phase, the team will exclusively look at patients who developed long-term OD following recovery from COVID. This will help our research team better understand patient variables and the number of treatments required to maintain sustainable improvements in smell and taste.

"The treatments provided by Jefferson are improving my symptoms and showing signs of progress," says Damato. "For the first time in a long time, I have hope for getting my life back to normal."



| Edmund Pribitkin, MD



| David Rosen, MD, RES '97



at the intersection of Health and Design

Students Have Transformative Experience through Health Design Lab Research Fellowship

Sidney Kimmel Medical College students Lauren Schlegel and Eva Varotsis don't hesitate when asked if their experience as research fellows at Jefferson's Health Design Lab (HDL) will make them better physicians.

"Yes, 100%," says Varotsis, who will start Sidney Kimmel Medical College this year after working in user experience, design, and research in tech. "In every way."

"I can't even place a value on it," Schlegel, a fourth-year Sidney Kimmel Medical College student pursuing ENT surgery, adds. "It gave me problem-solving skills that I carry with me every day."

The talented pair, the fifth and sixth university students to complete

this unique, competitive program, just wrapped up a yearlong stint, becoming leaders in medical 3D-printing and community health, presenting nationally, and creating an extensive network in the Jefferson and Philadelphia communities.

"The research fellowship gives pre-med and medical students the resources, mentorship, and a platform to focus on their areas of interest," explains Morgan Hutchinson, MD, RES '18, director of education for the HDL. "Our fellows learn to apply important health design principles to patient care, academic research, and medical education."

Dr. Robert Pugliese, HDL co-founder and managing director,

says he doesn't know of another research fellowship allowing students to gain such expertise and advancing the science of how better design can lead to improved health and healthcare.

In one of the signature projects, Varotsis and Schlegel developed and led Jefferson's Vulnerable Community Mobile COVID-19 Vaccination Program, managing events that provided 8,000 vaccines in Philadelphia's underserved neighborhoods. Last year's Vax Up Philly Parade saw dozens get vaccinated who likely wouldn't have otherwise. "It was such a great day," says Schlegel. "We had a lot of conversations and reached so many people."

Creating accessible sites with



Eva Varotsis

multilingual staff proved critical to the vaccination program's success, Varotsis says. "Community members told us, 'This isn't an experience we generally have in healthcare,' and how important it was to them to know that Jefferson cares about them. We knew we could make a difference."

The HDL fostered Varotsis' love of human-centered design, and she quickly embraced medical 3D-printing. She not only created an entire full-scale aorta model for Jefferson's vascular surgery department in collaboration with Dr. Babak Abai, she also assisted with the user-validation study for a toilet-transfer assistive device that earned the grand prize at the University of Minnesota's Design of Medical Devices

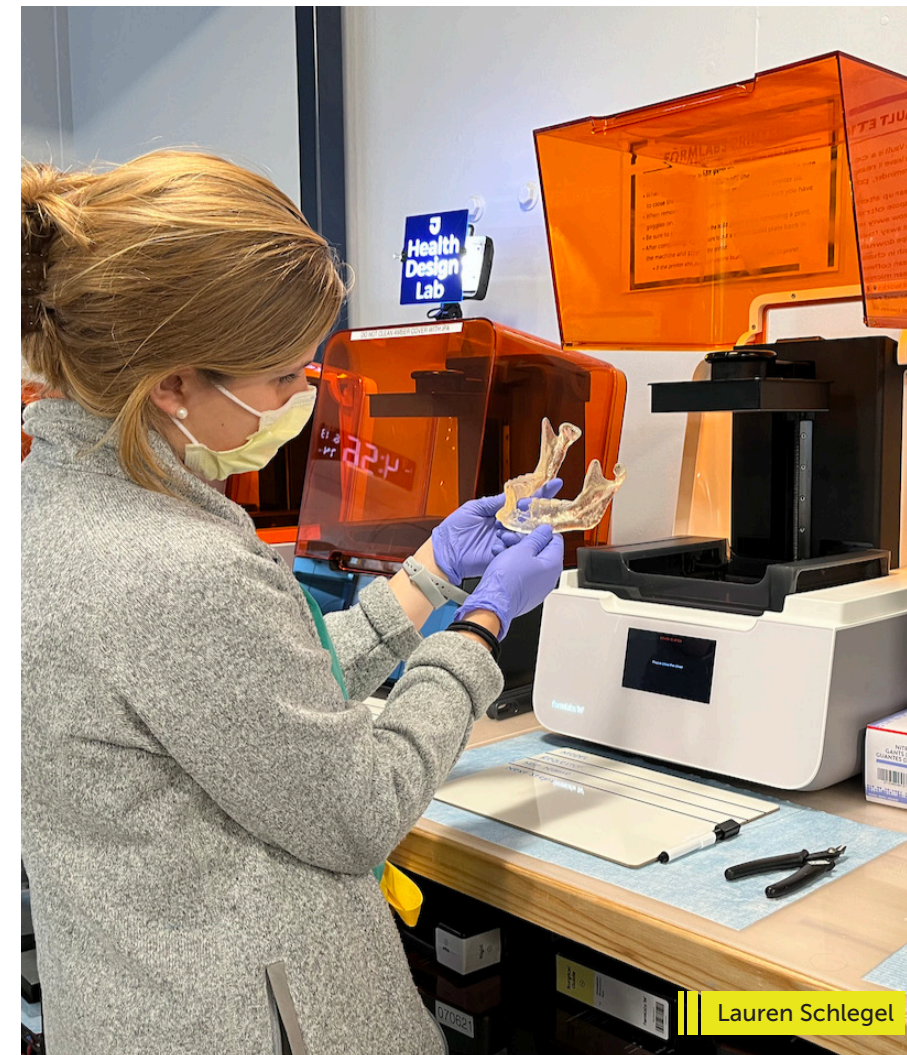
Conference Student Design Showcase.

"Healthcare is something that should always be improving based on the technology and practices we have and how we're learning and growing culturally," she says. "The Health Design Lab helped me to reframe all those things in my mind."

Schlegel found her work in the HDL to be equally rewarding. She designed a low-cost 3D cricothyroidotomy trainer model with Dr. Richard Goldman in Jefferson's otolaryngology department. The tool preps physicians to access the airway of a crashing patient through the neck when orotracheal intubation isn't possible. "It's difficult to train for such a rare situation," says Schlegel of the high-pressure procedure. "Many current models aren't anatomically accurate, limiting how much simulation can help prepare physicians."

Once she developed the model, the HDL and Jefferson's head and neck surgery and emergency departments held a training session for emergency medicine residents. "Just a few weeks later, it was put into practice," Schlegel says. "A resident identified a patient crashing and realized they had an airway obstruction. He didn't hesitate to secure a definitive airway. He got the resources he needed and executed the procedure in a timely fashion, so the patient's oxygen saturation returned to normal. It was rewarding to see people use their training to directly impact patient care."

The HDL will soon accept the next two fellows to continue the groundbreaking work and research at the intersection of health and design, Dr. Pugliese says. "Education is a part of everything we do at Jefferson. I can't wait to see what this next year holds." 📌



Lauren Schlegel





A Path Towards Digital Equity

BY KARUNA MEDA
ILLUSTRATIONS BY ERIN K. ROBINSON

Telemedicine is a vital tool in healthcare, but it's leaving some patients behind. Jefferson researchers are on a mission to improve "digital readiness" in under-resourced communities to bridge inequities.

It was the beginning of March 2020, and Chelsea Torres had just returned home to Philadelphia from college for spring break. A few days into her stay, everything changed. Whispers of a deadly pathogen had turned into full-throated cries of caution, and the country went into lockdown. Chelsea and her parents were alarmed when they began to feel unwell—vague symptoms that they probably would have chalked up to a cold in any other circumstance. But amidst the novel coronavirus, they didn't want to take any chances and hastened to get tested. An agonizing few days of waiting confirmed their suspicions—they had COVID-19. Soon, they began to hear of more cases in their tight-knit Latino community. Many of their family members and friends had underlying health conditions and/or were essential workers and therefore at higher risk of contracting the virus—it was the first glimpse into the disproportionate impact COVID-19 would have on the community. Like many in the diaspora with relatives living abroad, they also grew concerned about their family back in the Dominican Republic.

Over the next few days and weeks, Chelsea and her parents navigated the uncertainties of trying to get care. This meant using telemedicine, which many healthcare centers had transitioned to. Chelsea used her smartphone and computer routinely and had already adjusted to online learning; using telemedicine didn't daunt her. But her parents weren't as accustomed to technology and needed her help accessing patient portals and setting up video visits. There was something else that was holding them back that Chelsea couldn't quite put her finger on; it seemed like mistrust and apprehension about this new form of medical care.

A couple of miles away at Jefferson Health, Kristin Rising, MD, was noticing something similar.

The Digital Divide Includes Access and 'Readiness'

"It was all hands on deck," recalls Dr. Rising, an emergency medicine physician and clinical researcher.

An onslaught of patients sickened by the coronavirus were quickly filling up the clinic; meanwhile those with chronic illnesses and other health concerns still needed care. Fortunately, Jefferson Health had been honing its telehealth platform—JeffConnect—since its launch in 2015 and was poised to expand the service.

"Our call volumes tripled overnight," says Anna Marie Chang, MD, an emergency medicine physician working closely with Dr. Rising and a core member of the JeffConnect team. "We trained more than a hundred doctors across the enterprise to handle the influx."

Even as telemedicine skyrocketed during this first wave of the pandemic, there were many patients who didn't have the resources to access it. A glaring spotlight was put on the "digital divide" that particularly impacts patients of lower socioeconomic and educational status, communities of color, those who are older, or living in rural areas. These were the same communities that were being hit hardest by the pandemic. Without addressing the lack of access, telemedicine could worsen the impact of COVID-19 and existing health disparities.

As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Jefferson Health received funding from the Federal Communications Commission (FCC) (as well as from the Philadelphia Mayor's Fund, TD Bank, and Aetna/CVS) to expand its telehealth-related services. Dr. Rising led the application of the CARES funds, which were used to purchase iPads and remote monitoring devices to give to patients who didn't have devices at home. But she and her colleagues soon realized there was another challenge.

"Enabling access to devices didn't mean patients were automatically

going to make a telehealth appointment the next day," she explains. "It was clear that many patients just weren't comfortable using telehealth, and we needed to find out why."

Dr. Rising started delving into research published on digital divide in an effort to guide solutions. She came across the term "digital readiness"—it was a concept that encompassed the complexities surrounding the use of technology and addressed three main questions:

1. Does the person have access to a device/technology and the skills or knowledge to use it?
2. Does the person accept the technology as a relevant tool for its designated purpose, such as online learning or telemedicine?
3. Does the person trust the technology?

These questions provided a framework for understanding nuances that drive patient behavior, like those Chelsea observed in her parents.

"For so long we've thought about the digital divide mainly in terms of access and knowledge," says Dr. Rising. "This concept of 'readiness' shows us that it's more about a mind shift that we as healthcare providers have to help people get through."

Bridging the Digital Divide

It was apparent that patients were on a spectrum of digital readiness, and the critical next step was to identify those who were less "digitally ready." At the Sidney Kimmel Cancer Center – Jefferson Health, physicians were alarmed to realize that this was a significant portion of their patient population.

"Cancer patients tend to be older, and many belong to racial and ethnic minorities, a reflection of complex health disparities," explains Brooke Worster, MD, who specializes in palliative medicine for cancer patients. "Many of these patients were less likely to have access to or use technology in their everyday lives, let alone in their cancer care. If we didn't reach out



It's about a mind shift that we as healthcare providers have to help people get through.

- DR. RISING

to them, they could be in danger of not getting vital treatment, screening, and follow-up care."

With astonishing speed, Dr. Worster and colleagues mobilized resources and staff, which included social workers, research assistants, physicians, and nurses, and by late March 2020, they had created the Telehealth Taskforce. It was designed to provide one-on-one assistance to cancer patients, with smartphone setup and delivery, creation of email accounts and online health portals, testing device video and audio, and real-time help during telehealth visits. Each patient had different needs, and assistance was tailored accordingly. Because of COVID restrictions, all this had to be done over the phone or a video call.

The Telehealth Taskforce provided a model for how to triage telehealth assistance, and Dr. Rising saw an opportunity to expand it to other areas of care. She collaborated with Rosemary Frasso, PhD, from Population Health, and others, to create the Digital Onboarding Taskforce in September 2020. They recruited public health and medical students who were eager to get hands-on patient care experience and offer help during a time of crisis. They provided similar one-on-one, virtual assistance as the Telehealth Taskforce. Together, the two initiatives helped more than 2,000 Jefferson Health patients overcome



barriers to using telemedicine, including access, knowledge, and acceptance.

But, Dr. Rising says there was one component of digital readiness that still lingered—the multilayered issue of trust.

Mistrust in Healthcare Affects “Digital Readiness”

Before the pandemic, Black patients used telehealth services less often than white patients, but that gap widened substantially as telehealth became the primary way to see a healthcare provider. In the early months of the pandemic, Dr. Rising and geriatric psychiatrist Barry Rovner, MD, led a group of researchers to assess what could be contributing to this disparity. They surveyed 162 Black patients with diabetes and found that despite the fact that over 90% of the participants had the technology and capability to access telehealth, only 39% had a telehealth visit during the pandemic. They looked at contributing factors like age, gender, years of education, and cognitive ability—and it had nothing to with any of those. It all came down to trust.

“Participants had less trust in doctors’ ability to diagnose and treat their symptoms using telehealth,” explains Dr. Rovner. “There was also the fear of discrimination and that doctors don’t always have their best interests at heart.”

These fears are justified, given the long history of abuse towards communities of color in the U.S. medical system—from the infamous Tuskegee Study to Henrietta Lacks, a Black woman whose cells were taken from her body without her consent and widely used in medical research. The mistrust is also rooted in a lack of representation in the medical field—fewer than 6% of doctors in America are Latino, only 5% are Black, and fewer than 1% are Native American. For patients like Chelsea Torres and her parents, it’s a struggle to find culturally competent care.

“It shows up in basic things—a

doctor might tell me to eat more vegetables and presume I understand that to mean leafy greens, cruciferous vegetables, etc.,” explains Chelsea. “But in Latino culture, vegetables are beans, legumes, plantains, and others that I only know the names for in Spanish. There’s a disconnect.”

Chelsea also describes how her parents grew up with a very different healthcare culture in the Dominican Republic—home remedies were a staple, like soothing teas made from herbs in the garden; if there was a health concern, they would often call the family doctor, or even get advice from the local pharmacist; medications were cheap and didn’t require an appointment to refill.

“If you’re used to low-cost, low-effort healthcare, it can be really overwhelming to navigate the U.S. medical system,” says Chelsea. “Then there’s the added concern about being discriminated against, dismissed, or not understood. And now you’re being asked to use this new thing called telemedicine? It’s just one more barrier. I understand why my parents are apprehensive.”

Engaging Communities to Build Trust

It became clear to Dr. Rising that for telehealth to be truly inclusive, building trust in under-resourced communities would be instrumental in sustainably leveling the playing field of ‘digital readiness.’

“But trust is not something you can build overnight,” says Amy Leader, PhD, a key collaborator of Dr. Rising and public health researcher who studies health disparities. “There are deep, systemic, generational issues at play, and it’s going to take a lot of work to dismantle them.”

“The taskforces reiterated a key tenet of my research—listen to patients,” says Dr. Rising. “This is the first step to building trust, and it means adopting a high-touch approach: Get into the communities, and start conversations.”

Community-led organizations are a conduit to those conversations

I have an opportunity to help them feel empowered to use resources like telemedicine to take charge of their health.

- CHELSEA TORRES

and the lived experience of navigating healthcare. Esperanza Health Center, a multicultural ministry providing holistic healthcare to the Latino and under-resourced communities of Philadelphia, is one such example. Esperanza has been instrumental in providing access to culturally competent, multilingual care all through the pandemic. And its leadership observed similar limitations in telehealth engagement as Dr. Rising did. A natural partnership formed in the winter of 2020, with the eventual goal of developing a toolkit to improve digital readiness in Latino populations in the Greater Philadelphia area. The toolkit would include educational materials, in readily understandable language and in Spanish, to address telehealth-related barriers specific to this community. Eventually, this digital readiness toolkit will be replicated in other communities; Dr. Rising hopes to do so through an emergent telehealth advisory board that includes partners such as Philadelphia Fight, Philadelphia Chinatown Development Corporation and SEAMAAC (Southeast Asian Mutual Assistance Association Coalition). Together, they serve refugee, immigrant, and other under-resourced populations across Philadelphia.

To understand the specific drivers of mistrust of telehealth in the Latino community, Dr. Rising and Esperanza leaders are currently conducting interviews and focus groups with community members, led by a trusted liaison. Chelsea

Discovery

Torres is one of them. She had interned at Esperanza three years ago and had returned to volunteer during the pandemic, providing education about the vaccines and helping schedule appointments. She heard about the project with Jefferson Health and was chosen to be a community research assistant. In this role, she will collect and digest qualitative data from her interviews with the community, which will in turn inform the development of the toolkit. It's a responsibility that she takes very seriously.

"I come from a big family, and many of my loved ones struggle with health conditions that maybe went neglected because they couldn't find culturally competent care," Chelsea says. "As someone they trust, I have an opportunity to help them feel empowered to use resources like telemedicine to take charge of their health."

"It's critical to have Chelsea on our team, and the focus groups are a key element of the process of building relationships with communities that have felt disenfranchised for so long," says Dr. Rising. "As researchers and healthcare providers, we need to demonstrate that we're invested in listening and making changes based on what communities are telling us."

Connecting Efforts for Sustainable Change

Translating the lessons learned into action is what drives The Center of Connected Care, which launched in January 2021 with Dr. Rising at the helm. Behind her is a multidisciplinary team, the core of which is formed by Drs. Worster, Leader and Chang—they bring a range of expertise and perspectives, from social work and population health to nursing, cancer care, and emergency medicine. One of their foundational missions is to ensure digital equity across all communities. This means equitable access, comfort, trust, and flexibility of care.

"Healthcare is not one size fits all, and there will always be patients who prefer in-person care to telehealth,"



This is the first step to building trust, and it means adopting a high-touch approach: get into the communities and start conversations.

- DR. RISING

says Dr. Rising. "But the idea is to give everyone the ability to include telemedicine in their healthcare toolbox, and the confidence to use it when they want to."

The partnership with Esperanza, which is in its nascent stages, is an example of the unique patient-centric approach the Center will take in addressing digital readiness and its overall goal of tackling health disparities. It reflects a shift in the field, from research on the community to research with the community, say Drs. Leader and Rising, whose collaborative and independent work has often included a community or patient advisory board. "That's where trust comes from, when it feels like you're part of the solution," says Dr. Leader.

The Center will also expand on the lessons learned from the taskforce; one in particular is the need to measure the range of digital readiness in the patient population. Dr. Worster says that if they had identified the least digitally ready patients ahead of time, there would have been a safety net for them when the pandemic hit and forced the shift to telemedicine. The Center

hopes to provide that by integrating a digital readiness screening questionnaire into patient care. The idea would be to administer it when patients first interact with the health system, whether through telemedicine or during an in-person visit. It would then be administered annually thereafter to capture how digital readiness may change with ever-evolving technology, says Dr. Chang. The data collected from these assessments will help design evidence-based and targeted interventions.

For example, if trust is the biggest barrier for a specific patient group, then an intervention would be centered on having educational and information-gathering sessions with trusted and culturally competent liaisons. Similarly, in an upcoming grant, Drs. Leader and Rising propose embedding a team of specially trained patient navigators dedicated to telehealth into clinical settings to guide patients who are less comfortable with technology.

The team has a long road ahead of it, but Dr. Rising is excited about convincing funders and policymakers to invest in digital equity. And here's a sign of the team's progress already: It hosted a national conference funded by PCORI (the Patient-Centered Outcomes Research Institute) in spring 2022, bringing together diverse stakeholders from across the country who have been tackling digital readiness in their own communities to determine best practices, understand knowledge gaps, and develop new research partnerships.

"It took a pandemic to bring telemedicine and digital inequities into razor-sharp focus," says Dr. Rising. "And telemedicine is here to stay, so it's up to us to ensure that it becomes a means of decreasing health disparities and not increasing them." 📺

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As part of our commitment to lifelong learning, the Office of Alumni Relations offers opportunities for group travel for Jefferson, Textile, and Philadelphia University alumni, friends, and families. Our varied itinerary of travel destinations combines educational forums, unique adventures, and excursions to places of historical and cultural interest, with opportunities to discover nature's majestic landscapes and incredible wildlife. These trips offer the highest-quality travel experience through our partnerships with experienced travel providers.

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January 11–23, 2023

▶ **Picturesque Mediterranean – Aboard *Riviera***
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▶ **America's Southwest Luxury Train Adventure**
April 18–22, 2023

▶ **Italy's Magnificent Lake District**
April 25–May 3, 2023

▶ **Dutch Waterways**
May 4–12, 2023

▶ **Great Pacific Northwest – Aboard *American Empress***
June 11–19, 2023

▶ **The Charm of the Amalfi Coast**
June 14–22, 2023

▶ **Irish Inspiration – Aboard *Riviera***
June 21–29, 2023

▶ **Dazzling Alaska – Aboard *Regatta***
August 8–18, 2023

▶ **Flavors of Chianti**
September 7–15, 2023

▶ **Greece: Athens & Gytheio**
September 22–October 1, 2023

▶ **Journey to Southern Africa**
October 15–30, 2023

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MARK L. TYKOCINSKI, MD, AS

President of Thomas Jefferson University

Mark L. Tykocinski, MD, is a biomedical innovator, an educator, and a trailblazer in the world of academia and research. After 14 years as the Anthony F. and Gertrude M. DePalma Dean of Sidney Kimmel Medical College and more than a decade as provost and executive vice president for Academic Affairs, he has assumed the post of president of Thomas Jefferson University. He began his new post on July 1, 2022.

"Dr. Tykocinski is internationally respected for creating and leading a culture of transformation in education, research, clinical science, and academic administration. He is

campus presence.

He also was instrumental in creating the transformational JeffMD curriculum, along with a pioneering Medicine+ co-curriculum. He tripled Jefferson's annual extramural research that emphasized collaborative discovery and research in areas such as computational medicine; bioenergetics; vaccines; and oncological, rehabilitative, and brain sciences.


Under Tykocinski's leadership, Jefferson launched eight Global Centers, elevating Jefferson's international profile and catalyzing a series of first-of-its-kind global initiatives.

"As proud as I am of what we have accomplished at Thomas Jefferson University so far, it is

Tykocinski holds a series of patents related to protein and cellular engineering and is a fellow of the National Academy of Inventors.

"For more than a decade, Dr. Tykocinski has worked to advance Thomas Jefferson University—its academic programs, programmatic research, and clinical prowess—with dual focus on scale and distinction. He has used his vision and own deep experience to help guide the university to a place of strength, now with international recognition and with more than 8,400 students across 10 colleges," says H. Richard Haverstick, Jr., who had served as interim president of Thomas Jefferson and interim CEO of Jefferson Health. "We are thrilled to call Mark our new president and fully support him as he leads the university into its next chapter."

Prior to joining Jefferson, Dr. Tykocinski spent a decade at the University of Pennsylvania, where he served as the Simon Flexner Professor and Chair of the Department of Pathology and Laboratory Medicine. Previously, he spent 15 years at Case Western Reserve University; he was the founding director of its Gene Therapy Facility.

Tykocinski earned a BA in biology magna cum laude from Yale University and was awarded his MD from New York University. He completed an internal medicine internship at Columbia-Presbyterian Medical Center in New York City, residency training in anatomic pathology in the Department of Pathology at New York University, and a research fellowship at National Institute of Allergy and Infectious Diseases/ National Institutes of Health in Bethesda. 

[Visit Jefferson.edu/Bulletin](https://www.jefferson.edu/Bulletin) to read about Dr. Tykocinski's tenure at Jefferson in a special *Bulletin* article celebrating his decade as dean of SKMC.



As proud as I am of what we have accomplished at Thomas Jefferson University so far, it is only the beginning.

a person of extraordinary vision and creativity, committed to using innovation as a catalyst for growth, organizational vitality, and excellence," says Patricia D. Wellenbach, chair of the Jefferson Board of Trustees.

Tykocinski joined Jefferson in 2008 as dean of the Sidney Kimmel Medical College and president of Jefferson University Physicians. In 2014 his role was expanded to include serving as the university's provost and executive vice president for Academic Affairs.

Over the past 14 years, Tykocinski guided the university and SKMC through numerous milestones, including Jefferson's merger with Philadelphia University in 2017, which enabled the institution to expand its professional graduate education offerings and develop a multi-

only the beginning," says Dr.

Tykocinski of his appointment. "I'm grateful to Chair Wellenbach and the board for this opportunity to lead the university into the future."

In addition to his achievements as an academic leader, Tykocinski is a biomedical innovator whose focus has been on pioneering unique immunotherapeutic strategies that invoke engineered proteins and cells. His scientific accomplishments include designing several novel classes of fusion proteins with therapeutic potential for cancer and autoimmunity. One that is geared to cancer immunotherapy has now entered clinical trials, and more will soon follow, through the biotech startup he founded. He has also made seminal contributions to the field of gene therapy.



The need for change bulldozed a road down the center of my mind.

- MAYA ANGELOU

Part of the Solution

BY IRISA GOLD

To say that 2020 was a challenging—and galvanizing—year is an understatement. From the advent of the COVID-19 pandemic to the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd, events that year started a firestorm igniting emotions, activism, collaboration, and inspiration.

Kayla Holston, who will begin her fourth year at Sidney Kimmel Medical College, wanted to be part of the solution. “All of these things were snowballing, and feelings were amplified with all of the national attention on racism,” she says. “I was part of efforts within Jefferson to respond.”

Holston started her company, Melanin Med, in 2020 as a second-year student. She shares, “One of the things that inspired me was the idea that there were patients who felt uncomfortable when they didn’t have physicians or healthcare providers that looked like them. The company’s overall goal was to not only increase the number of health providers of color, but also to create products for people who looked like me and were under-represented in the medical field. One of the ways that we do that is by making the field more comfortable for patients and providers of color through our products. It’s almost an unspoken way to say, I’m here for you.”

Products specifically made for Black people in medicine are scarce, especially for Black female physicians. Holston created T-shirts, scrub caps, lapel pins, stethoscope clips, hats, and more displaying powerful taglines, including “Racism is a Public Health Issue” and “Black Patients Matter.”

“It started as a business that provided accessories that highlighted the fact that Black patients and Black healthcare providers matter, and eventually became a company that allows people to showcase that they support patients of color,” she says. “I’ve been wearing these products myself and have had patients express so much comfort when I’m caring for them.”

Outreach for Melanin Med started with an Instagram presence and a website—and the buzz was extraordinary. “I just marketed the products there, and tons of people in the medical field started following on Instagram and ordering one by one, making individual purchases,” she shares. Soon, orders began to blossom. Medical schools, specifically diversity offices, began to buy in bulk and have their medical students wear the merchandise. Holston remarks, “It’s a way for medical students, or people in general, to say, Look, I’m taking a step—I’m an ally—to show that I support you as a minority patient.”

Holston then launched an initiative to reach not only medical schools but also medical students. “I started connecting with chapters of the Student National Medical Association [SNMA], the membership organization catering to minority medical students,” she says. “I partner with chapters throughout the country and host fundraiser programs. A portion of the sales go to that SNMA chapter. That’s one of the ways that Melanin Med gives back.”

Advancing her philanthropic mission, Holston launched a scholarship and mentorship program earlier this year through her high school alma mater, Bethel High School, in Hampton, Virginia. The program provides three \$1,000 scholarships to high school students in the health professionals program

who are African American or identify as Black and are interested in pursuing careers in the medical field.

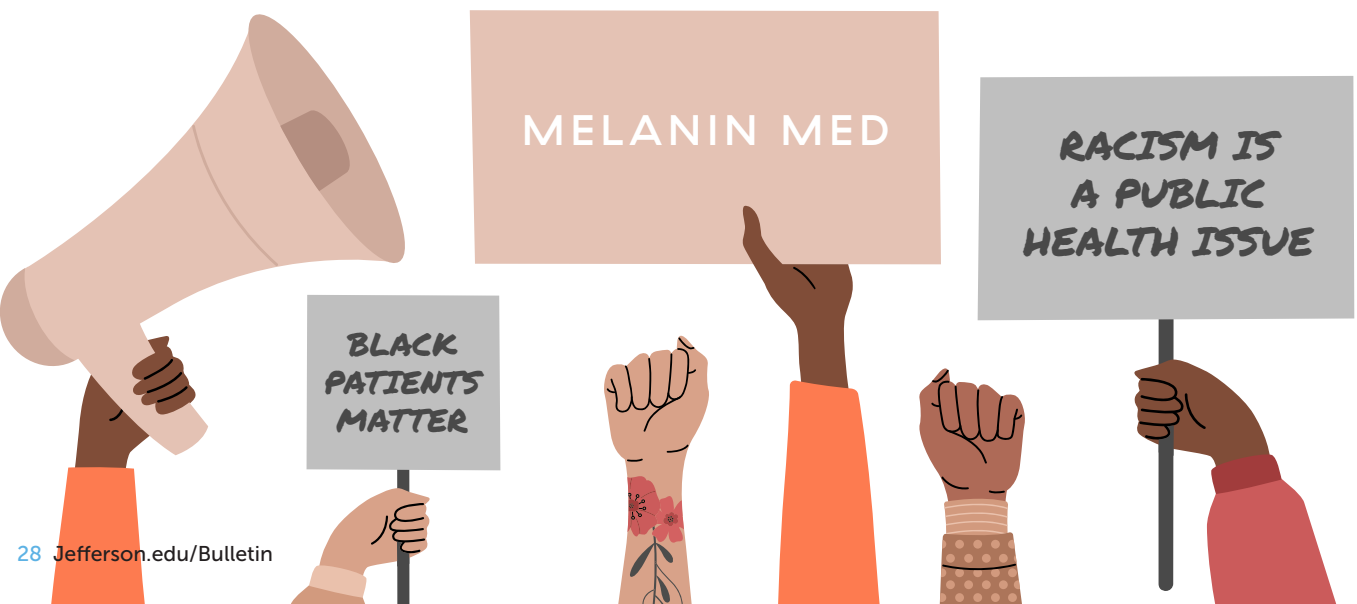
Holston continues, “One very important goal for Melanin Med is mentoring people and teaching them how to apply to scholarships and fund their education. Right now I’m mentoring the students. As the program expands, hopefully we’ll talk to other people.”

Another philanthropic program benefits Holston’s fellow SKMC students. This year Melanin Med will provide UWorld test preparation subscriptions for a third- and a fourth-year student. “The idea is to find someone who has focused their efforts at Jefferson, in addition to academics, on increasing diversity and inclusion within the medical school and its recruitment program,” she says.

Holston has not yet applied to the match program but plans to pursue obstetrics and gynecology, with a focus on addiction medicine within obstetrics. In addition, she plans to continue Melanin Med. “Right now, my goal is to maintain my academic performance and this current level of what Melanin Med is doing,” Holston shares. “As I recruit other people who can help me in a trusted way, I’ll work on expanding more.”

Holston is aware of the incredible opportunity she’s created, for herself and others. “If you had asked me a few years ago or two years ago, to be exact, I would have said that I want to be able to give scholarships; sell on a national level; and partner with medical schools—and I’m doing all of those things,” she remarks. “I never would have imagined this so soon. What is most important to me, other than being able to give back in a monetary way to students and to increase the number of professionals of color, is to be a conversation starter in a way that people are outwardly showing that they support Black patients and patients of color.”

[Jefferson.edu/Bulletin](https://jefferson.edu/Bulletin)





A Career Dedicated to Giving Back Lives

Jefferson Neurologist Eases the Pain of Migraine Sufferers

BY CINDY LEFLER

One of Dr. Stephen D. Silberstein's earliest childhood memories is that of his mother lying in bed with an ice pack on her head, enduring the agony of a migraine.

"We couldn't do anything about it back then. I couldn't find anyone to treat her," says Silberstein, a

neurologist and one of the world's foremost experts on migraine headaches. "So maybe it was a sense of helping my mother that led to my choice of specialty."

Silberstein is a professor of neurology at Thomas Jefferson University and director of the Jefferson Headache Center. His

life's work has been dedicated to easing the pain of people like his mother, and he's been at it for more than 50 years.

Silberstein says his decision to become a doctor was made for him early in life. His uncle was a general practitioner, and he would spend days in the office seeing patients

with him and filling pill bottles. "I don't think I had a choice. There was no question that I would be a doctor like him. The question was: what kind of doctor would I be?"

The answer came in the form of a mentor—Dr. George Milton Shy, who served as chair of the Department of Neurology at the University of Pennsylvania from 1962 to 1967.

"He was smart; he was energetic; he cared," Silberstein says. "When I met Milton Shy, I knew I was going to be a neurologist."

Silberstein says he "always wondered how the brain and nervous system works, and studying neurology allowed me to answer those questions in part." While he still doesn't have all the answers he has sought, he has gotten many of them.

The questions he thought would never be answered were: When we think, where do we think? Where is the eye located when I'm talking to you and I have a sense of my personality? Where does that exist?

But now, he says, we're beginning to get the answer to that fundamental question of the nature of human existence.

"We can now look at the brain in action using certain types of scans and see where the information is coming from and try to understand the interactions between the different parts of the brain," he says.

That understanding has led to a greater grasp of how medicines work to influence the brain's own mechanism for diseases such as schizophrenia, depression, and bipolar disorder—and, of course, migraine.

Silberstein explored the field of headache medicine long before it became popular. He was at the forefront of research that led to the use of triptan in the treatment of migraines in the early 1990s and the discovery that Botox not only treated wrinkles but alleviated the pain of migraines. From there, discovery "steamrolled," leading to the use of calcitonin gene-related peptide, an antibody treatment that has revolutionized migraine



| Dr. Stephen D. Silberstein

prevention and care. And, he promises, there is more to come, as research into the field is expanding rapidly.

Silberstein is involved in multiple research projects and clinical trials and works with several pharmaceutical companies to bring new and better treatments to migraine sufferers. He has written—and continues to update—every guideline for the treatment of the condition and lectures on the topic all over the country and the world. He easily rattles off all the places he's brought his expertise: "Brazil, Peru, Bolivia, Mexico, Colombia, Egypt, South America, South Africa, England, France, Germany, Spain, Russia, Israel, Turkey, Japan, Thailand, Hong Kong, Singapore..." and the list goes on.

He is senior author of Wolff's *Headache and Other Facial Pain*, the "bible of headache science," as well as hundreds of other books and publications.

In 2016, Silberstein was awarded a Lifetime Achievement Award by the American Headache Society, for whom he has served as president, treasurer, and member of the board of directors. He was also co-director of the national and international Headache Guideline Project and was chair of the headache research

group of the World Federation of Neurology.

Silberstein is also eager to pass the baton to the next generation of specialists. He has trained more headache doctors in the U.S. than any other neurologist; by his estimates, between 70 and 80 residents and fellows have been educated under his tutelage.

Philadelphia is Home

Silberstein is Philadelphia born and bred. He grew up in the city, went to Central High School, graduated from the University of Pennsylvania, received his medical degree from Penn, and completed his internship, medical residency, and neurology residency there.

He left Philadelphia briefly—to spend three years at the National Institutes of Health in the laboratory of Nobel Prize-winner Julius Axelrod, PhD, who received the award for research into the chemistry of nerve transmission. He also lived in London and Israel for several months. But for him, "Philadelphia is home." He and his wife of 54 years, Marsha, raised their two sons there and currently reside just a short walk from Jefferson's Center City campus.

Silberstein describes himself as

Faculty Profile



a “physician first who’s interested in doing research to answer fundamental questions about getting my patients better and finding new drugs.”

He takes a hands-on approach to treating his patients, knowing that most have been seeking relief from pain for years.

“For many who come to see me, I’m the sixth or eighth doctor they’ve been to,” he says. “The first questions I ask are, ‘Why are you here? What do you want?’ And they want to understand what’s going on. I can’t guarantee I’ll get them better, but I promise them I won’t stop trying.”

He has followed some patients for 20 or 30 years, many of them telling him he “gave them their life back.” Silberstein understands his patients’ pain intimately—he is a lifelong migraine sufferer, too. When the first headache struck during medical school, he didn’t know what was happening, even though he watched his mother and grandmother experience the same symptoms.

“The throbbing, the headache, the nausea, the inability to think; I had no idea what it was,” he remembers. “In those days, it [migraine] was ignored, and that’s one of the reasons that drove me to take care

of migraine patients.”

Silberstein started a headache center while working at Germantown Hospital in 1986. In 1997, he was invited to move it to Jefferson. The outpatient offices and clinical research laboratories are located on the Center City campus; the inpatient facility is at Methodist Hospital in South Philadelphia.

“We came with three doctors, four nurses, and one nurse practitioner,” he says. “We now have 10 physicians, two psychiatrists, six nurse practitioners, seven nurses, and a staff of about 30.”

Through philanthropy, Silberstein plans on growing the program even larger. His vision is to create the country’s first comprehensive headache institute at Jefferson.

Art and Medicine

When he isn’t performing research or patient care, Silberstein indulges in his favorite pastime—art. Specifically, photography. He attends exhibits and collects photos to adorn the walls of his home.

His interest in photography was sparked when he was working at the National Institutes of Health in the early 1970s. A friend introduced him to the Washington Print Club, and they would attend exhibits in their

spare time. He discovered galleries and began buying photographs to hang in his apartment. Then he sought out new artists’ work and bought a few more photographs—and a few more.

How many framed photographs does he own? “A lot!” he says. He carries photos of his prints on his phone—scores of them, including two of his favorites: a little boy in Paris carrying a bottle of wine down a cobblestone street and a self-portrait of a photographer taking a photo of his reflection in a mirror.

He says the photos speak to him—much like the way people speak to him. “Depending on the circumstance, they make me laugh; they make me think; they take me to another plane of existence.”

Even though he’s now 80, Silberstein isn’t slowing down. He continues to teach, treat patients, conduct research, and plan for a future of easing the pain for the more than 1 billion migraine sufferers in the world. He says it’s what he was always meant to do.

“Did you ever feel when you were growing up that you knew what you wanted to be and that you were going to devote your life to being it?” he asks. “That’s how I feel.”



SHARE YOUR STORY



Achievements

Class Notes

61 Robert B. Teoh, MD, has spent most of his career conducting clinical and field research on vector-borne and zoonotic viral diseases. He’s worked as a professor of pathology and microbiology and immunology at the University of Texas Medical Branch in Galveston for the past 22 years, and has also worked with NIH/NIAD, Yale University.

Dr. Teoh officially retired four years ago and is now an adjunct professor.

64 Robert McKim, MD, graduated in 1964 and entered family practice in 1967 and after 600+ hours of CME, became Family Practice Board Certified. There were no family practice residencies at that time. He has also held positions as airman’s medical examiner for the FAA, associate teaching professor in the Department of Family Practice at Oregon Health Sciences University in Portland, Oregon, and served on the board of trustees for the Oregon Academy of Family Practice and the Oregon Medical Association, and as an Oregon Delegate to the American Medical Association.

After over 2,300 deliveries, many tonsilectomies and orthopedic and tendon repairs, and 47 years, Dr. McKim retired in 2021.

“Had a great career. Thanks, Jefferson,” says McKim.

67 Steven Fischer, MD, has retired after 45 years of practice as an ENT physician.

68 Harold A. Yocum, MD, has been an



Pictured right, Dean Winslow, MD '76, with Anthony Fauci, center

avid birdweaver since his time as a boy scout during his teenage years; this year he went over 600. He also served as president of the Oklahoma City Audubon Society.

73 Bruce E. Jarrell, MD, FACC, FACS, was inaugurated as the seventh president of the University of Maryland, Baltimore on Friday, Nov. 5, 2021.

Tomas Jose Silber, MD, has been honored by the American Academy of Pediatrics (AAP) with the William C. Bartholome Award for Ethical Excellence, the Academy’s highest honor in bioethics. Dr. Silber has dedicated more than 50 years of work to reflecting, writing, teaching, and devoting energy to the divulgation of the field of pediatric ethics.

He has been a consultant to the World Health Organization and the Pan-American Health Organization and has been awarded the Alete Hoffman Award by the Section on Adolescence of the American Academy of Pediatrics, the Outstanding Achievement in Adolescent Medicine by the Society for Adolescent Health and Medicine, the lifetime achievement award by the Cuban Ministry of Health, and the Children’s National Mentorship Award. For several decades, Dr.

Silber was the director of the Adolescent Medicine Fellowship Program, the director of the Donald Dillaway Eating Disorders Program, and director of the Ethics Program at Children’s National in Washington, DC.

Dr. Silber is now professor emeritus at George Washington University, Division of Adolescent and Young Adult Medicine. He serves on the executive committee of the Ethics Program and is the editor of *Pediatric Ethicscope*.

76 Dean Winslow, MD, a professor of medicine at Stanford University and senior fellow by courtesy at the Center for International Security and Cooperation, is currently on leave from Stanford while serving as senior advisor to the CDC COVID-19 Testing and Diagnostics Working Group based in Washington, DC. He is also back on active duty orders with the California State Guard.

78 Robert P. Boran, Jr., MD, has retired from active practice in orthopaedic surgery. He continues to serve on the board of directors of the Eastern Orthopaedic Association (EOA) and recently received the Outstanding Service award of the EOA.

Stephen I. Kramer, MD, recently retired after 38 years of clinical practice as professor emeritus of psychiatry and behavioral medicine at Wake Forest Baptist Health Sciences in Winston-Salem, North Carolina. During his tenure, he helped develop programs in forensic psychiatry and neuropsychiatry. Dr. Kramer served the American Board of Psychiatry and Neurology, Inc. for 25 years, and continues to work for the Joint Commission as field representative/physician surveyor and as a topic editor for *Dynafed*. Currently, he is serving his second term on the board of directors of the Winston-Salem Symphony, and grandparenting with his wife, Rochelle Prague Kramer, who also retired from the medical center as a reference librarian.



Michael Savage, MD '80, FEL '86 (left) and David Fischman, MD, FACC, FACP, FEL '81 (right) were recently featured in an article published by Public Health as two of the Top 50 Influencers in Cardiology on Twitter. Follow them @DocSavage3U and @fischman_david.

groundbreaking research and opening new avenues of scientific investigation in cancer immunology. Her contributions extended well beyond her lab at Johns Hopkins, establishing immunotherapy as a pillar of oncology around the world. Her research has resulted in the unprecedented development and regulatory approval of drugs for over a dozen different cancers—benefitting countless patients and their families.

Dr. Topalian’s research focuses on manipulating immune checkpoints in cancer therapy. She led a team at the Johns Hopkins Kimmel Cancer Center in a global effort that established immunotherapy as a viable method of cancer treatment alongside surgery, chemotherapy, and radiation therapy.

93 Ruth E. Weisberger, MD, has been named governor of the Connecticut chapter of the American College of Physicians (ACP), the national organization of internists. The board of governors is an advisory board to the board of regents and implements national projects in addition to representing members at the national level.

95 Myra Asato, MD, a pediatric neurologist, has been named vice president of training by the Kennedy Krieger Institute. She also directs the nationally recognized Maternal and Child Health Leadership Education in Neurodevelopmental and Other Related Disabilities Program (LEND), which provides graduate-level, interdisciplinary training to clinicians with an interest in neurodevelopmental disabilities.

Dr. Asato joined the institute from the University of Pittsburgh School of Medicine’s Department of Pediatrics, where she was a professor of both pediatrics and clinical and translational science at the school. She has served as the program director of Pitt’s neurodevelopmental disabilities residency since 2007.

96 Madhuri Dheklia, MD, published her debut novel, *The White Coat Diaries*, which highlights a young doctor’s struggle to survive residency, love, and life. The book deals with themes of physician burnout, moral injury, high expectations placed on her from culture, and more. She has two more books planned in her deal with Penguin Random House/Berkeley.

Accolades

Milestones

Events

Let the *Bulletin* community know what you’ve been up to by sharing your news in Class Notes!

Send us your news: editor@jefferson.edu

Alumni Profile



Preparing for What Will Be

Mahesh Krishnan, MD '94

BY IRISA GOLD

FUTURE-PROOF: *To design or change something so that it will continue to be useful or successful in the future if the situation changes.*

When you ask Jefferson alum and 1994 Medical College Class Agent Mahesh Krishnan, MD, MPH, MBA, FASN, what he would have done if he hadn't been a doctor, he replies, "I would be an architect. I like building and envisioning things; and hope that the things that I build make the world a better place."

Krishnan earned his medical degree as part of the long-running cooperative BS/MD program between Pennsylvania State University and Jefferson's Sidney Kimmel Medical College. He found the prospect of studying at Jefferson very exciting and

shares that he was drawn to SKMC because, "what was true at its founding is still fundamental today, including a curriculum featuring design-thinking and system-oriented approaches."

"I was impressed with Jefferson's forward thinking and their commitment to staying on the cutting edge," he remarks. "I had a tremendous time at Jefferson." He appreciated the variety of clinical experiences and class camaraderie, noting that classes were both cohesive and collaborative, even given the large size of the school. "It was a great opportunity to do healthcare policy research," he shares. "The experience was formative for my career."

Krishnan chose to specialize in

nephrology, because in his words, it offers a range of possible treatment solutions, from transplant, to dialysis, to medical therapy.

"I am a people person. I liked the longitudinal nature of the specialty and the continuity [that allowed me] to be with patients for their entire journey," he explains.

Following nearly five years practicing nephrology, Krishnan left his clinical practice and served as medical director for Amgen, serving as the medical director for Epogen®, the head of global health economics and outcomes research for nephrology and the medical policy lead for all Amgen US products.

For the past 13 years, he has been at DaVita, a healthcare services

company. Currently, he serves as group vice president, Research and Development at DaVita Kidney Care, overseeing pharmaceutical strategy and implementation as well as government affairs. Krishnan is responsible for medical policy for all DaVita businesses in Washington, D.C., and for strategic partnerships in technology and research and development.

He also served as the company's first international chief medical officer, setting up 253 clinics in 11 countries in five years. He led the policy and implementation of the ESRD bundle, one of Medicare's first value-based purchasing programs, and is an expert on quality measurement and data systems in dialysis.

Additionally, Krishnan has a master's degree in public health from Johns Hopkins University and an MBA in medical services management from the Johns Hopkins Carey School of Business. He has written two books, has more than 70 peer-reviewed publications, and has served on editorial boards.

Through it all, Krishnan's involvement and commitment to both Jefferson and the future of healthcare has continued to thrive. After organizing and attending reunions and working to fund scholarships, Krishnan embraced the opportunity to give back through his current role as the 1994 Class Agent. In the role, he serves as class leader, advocate, cheerleader, benefactor, fundraiser, and correspondent. Jefferson boasts one of the largest alumni networks in the country, and Krishnan is not only interested in helping to continue, and bolster, the connection with Jefferson and its alumni; he wants to sharpen the focus on how alumni interact with students as well.

"What gets me out of bed is improving healthcare at scale," he says. "In my opinion, healthcare could be significantly better. My personal mission statement is to improve the efficacy, efficiency, and safety of healthcare scale for patients and the providers who take care of them."

He continues, "Most doctors can take care of individual patients, but no one has taught them to take care of populations. We need clinicians with the voice and vision to build organizations. It is critical to elevate clinicians to the level to run organizations, which will change the world and make healthcare a better place. In order to improve things at scale, one needs to be in the driver and not passenger seat. Clinicians need to design systems to improve care—because who would know better?"

While he does not have a bucket list, Krishnan shares, "I live life in five-year segments. Every five years I purposely switch careers and have a different goal. My current goal is to build transformational organizations and products in nephrology and mentor clinicians to balance medical expertise with the ability to build organizations."

He cites television show *Ted Lasso*, and its mention of a quote by poet Walt Whitman—*Be curious, not judgmental*. "Stay curious, and think about the world as a bunch of systems, whether medical, like the circulatory system, or organizational," he advises. "You

have to understand how systems work if you want to make the world a better place."

Krishnan emphasizes the power of the Jefferson alumni connection and the importance of forging a strong, lasting network, from current and future students to alumni past and present. "Jefferson continues to provide cutting-edge teaching and training to future-proof clinicians," he says. "This is preparing for what will be, not what has been. You have to build something to make sure it survives."

Krishnan's commitment to the principles of service and quality of healthcare delivery is also shared by his family. His wife, Rachna, is the CEO of a nonprofit mental health counseling center for women. In addition, he is incredibly proud and gratified that both of his children have followed in his footsteps and enrolled in Jefferson's accelerated program. His son, Akshay, is in his third year, and his daughter, Anjali, just started her first year. He shares, "I told my kids to do whatever they wanted, and they decided on their own. It's very exciting to see them start their journey in medicine." 🍌



Left to right
Anjali, Rachna, Akshay and
Dr. Mahesh Krishnan '94

Class Notes



Galicano F. Inguito, Jr., MD '90, MBA, is board certified in family medicine by the American Board of Family Medicine and in medical management by the American College of Physician Executives and is a fellow of the American Academy of Family Physicians. He is president of Delaware Family Medicine, LLC, and in addition to private practice, he works in a 24-hour urgent care practice. Dr. Inguito has served on numerous national boards, including the Federation of State Medical Boards, the United States Medical Licensing Examination Step 3 Committee, and the Accreditation Council for Continuing Medical Education. He was honored by the Delaware Academy of Family Physicians as the 2008–09 Family Physician of the Year. Dr. Inguito has been named a "Top Doctor" as voted by his peers in Delaware Today magazine.

Better Late Than Never

Introducing Incoming Sidney Kimmel Medical College
Alumni Board President Galicano F. Inguito, Jr., MD '90, MBA

Can You Share Your Educational/Work History?

After graduating from Jefferson Medical College in 1990, I completed an internship at Tripler Army Medical Center in Honolulu, Hawaii. As a Health Professions Scholarship recipient, I completed my active-duty obligation in the United States Army where I was stationed in the Korean Demilitarized Zone, and Fort Belvoir, Virginia.

Following my military medical experience, I really enjoyed taking care of patients and decided to go into family medicine. I did my family medicine residency at the Eastern Virginia Medical School Ghent Family Practice in Norfolk, Virginia. From there I went into academic medicine and was associate director of the Family Medicine Residency Program at St. Francis Hospital in Wilmington, Delaware, for 15 years. While most physicians start out in clinical medicine after finishing a residency program and then possibly go into administration later, I went into administration and academic medicine first. During this time, I graduated in 2002 with my MBA from the University of Delaware Executive MBA Program, which helped me later in my career when I decided to start my own family medicine practice, Delaware Family Medicine LLC.

For the past 11 years, I have been the president and owner of Delaware Family Medicine, in Newark, Delaware. This journey has been enjoyable because I am able to do what I envisioned myself doing when I first thought about becoming a physician—care for people in my community. In addition, I work at a 24-hour urgent care practice in Newark.

How Did You Get Involved with the Alumni Association?

After I graduated, I thought I would never get involved with the Alumni Association. I wish I had gotten involved sooner—but better late than never!

When my son, Kai, had his White Coat Ceremony at Jefferson in 2018, I met former Alumni Association President Nicholas Ruggiero, II, MD '01, RES '08, and asked him how I could get involved. He said that they were restructuring the board and asked if I would like to be a member.

After I became more involved, I had so much fun reconnecting with Jefferson. I was having a ball, more than I did as a medical student!

I enjoyed meeting with alumni and board members who were very passionate about Jefferson. I appreciate Past-President Patricia Curtin White, MD '88, FEL '00, for encouraging me to explore opportunities outside of my comfort zone. I delivered a MED Talk to current medical students on my path to choosing to specialize in family medicine, and I truly enjoyed sharing my experience to guide future doctors. I was then nominated to be Alumni Board secretary, which I did for the past two years. Members of the Alumni Board noticed my passion for the university and nominated me to be the president of the Alumni Association. My term will run from July 1, 2022, to June 30, 2024, the 200th anniversary of the medical college.

How is the Alumni Association Connecting with Students and Alumni?

During my time as a student, I noticed that many of my classmates felt disengaged from the Alumni Association. We did not hear much about it, even once we graduated. Now that has changed—we have a lot of initiatives to connect students with alumni. I am a member of the Class Agent Cabinet, which was tasked to revive the Class Agent Program, co-chaired by Elliot Rayfield, MD '67; Lynne E. Porter, MD '73; Lorraine King, MD, FEL '75; and Matthew Keller, MD '05, RES '09. We started with 17 Class Agents and now we have over 77, including our most recent graduates from the Class of 2022. I am very excited for the future of the Class Agent Program, which will further promote alumni engagement (see pg. 38 for a list of Class Agents and how to get involved!).

Last year, we hosted virtual events for students, including MED Talks, where our alumni spoke on timely topics such as selecting a specialty and life in medicine; the Alumni Host Program, where fourth-year students matched with Jefferson alumni in their geographic area and/or area of interest for networking, mentorship, and support for travel opportunities around their residency interviews; and Jeff Alumni Chats, where students are paired with alumni to learn strategies and ask questions about "surviving" and succeeding in medical school. It is my hope that as we move beyond the pandemic, we can gather together for more in-person events and activities.

Today, I would tell students and recent graduates to not be afraid to ask for help and to really take advantage of the Alumni Association. We are here to help you!

What Are Your, and the Alumni Board's, Priorities for Your Presidency?

I would like to see more alumni engaged in mentoring, recruiting, and fundraising. The Alumni Association would expand and improve the mentorship and educational programs. Together we are working to embrace not only medical college and postgraduate alumni, but also current students, to ensure they feel empowered and included. We are grateful to have a second-year student on the board, Grant Nelson, to assist in reaching out to current students.

At New York University, there was a big donor who made it possible to offer free tuition for its medical students. I would like to see something like that at Jefferson—if not the whole tuition bill being paid by donors or alumni, then some sort of fundraising program so students do not have to pay so much. I believe that my tuition while I was a student was approximately \$13,000, which increased each year. Now just the tuition alone for our medical students is over \$60,000.

What are You Most Proud Of?

Out of all the things that I have done, I am most proud of my family. My wife, Pia, is a nurse and has been a faculty member at the University of Delaware School of Nursing for 22 years. My son Kai graduated from SKMC in 2022 and is going into family medicine at Abington Hospital-Jefferson Health in Pennsylvania. My son Kam is starting at SKMC this summer and will be in the Class of 2026, and my daughter, Aili, is a rising junior in high school.

I told my sons to major in anything they wanted in college and then, if they still liked medicine, to go for it. I am really excited that they have chosen medicine as their career path!

SKMC Alumni Association Board Members

Nikolai Bildzukewicz, MD '01, *Vice President
Chair, Strategic Initiative Committee*

Eddie Chang, MD '00

Patricia Curtin White, MD '88, FEL '00, FACP, CMD
*Immediate Past President & Chair, Nominating
Committee*

Irfan Galaria, MD '01, MBA
*Chair, Inclusion, Diversity & Equity Alliance (IDEA)
Subcommittee*

David R. Haas, MD '86

Galicano F. Inguito, Jr., MD '90, MBA
President & Chair, Bylaws Committee

M. Dean Kinsey, MD '69, RES '72, FEL '73

John A. Kutz, MD '93, RES '98, FACS,
Chair, Alumni Awards Committee

Erica Locke, MD '10

Kelly Malloy, MD '02, RES '07, FACS, *Secretary*

Grant Nelson, *Student Representative*

Crystal D. Reed, MD '89

Hae Shin, MD '94

Danielle Tholey, MD '11, RES '14

Kathryn Trayes, MD '06, RES '09

Randolph W.Y. Wong, MD '88

Jon Woo, MD '95

Class Notes

SKMC Class Agents

Gerald Marks, MD, Class of 1949
Herbert E. Cohn, MD, Class of 1955
Eugene F. Bonacci, MD, Class of 1956
Phillip J. Marone, MD, MPH, Class of 1957
Stanton N. Smullens, MD, Class of 1961
William V. Harrer, MD, Class of 1962
Richard P. Wenzel, MD, MSc, Class of 1965
Michael P. Dolan, MD, Class of 1966
Elliot J. Rayfield, MD, Class of 1967
Harold A. Yocum, MD, Class of 1968
M. Dean Kinsey, MD, Class of 1969
Peter V. Scoles, MD, Class of 1970
Edward B. Ruby, MD, Class of 1971
Lawrence L. Schiller, MD, Class of 1972
Lynne E. Porter, MD, Class of 1973
Steven R. Peikin, MD, Class of 1974
Richard H. Bennett, MD, Class of 1975
Lorraine C. King, MD, Class of 1975
Postgraduate representative
Robert L. Goldberg, MD, Class of 1976
Francis X. DeLone Jr., MD, Class of 1977
Robert S. Boova, MD, Class of 1977
Duncan Salmon, MD, Class of 1978
Joseph R. Spiegel, MD, Class of 1979
Martin J. Carney, MD, Class of 1980
Richard F. Spaide, MD, Class of 1981
Russell Breish, MD, Class of 1982
Bruce J. Gould, MD, Class of 1983
John J. Kelly III, MD, Class of 1984
Robert A. Ball, MD, Class of 1985
Bernard L. Lopez, MD, Class of 1986
Maria C. Scott, MD, Class of 1987
Patricia Curtin White, MD, FACP, CMD, Class of 1988
Sharon W. Gould, MD, Class of 1988
John H. Marks, MD, Class of 1989
Galicano F. Inguito, Jr., MD, Class of 1990
Laurie Sangimino, MD, Class of 1990
Nita S. Schwartz, MD, Class of 1991
Polly M. Krupnick, MD, Class of 1991
Corina Graziani, MD, Class of 1992

Douglas T. Corwin, Jr., MD, PhD, Class of 1993
Minesh C. Patel, MD, Class of 1993
Mahesh Krishnan, MD, Class of 1994
Suken A. Shah, MD, Class of 1994
James S. Harrop, Jr., MD, Class of 1995
Edward W. Kiggundu, MD, Class of 1996
David H. Finkelstein, MD, Class of 1997
Karen Ravin, MD, Class of 1998
Vicki Rapaport, MD, Class of 1998
Joseph A. Manfredi, MD, Class of 1999
Eddie Chang, MD, Class of 2000
Harris B. Cohen, MD, Class of 2000
John R. Manfredi, MD, Class of 2001
Danielle M. DeHoratius, MD, Class of 2002
Matthew D. Eichenbaum, MD, Class of 2003
Brian T. Kucer, MD, Class of 2004
Matthew S. Keller, MD, Class of 2005
Jeremy D. Close, MD, Class of 2006
Kristine Swartz, MD, Class of 2006
Joshua A. Marks, MD, Class of 2007
Brian Oliveira, MD, Class of 2008
Patricia Henwood, MD, Class of 2009
Franklin C. Lee, MD, Class of 2010
Tony I. Anene-Maidoh, MD, Class of 2011
Margaret Lafferty, MD, Class of 2012
Sarah J. Fuzesi, MD, Class of 2013
Madeline E. Carroll, MD, Class of 2014
Zinta L. Zapp, MD, Class of 2015
Tejal U. Naik, MD, Class of 2016
Mai Tsukikawa, MD, Class of 2017
Michelle M. Ponder, Class of 2018
Kaitlyn Votta, MD, Class of 2019
Nathan L'Etoile, MD, Class of 2020
Tayoot Chengsupanimit, MD, Class of 2020
George Titomihelakis, MD, Class of 2021
Mary B. White, MD, Class of 2021
Sage Vincent, MD, Class of 2021
Kai Inguito, MD, Class of 2022
Mary Blumenfeld, MD, Class of 2022
Eric Shieuy, *SKMC Representative*

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Make the connection now at alumninetwork.jefferson.edu or scan the QR code with your smartphone!

SKMC Class Agent Program

SKMC Class Agents serve as liaisons to the medical college, working in conjunction with Annual Giving and Alumni Relations programming and reunions, to enhance alumni engagement, participation, and overall annual support of Jefferson.

Interested in becoming a Class Agent?

Contact Shelby Palmer at shelby.palmer@jefferson.edu or 215-301-8831.

Class Notes

'72

Fred D. Lublin, MD, FAAN, FANA, was the 2022 Bernard J. Alpers Lecturer. The lecture, a memorial tribute to Robert J. Schwartzman titled "Targeting Progressive Multiple Sclerosis, Implications for All Neurodegenerative Disorders," was presented at the Bluemle Life Sciences Building on May 19, 2022. The Thomas Jefferson University Department of Neurology presents the Bernard J. Alpers lecture annually as a tribute to Dr. Alpers for his knowledge, eloquence, modesty, kindness, and delightful sense of humor.

'76

Larry Glazerman, MD, recently accepted a position as principal regional medical adviser with Myovant Sciences Inc.

Dean Winslow, MD, a professor of medicine at Stanford University and senior fellow by courtesy at the Center for International Security and Cooperation, is currently on leave from Stanford while serving as senior adviser to the CDC COVID-19 Testing and Diagnostics Working Group based in Washington, DC. He is also back on active-duty orders with the California State Guard.

'81

Richard F. Spaide, MD, was the keynote speaker at the combined 2nd International Ocular Circulation Society and the 37th Japanese Society of Ocular Circulation meeting, as well as the 45th Annual Meeting of the Japanese Society of Ophthalmic Surgery. He also spent time on sabbatical at Roche and the University of Basel. A recently published article evaluating the most cited publications in retina research from 2010 through 2020 showed that he had the most cited paper. He was first author on five papers and an author on nine papers in the top 100, the most of anyone in the world.



| Mary Barber (Stoner), MD, and daughter Rebecca Thornhill, MD

'82

Alex V. Levin, MD, was recently named the Adeline Lutz–Steven S.T. Ching, M.D. Distinguished Professor of Ophthalmology at the University of Rochester School of Medicine. He serves as the chief of Pediatric Ophthalmology and Ocular Genetics at URMC's Flaum Eye Institute and the chief of Pediatric Genetics at URMC's Golisano Children's Hospital.

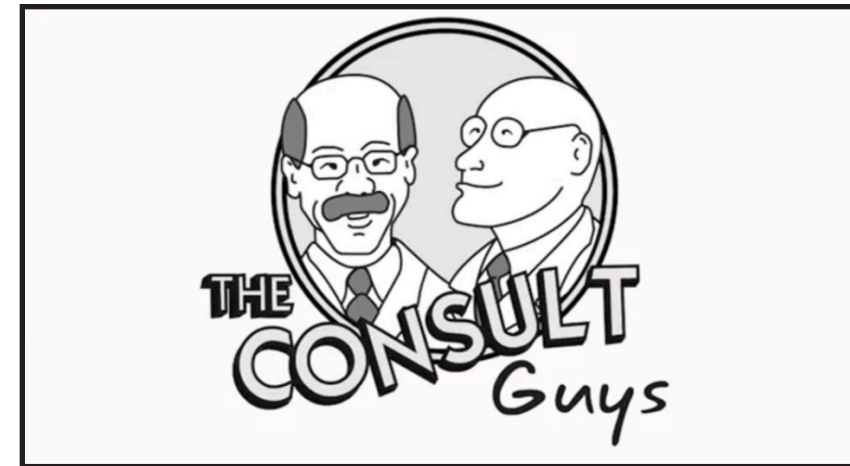
'83

Craig Palmer, MD, was incredibly honored to receive the Society for Obstetric Anesthesia and Perinatology (SOAP) Distinguished Service Award during the 2022 annual meeting in Chicago. The Distinguished Service Award is SOAP's highest honor. Recipients have made numerous contributions to the society, provided exceptional service to the specialty of obstetric anesthesia, and are exemplary ambassadors of obstetric

anesthesia. In addition to his time as a medical student, Dr. Palmer was an anesthesiology resident and obstetric anesthesia fellow at TJUH.

Lynda Schneider, MD, was appointed the Sidman Family Chair of Immunology at Boston Children's Hospital. Dr. Schneider is director of the allergy program and of the Division of Immunology Clinical Research Program at Boston Children's Hospital; founder and director of the Atopic Dermatitis Center; and professor of pediatrics at Harvard Medical School.

Leonard Zon, MD, was elected to the National Academy of Sciences. Dr. Zon is a pediatric cancer specialist; the director of the Stem Cell Program at Boston Children's Hospital; the Grousbeck Professor of Pediatrics at Harvard Medical School; and an investigator at the Howard Hughes Medical Institute.



Consult Guys 100th Episode

Congratulations to alumni and faculty Geno Merli, MD '75, and Howard Weitz, MD '78, who recorded the 100th episode of their podcast Consult Guys for the *Annals of Internal Medicine*.

'84

Mary Barber (Stoner), MD, is proud to welcome her daughter and fellow SKMC graduate Rebecca Thornhill, MD '17, FAAD, to their practice, the Skin Cancer Center of Central Florida.

'85

Guy Hewlett, MD, is continuing to practice general OB/GYN and teach at Cooper University Hospital in Camden, New Jersey. He serves as the medical director of labor and delivery and vice chief of quality in the Department of Obstetrics and Gynecology, and the assistant dean of Diversity and Community Affairs at the Cooper Medical School of Rowan University.



| Guy Hewlett, MD '85

'87

Susan C. Baer, MD, was inducted as president of the Texas Society of Pathology on April 2, 2022.

'93

Giridhar Vedala, MD, has been named vice president and regional chief medical officer at Memorial Hermann The Woodlands Medical Center and Memorial Hermann Northeast Hospital in Humble, Texas.

Peter Wu, MD, recently received an Outstanding State Chair Award from the American College of Surgeons Commission on Cancer, representing Washington state.

'02

Michael J. Gilbert, MD, MHCDS, completed the MHCDS Program at Tuck Business School at Dartmouth in 2020. He accepted the position of chief medical officer and vice president of Medical Affairs at Catholic Medical Center in Manchester, New Hampshire, in August 2020.

How do four Jefferson grads who never knew each other before, graduated at greatly different times, and served residencies at different institutions land in the same university orthopaedic surgery department?

That's just what happened to **John Lubicky, MD '74, Adam Klein, MD '92, Scott Daffner, MD '01, and Ryan Murphy, MD '09**. They all are faculty members at West Virginia University School of Medicine in Morgantown.

Dr. Lubicky, originally from Warrington, Pennsylvania, is professor and chief of the Division of Pediatric Orthopaedic Surgery. Dr. Klein, assistant professor and a member of the Division of Adult Reconstruction, is originally from Cherry Hill, New Jersey. Dr. Daffner, professor in the Division of Spine Surgery, is originally from Pittsburgh, Pennsylvania. He is also a graduate of Jefferson's orthopaedic surgery residency program. The newest partner, Dr. Murphy, from Moorestown, New Jersey, is assistant professor in the Division of Adult Reconstruction. He is a graduate of the WVU orthopaedic surgery residency program.

West Virginia is a long way from Philadelphia, but the loyalty and affection for their Jefferson education created an immediate bond among the four. They are proud of their Jefferson roots, and are also now true blue and gold West Virginians. Go Mountaineers!

Reimagine



Jefferson Alumnus' Legacy of Inspiration

When the COVID-19 pandemic shook the world, cardiologist and Jefferson alumnus Robert M. Stein, MD '68, FACC, FAHA, remained on the front lines, rounding in the hospital and sharing his compassion and cardiovascular expertise with COVID-19 patients in San Diego. A member of the hospitalist team at Palomar Health Medical Group-Graybill, he is the longest serving member of the medical staff at Palomar Medical Center.

And while Dr. Stein's educational journey continued with stops in Boston and New York for internship and residency as well as a stellar and celebrated career in San Diego, Dr. Stein recounts that it was during medical school in Philadelphia where as a junior he encountered first-year Jefferson resident Dr. Carl Pepine during an internal medicine clinic, and "first kindled" his love of cardiology. Dr. Stein shares that Dr. Pepine spent time helping him to recognize an S3 gallop in a heart failure patient. "This conversation certainly cut into his efficiency. His only motive was kindness and desire to teach a young (I was just 21 at the time) medical student. He certainly thought I would never know who he was or remember his name. How wrong he was." Dr. Pepine would go on to become President of the American College of Cardiology.

This life-changing encounter inspired Dr. Stein throughout his career, culminating in his recently announced \$1.5 million gift to endow the Robert M. Stein, MD '68, FACC, FAHA, Professorship in Cardiovascular Quality and Safety.

As former President (twice) of the San Diego Chapter of the American Heart Association (AHA) and a dedicated champion of the AHA Get With The Guidelines® initiative, Dr. Stein's passion for elevating and setting standards and best practices in cardiovascular care aligns with Jefferson's foundational priority to create an infrastructure of quality and safety across all 18 hospitals and will launch the Division of Cardiology to new heights.

This new professorship, the first of its kind to focus on quality and safety in cardiology, will enable the institution to embed safety science and quality improvement methodologies into every facet of the cardiovascular service line, putting systems in place to ensure that healthcare is designed to optimize the patient experience while reducing errors, readmissions, and complications.

Jefferson is grateful for Dr. Stein's generosity and commitment. His gift will serve as a powerful catalyst for patient-focused innovations, improving and saving countless lives for generations to come.



(Left to right) *Back row:* Kelly Austin, Charles Yeo, Colleen Morgan, Zachary Kozick, Elizabeth Dale, Katie Geary, and Paul DelPrato. *Front row:* Theresa Yeo, Robert Stein, Barbara Buesch, Leon Levy, and Fran Levy



Bookshelf

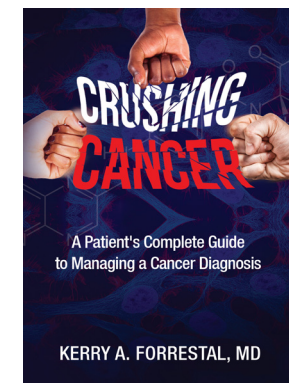
Robert E. Barkett, Jr., MD '90



After graduating from Jefferson and completing an internal medicine residency program at Riverside Methodist Hospital in Columbus, Ohio, Dr. Barkett joined the practice of his father, Robert Barkett, Sr., MD '60. The practice is located in Mansfield, Ohio. During the COVID-19 pandemic, he turned his energy into writing a book, *Simple Medicine: No More Google Searches*, as he was concerned with the lack

of adequate medical care he witnessed. Dr. Barkett is the medical director for Southern Care Hospice as well as the medical director at Country Meadows nursing home. He is married with six children.

Kerry A. Forrestal, MD '04, MBA, FACEP

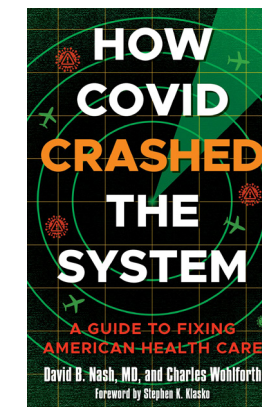


If and when you receive a cancer diagnosis, what can you do Hour 1 Day 1? Dr. Forrestal, an emergency room physician, has seen and delivered many cancer diagnoses in his emergency room, which is where many tumors get discovered. His family also has a strong history of cancer. His new book, *Crushing Cancer: A Patient's Complete Guide to Managing a Cancer*

Diagnosis, guides you step by step on dealing with the diagnosis; preparing your body, psyche, and finances for treatment; and much more.

David B. Nash, MD, MBA

Founding Dean Emeritus
Jefferson College of Population Health
Dr. Raymond C. and Doris N. Grandon Professor of Health Policy

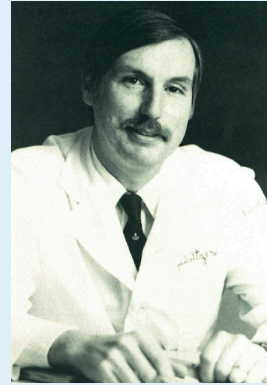


Dr. Nash, a top doctor, and Charles Wohlforth, an award-winning writer, team up like air crash investigators to understand America's disastrous COVID-19 response, looking at failures of leadership, racial inequities, public health mistakes, and the collapse of our fragile healthcare institutions—all to identify the root causes we can fix to make every American healthier. Now, the pandemic crisis has exposed its flaws for all to see,

creating the opportunities for systemic changes. Even without new laws or government policies, America is moving toward a transformed health system responsible for our wellness. *How COVID Crashed the System* tells that story.

In Memoriam

Joseph Louis Seltzer, MD '71 Chair, Anesthesiology | 1984–2002



We are saddened by the passing of alumnus and long-serving chair of Anesthesiology, Joseph Louis Seltzer, MD '71. He was 76. Dr. Seltzer grew up in South Orange, New Jersey, and

graduated from St. Joseph's University in Philadelphia in 1967 with a BS in biology before attending Jefferson. In 1975, he began his career as a major in the Medical Corps as a staff anesthesiologist at the USAF Medical Center on Wright-Patterson Air Force Base in Dayton, Ohio. In 1977, after an honorable discharge, he went to Syracuse, New York, where he was an assistant attending anesthesiologist at State University Hospital. In 1980, he accepted an attending anesthesiologist position at Thomas Jefferson University Hospital. In 1984, Dr. Seltzer was the lead anesthesiologist on the team that performed the first liver transplant at Jefferson. He spent over 30 years at Jefferson, rising to the position of chair of Anesthesiology, during which he grew and developed the group into a university-based academic department. "Dr. Seltzer developed a top anesthesia department and a top residency program that excelled in research and training excellent clinicians," noted Scott E. Rosenthal, DO, RES '98, FEL '99. He served as vice dean for Clinical Affairs (2002–2005) and senior associate dean for CME, Faculty, and Alumni Affairs (2005–2012). From 1973 through 2008, Dr. Seltzer published 53 articles in peer-reviewed publications. In that same period of time, he published 82 abstracts and wrote chapters for numerous medical textbooks. Upon retirement, Dr. Seltzer enjoyed delving into classic novels he never had a chance to read during his medical career. He was also an avid golfer and loved to travel with his wife of 51 years, Dr. Suzanne Frankhouser Seltzer.

'60

James A. Thomas, Jr., MD, passed away on August 17, 2021. He was an orthopaedic surgeon who practiced orthopaedics in Delaware County, Pennsylvania, for 32 years until his retirement in 1999.

'61

Jerome Cohen, MD, recently passed away.

'65

Joseph Y. Dwoskin, MD, passed away Nov. 16, 2021. He was born in Chicago, Illinois, and grew up in Omaha, Nebraska, and served in the US Air Force. His interest in and dedication to healing led to a career in medicine. He received his BS in pre-medical sciences at Springfield College and his MD from Thomas Jefferson University. Dr. Dwoskin was one of the first two full-time pediatric urologists in the U.S. He practiced pediatric urology in Buffalo, New York, and Lubbock, Texas. After retiring to Castle Rock, Colorado, with a second but equally strong interest in aviation, he became a pilot and took to the skies, flying his Cirrus SR22 around the country. All who knew Dr. Dwoskin would wish him a peaceful final flight.

'66

Frances Pincus Freed, MD, passed away January 7, 2022. She was born in Philadelphia on June 13, 1940, to Dorothy and Herman Pincus, and lived and worked in Los Angeles, California. She is survived by her loving husband, Arnold Freed, her daughter, Rachael Baker, and her granddaughters Hannah and Maya Baker. Dr. Freed graduated from Mount Holyoke College, then Thomas Jefferson University Medical School, and practiced as a pathologist for over 40 years. Her husband writes, "I was lucky to be married to the most wonderful woman I could imagine. What I say is true and agreed to by all the people she touched. She was an amazingly caring person who helped an enormously large number of people who loved her in return. She was a great soul, and her loss will leave a tremendous void in all who knew her."



Lending Support to Tomorrow's Doctors

Amy Liss Was Dedicated to Helping Medical Students Achieve Their Dreams

Philanthropist Amy Liss once said she believed that "in life there aren't risks, only opportunities for growth." Amy took that belief and created great opportunities for students to learn and grow at the Sidney Kimmel Medical College.

Amy passed away in September at the age of 90, leaving behind a legacy of kindness, generosity, and dedication to the next generation of physicians through the Amy and Henry R. Liss Scholarship Fund.

The Liss Scholarship was established in 1991 by Amy and her husband, Henry, who graduated from Jefferson in 1948. A U.S. Navy hospital corpsman during WWII, Henry attended medical school on the GI Bill. Grateful for the financial support for Henry's education, the Lisses were determined to provide others with the same opportunity.

Henry died in 2006. Like many Jeff alumni widows, Amy continued her generous support, creating a second Liss fund in 2009, and in 2019, the two funds were merged.

To date, more than \$1 million has been awarded to 81 Liss scholars.

"Amy was ahead of her time," says Elizabeth A. Dale, EdD, MPA, NACD.DC, executive vice president and chief advancement officer at Jefferson. "She was at the forefront of the women's movement and a champion for people of color."

A graduate of Antioch College, Amy was a friend of Gloria Steinem and helped found *Ms.* magazine. She served on several boards, including the Ms. Foundation for Women and its Healthy Girls-Healthy Women initiative, all while raising two sons.

Hannah Garrigan, a Liss scholar who stayed in touch with her benefactor over the years, says she will also miss her. "But all of us who have been touched by her kindness and generosity will carry on her legacy as we move forward with our careers."

...all of us who have been touched by her kindness and generosity will carry on her legacy as we move forward with our careers.

By The Numbers

MATCH DAY 2022



45%

in fields that lead to a primary care career

Top 4 specialties

1. Internal Medicine
2. Emergency Medicine
3. Family Medicine
4. Pediatrics



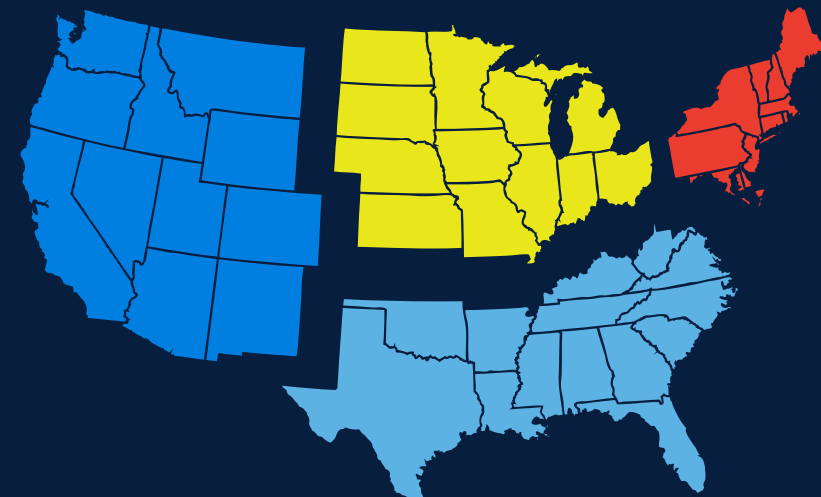
28%

matching at Jefferson and affiliates



Where did they match?

- 71% Northeastern U.S.
- 12% Central U.S.
- 9% Southeastern U.S.
- 8% Western U.S.



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