

ROSALIND FRANKLIN UNIVERSITY



VOL. 5, NO. 1

**Community  
Health Issue**

Protecting the health  
of communities and  
populations across  
the globe is the life  
work of epidemiologist  
Bradley Hersh, MD '80,  
MPH, FACP.



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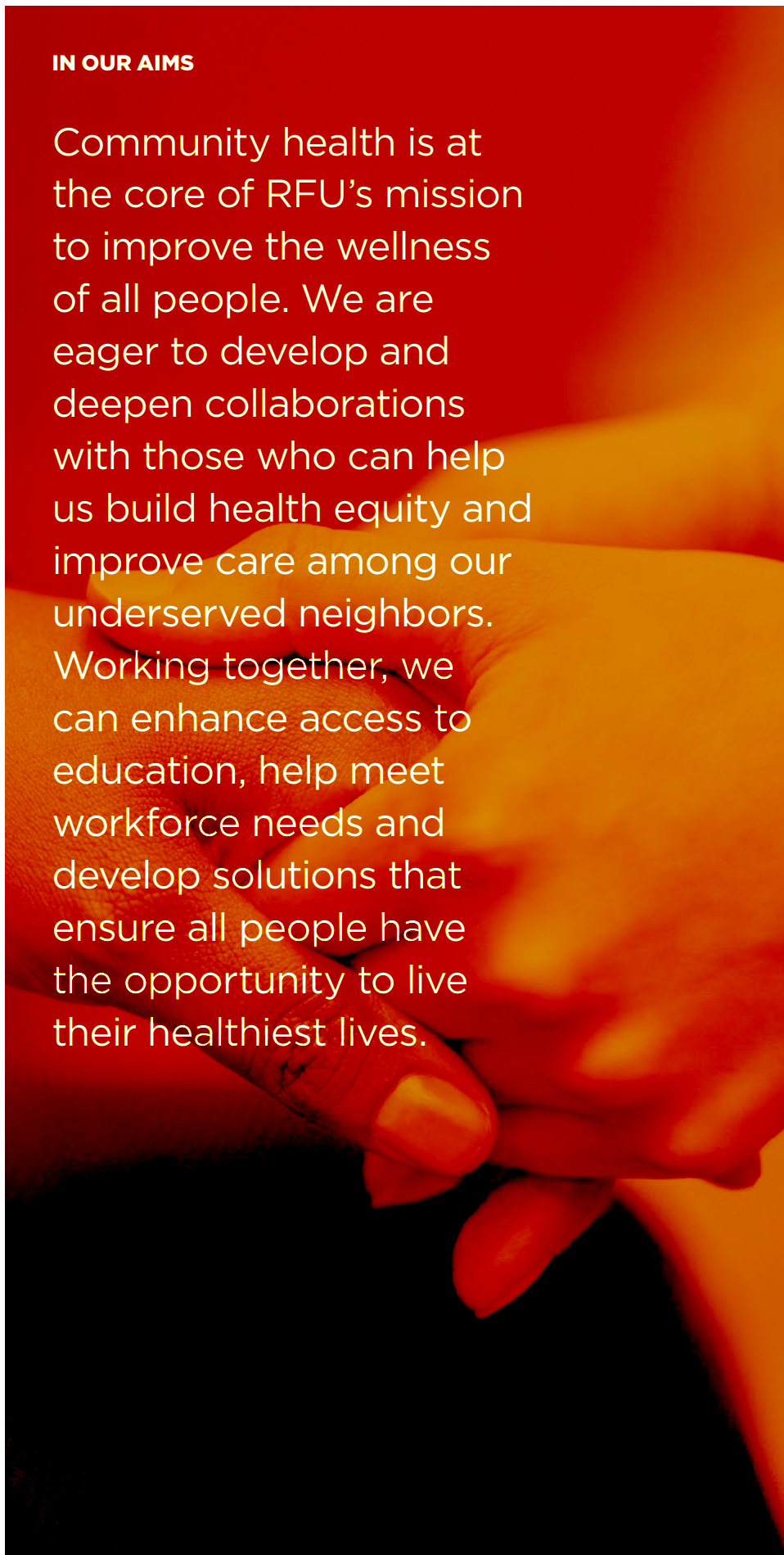
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## IN OUR AIMS

Community health is at the core of RFU's mission to improve the wellness of all people. We are eager to develop and deepen collaborations with those who can help us build health equity and improve care among our underserved neighbors. Working together, we can enhance access to education, help meet workforce needs and develop solutions that ensure all people have the opportunity to live their healthiest lives.





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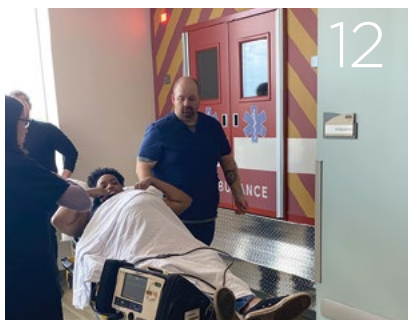
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For the first time in more than a century, Trinity College Dublin added new sculptures of historical figures — and one depicts Dr. Rosalind Franklin.

**Rosalind Franklin University enters 2024 with the knowledge that the trust we build can help create positive change in the communities we serve.**

Health care is changing every day, powered by AI and the pairing of data with digital solutions. RFU's mission to improve the wellness of all people through innovative, interprofessional education (IPE) of health and biomedical professionals places us at the nexus of that change. By fulfilling our mission through trusted partnerships, we can help usher in a future of sustained health and well-being.

RFU is preparing future professionals who will thrive in dynamic learning and care environments; clinicians who will work in teams to design innovative approaches to patient-centered care; and biomedical researchers who will collaborate across disciplines to discover new ways to improve health and longevity. Our graduates are in demand.

Employment in healthcare occupations is projected to grow much faster than the average for all occupations through 2032. New kinds of jobs are being created — in telehealth, precision medicine, epigenetics and many other fields. Innovations in care delivery are already improving the experience of care for both patients and providers.

The convergence of health care and technology and the urgent need for more equitable models of care call for new ways of teaching, learning, engaging and practicing. We are committed to working in partnership to enhance our academic environment and meet the evolving needs of our students, our communities and the future of care.

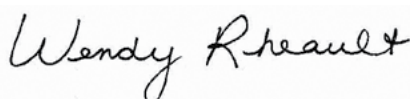
Our College of Nursing is just one example of how collaborative effort is helping to meet the needs of our clinical partners, our communities, and our prospective and current students. Our Nursing Education to Workforce (NEW) Pathway guides students underrepresented in the profession along an educational journey to nursing careers in the Lake County region. The future nurses we're educating today will help build health, financial security and prosperity for themselves, their families and communities.

Lake County Health Department Executive Director Mark Pfister says that "The number one thing that will make our community healthy is education." He recently visited campus to speak with students in our Foundations for Interprofessional Practice course, which is using RFU faculty-developed video simulations to teach IP teams of students how to take the social determinants of health into account in preparing patient treatment plans.

This issue of *Helix* highlights other RFU educational innovations aimed at providing impactful clinical and research experiences. Our Michael Reese Research and Education Foundation Center for Health Equity Research (CHER) is connecting students to community-engaged research projects aimed at building health equity in our region. Our student-driven Interprofessional Community Clinic (ICC) is providing access to specialty services for uninsured patients — made possible through the compassionate care and support of clinical, faculty and philanthropic partners.

Change is a constant in health care — and for RFU. We have learned over the past 112 years that — guided by mutual trust and shared values — we can create the kind of change that transforms care and improves lives.

Wishing you the best of health. ✕



Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM  
President and CEO



## EDITOR'S NOTE

**If you have children, you remember the questions:  
Boy or a girl? What names have you picked out?  
What's the due date?**

You might also recall this one: What hospital? Some are fortunate to have that answer and prepare for it. Brenda Reyes, RN, CLC, can testify that not everyone has that advantage.

Speaking last fall at an RFU symposium on maternal mortality, Ms. Reyes, who serves as vice president for the Chicago-based birth-equity agency HealthConnect One, recalled conversations with expectant mothers who in some cases were in their ninth month.

"When I would ask the question to a lot of them — beautiful Black women with their bellies — 'So where are you gonna deliver?' Do you know what a lot of the women would share? 'I don't know,'" she said, adding that in too many cases, "women are scared to go to the hospital to give birth."

"There's data that says that Indigenous women, Latino women, Black women experience racism at the hospitals where we're supposed to bring our babies into this world. Nobody should have fear. People should be making informed decisions for themselves."

Ms. Reyes was among the symposium participants using personal accounts to illustrate elevated maternal mortality rates among women of color in the United States. Numbers can inform us about such a crisis, but on-the-ground stories take us that extra mile. Lakshmi Emory, MD, MPH, shared a tale from her perspective as a Black physician having a baby.

"Nineteen years ago, I gave birth, and even though I was a physician, I felt that I experienced racism during my delivery," Dr. Emory said. "I wasn't listened to, even though I was a doctor. It just brought to the fore that 'what do people do who aren't doctors? Who's advocating for them?'"

These are the lived-in realities we try to deliver to readers of *Helix*. In this issue, you won't just see the metrics associated with COVID-19 — you'll hear from an epidemiologist who came out of retirement to fight it. You won't just learn about a full-ride Chicago Medical School scholarship — you'll walk a recipient's journey from Cameroon to RFU.

These accounts circle back to an approach that Ms. Reyes points to when asked to name one factor that might address heightened maternal mortality rates: hearing women when they tell their stories — "because they're the experts." More than 2,000 years after Julius Caesar coined the phrase, experience is still the teacher of all things. x

*Dan Moran is the communications director with RFU's Division of Marketing and Brand Management.*



### Got ideas or feedback for *Helix* magazine?

Thoughts for upcoming issues? A resource to share with the research and education community? We want to hear about it!

We'll be highlighting opinions and announcements from RFU alumni, students, faculty and our community in a special section of each issue.

Send messages directly to our editors at [helix.letters@rosalindfranklin.edu](mailto:helix.letters@rosalindfranklin.edu).

**Before the next *Helix* issue arrives, you can find RFU news on the following social media platforms. Be sure to tag us if you make a comment relating to RFU!**  
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CONNECT

# JOB FOR LIFE

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**Bradley Hersh, MD '80,<sup>1</sup> MPH, FACP, has spent more than 30 years traveling the globe as an epidemiologist for the CDC and then as a senior advisor for WHO/UNAIDS. He currently serves as CDC's Liaison Officer to WHO-Geneva. Dr. Hersh visited campus last fall to deliver a Grand Rounds lecture.<sup>2</sup> He shared key demographic indicators that show poor health status among large swaths of the U.S. population continues to pose a serious risk of morbidity and mortality from COVID-19 and other emerging infectious diseases.<sup>3</sup>**

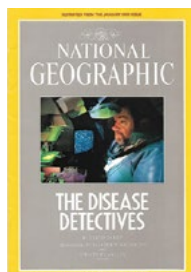




By Judy Masterson

Photos by Doug McGoldrick





Above: Dr. Hersh was serving as an officer with the CDC's Epidemic Intelligence Service (EIS) when he was featured in "Disease Detectives" in the January 1991 issue of *National Geographic*; Dr. Hersh investigates a 1988 measles outbreak among vaccinated college students in Durango, Colorado, work that led to a required second dose of the measles-mumps-rubella vaccine. [Photo: Dr. Matthew Naythons/*National Geographic*, January 1991]

At right, from top: Chicago Medical School was housed inside the 11-story Institute of Medical Research, 2020 W. Ogden Ave. in Chicago, from 1968–1980. CMS built the institute in 1961; Dr. Hersh delivers his Grand Rounds lecture in RFU's Centennial Room; a slide from his presentation.

## **Helix: You abandoned semi-retirement in 2020 to jump into the COVID response. Why?**

**Dr. Hersh:** I had to be a part of the global pandemic response. I retired from WHO in 2017, but I kept busy consulting for Gavi, a global vaccine alliance, the Global Fund and WHO. I was on a couple of boards. I cared for patients several months a year in Chicago — my hometown. I was a volunteer attending at Rush University and through Cook County Health at the CORE Center<sup>4</sup> providing HIV care and treatment. But when COVID hit, my post-retirement plans changed abruptly. Gavi and WHO put me to work on COVAX, a global initiative to develop a COVID-19 vaccine. I was really in my element. I had previously done a lot of work on measles and polio vaccines. I understood the epidemiology of respiratory viruses, but I really didn't understand this virus. I found that very challenging.

## **You've called your latest role as CDC liaison officer to WHO the job of your life. A national kerfuffle helped put you in line<sup>5</sup> for it, right?**

In May 2020, looking for a pandemic scapegoat, former President Trump announced his intention to pull the U.S. out of WHO and had suspended funding. It was a big deal politically. But I have a foot on both sides — like a lot of people who are assigned by CDC to work at WHO — and I saw that at the technical level, there was never a disconnect. The trust was never lost. But both agencies wanted to make sure the communication stayed strong. In many ways, my job is to be a connector. I try to connect the right people at the CDC with the right people at WHO, to ensure strong collaboration and communication at the middle level — the people leading the technical responses to health emergencies.

Yes, it's been the best job I've ever had. The most satisfying part of the job is helping to develop the next generation of public health workers — young epidemiologists and public health advisors who are the backbone of CDC and WHO. They're in the field, collecting, analyzing and interpreting data. Explaining the data. Without epidemiological and clinical data, we're flying blind. About 20 junior people at WHO do a big proportion of the work in health emergencies. I really enjoy working with them, collaborating with them, learning from them.



<sup>1</sup> **Dr. Hersh attended CMS** when its home was an 11-story building located at 2020 W. Ogden Ave. in Chicago, bordering the Illinois Medical District. Cook County Hospital, where he spent his residency, was across the street.

<sup>2</sup> **"Lessons Learned from the COVID-19 Pandemic,"** on Sept. 26, 2023.



May 29, 2020  
The New York Times

### **Blaming China for Pandemic, Trump Says U.S. Will Leave the W.H.O.**

America's decades-long relationship with the organization has been instrumental in improving health around the world.

<sup>3</sup> **This interview has been edited and condensed for clarity.** It includes comments and information from Dr. Hersh's Grand Rounds lecture and from two conversations, including one on Oct. 4 via Zoom from Dr. Hersh's office at WHO headquarters in Geneva.

<sup>4</sup> **The Ruth M. Rothstein CORE Center, a dedicated HIV-AIDS outpatient treatment center,** is named in honor of a former RFU Board of Trustees chair and Chicago healthcare executive.



<sup>5</sup> Dr. Hersh's knowledge of both agencies, his extensive relationships in the field and his semi-fluency in both French and Spanish also made him a strong candidate for liaison officer.



<sup>6</sup> Dr. Hersh has enjoyed working relationships with top public health leaders across the nation and globe, including Anthony Fauci, MD, former director of the National Institute of Allergy and Infectious Diseases; Deborah Birk, MD, former White House Coronavirus Response Coordinator; Rochelle Walensky, MD, MPH, former director of the CDC; and WHO leadership including Director-General Tedros Adhanom Ghebreyesus, PhD, Mike Ryan, MPH, MB, BCh, director of WHO's Health Emergencies Programme, and Maria Van Kerkhove, PhD, COVID-19 Technical Lead.

## How would you characterize the relationship between the CDC and WHO?

The collaboration between CDC and WHO is definitely stronger than it was three years ago, and I've had a small role in making that happen. CDC is much more closely engaged with WHO headquarters and its six regional offices in Africa, the Americas, Europe, the Eastern Mediterranean, South and East Asia and the Western Pacific regions. The collaboration between CDC and WHO cannot only be tactical and on an ad hoc basis. It needs to be a long-term strategic partnership. We're working together, sharing a long-term vision and developing common goals and activities. We've increased our strategic collaboration in global public health. That includes disease surveillance, epidemiology, clinical care, vaccinology, virology and laboratory diagnostics. CDC and WHO are both working with many partners in global health, including UNICEF, Gavi, the Gates Foundation, USAID, Médecins Sans Frontières (Doctors Without Borders) and WHO's 194 member states. Our work is based on trust, communication and collaboration — not competition.

My hat is off to the leadership at WHO and CDC. I know these people.<sup>6</sup> These people are my heroes. They've done a great job guiding the world with limited information. I must say, in the last four years, they're all looking a lot older.

## What's our state of preparedness for the next outbreak, compared to 2019?

The world was not ready for SARS-CoV-2 — neither was CDC or WHO. This was a virus we didn't have experience with. There was a lot we didn't know. The response was imperfect, but we learned as we went along, including that public health communication is really important. Eventually, WHO built a global response based on data, evidence and experience. The CDC did the same, but it got very politicized. So we've learned from past battles — measles, polio, HIV, SARS, Zika. I think the world now is much better prepared than we were four years ago. Are we totally prepared? No. There's still much work to be done for timely outbreak detection and response. But the next pandemic is coming. What's it going to be? I don't know. Influenza is a possibility or it could be a new coronavirus or "disease X." New CDC Director Dr. Mandy Cohen is making a big push to improve communication around respiratory viruses and to improve the uptake of vaccines, with a more targeted focus on most-at-risk populations — people over 60 and those with obesity and other comorbidities.



**"Our work is based on trust, communication and collaboration — not competition."**

At left, from top: Dr. Hersh in Burundi around 1990 with Dr. Jean Claude Bizimana, then-immunization director for the country in east-central Africa; Dr. Hersh in Romania in 1990, responding to a pediatric HIV epidemic. Above: WHO headquarters in Geneva, Switzerland.





**You emphasize host vulnerability as a major factor in more than one million COVID deaths among Americans, which you call “the ignominious impact of SARS-CoV-2 in the USA.”**

Compared to other wealthy countries, the overall health status of the U.S. population is poor. One of every 300 Americans died of COVID. Although the median age of the U.S. population is younger than most other rich countries, we did very poorly compared to the rest of the world, in part because of our high rates of obesity and associated comorbidities.<sup>7</sup> COVID poses the greatest threat to the most vulnerable. Across the nation, ethnic minorities had a significantly increased risk of dying. The South had the highest overall COVID-19 mortality rate, the highest obesity rate and lowest vaccination rate. Health outcomes are not random. There are certain risk factors that need to be better defined, that increase the host’s vulnerability for severe disease and death. We’re spending a lot more money<sup>8</sup> on health care than most other countries, and we’re getting terrible health outcomes. That’s not sustainable. But the problem is also how health care is delivered. We have a two-tiered system. The rich get very good care in the private sector, while the poor often get a lower standard of care with long wait times in the public sector. We need serious technical and political analyses and discussions about how to fix it.

<sup>7</sup> **Seventy-six percent of total COVID deaths in the U.S. were among people over 65.**

<sup>8</sup> **Health spending accounts for 18.6% of U.S. GDP.** That’s \$4.3 trillion per year, or \$12,900 per person.



<sup>9</sup> **Dr. Hersh opened his Grand Rounds lecture by saying, “I think you all are expecting a lecture today, but this is actually a psychotherapy session — for me.**

I’m the patient.” He was asked about the mental health impacts of the pandemic, an issue that, he said, is being discussed at CDC and WHO at the highest levels. “We can measure mortality relatively easily,” he said. “But mental health takes a much more subtle, nuanced approach.” He also cited “suboptimal treatment availability” as a major concern.



**You lost a colleague and longtime friend to COVID in the early days of SARS-CoV-2.<sup>9</sup> Other losses and frustrations have accrued.<sup>10</sup>**

The pandemic had a major effect on my mental health. I’ve found the past four years, like many others, to be very challenging. I’ve talked to a couple of my friends who work in New York — ER and ICU doctors — who say COVID was one of the most stressful times of their professional careers.

Dr. Clifford Kamara was from Sierra Leone. We met in 1994 when I worked at the Pan American Health Organization in Washington, D.C. He was at the World Bank. We remained close friends for 30 years. We worked together during the Ebola outbreak in West Africa in 2014. Later, we worked together on a committee for Gavi. He was the chairperson. Our last meeting was in March of 2020, just as things were getting bad. It was a virtual meeting because people couldn’t travel. Switzerland was locked down and closed to international travelers. He had to end the meeting early to tend to his brother, who had just returned from Italy and was diagnosed with pneumonia. A week later, Clifford announced that his brother had died. Two weeks later, Clifford was dead — also from “pneumonia,” presumably from SARS-CoV-2. This is where things really hit me. Clifford was over 70, but probably one of the healthiest people I knew — a great athlete and a great public health leader. I was having a hard time mentally during this time. I lost a friend. I saw an epidemic, which I didn’t understand, but was working hard to understand, and I see it spinning out of control. We didn’t have a vaccine. We didn’t have really good control strategies other than locking down.



Above: Dr. Clifford Kamara, a longtime friend of Dr. Hersh, dedicated his life to improving health and health systems in his native Sierra Leone and around the world. At right, from top: Dr. Hersh with RFU President and CEO Dr. Wendy Rheault and Chicago Medical School Dean Dr. Archana Chatterjee; with a student participant during his talk to the Global Health Interest Group.





<sup>10</sup> Dr. Hersh saw some of the nation's earliest cases of HIV/AIDS as an intern at Cook County Hospital in the early 1980s.

He recalls treating six patients at the same time, all with advanced HIV, all on ventilators. All died. He recalls "great solidarity" between interns and residents, one of whom, Stuart Kiken, MD, a friend and mentor, now serves as CMS associate professor and education director for Internal Medicine. While studying for his MPH at the newly formed UIC, Dr. Hersh worked in the Cook County Hospital ER, where he undertook a project that revealed, through data collected from thousands of patient records over a one-month period, that the hospital was, in effect, the city's busiest STI (sexually transmitted infections) clinic. The CDC took note of the research and provided a grant to the hospital for STI services. It also assigned two public health advisors and funded a laboratory. Dr. Hersh was invited to apply to the Epidemic Intelligence Service.

<sup>11</sup> RFU offers both a master of science in population health and a certificate in population health strategies to prepare future leaders who will collaborate to transform systems of care.



Left: Dr. Hersh with members of the Global Health Interest Group, from left, second-year medical students Brittany Wilson-Misfud, vice president; Vincent Loyal, M2 representative and volunteer coordinator; Sophia Galluccio, treasurer; Liz Croce, events and outreach coordinator; and Tommi Tsao, secretary.

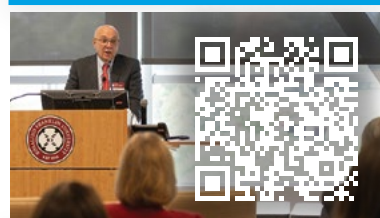
### You're a proponent of the population health approach to health care. How would that help us both prevent and better prepare for disease outbreaks?

Population health<sup>11</sup> uses public-health tools to help improve clinical healthcare outcomes. It can help us do a better job of disease prevention, of reducing impact of chronic diseases and improving vaccine coverage. If we want to decrease vulnerability, improve our preparedness and response for the next pandemic, we need to better understand the social determinants of health, which include economics, education, housing, environment, transportation, diet, intentional injuries, opioids and chronic alcohol use. We clearly need a multi-sector approach.

Given the current status of health in the U.S., we have a lot of work to do. And there's no quick fix. We need to look at healthcare equity and access, systems and financing, quality, safety, and leadership and management issues. We need the entire healthcare team to work together to improve community health. To become the healthcare leaders of the future, RFU graduates need to understand our healthcare system, what's working, what's not working and how to practice interprofessionally as healthcare teams using a population health approach. ✕

*Judy Masterson is a staff writer with RFU's Division of Marketing and Brand Management.*

**"To become the healthcare leaders of the future, RFU graduates need to understand our healthcare system, what's working, what's not working and how to practice interprofessionally as healthcare teams using a population health approach."**



### "Lessons Learned from the COVID-19 Pandemic"

View the YouTube version of Dr. Hersh's presentation: **Chicago Medical School Special Grand Rounds, Sept. 26, 2023**

**Funded by the inaugural Elizabeth Shafernich Coulson Award for Innovation in Teaching and Learning, the latest installment in the “Meeting the Sodos” series of simulated patient encounters was filmed in July 2023 at RFU’s Center for Advanced Simulation in Healthcare at the Northwestern Medicine Huntley Hospital.**

A professional film crew was hired. Actors included faculty members representing nursing, physician assistant practice, allopathic medicine, podiatric medicine, physical therapy and pharmacy. Numerous other faculty and staff served as behind-the-scenes consultants on the case-based scenarios, which were written by Dr. Robin Dyer, Ms. Tamzin Batteson and Dr. Sarah Garber.

“Our clinical faculty sat down with our very talented standardized patients with a case description and story board,” Dr. Dyer said. “Then they just interacted. It was very in-the-moment and very real. People were crying on set. It was so powerful.”

# MEETING THE SODOS

By Judy Masterson

Photos by Robin Dyer, MD, OTR, and Lawrence Wood, MEd, CHSOS



**Daniel and Simone Sodo are struggling. The couple have two young children and are expecting a third. Simone, with a history of uncontrolled high blood pressure, develops life-threatening preeclampsia. Daniel, a veteran of the Afghanistan War, is experiencing phantom limb pain after a combat-related foot amputation. Diagnosed with PTSD, he has developed an opioid dependency.**

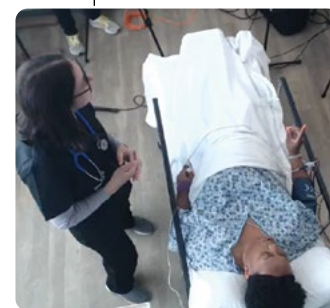
The underinsured Sodos have a hard time accessing health care despite their compelling need. They live in rural Ohio, 90 minutes from the closest hospital. Gas is expensive. Their old car is unreliable. They can't afford child care, so they work different shifts at hourly jobs — Simone is a server at a busy restaurant. The couple is clearly tired and stressed as they meet separately with their various care providers and finally together in a patient care conference.

The Sodos and the challenges they face are representative of millions in the U.S. who don't get the healthcare services they need. The couple are patient actors in the latest "Meeting the Sodos" series of video simulations under development since 2016 by Tamzin Batteson, BSc, interprofessional research specialist; Sarah S. Garber, PhD, College of Pharmacy, director of Interprofessional Studies; and Lori Thuente, PhD, RN, College of Nursing, founding chair for the Master of Science in Nursing for Entry into Nursing Practice program. The latest simulations are designed to reflect the social determinants of health (SDH) that affect residents of communities served by RFU and to emphasize diagnosis and care within an SDH perspective.

RFU first-year clinical students, all of whom take the Foundations for Interprofessional Practice course, have learned from the simulated experience of extended Sodo family members, including Sam, Daniel's brother, who is in an abusive relationship and whose same-sex partner has HIV; and Jack, Daniel's father, a widower who lives in a food desert and cuts his diabetes and blood pressure pills in half to save on the cost.

"We want our students to think about other issues that might be impacting their patients," said Ms. Batteson. "If a patient isn't taking their meds properly, maybe they can't afford them. Let's try and find a different way. That kind of thinking can change health care."

"In our latest videos, you can see how Simone is trying to juggle her family's needs during a complicated pregnancy and, as we follow her case, the detrimental effects of not getting adequate care," said Robin Dyer, MD, OTR, assistant professor of interprofessional education and clinical simulation. "The case puts a face and brings humanity to struggles with depression, anxiety, substance use disorder and poverty."



Opposite page: Amy Pabst, MD, MHPE, CHSE, with patient actor Akilah Terry, who portrays Simone Sodo. Right, from top: Meredith "Misty" Fils, MS, PA-C, and Lawrence Wood, MEd, CHSOS, tend to their patient in the ambulance bay at RFU's Center for Advanced Simulation in Healthcare at the Northwestern Medicine Huntley Hospital; Lauren Schnack, DPM, MS, AACFAS, FACPM, with patient actor Mark Lancaster, who portrays Daniel Sodo; Ms. Fils and Ms. Terry acting a scene.

**"We need collaboration, we need value-based care and we need holistic treatment to improve patient outcomes."**

"In the final video, Daniel and Simone sit down together with their IP team," said Dr. Garber. "They are finally able to access the care they need. We need collaboration, we need value-based care and we need holistic treatment to improve patient outcomes."

The realistic IP simulations create an accessible way to convey those messages while achieving competencies and objectives. The simulations can also help fill curricular gaps. Simone Sodo's character, for instance, targets specific ethnic disparities in obstetric and gynecologic health outcomes and severe maternal morbidity for BIPOC women in rural communities.

The goal is to build a library of virtual simulations that include learning assessments and can be deployed across programs and institutions. RFU collaborates with the University of New England to test and implement the interprofessional education modules that encompass the videos. The team recently presented a paper on the latest simulation and its efficacy as a tool of IPE to the Jefferson Center for Interprofessional Practice and Education.

"We're helping our students understand that the patient is the most important person on the interprofessional healthcare team," Dr. Dyer said. "That's becoming more important as value-based care takes hold." ✕



**See the Patient Care Conference with Daniel and Simone Sodo.**

**One day last summer, an incoming Chicago Medical School student joined a Zoom call that, unknown to him at the time, would significantly advance his ongoing journey from Cameroon to the medical profession.**

Shot No. 001



Description: CMS Dean, Dr. Chatterjee speaks with Charles Bieleu Nkamga

Audio: I'm calling you to congratulate you on your acceptance to CMS...

Shot No. 002



Description: Charles Bieleu Nkamga reacts

Audio: ...to show how much we believe in you, the scholarship committee...

Shot No. 003



Description: Charles Bieleu Nkamga reacts

Audio: ...has chosen you to receive the Berger Scholarship...

Shot No. 004



Description: Charles Bieleu Nkamga reacts

Audio: This is a four year scholarship including a living stipend...

Shot No. 005



Description: Charles Bieleu Nkamga reacts

Audio: I didn't expect it... thank you and the school...

Shot No. 006



Description: Dr. Chatterjee

Audio: You are eminently deserving of this scholarship...



**Charles Bieleu Nkamga, CMS '27**, is quick to say he knew his trajectory in medicine would take an “untraditional path.”

He’s also unwavering in describing how the support of mentors and early influencers in his life helped him navigate his path through hard work.

According to Mr. Bieleu Nkamga, enrolling in Chicago Medical School “changed my whole life,” from educational opportunities to financial wellness. Shortly after matriculating in spring 2023, Mr. Bieleu Nkamga was invited to an unexpected Zoom meeting with CMS Dean Archana Chatterjee, MD, PhD — who told him that he had earned the Sheldon H. Berger, MD, Scholarship, a four-year, full tuition scholarship with a stipend for living expenses.

# DISCOVERING CHICAGO MEDICAL SCHOOL: ‘IT CHANGED MY WHOLE LIFE’

By Amy Knutson Strack

He talks about the award humbly, still in quiet amazement how it changed his outlook as a first-year medical student in a positive way.

“I’ll be honest with you — I never thought, if you look at my whole life, the way things happened ... I didn’t expect it.”

He also understands what the Berger Scholarship means for his future, bringing financial support to a lifelong dream to become a doctor.

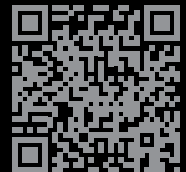
## FAMILY LINEAGE

When Mr. Bieleu Nkamga was a young child growing up in Cameroon before moving to Maryland, his family shared stories about his paternal grandparents serving their community in health care.

His grandfather and grandmother — a doctor and midwife team — were legendary among neighbors, where healing and medicine went hand-in-hand. Together, they brought resources to the community as they tended to an array of healthcare needs.

“(My grandfather) was really involved in his community, and it was really inspiring to have this in our lineage. Growing up, I was like, ‘I want to be like him,’” Mr. Bieleu Nkamga said. “My father, my uncles, my aunts (would tell his stories) and about my grandma, too — she was really influential. She was one of the first ladies in the neighborhood to be driving.”

An awareness of healthcare resources, folklore and who can afford medicine in Cameroon was also apparent to Mr. Bieleu Nkamga at a young age.



**See the moment  
when Charles**  
receives the news  
that he is the  
recipient of the  
Berger Scholarship.



Description: On August 11, 2023, Charles receives his CMS white coat.

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When he was 12, a friend became very ill, possibly from something poisonous. By the time the young friend reached care at a hospital, it was too late, and he died. Mr. Bieleu Nkamga remembers going to the morgue with his friend's mother and hearing her cries.

"You don't forget those things," Mr. Bieleu Nkamga said. "That was the first friend I saw pass away. I thought, 'If there were more doctors or hospitals, maybe he would still be alive.' So those kinds of things really inspired me to go into medicine. I have always wanted to be a resource."

These early stories significantly influenced Mr. Bieleu Nkamga to aim for future goals, even when barriers quickly presented themselves.

### ONE GOAL, MANY PATHS

As a teenager, Mr. Bieleu Nkamga moved to Maryland with his tightly knit family: his parents, two sisters and two brothers. He counts his immediate family as his first mentors, offering strong emotional support and good advice. As the second-youngest in the family, Mr. Bieleu Nkamga recalls them telling him to be open-minded and to always "keep trying."

With French as his first language, he was required to focus on English as a Second Language courses in high school. Despite his interest in science, he was required to take ESL classes. He recalls this transition as challenging.

"It was very difficult, both socially and academically, because you don't speak the language," said Mr. Bieleu Nkamga.

By the time he graduated from high school and reached Montgomery County Community College in Rockland, Maryland, he hadn't taken the math and science prerequisites typically learned in high school. He felt behind, but he worked assiduously, eventually transferring and graduating from the University of Maryland, Baltimore County in Catonsville, Maryland.

After college, he determined he wasn't quite ready for medical school, and to help his family, he took a job as a manufacturing operator in a lab at a biopharmaceutical company.

Still, he held on to his dream.

### LOCKDOWN, BREAKTHROUGHS

In March 2020, when the U.S. went on lockdown because of the COVID-19 pandemic, Mr. Bieleu Nkamga's employer, a biosciences company, sent him home, too. While people learned Zoom virtual platforms and discovered hobbies, he broke out every MCAT book he owned and studied. Over and over. Cover to cover. He also applied to a post-baccalaureate program at Dominican University in River Forest, Illinois.

"By the time my managers told me to come back, I had gone through all of my MCAT textbooks, and I had even had my admissions to Dominican's post-bacc program.

"It was great. Don't get me wrong — in biopharma, I worked with some of the coolest pieces of equipment and the best ultrafiltration and amazing tanks, but it wasn't scratching the itch. I had to pursue medicine. It was OK for me at the time, but I wasn't happy."

He had set aside some money to pay for the program, and decided that by August, he would set off for Illinois.



## ILLINOIS BOUND, NEW FRIENDS

When Mr. Bieleu Nkamga left Maryland for Illinois to attend Dominican University, he only knew it was another new place — near the City of Chicago.

Just two days before the trip, he admits he started to panic and made a list of excuses not to go. His sisters reassured him, urging him to make the trip.

That day, his eldest sister also gave Mr. Bieleu Nkamga a name of a longtime friend in Illinois who was willing to help him, and he lived just 20 minutes away from Dominican. She unknowingly gave him the name of Mr. Bieleu Nkamga's next mentor.

"I just got in my car, and I drove 12 hours from Maryland to a family friend I barely knew because I was pursuing medicine. I didn't want to be 50 and regret not going after it. I gambled. If it didn't work out, I was going to figure something else out."

The sister's friend, a young man with a young family, gave him housing, ensured he had meals and took that weight of finding a long-term place to stay off of his shoulders.

"(They) created space for me. I think I would have run out of money if I had to find my own place or cook my own food," Mr. Bieleu Nkamga said. "For me, he was the key for me to finish at Dominican University. So I would come home to meals and a place to stay. I'm so thankful. So appreciative."

Mr. Bieleu Nkamga attributes this support and his maturity to doing really well in the program, achieving a 4.0 GPA. By shadowing surgeons and participating in preceptorships at Chicago-area hospitals, Mr. Bieleu Nkamga solidified his goal and next steps.

## DISCOVERING RFU

**"RFU is really invested in seeing all of the people succeed. You can see the efforts that RFU puts in, and I can feel the support."**

He learned about RFU's Pre-Matriculation Program (PMP) while at Dominican. He applied and completed the one-year track, subsequently applying to allopathic and osteopathic schools, but his goal was to attend Chicago Medical School, where he already felt a sense of belonging.

"It's very inviting," said Mr. Bieleu Nkamga. "The PMP program with housing on campus and a stipend — those things really help, and (CMS) wants you to succeed. People talk to you with advice, people get to know you."

"Rosalind Franklin is an amazing school. I think of my whole education, I've never seen any of the schools I went to that were like it," said Mr. Bieleu Nkamga. "RFU is really invested in seeing all of the people succeed. You can see the efforts that RFU puts in, and I can feel the support."

Recalling when he received the Berger Scholarship, he said "what a moment."

"The same year I got into medical school, I got a full-ride scholarship," Mr. Bieleu Nkamga said. "It helps my whole outlook on life — gives me extra motivation and a positive sense of purpose. I have no excuse but to give it everything I have. Somebody cared enough for me to have this."

His family traveled to celebrate the CMS White Coat Ceremony with him in August, and so did family members from River Forest who helped him when he came to Illinois.

Mr. Bieleu Nkamga admits it is too soon to declare a specialty, but he's interested in practicing in the U.S. and bringing resources to Cameroon.

"I'm from both places," said Mr. Bieleu Nkamga. "I love Maryland. I'm thinking of having a clinic or something in Cameroon to pay homage, because it is what inspired me." ✕

*Amy Knutson Strack is director of advancement communications in the Office of Institutional Advancement.*



**The Sheldon  
H. Berger, MD,  
Scholarship**

**4 years  
of tuition**  
plus a  
**cost-of-living  
stipend**

Recipients are  
selected by the dean  
with the advice of  
the Scholarship  
Committee.

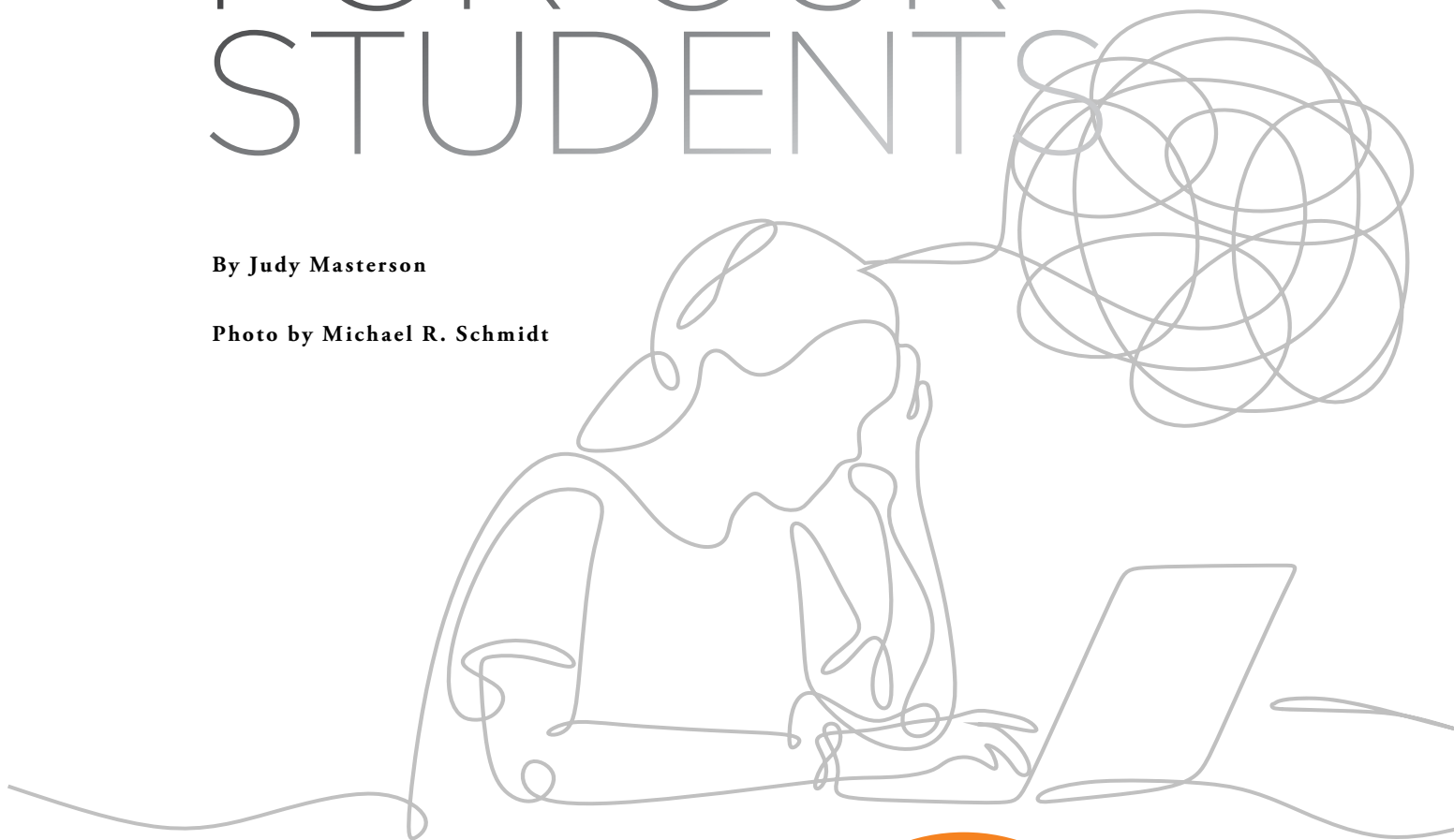
## EDITOR'S NOTE

Dr. Julie Waites passed away unexpectedly in December 2023. The following conversation, which was planned for this edition of *Helix* and appears with the approval of her family, reflects her legacy of service to the RFU community and her deep commitment to mental health and personalized care.

# CARING FOR OUR STUDENTS

By Judy Masterson

Photo by Michael R. Schmidt



**Julie Atkins Waites, PsyD, a licensed clinical psychologist, director of RFU's Student Counseling Service (SCS) and associate director of the Student Health and Wellness Center, called the increased focus and conversation around mental health "a wonderful thing."**





**Helix:** The U.S. Surgeon General has called mental health “the defining public health crisis of our time.” That’s reflected among students in higher education, who are experiencing “all-time high rates” of depression, anxiety and suicidality, according to the latest Healthy Minds Study/Student Survey. The study also showed that students are seeking and receiving more help than in the past.

**Dr. Waites:** I take a dichotomous position regarding this topic. Is it a crisis? Yes, absolutely. But let’s stop and think about our history and how we previously conceptualized mental health. It was very stigmatized, not spoken about and kept to oneself, or within one’s very close circles of community. I think that the conversation has shifted where now we’re talking openly. We’re destigmatizing. We’re also getting more information and a clearer picture of all the dynamic aspects involved in individuals’ mental health.

### **What’s the role of our physical and social environment in mental health?**

Today’s youth are looking into the future, and they’re seeing circumstances that are very threatening on an existential level. A planet that’s in duress. Political and national landscapes that are divisive. Violence at home and abroad. Youth have grown up in a culture where we know about tragedies happening all across the world in real time. Youth are also feeling lonelier in the age of social media as we connect to devices rather than people. These are examples of physical and social environments which are contrary to what is needed for good mental health.

### **Can you expand on how counselors may personalize care?**

Big picture, we recommend a personalized plan of care for each student accessing our service based on their unique symptoms, needs and goals. During treatment, we teach new skills personalized to each student’s specific needs and address patterns of behavior. We want to facilitate self-reflection and increase self-monitoring for healthier ways of behaving. Treatment has to be personal to be effective.

**“Treatment has to be personal to be effective.”**

### **How do we help our students deal with stress and adversity? How are we focusing on prevention?**

At RFU, we collaborate across the Division of Student Success and Wellness, as well as with other partners on campus to offer prevention programming to aid students in adjusting to graduate and medical education. This starts at orientation and continues throughout the time that they’re here. We offer psychoeducational programming on a variety of mental health-related topics both regularly and when critical incidents arise. One recent and very well-attended program was “Executive Functioning: Tips and Tricks to Survive Graduate School.” Simply offering mental health counseling at RFU is an important aspect of prevention and aiding students at times of personal stress and adversity.

**There's been a movement to reframe mental health away from avoidance of certain emotions and toward management of stress and inevitable feelings of disappointment and sadness. Thoughts?**

That's a topic that really speaks to me. I identify as a relationally-focused clinician. I use a lot of emotion-focused treatments in my work. A big tenet of that approach is normalizing emotions. It's about having a more accepting and less judgmental, less stigmatized view of all of our human experiences and using tools to manage and understand them with less tension and shame.

**How is RFU balancing the increased demand for mental health services with the limited capacity of its student counseling service?**

At SCS, we have a very clear scope of service and operate within this. We see our role as aiding students in getting the right care for their specific, unique needs and goals. We consider personalized care to be the best and most effective approach. And that's all part of a relationship that's trusting. Our students can be confident that the clinicians they see at RFU are really attuned to our scope — what we can safely provide and when we need to seek other care options. That goes to creating more trusted clinical partnerships to offer personalized care. That's a challenge, because Lake County is lacking in mental health resources, as is the case now in many places. There's real opportunity for those who want to support an area of medicine that has traditionally been undersupported and underfunded.

**Digital mental health technology is helping to expand access to care, as millions of people turn to apps and doctors and patients begin to use prescription digital therapeutics. Do you see technology as an answer to the mental health workforce shortage?**

Sort of. Technology is allowing us greater access to licensed mental health professionals working within our jurisdiction. This is important to folks especially in areas that are under-resourced for mental health care. However, technology is not addressing all the concerns. Some individuals are not suitable candidates to receive care via technology for a variety of reasons. Additionally, I believe important aspects of personalized care are lost over a screen, phone or app. Lastly, there are equity concerns with accessing technology.

**How do you see mental health at RFU and in higher education evolving?**

In university counseling, we are becoming a little bit like urgent care centers in that we are navigating urgent situations and preventative care. But we're less frequently addressing care needs for students in between these two positions. We're conceptualizing that mental health needs to belong to us

**"We're conceptualizing that mental health needs to belong to us all."**

all. We're conducting more mental health awareness training for faculty, staff and students. We are also doing a lot to help students get connected to resources — not necessarily just mental health resources like medication or a more specialized kind of therapy — but also to student groups on campus and other resources that can help meet their needs. In addition to clinical care, we're helping to create structures that

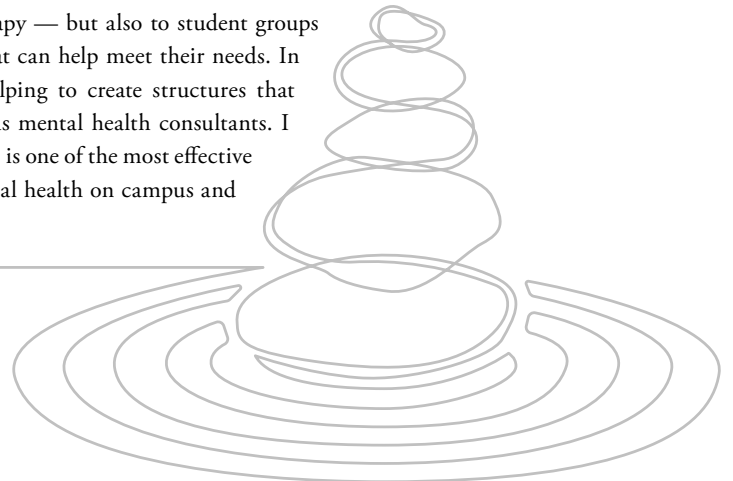
promote positive mental health and serving the campus as mental health consultants. I think having a comprehensive counseling center on campus is one of the most effective things a university can do in promoting the value of mental health on campus and retaining students throughout their time at university.

**How are you feeling about the future?**

I am feeling good. There's an increased focus on mental health — a conversation happening both nationally and at RFU — which is to me a wonderful thing. ✕



**If you or someone you know is experiencing a mental health crisis or emotional distress**, help is available 24/7 through the 988 Suicide and Crisis Lifeline by dialing or texting 988. Other resources include the American Foundation for Suicide Prevention (afsp.org).







BY AMY KNUTSON STRACK

**When Chicago Medical School (CMS) graduates share who made a meaningful difference in their lives, they invariably say "Dean Booden."**

## NEW SCHOLARSHIP PAYS HOMAGE TO DEAN BOODEN'S 'SPECIAL TALENT'

During his tenure from 1970–98, when he climbed the ranks from a fellow to dean, Dr. Booden advised students, interviewed candidates and opened opportunities for countless postgraduates. As a tribute, alumni established the Dean Emeritus Theodore "Ted" Booden, PhD, Endowed Opportunity Scholarship to honor his legacy.

"Dean Booden had a special talent to identify the future medical student who was a 'diamond in the rough,'" said Franklin D. Pratt, MD '81, MPHTM, FACEP. "He was decades ahead of his time to recognize the need for physicians with backgrounds as unique as their patients."

Ask Dr. Booden about how he had an affinity toward nurturing students, and he credits his upbringing and his mentors.

"Dad had a tough life, but he always would say, 'Whatever you do in life, be a good person,'" said Dr. Booden.

Early lessons shaped his approach to education, from a homeroom teacher recognizing his potential, to being coached in baseball, to professors offering connections. Dr. Booden remembers feeling encouraged because mentors helped him, "turned him loose" or said, "I will support you."

Dr. Booden joined CMS following completion of postdoctoral research at Stanford Medical School. Soon, students approached him to become an advisor, asking him to guide them through obstacles.

"If you're a good person, if you try hard, even when you stumble, you're going to make more right decisions than bad. You're going to be the kind of doctor that you should be," said Dr. Booden.

He also championed learning about candidates beyond scores.

"They had to be capable of communicating effectively and making you feel like, 'I could see myself being treated by that person,'" said Dr. Booden. "Success gets measured in a lot of different ways."

"Dean Booden was exceptional in that he made medical education personal for each student," said James Black, MD '88. "(Once) I met with Dean Booden to withdraw, and rather than signing off, he persuaded me to undertake three months of clinical rotations. His advice was excellent. I learned medicine is more than an academic pursuit: it is personal."

The scholarship reflects the gratitude of decades of students and will perpetually honor Dr. Booden's legacy, and it will continue the CMS tradition of giving opportunities to students seeking to become doctors.

"It truly is a humbling experience. My goal was to make something better," said Dr. Booden. "If I had to do it all over again, I'd live this life again." x

**"If you're a good person, if you try hard, even when you stumble, you're going to make more right decisions than bad. You're going to be the kind of doctor that you should be."**



### CONTINUE THE LEGACY.

Support RFU by giving to the Scholarship Campaign or by creating your own enduring gift.

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# CRITICAL LIFELINES

By Sara Skoog

Photos by Michael R. Schmidt

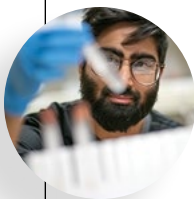


## ICC FILLS SERVICE GAPS FOR UNINSURED PATIENTS

**RFU's Interprofessional Community Clinic (ICC) is expanding the services it offers its patients to include ophthalmology, dermatology, pain care and pelvic health — services that uninsured patients often have difficulty obtaining or face long waits to get an appointment.**







Now entering its second decade of providing health care to some of Lake County's most vulnerable residents, RFU's ICC is showing no signs of slowing down. Established in 2013 for interprofessional teams of students and licensed clinicians to provide primary care, podiatry, behavioral health and physical therapy services to the uninsured, the ICC has added dermatology, ophthalmology and pelvic health clinics for its patients, with more specialty services planned for 2024. Caroline Madigan, CMS '26, president of the Interprofessional Clinic Initiative, and ICC Medical Director Melissa Chen, MD, talked with *Helix* about these expanded services.

**Helix:** How was it decided which types of specialty clinics to add?



**Ms. Madigan:** A lot of these ideas came from ICC student volunteers themselves as they identified specific unmet needs among the patients they saw in the clinic. The idea for expanding services started several years ago, when some ICC students proposed that the clinic start offering diabetic eye screenings. A lot of ICC patients have diabetes, and that puts them at increased risk for diabetic retinopathy, a condition that can lead to vision loss.

We were very fortunate to partner with a local ophthalmologist, Lisa Thompson, MD, who is willing to not only do diabetic eye screenings, but all types of eye exams. She now holds a clinic one Wednesday evening a month at her ophthalmology clinic in Gurnee, Illinois, for our patients. Any ICC patient who expresses an interest in getting an appointment is put on our waiting list for our monthly clinic.

The next specialty clinic we launched was dermatology, which was again brought to our attention by a student. Medical student Keana Khodadad, CMS '26, suggested the idea to ICC leadership in March 2023 and submitted a well researched, thoughtful proposal which made the case that there was in fact a great need for dermatology services.

**Was there something in particular she was seeing among the ICC patient population that helped support the proposal to launch a dermatology clinic?**

Some of our patients work outdoor jobs where they are in the sun a lot of the time. Many patients might not think of dermatology as an essential service, especially when it can be challenging just to get your primary care needs met.

CMS alum Cynthia Abban, MD, who has a local dermatology practice, agreed to be the supervising clinician for our dermatology clinic. We held our first derm clinic at the ICC on a Saturday morning in July 2023, and these will continue every other month. ICC patients can make an appointment at the derm clinic to get their skin issues cared for, with education, biopsies and basic therapeutic recommendations.



## ICC SERVICES AVAILABLE TO THE UNINSURED

PRIMARY CARE  
PODIATRY  
BEHAVIORAL HEALTH  
PHYSICAL THERAPY  
DERMATOLOGY  
OPHTHALMOLOGY  
PELVIC HEALTH  
FOOD PANTRY

## PLANNED FOR 2024

PAIN CARE  
PSYCHIATRY  
PULMONOLOGY  
TRANSGENDER CARE

## 2023

STATE OF THE ICC  
PRESENTATION



## ICC CELEBRATES 10 YEARS

Student volunteers and leaders gathered in September 2023 for the clinic's 10th Anniversary Celebration in the student housing pavilion on the north side of the RFU campus.



## How are the specialty clinics incorporating the interprofessional nature of ICC's Thursday night clinics?

Our pain care clinic, which launched in September 2023 and takes place once a month, is a great example of interprofessionalism in action. We have Martin Lanoff, MD, a CMS faculty member who is a physical medicine and rehabilitation specialist, along with physical therapist and faculty advisor Sarah Haag, PT, DPT, working with the students to treat ICC patients experiencing some type of musculoskeletal pain.

The goal of this clinic is to give patients the opportunity to talk to a specialist about their pain concerns and be evaluated with a team approach. It really helps to have multiple perspectives weigh in on the treatment plan. And because we're interprofessional, we can also bring in psychology and pharmacy and as a team work through the cause of each individual patient's pain and figure out what we can do to help that patient today. There's a sense of familiarity and a comfort level for patients that comes with not having to start over somewhere else.

## That sense of trust and safety is important to maintain.

The sense of trust and safety that we maintain with our patients is at the forefront of all of our new services, especially for our new pelvic health clinic. This is another monthly Saturday clinic for our current ICC patients who might be in need of an annual gynecological exam or have other pelvic health-related concerns. We do refer patients to the county health department, but the wait list there can be very long. We figured if we could get someone their yearly pap smear, for example, then that's one less thing causing worry or stress for our patients.

We have about 100 patients that would fall within the range of meeting the guidelines for these types of services, from Pap smears to pelvic physical therapy. This is another clinic that really embodies our interprofessional, team-based approach. Our faculty advisors include Dr. Sarah Haag for pelvic physical therapy; Kristine Burgess, MS, PA-C, a physician assistant with specific training in gynecology; and Ligaya Marisigan, MD, an OB/GYN with decades of experience at John H. Stroger, Jr. Hospital of Cook County.

## Any other services that people may not know are offered through the ICC?

We have a partnership with PADS Lake County, which provides shelter and support for the houseless. Once a month, PADS provides transportation to bring some of their clients to the ICC. This has been really great, because these are patients who typically do not have access to even the bare minimum of healthcare service. Most of their encounters with health care have been in an emergency setting, so it's great that PADS clients can come here and access a wealth of interprofessional services.

In addition to our clinical services, we also have a food pantry that we offer at the ICC. This is another student-driven initiative. We connected with the Northern Illinois Food Bank, and they agreed to provide us with donations. This is a "no questions asked" food pantry. Students and clinicians donate grocery bags so ICC patients can take what they need. And there's definitely a need — we clear the shelves every time. It's a way for us to provide some healthier food options, which is part of helping our patients with their overall health and wellness. ✕

*Sara Skoog is a staff writer with RFU's Division of Marketing and Brand Management. In addition to writing for Helix and other university publications, she also produces Pulse, RFU's monthly e-newsletter.*



**Misty Fils, MS, PA-C**  
ICC assistant medical director on expansion of clinic offerings.

Opposite page:  
Dr. Chen with students in the Rothstein Warden Centennial Learning Center in spring 2023.



## CLINICIAN VOLUNTEERS NEEDED

Volunteer opportunities are available with the ICC for licensed clinicians in any specialty! In-person and telehealth options available to fit your schedule. To request more information about getting involved, contact [icc@rosalindfranklin.edu](mailto:icc@rosalindfranklin.edu).





# ICC MEDICAL DIRECTOR DR. MELISSA CHEN OFFERS A LOOK TO THE FUTURE

“The ICC has come a long way in the last 10 years. During the pandemic, we were limited to telehealth care, and since reopening in 2022, the students and faculty have worked incredibly hard in expanding services. Current initiatives include psychiatry consultations, pulmonology consultations and transgender care. The need is definitely there. Appointments with a psychiatrist, for example, can take a while to get even when people do have insurance. Our psychiatry service is scheduled to launch in December 2023, with CMS Department of Psychiatry faculty members Paul Hung, MD, and Biana Kotylar, MD, on board to provide consults for ICC patients, starting with our PADS Lake County (overnight shelter) clients.

**“Historically marginalized communities have higher rates of asthma due to greater structural stresses... With the addition of pulmonary services through the ICC, patients could get the screenings they need.”**

“The opportunity for a pulmonology clinic came about when Dr. Frank Maldonado, a professor at CMS and pulmonary specialist, expressed interest in getting more involved with ICC. Historically marginalized communities have higher rates of asthma due to greater structural stresses — living in ZIP codes exposed to more environmental toxins, for example. North Chicago is no different, with asthma rates significantly higher than in surrounding ZIP codes. With the addition of pulmonary services through the ICC, patients could get the screenings they need.

“We’re in the early planning stages for offering transgender care. Behavioral health services for transgender individuals are already in the works, with Brian Feinstein, PhD, in RFU’s psychology department supervising mental health care. We are developing training for all ICC students in gender-affirming care to ensure a truly inclusive and welcoming environment for a transgender medicine clinic, and hope to launch that later in 2024.” ✕



**Melissa Chen, MD**  
ICC medical director speaks to the breadth and depth of community at the clinic.

# 'UNACCEPTABLE DISPARITIES'

## CHALLENGES IN ADDRESSING MATERNAL MORTALITY

By Dan Moran

Photos by Michael R. Schmidt

**Before presenting a series of slides detailing maternal mortality and morbidity and their relation to systemic inequities, Cara Bergo, PhD, MPH, sought to frame the issue in starkly human terms.**

Dr. Bergo clicked on a video documenting the final days of Shalon Irving, PhD, MPH, MS, CHES, a CDC epidemiologist who died in 2017 from postpartum complications of high blood pressure.



**“Why are women dying?  
What can we do better?”**

The RFU Centennial Room audience at “Maternal Mortality: A Nation in Crisis” heard Dr. Irving’s mother share how “I lost my vibrant, beautiful, intelligent best friend and daughter because she wasn’t heard” by physicians providing treatment in the days after Dr. Irving gave birth.

“I just want to really make note of how truly important it is to center this conversation on stories like Shalon’s,” said Dr. Bergo, a maternal mortality epidemiologist with the Illinois Department of Public Health. “Sadly, there are many more out there — women, moms, daughters who lost their lives to this crisis of maternal mortality.

“Each number I present today represents a real woman who has lost their life, and their families are grieving them. It is them who we do this work for, and hopefully strive to fight this crisis and identify opportunities to prevent future deaths.”

The Sept. 20 Symposium on Race in Medicine event, sponsored by Chicago Medical School and RFU’s Office of Excellence in Diversity and Inclusion, focused on higher rates of pregnancy-related deaths among women of color in the United States, particularly Black women like Dr. Irving.

“Why are women dying? What can we do better?” said Anne Borders, MD, MSc, MPH, executive director of the Illinois Perinatal Quality Collaborative, who described “unacceptable disparities” that include Black maternal mortality rates running more than 2.5 times higher than the U.S. average.

“If we think about the way our system is set up — the structural and systemic racism that has led to bias, and discrimination in health care that’s led to bias, and discrimination in our communities that’s led to generational economic oppression — we know that this impacts the quality of our care and the chronic stress that our patients are coming to pregnancy carrying,” Dr. Borders added.

Asked about what systemic changes would improve maternal outcomes for Black patients, coordination of care was a unanimous recommendation among the symposium panelists, with Dr. Bergo saying that “sometimes deaths occur in patients that are getting care in six different places, and no one’s talking to each other.”



Along the same lines, panelist Lakshmi Emory, MD, MPH, chief medical officer for Aetna Better Health of Illinois, advocated for electronic health records. “I think that would go a long way toward bridging the gap,” she said, “not only for maternal health, but for health care in general.”

Other recommendations included increased screening for severe maternal hypertension and use of opioids; increased connection to treatment for opioid-use disorder; implicit-bias training for doctors, nurses and staff; and empowering pregnant women from communities of color to make their medical choices.

**“It’s going to take ongoing intentional change, and continuing to get folks to move toward change and take action — not just talk about it.”**

“It’s going to take ongoing intentional change, and continuing to get folks to move toward change and take action — not just talk about it,” Dr. Borders said. “But I do believe that we can make change happen.” ✕



Opposite page: Dr. Bergo told the audience that pregnancy-related deaths increased in Illinois “in all geographic areas” between 2018 and 2020. Above: Symposium participants included Myrtis Sullivan, MD, MPH, assistant dean for Diversity, Equity and Inclusion; Damaris Montano, MPH, BSN, RN, from the Lake County Health Department and Community Health Center; Dr. Bergo; moderator Kimberley Darey, MD ‘04, CPE, FACOG; Dr. Emory; Dr. Borders; and Brenda Reyes, RN, CLC, from HealthConnect One.

### Ten highest maternal mortality rates per 100,000 live births by state, 2018–21

ARKANSAS	45.5
MISSISSIPPI	43
TENNESSEE	41.7
ALABAMA	41.4
LOUISIANA	39
KENTUCKY	38.4
GEORGIA	33.9
SOUTH CAROLINA	32.7
ARIZONA	31.4
INDIANA	31.1
UNITED STATES	23

### MATERNAL MORTALITY

#### TIMING

**53%**

between seven days  
to one year  
after pregnancy

**25%**

on the day of delivery  
or within seven days

**22%**

during pregnancy

#### CAUSES

**23%**

Mental health conditions  
(including deaths to suicide and overdose/poisoning  
related to substance use disorder)

**14%**

Excessive bleeding

**13%**

Cardiac and coronary conditions

**9%**

Infection

**9%**

Thrombotic embolism

**9%**

Cardiomyopathy

**7%**

Hypertensive/blood pressure  
disorders of pregnancy

Source: U.S. Centers for Disease Control and Prevention, 2017–19 data from Maternal Mortality Review Committees





## SCHWEITZER FELLOWSHIP PROJECT ADDRESSES

# UNMET NEEDS

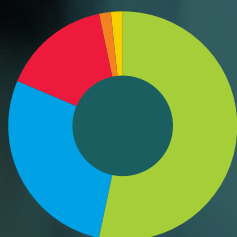
By Sara Skoog

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Second-year Chicago Medical School student Ruth Londono Alzate's service in the Peace Corps — along with her experiences closer to home as a high school student in RFU's neighboring community of Zion, Illinois — inspired the community service project she is pursuing for the 2023–24 Chicago Area Schweitzer Fellowship.



## ZION-BENTON TOWNSHIP HIGH SCHOOL DEMOGRAPHICS 2021-22



• **51.2%**  
HISPANIC

• **27.1%**  
BLACK

• **14.5%**  
WHITE

• **1.6%**  
ASIAN

• **1.5%**  
AMERICAN INDIAN

Source: Illinois Report Card

**Ruth Londono Alzate, CMS '26**, was selected in July 2023 for the distinguished Chicago Area Schweitzer Fellowship — a yearlong service-learning program that provides graduate students in health-related fields with opportunities to design and implement innovative projects that address the health needs of underserved Chicago communities.

A graduate of Zion-Benton Township High School in Zion, Illinois, a community only 10 miles away from RFU's North Chicago campus, Ms. Londono Alzate said her memories of attending a school with a diverse Hispanic and Black student population made her more aware of the unmet needs she and many of her fellow students faced.

"Growing up in Zion, I saw the need for empowerment and healthy coping mechanisms in the youth," said Ms. Londono Alzate. "I applied to the Schweitzer Fellowship because it is a great opportunity to give back to the community I grew up in and utilize the skills I learned in the Peace Corps to bridge gaps in health education and mental health access in my community.

"For my fellowship project, I knew I wanted to do something with high schoolers, teaching them tools like self-esteem and emotional intelligence," Ms. Londono Alzate added.

Her project proposes three primary outcomes for the Hispanic and Black high school student participants: increased knowledge of leadership theories; learning and using specific skills for coping with life stressors and emotions; and awareness of local resources that can help students achieve their career goals and optimal wellness.

Ms. Londono Alzate is currently working with high school-aged students at Beacon Place, a neighborhood community center in Waukegan, Illinois, that provides support services to families in need. She hopes to expand the reach of her project to include students at her alma mater in Zion. "This is a really cool learning experience for me, finding out everything that goes into bringing a project like this to a school."

## BUILDING HEALTHIER LIVES IN GUATEMALA

After graduating from college and before completing RFU's Pre-Matriculation Program, Ms. Londono Alzate spent two-and-a-half years working with the Peace Corps in Guatemala. She credits her time serving in the Peace Corps with strengthening her understanding of assessing and meeting community needs and fostering community engagement.

"The program I worked with incorporated health education in the primary care curriculum and primary schools curriculum," she said. "We would talk about healthy food and why things like hand-washing and proper food preparation were so important.

"We also did a lot of work with infrastructure, like replacing latrines with actual bathrooms that have flushable toilets. Many of the villagers cooked with wood on the floor of their homes because that's all they had, so we built kitchens for some of them. And the residents were working right alongside us. I thought it was really beautiful, because everyone was pitching in — the Peace Corps workers, the parents in the homes and the municipalities. Everybody was contributing to make these things happen." x

*CMS Senior Communications Specialist Candice Kosanke contributed to this article.*

**"For my fellowship project, I knew I wanted to do something with high schoolers, teaching them tools like self-esteem and emotional intelligence."**



Opposite page:  
Ms. Londono Alzate working with the certified medical interpreter team at RFU's Interprofessional Community Clinic.  
Above: With her fellow Peace Corps workers in Guatemala.

# JOINING THE DRIVE TOWARD STRONGER DIVERSITY IN NURSE ANESTHESIA

By Margaret Smith

**There are roles we step into in life that unknowingly alter our trajectory. For Shayla Giles, RN, SRNA, CON '24, the role of caretaker is one she donned early on as the eldest sibling of four and having been by the side of her ailing grandmother in her youth. Today, she stands in the midst of a career in which she'll continue exhibiting that same passion: caring, advocating and making space not only for patients, but for her colleagues as well.**

Opposite page: Ms. Giles worked with colleagues as a student moderator at the Diversity CRNA Information Session & Airway Simulation Lab Workshop in June 2023. The two-day program featured speakers, meet-and-greets, hands-on experience, Q&As, information on concentrations within the field and more.

Ms. Giles' decision to pursue this dedication was not something that came immediately, however — even if she had inspiration from her father, who is also a DNP, CRNA. Instead, the Delaware native found her way from a bachelor's in nursing to the certified registered nurse anesthetist profession in her own time.

"I went to a performing arts high school and undergrad. I originally went to school as an English major — I wanted to be a poet. My father finally convinced me. He said, 'Just shadow me in the OR.' And once I actually got to see firsthand what he does as a CRNA, I immediately changed my major."

Throughout her career, Ms. Giles has been involved with the Diversity in Nurse Anesthesia Mentorship Program<sup>1</sup> — both as a mentee, and now, as a mentor for other young students. The program was founded by Wallena Gould, EdD, CRNA, FAAN, and Ms. Giles said "it has blossomed into this organization that is so much like a family to me now."

**"When we go outside and look at the world, we see diversity everywhere. And that's how I want to see it in medicine..."**

"When I first graduated in nursing, I was afraid to go into anesthesia; it's a lot of responsibility. You're truly putting someone's life in your hands. But the mentorship program, they all believed in me before I started to even believe in myself. They were there to encourage me, read my essays, read my resume," Ms. Giles recalled. "Then I finally got into school, and (now) I do the same thing for other young students who are coming through the program."

Ms. Giles looks forward to a future where the field is further diversified with professionals who have a seat at the table not solely because of an inclusivity program or stand-out scholarships, but because "it is a part of our everyday life. When we go outside and look at the world, we see diversity everywhere. And that's how I want to see it in medicine — where it's second nature, it's just natural to expect and see the diversity." ✕

*Margaret Smith is a Chicago-based freelance editor and writer whose work largely focuses on current sociopolitical happenings.*

**<sup>1</sup> The Diversity in Nurse Anesthesia Mentorship Program** promotes and advances diversity initiatives to impact, mentor, professionally develop and socialize nurses who want to subsequently move into graduate nurse anesthesia programs.







# CONNECTING THE DOTS

**WISH SYMPOSIUM LINKS CHANGING CLIMATE  
TO WOMEN'S HEALTH OUTCOMES**

By Dan Moran



Dr. Sorensen providing medical aid on a trip to Ghana in West Africa. (Image provided by Dr. Sorensen)



According to an Intergovernmental Panel on Climate Change 2022 report, **CLIMATE CHANGE IS INFLUENCING 11 CATEGORIES OF DISEASES AND HEALTH OUTCOMES THAT TOGETHER COMPRISE**

**70% OF GLOBAL MORTALITY:** Malaria, dengue, diarrheal diseases, salmonella, respiratory tract infections, non-communicable respiratory illness, cardiovascular disease, malignant neoplasms (cancer), diabetes, environmental heat and cold exposure, and nutritional deficiencies.

[ipcc.ch/report/ar6/wg2/](https://ipcc.ch/report/ar6/wg2/)

**80% OF THE WORLD'S 80 MILLION REFUGEES ARE WOMEN,** and natural disasters are a leading cause of displacement. Of 40.5 million new displacements in 2020, 30 million were weather-related, including 14.6 million from storms (including cyclones, hurricanes, typhoons) and 14 million from floods.

Source: Internal Displacement Monitoring Centre

The World Health Organization stated in 2014 that **WOMEN ARE MORE LIKELY TO DIE DURING CYCLONES AND FLOODS.** Of 140,000 reported killed in a 1991 cyclone in Bangladesh,

**90% WERE WOMEN.**

Source: "Climate Change and Women's Health: Impacts and Opportunities in India," National Institutes of Health, 2018

## Cecilia Sorensen, MD, opened the 8th Annual Women in Science and Healthcare (WiSH) Symposium with a disclaimer: "I'm an ER doctor. I'm not a climate scientist."

She then illustrated in intricate detail why physicians are qualified to comment on climate change — they are on the front lines of the global crisis as they respond to climate-driven impacts, including higher average temperatures expanding the range of malaria and dengue; warmer winters allowing ticks and the Lyme disease they carry to spread into the Midwest; and deadly heat waves striking places like the Pacific Northwest.

"This is not something that's going to be happening in the future. We are dealing with this on an everyday basis," Dr. Sorensen told the Sept. 14 Centennial Room gathering. "I see that as an emergency-medicine doctor — just last week, I took care of a 92-year-old man who had heatstroke and almost died."

But, she added, physicians are equipped to drive solutions to the crisis, pointing out that "we deal with bad prognoses often. We never say there's no treatment options. We always have some type of way forward."

The symposium's theme for 2023 was "Mother/Earth Under the Microscope: Climate Change and Women's Health." Dr. Sorensen discussed myriad effects on women across the globe from a full range of natural disasters, such as hurricanes displacing women and exposing them to sexual violence, and extreme heat being linked to increased birth defects, preterm births, low birth weights and stillbirths.

In her opening remarks, President and CEO Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM, told the audience that climate change poses "a serious threat to human health, especially among low-income communities, pregnant women and children. Knowing that compels us to work for change and drive sustainable innovation across every area of our university."

Among the solutions discussed by the symposium panel — which included moderator Regina de Leon Gomez, MD; Neha Basti, CMS '25; Todd Beer, PhD, associate professor of sociology at Lake Forest College; and Jim Burgess, a director of sustainability at Medline — were decarbonizing hospitals and health systems by 2050, since the global healthcare sector produces 4.5% of the world's greenhouse gas emissions.

The discussion also focused on involving more women in climate-change policy and in vector-control methods in particular, and deploying OB/GYNs in initial response to natural disasters, especially hurricanes. A key general recommendation was promoting more climate-change education for healthcare professionals, students and patients.

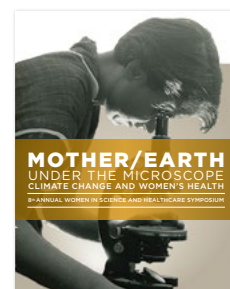
Ms. Basti, a founding co-director of CMS' Planetary Health Report Card chapter, encouraged both younger students and their mentors to take action.

"We don't have time for those 12-year-olds to finish college and get all their degrees," she said. "We need their voices now. So if there's anything you can do in the spaces where you have influence today to empower young people, I encourage you to do that."

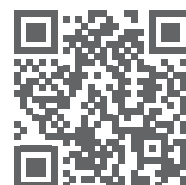
Sharing the observation that "we are the first generation to feel the impacts of climate change and we're also the last generation that can do anything about it," Dr. Sorensen stressed that today's challenges are presenting opportunities for change.

"I love this quote: 'We didn't leave the Stone Age because we ran out of stones. We left because we found a better way,'" she said. "And so we don't need to wait — there are better ways." ✕

**"We never say there's no treatment options. We always have some type of way forward."**



**WATCH "Mother/Earth Under the Microscope: Climate Change and Women's Health" at the WiSH Symposium's YouTube channel.**







# COMMUNITY-ENGAGED RESEARCH

## THE COLLABORATIVE PATH TO HEALTH EQUITY

By Yvette D. Castañeda, PhD, MPH, MBA

**THROUGH THE MICROSCOPE** is a reoccurring *Helix* column that poses questions to members of the RFU community. Yvette D. Castañeda, PhD, MPH, MBA, was asked to detail the university's community-engaged research as an approach for addressing health inequity.

Perspectives expressed in "Through the Microscope" columns are solely those of the authors and are not intended to represent those of Rosalind Franklin University.

**Research is a practice that can be an embodied<sup>1</sup> approach to make change in the world, giving attention to issues that are unnamed or unseen, and ultimately improving the lives of people through data-driven science.**

Community-engaged research is a process involving community groups that are impacted by the problem being studied, as equal partners. This means including community members as part of the research process in terms of co-designing research questions to solve problems; have decision-making power; and create programs that address gaps only those connected to the community understand while influencing the implementation, analysis, dissemination and policies that result from the research.

One goal in health equity research is to understand or intervene on inequities faced by marginalized populations that are suffering poor health due to poverty, racism and disenfranchisement. Engaging in authentic ways with communities who have experienced such hardships is paramount for improving health-related outcomes through research.

For members of the Lake County, Illinois, community who feel a call to take action to address health equity via research, RFU's Michael Reese Research and Education Foundation Center for Health Equity Research can help inform how community perspectives may be centered in this work.

The Center's activities encompass three cores focused on Community Engagement, Data Resources and Investigator Development. The aim is to foster health equity-focused research collaborations that are responsive to community needs, address socio-structural determinants of health and involve implementation of interventions aimed at improving health equity in Lake County.

As lead of the Community Engagement Core, I host Community-Engaged Research office hours. During these meetings, community members can receive consultation, get feedback on their project, and ask questions on topics related to health equity and community engagement. Those who are developing a grant proposal or project and would like to learn best practices for engaging community members — and/or want to learn more about community-based research methodologies and praxis — can bring in ideas and questions to piece out the next steps.

The Center is also launching a learning series with a goal of growing a "community of practice" among RFU faculty, staff, students and community partners who want to collaborate on research that addresses health equity in Lake County. This learning series will provide a space for participants to share concepts, case examples and best practices for how community-engaged research projects can optimally serve to improve health equity in our local community.

This series, which we started late last year and plan to renew in early 2024, will 1) highlight both academic and community-based perspectives regarding solutions and approaches for addressing health equity in our local community; 2) provide an opportunity for community groups who are addressing health equity to highlight their ingenuity and brilliance; and 3) create a bridge between RFU and community organizations to help foster new community-engaged research collaborations.

We hope our partners can learn, grow and share with us as we join together to advance health equity through community-engaged research practices. ✕

<sup>1</sup>An embodied approach to carrying out research involves repositioning the body within research, moving away from the traditional mind-body divide to consider that our whole bodies "make sense of the world and produce knowledge." Ellingson, L. (2017). "Embodiment in Qualitative Research."

*Dr. Yvette Castañeda is research assistant professor in the Department of Foundational Sciences and Humanities at the Chicago Medical School and Community Engagement Core Lead for the Michael Reese Foundation Center for Health Equity Research.*

### Learn More



**CHER**  
RFU's Michael  
Reese Research  
and Education  
Foundation  
Center for Health  
Equity Research



**COMMUNITY  
ENGAGEMENT  
CORE**



## COLLEGE OF NURSING OPEN HOUSE

**A cross-section of clinical, academic and community partners gathered on Sept. 14 at an open house for the College of Nursing.** The guests, who included members of RFU's Board of Trustees, explored the college's renovated wing on the third floor of the Basic Sciences Building. Welcoming remarks were offered by President and CEO Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM; Provost Nancy L. Parsley, DPM, MHPE; and CON Founding Dean Sandra Larson, PhD, CRNA, APRN, FAANA, FNAP. Invited guests toured spaces that included simulation classrooms and participated in hands-on experiences provided by the Dr. Scholl Foundation Empathy Lab. ✕



Above right: Dr. Larson delivers welcoming remarks. Center: Dr. Rheault, at right, with MENP Program Founding Chair Lori Thuente, PhD, RN. Bottom right: Dr. Parsley speaks with Lake Forest College Senior Director for Science Partnerships Shubhik K. DebBurman, PhD.

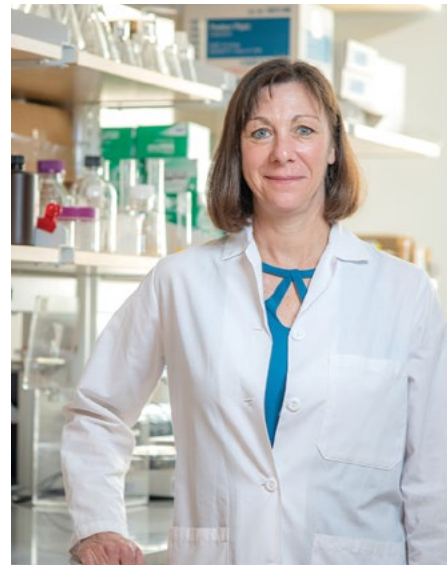




“We feel this is a powerful study that will greatly enlighten our understanding of how individuals with Down syndrome transition to Alzheimer’s through our combined strengths of transcriptomic analysis and neurophysiological mechanisms.”

## RFU, NYU TEAMS STUDY LINKS BETWEEN DOWN SYNDROME AND ALZHEIMER’S DISEASE

**Grace E. Stutzmann, PhD, director of RFU’s Center for Neurodegenerative Disease and Therapeutics, is teaming with research scientists at New York University to explore new therapeutic approaches to Alzheimer’s disease (AD) in individuals with Down syndrome (DS).**



While individuals with DS are living longer, more than 50–75% will develop dementia as they age, with many experiencing symptoms by their 40s, according to the National Institute on Aging. The institute awarded Dr. Stutzmann \$916,777 in funding — part of a \$2.4 million grant awarded to NYU Grossman School of Medicine’s Stephen D. Ginsberg, PhD. The project involves a consortium with RFU, NYU Grossman and the Nathan Kline Institute.

Dr. Stutzmann and RFU colleagues published a key AD paper in late 2022 in the scientific journal *Proceedings of the National Academy of Sciences* that provided the groundwork for possible shared mechanisms with DS. Their work aligns with differentially expressed gene pathways identified by Dr. Ginsberg in vulnerable cell types that underlie memory and executive function.

“We feel this is a powerful study that will greatly enlighten our understanding of how individuals with Down syndrome transition to Alzheimer’s through our combined strengths of transcriptomic analysis and neurophysiological mechanisms,” Dr. Stutzmann said. [x](#)



## NEW COP DEAN BRINGS CURRICULAR INNOVATION AND INTERPROFESSIONAL SKILLS

**Kristin Wiisanen, PharmD, FAPhA, FCCP, joined RFU as dean of the College of Pharmacy in October, succeeding Scott Hanes, PharmD, who served as interim dean.**

Dr. Wiisanen comes to RFU from the University of Florida College of Pharmacy, where she served as associate dean for entrepreneurial programs. In this role, she led seven hybrid and online graduate programs, overseeing the continuous professional development office and developing new clinical entrepreneurial partnerships and endeavors.

Her experiences with curricular design, assessment and accreditation positioned her to support curricular innovations at RFU designed to enhance student learning and prepare practice-ready graduates.

As a clinical professor in UF’s Department of Pharmacotherapy and Translational Research, Dr. Wiisanen taught courses in the Doctor of Pharmacy curriculum in the areas of ambulatory care, drug information, pharmacogenomics and medication safety. She also helped direct Clinical Pharmacogenomics Residency and Fellowship programs, which involved interprofessional teams including clinical pharmacists, pharmacogeneticists, physicians, physician assistants and informaticians. [x](#)

## CENTER FOR GENETIC DISEASES ADDS NEW DIRECTOR

**Weihsang “Valerie” Chai, PhD, joins RFU as director of the Center for Genetic Diseases in early 2024, bringing expertise in genomic stability in carcinogenesis and cancer therapy.**



Dr. Chai was most recently a professor in the Department of Cancer Biology at Loyola University Chicago's Stritch School of Medicine. She also served as an associate professor in the Elson S. Floyd College of Medicine at Washington State University.

After graduating from Shandong University in Jinan, China, with a bachelor of arts degree in microbiology, Dr. Chai earned her PhD at Cornell University in molecular microbiology. She subsequently performed postdoctoral studies in cell biology at the University of Texas Southwestern Medical Center at Dallas.

Executive Vice President for Research Ronald S. Kaplan, PhD, described Dr. Chai as “an exceptional researcher and leader in the field of genetic disease” in announcing her appointment. Dr. Kaplan served as interim director of the center since July 2023, succeeding Michelle Hastings, PhD.

“She is very postdoc- and student-focused, as exemplified by the numerous fellows and graduate/undergraduate students that she has mentored,” Dr. Kaplan added. “We very much look forward to her leadership as we begin a major rebuilding of this therapeutically important research center.” ✕

“She is very postdoc- and student-focused, as exemplified by the numerous fellows and graduate/undergraduate students that she has mentored.”

## BOARD OF TRUSTEES ADDS WIDE-RANGING EXPERTISE

**The fall of 2023 saw the RFU Board of Trustees expand its roster with the additions of Stephen K. Klasko, MD, MBA, and John A. Orsini, CPA.**



Dr. Klasko serves as an executive in residence at the Massachusetts-based General Catalyst; North American ambassador for Sheba Medical Center in Israel; and CMO of the Chicago-based Abundant Venture Partners. He also serves as a Distinguished Fellow on the World Economic Forum.

Since 2022, he has served on the National Board of Education Sciences after being appointed by President Joe Biden. From 2013–21, Dr. Klasko was president of Thomas Jefferson University in Philadelphia and CEO of Jefferson Health, and from 2004–13, he served as executive vice president and CEO of USF Health and dean of the Morsani College of Medicine at the University of South Florida.

Mr. Orsini has served as senior vice president and chief financial officer for Chicago-based Northwestern Medicine since the 2014 merger of Northwestern Medicine and Cadence Health, where he had served as executive vice president and CFO. Northwestern Medicine includes 11 hospitals, including RFU clinical partners in Lake Forest, Huntley, McHenry and Woodstock.



Prior to joining Cadence Health, Mr. Orsini was CFO of Presence Health, a 12-hospital system created by the merger of Resurrection Health Care and Provena Health. Mr. Orsini also served as corporate vice president, finance, and treasurer for Scripps Health in San Diego. ✕



### JOIN US IN SUPPORTING COMMUNITY HEALTH CARE

Learn more about how RFU is advancing health care for all in education, research and communities.



# TEACHABLE MOMENTS

## EDUCATING THE PUBLIC ON VACCINES AND AMERICAN HISTORY

By Margaret Smith

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**Bridging the gap between misconception and reality has become an increasingly necessary civic responsibility in recent years. But how does one remedy these chasms when dealing with topics that pose a threat to the general public — such as COVID-19?**



**In the case of Aaron Dyson, MD '23**, meeting people where they are and using educational campaigns to bolster public knowledge is his method of effecting change, all rooted in what he describes as a “desire for patient safety.”

Before Dr. Dyson's current position as an anesthesia resident at the University of Iowa Hospitals and Clinics, he served as the president of RFU's Student National Medical Association chapter. The core aim of the organization is to support underrepresented minority medical students, a mission that coincides with his own aspirations of providing mentorship.

“During the time when COVID hit and the Black Lives Matter movement started up, it was kind of a storm — I wouldn't say a perfect storm — but it was an opportunity for us as an organization to speak up,” Dr. Dyson said.

For Dr. Dyson, however, extending practical resources to a larger community did not begin and end with his peers at RFU. In an earlier phase of the pandemic, he made an educational video for members of the RFU community in which he engaged with common misconceptions surrounding COVID vaccinations.

“Historically, there's been mistrust in health care in many minority communities. Specifically, the history of vaccinations within minority communities in Chicago was not great,” he said. “So, primarily, my motivation was to encourage underrepresented minority individuals to understand more about the importance of vaccinations and to receive them.”

With limited data available, Dr. Dyson's approach was cautious yet direct. “I didn't want to mislead anyone. That's how the mistrust builds — giving false information or information that's not fully fleshed out was not my goal.”

Yet, thoughtful engagement is about more than just medicine for Dr. Dyson, as proven by his family's commitment to the Buffalo Soldier Mounted Cavalry Unit (BSMCU). With origins on the Western Frontier, the BSMCU preserves and displays the historical significance of African Americans' impact and proficiency within equestrian care and frontier living, and provides living history presentations and education for people of all races to learn of the great contributions made by these brave soldiers to the United States.

**“I have two mentees, two Black men who are interested in anesthesia. And that's something that I'm looking forward to, broadening my base of people that I mentor.”**

“It was my uncle who had an epiphany that, ‘This is not just Black history, it's American history, and it needs to continue to be told.’ My father got involved,” he said, “and their active engagement with different units led them to create their own unit in South Los Angeles. My brother and I saw this opportunity to get involved.”

Over the years, the unit has proudly showcased its skills, dressed in full regalia, at prominent public events including the New Year's Day Tournament of Roses Parade.

“This experience has impacted my life and taught me about a life of service, which has always been my gift. It has been instrumental in my goal to serve the community and bring equity and equality for all people in health care, including those who look like me. We are all members of the same society and want all to experience the same level of service.”

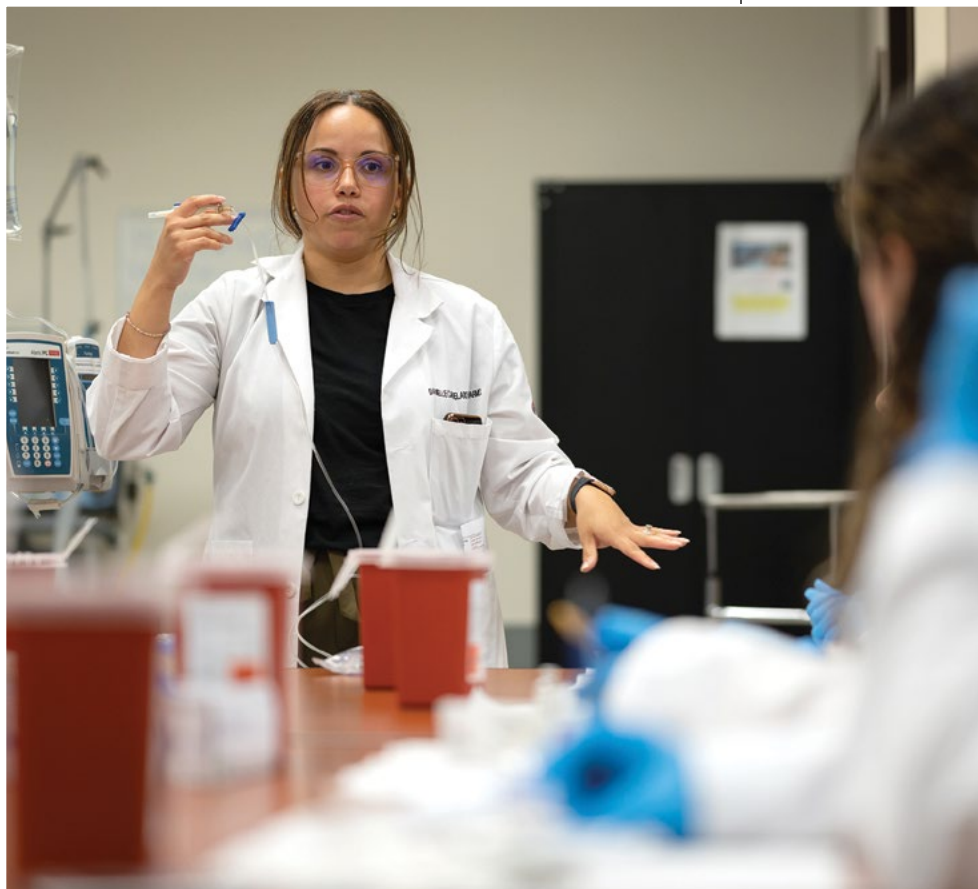
Looking to the future, Dr. Dyson hopes he can continue to focus his efforts on the next generation of medical professionals.

“I have two mentees, two Black men who are interested in anesthesia. And that's something that I'm looking forward to, broadening my base of people that I mentor. ... I want to get more minorities in anesthesia,” he concluded. “Then I can get more of an insight on how to grow and how to move forward with my advocacy and mentorship. That's my dream.” ✕

Below: Dr. Dyson in uniform as a member of the Buffalo Soldier Mounted Cavalry Unit. The California-based nonprofit honors members of the 9th and 10th Cavalry Regiments, which were segregated units formed following the Civil War that served on the Great Plains and in Arizona, New Mexico and Texas. (bsmcu.com)







## PHARMACY STUDENTS USE SIMULATION TO PRACTICE OPIOID-OVERDOSE RESPONSE

By Sara Skoog

**RFU's College of Pharmacy and Department of Healthcare Simulation provide second-year pharmacy students with a safe space to practice their clinical skills in simulated emergency situations such as administering intranasal naloxone (also known as Narcan®) in cases of suspected opioid overdose.**



As opioid-associated emergencies and overdose-related deaths have increased over the past decade, healthcare provider training is crucial to the provision of emergency care services.

Each year, student pharmacists participate in a high-fidelity simulation in collaboration with RFU's Department of Healthcare Simulation as part of the required didactic curriculum. Under the guidance of faculty, students develop their clinical skills in the setting of an opioid-associated emergency and administer intranasal naloxone, a quick-acting opioid-reversal agent that can save lives if given in a timely manner.

Above: Danielle Candelario, PharmD, BCPS, associate director of pharmacy skills education and associate professor of pharmacy practice, discusses the importance of training students to treat opioid overdoses and conducts a simulation exercise for second-year pharmacy students. Left: A pharmacy student marks the label on an IV bag for a simulated naloxone drip. The IV label must contain important information, such as the medication dosage and the infusion rate.

Clockwise from upper left: Providing rescue breaths using a mask and ventilation bag can be necessary when responding to opioid emergencies; Narcan® demonstration devices, which contain no active drug, are used on manikins in the Simulation Lab as part of opioid overdose response training; students practice administering intranasal naloxone using demonstration cartridges that simulate the actual device.



Working in teams of four, the pharmacy students evaluate and care for a simulated patient — in this simulated case, a 45-year-old patient brought in by EMS after a car accident. The patient is found behind the wheel with lacerations to the face and hands. The patient has shallow respirations and is lightly in and out of consciousness.

Through this 20-minute simulation, students learn to recognize the signs and symptoms of opioid overdose, identify appropriate use of the naloxone rescue product, identify the appropriate dosing for naloxone intranasal spray, and calculate an appropriate naloxone infusion dose and rate. ✕



**FROM 1999–2021, NEARLY  
645,000  
PEOPLE DIED FROM AN OVERDOSE  
INVOLVING ANY OPIOID,**  
including prescription medications  
and illicit opioids such as heroin  
and fentanyl.

**Over 75%**  
**OF THE NEARLY 107,000  
DRUG OVERDOSE DEATHS**  
in 2021 involved an opioid.

**FROM 2020 TO 2021,  
OPIOID-INVOLVED DEATH RATES  
INCREASED BY**

**MORE THAN 15%.**  
Synthetic opioid-involved death  
rates (excluding methadone)  
increased more than 22%.<sup>1</sup>

During an overdose,  
a person's breathing can be  
dangerously slow or even stop,  
causing brain damage or death.  
**THE TIMELY ADMINISTRATION  
OF NALOXONE CAN  
REVERSE THE EFFECTS**  
of the overdose and help save lives.

**NALOXONE IS A  
TEMPORARY TREATMENT.**

More than one dose might be  
needed, especially if an  
overdose involves illicitly  
manufactured fentanyl.

**NALOXONE IS AVAILABLE IN  
all 50 states.**

In most states, naloxone can  
be obtained at a local pharmacy  
without a prescription, or  
from community-based  
naloxone programs.<sup>2</sup>

<sup>1</sup> "Understanding the Opioid Overdose Epidemic," Centers for Disease Control and Infection (Updated August 2023) [cdc.gov/opioids/basics/epidemic.html](https://cdc.gov/opioids/basics/epidemic.html)

<sup>2</sup> "Lifesaving Naloxone," Centers for Disease Control and Infection (Updated April 2023) [cdc.gov/stopoverdose/naloxone/index.html](https://cdc.gov/stopoverdose/naloxone/index.html)





## BECOMING RFU: DIGNITARIES GATHERED IN 2004 AT RENAMING CELEBRATION

By Kelly Reiss

**A seminal event in the history of the university took place 20 years ago on a frigid Tuesday morning. On Jan. 27, 2004, we became Rosalind Franklin University of Medicine and Science, the first medical institution in the United States to recognize a female scientist through an honorary namesake.**

Then-president and CEO K. Michael Welch, MB, ChB, FRCP, sought to invoke a distinctive identity for the institution through a name change. The 2004 renaming signified a commitment, posed a change and offered inspiration. Like the university and its member colleges/schools, Dr. Rosalind Franklin — a British chemist and researcher whose meticulous research led to the discovery of the structure of DNA — confronted opposition, worked to meet and exceed the highest professional standards, and persevered in the determination to elucidate hard science in the service of humanity.



A special day on campus was celebrated by a crowd of hundreds — including faculty, staff, students, administrators and community members. Local schoolchildren also joined the group, attending a special “mini-medical school” enrichment opportunity.

At the renaming ceremony, Dr. Welch hailed Dr. Franklin as “a role model for our students, researchers, faculty and all aspiring scientists throughout the world.” Pioneering NASA astronaut Sally Ride, PhD, was presented with the inaugural Rosalind Franklin Award, which recognizes women who have had a transforming influence in our world, and she gave an inspirational address to the audience.

From that day forward, our institution was forever changed.



Opposite page, top to bottom: From left, Lady Nina Franklin and Sir Roland Franklin with Dr. Ride; Brenda Maddox signs a copy of her Dr. Franklin biography "The Dark Lady of DNA" for faculty member Eric Walters, PhD; local schoolchildren attend a mini-medical school session in conjunction with the renaming ceremonies. Above: Members of the Franklin family and RFU officials including Dr. Welch, at far right, unveil the new logo. Bottom: Dr. Gosling with then-College of Health Professions Dean Dr. Wendy Rheault.

Dr. Franklin's younger brother, Sir Roland Franklin, gave a moving address on the love and admiration he had for his sister, and he joined members of the Franklin family in unveiling a new logo featuring the crystalline Photograph 51. Rosalind Franklin, a niece of Dr. Franklin who would go on to serve on the university's Board of Trustees, led a moment of silence to honor her aunt near the close of the ceremony.

A symposium centered on Dr. Rosalind Franklin's legacy followed a luncheon. The dignified panel included Dr. Franklin's mentee at King's College, Raymond Gosling, PhD; biographer Brenda Maddox; filmmaker John Barnett; professor of biological science and researcher Lynne Osman Elkin, PhD; Dr. Franklin's brother, Colin Franklin; and

experts in the field of X-ray crystallography David Moss, PhD, Clare Sansom, PhD, and RFU's David Mueller, PhD. The symposium was moderated by Marcia B. Cohen, PhD, physician and science journalist.

From that day forward, our institution was forever changed.



The tangible touchstones of the statue at the Main Entrance and the Tribute Wall at the Morningstar IPEC entrance are a presence that resounds Dr. Franklin's commitment each day as we enter to begin our day in pursuit of the advancement of science. ✕

*Kelly Reiss is director of the Rosalind Franklin University Archives and the Feet First Exhibition.*







## THE FAMED FOUR: DR. ROSALIND FRANKLIN AMONG WOMEN HONORED AT TRINITY COLLEGE DUBLIN

**Prior to 2023, the rows of marble sculptures in The Old Library at Trinity College Dublin — a research university established by Queen Elizabeth I in 1592 — exclusively featured men, including Aristotle, Cicero, Homer, Shakespeare and Socrates.**

But in what Trinity officials described as “a first step toward a better representation of our diversity in all of Trinity’s public spaces,” sculptures of four women were added: dramatist Augusta Gregory, mathematician Ada Lovelace, women’s rights advocate Mary Wollstonecraft and Dr. Rosalind Franklin.

“The addition of these sculptures of women has been a long time coming.”

“While it is important to respect tradition, it is also important to break tradition. The addition of these sculptures of women has been a long time coming,” Trinity Provost Dr. Linda Doyle said at the February unveiling. “I hope that the inclusion of these four outstanding women is the furthering of a collective recognition of the incredible contribution of women across many fields.”

According to Trinity College, Dr. Franklin’s sculpture was created by Vera Klute in three sections with “classical and contemporary techniques. The portrait is made with cast Parian (a type of porcelain) Jesmonite, marble and Swarovski crystals, the latter making direct references to Franklin’s use of X-ray crystallography to research the structure of DNA. The helix of the socle is a visual nod to Franklin’s contribution to the discovery of the helical form of DNA.”

Among those paying a 2023 visit to The Old Library were RFU alumnae Audrey Bromberger, MD ’84, and Angela Nuzzarello Aavik, MD ’86, both of whom shared their experience via [helix.letters@rosalindfranklin.edu](mailto:helix.letters@rosalindfranklin.edu).

“It was the highlight of my trip!” Dr. Nuzzarello Aavik wrote. Dr. Bromberger, who visited with her husband, John Birmingham, wrote that she was “extremely pleased” to see the sculpture during a tour that included a view of the 1,200-year-old Book of Kells.

Trinity officials noted that Dr. Franklin was selected for the honor from more than 500 nominations by students, staff and alumni “covering a wide field of ground-breaking individuals who contributed significantly to scholarship and culture across history.”

“Rosalind Franklin’s scientific discoveries have benefited humanity in several ways,” the college wrote in a tribute. “While her name is often connected with missing out on a Nobel prize, her legacy is of much greater significance.” ✕



Clockwise from upper left: Dr. Nuzzarello Aavik during her visit to the Old Library; Dr. Bromberger and her husband; Trinity College officials Helen Shenton, Linda Doyle and Catherine Giltrap unveil Dr. Franklin’s sculpture in February 2023.

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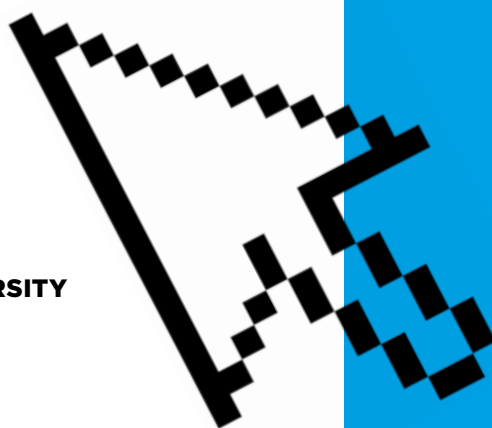
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