

ROSALIND FRANKLIN UNIVERSITY



WINTER 2023
VOL. 4, NO. 1

Women in STEM

RFU champions their contributions and continues to prioritize and celebrate the work of diversity, equity and inclusion.

Undaunted. Resilient. Inspired. Laura.

Waukegan native **Laura Rodríguez-Gomez, CMS '25**, understands that her community seeks quality health care just as intensely as she seeks a professional career. She brings the power of her resilience to tackle the challenges of her region: reduced high school completion, increased diabetes and obesity, and economic risk facing local families.

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IN OUR AIMS

Women in STEM, at RFU and throughout the world, are advancing human health across populations, including those historically challenged by inequities in care and research. RFU champions their contributions and continues to prioritize and celebrate the work of diversity, equity and inclusion across every area of teaching, learning and practice.

Please note, any group photo that does not feature physical distancing or mask-wearing was taken prior to the state of Illinois issuing such guidelines, or it reflects guidance in place at the time and in the location the photos were taken. During the COVID-19 pandemic, RFU enacted policies focusing on these and many other safety measures.



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Prior to her passing in December 2022, Lucille Heller, EdD, reflected on the five months she volunteered as a research assistant to Dr. Rosalind Franklin at King's College London. Page 24

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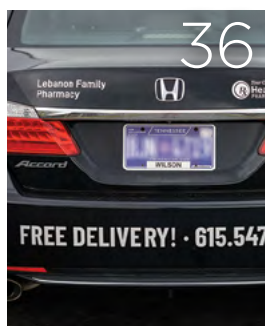
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RFU's Center for Lower Extremity Ambulatory Research (CLEAR) welcomes Chris Connaboy, PhD, as its new director.

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The GPF Foundation honored RFU with its 2022 Harm Reduction Award at the Foundation's Annual Event on Oct. 13 at Northmoor Country Club in Highland Park.

Kimberley Darey, MD '04, and Alan Blank, MD '11, were honored as Distinguished Alumni during Chicago Medical School's Reunion Weekend.

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Podiatric practitioners — known at the time as "chiropodists" — played a vital role as military medical specialists during World War II.

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The Lake Forest Library's "Lake Forest Reads" program cast its spotlight on Marie Benedict's "Her Hidden Genius" — an historical fiction novel depicting the inner world of Dr. Rosalind Franklin.

Cover: Dr. Stephanie Wu performs surgery with the aid of a podiatry student while at RFU's North Chicago Health Clinic in 2019.



This issue of *Helix* is a reminder of how our students, faculty, alumni and valued partners are shaping a future where everyone has equitable access to high-quality health care, where everyone has the opportunity to reach their full health potential.

We're educating a diverse body of students whose commitment to education, research and service — and whose resilience and determination in uncertain times — is a source of deep pride and inspiration.

It's especially gratifying to see so many women in these pages who are building trust through compassionate practice, building knowledge through scholarship and research, and building a culture of diversity, equity and inclusion in STEM.

Paula Johnson, MD, MPH, who recently visited our university as the keynote speaker for our 7th Annual Women in Science and Healthcare (WiSH) Symposium, shared an indelible observation: "Who you are influences what you see." That understanding drives RFU to work toward diversity, equity and inclusion — to educate and mentor more women and people from underrepresented groups into leadership positions in STEM, who will champion equitable policies that advance health and well-being across generations.

We are committed to taking concrete actions in collaboration with our communities to improve health equity, in line with the National Academy of Medicine's call for an explicit focus in addressing the social determinants of health. We're also striving to pay closer attention to racial, socioeconomic and gender equity as a means to building a more just world.

Philanthropic partnership is key to building health equity and all our initiatives depend on it. Our generous partners are helping us build a more diverse and inclusive healthcare workforce — health professionals who will truly see and heal the inequities that burden our communities.

Finally, I want to recognize the late Dr. Lucille Heller, a contemporary of our namesake Dr. Rosalind Franklin. Dr. Heller was brought to our attention when her son discovered RFU online, and she shared her memories with us last summer before her passing in late December. Dr. Heller, who assisted Dr. Franklin during the early months of her DNA research at King's College London 72 years ago, was a Hidden Figure in her own right. A scientist, mathematician and academic leader who helped pave the way for women in STEM, Dr. Heller, like Dr. Franklin, reminds us that the provable truth of science is a force for good across time and history, even when it goes unnoticed.

Wishing you the best of health. ✕

A handwritten signature in black ink that reads "Wendy Rheault". The signature is fluid and cursive, with a stylized "W" and "R".

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

EDITOR'S NOTE

Debates can rage about the practicality of applying modern standards or sensibilities to people who lived in another age. We can also spin ourselves in circles pondering whether something that is true for someone today would have been just as true decades ago.

One great American pastime is guessing what the Founding Fathers would have to say about the latest political or social quandary. In the music world, could four unknowns from Liverpool accomplish in 2022 what they did in 1964? And somewhere in the sporting industry, loud discussions are taking place right this minute about whether LeBron or Jordan is the GOAT.

But some essential qualities can be considered timeless. Marie Benedict, author of the historical fiction novel "Her Hidden Genius," seemed to have this in mind when she participated in last October's "Lake Forest Reads" program and was asked a question that applied a more modern lens to the postwar era: Was Dr. Rosalind Franklin a feminist?

"I think definitely not — she wouldn't have considered herself that. She was there to do the work," Ms. Benedict said. "She believed women were capable of doing everything, but she would not have been an activist, per se."

This acknowledges the differences between the early 1950s and the movement for workplace rights that arrived in the decades to come. But at the same time, the author — who noted with a smile that "I write fiction, so I like to get in other people's heads" — drew reasonable conclusions based on Dr. Franklin's noted determination and meticulousness.

"I don't think she was looking for the reasons why she was being treated differently," Ms. Benedict added. "Whether they were because of her gender or her background or her affluence, those were barriers that she had to step around and topple so she could continue on her path."

Dr. Franklin's work ethic and resolve remain universal assets that would benefit science in any culture or era, as further detailed in the Post-Op story in this issue of *Helix*. We also highlight how similar attributes have helped women like Kimberley M. Darey, MD '04, Stephanie Wu, DPM, Amanda M. Simanek, PhD, MPH, and others advance in their fields — and continue to open doors in medicine and science.

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.

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!
rfu.ms/socialmedia

 **FACEBOOK:**
facebook.com/RFUMS

 **INSTAGRAM:**
[@RFUMSLife](https://www.instagram.com/RFUMSLife)

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CONNECT

By Dawn Rhodes

RECOVERING LOST SOULS



THE SEARCH FOR SHIPS THAT VANISHED
DURING THE MIDDLE PASSAGE FROM AFRICA



¹ **Diving With a Purpose** works in partnership with the Smithsonian National Museum of African American History and Culture's Slave Wrecks Project. Other partners include the National Park Service (Submerged Resources Center and Southeast Archaeological Center); the National Oceanic and Atmospheric Administration; the South African Heritage Resources Agency; and the Society of Black Archaeologists.

Previous spread and at right: CJ Fisher, PA '24, at Sunrise Beach in Lake Bluff, Illinois, in October 2022.

Preservation is a guiding principle for CJ Fisher, PA '24, a mission that's taken her from underwater diving to explore the remnants of a sunken slave ship to pursuing a career in medicine.

Miss Fisher's passion for marine mammals drew her to the water. Eager for more opportunities to dive, a family friend connected her with an experienced instructor who led a program for young divers in Florida.

She didn't find out until later the program was Diving with a Purpose¹, a nonprofit that trains divers to find, document and preserve historic underwater artifacts relating to the African diaspora. Since 2003, the organization has trained hundreds of divers with a particular focus on shipwrecks from the Middle Passage of the Transatlantic Slave Trade.

Miss Fisher's diving experiences steered her toward health care, which she said "has been able to combine preservation, advocacy, science and hospitality in the right way for me."

The throughline from diving to medicine may not be readily apparent. Miss Fisher sees parallels between the trauma, exploitation and degradation of enslaved people and the ignominious history of medical care for vulnerable people that breeds mistrust toward physicians. Both as an underwater researcher and a health provider, her role is to be a preservationist.

Through diving, "I'm preserving a culture, a story, a history that would otherwise be at the bottom of the ocean," Miss Fisher said. "This means a lot to me, because I think it's preserving a family, a life, a person, especially people of color who have such difficult relationships with medical providers and people they can't identify with culturally. It is still quite apparent in society.

"You cannot be a good provider if you're not willing to preserve the cultural significance for a patient."

It's been a circuitous route for Miss Fisher to find her place.

Originally from New Jersey, Miss Fisher studied at six undergraduate schools and initially wanted to be a shark biologist. Ask her anything about sharks.

"That was my big thing," Miss Fisher said. "I love sharks. I've been diving with sharks. I have so much footage of me down there with sharks — touching sharks, feeding sharks. I love it all."

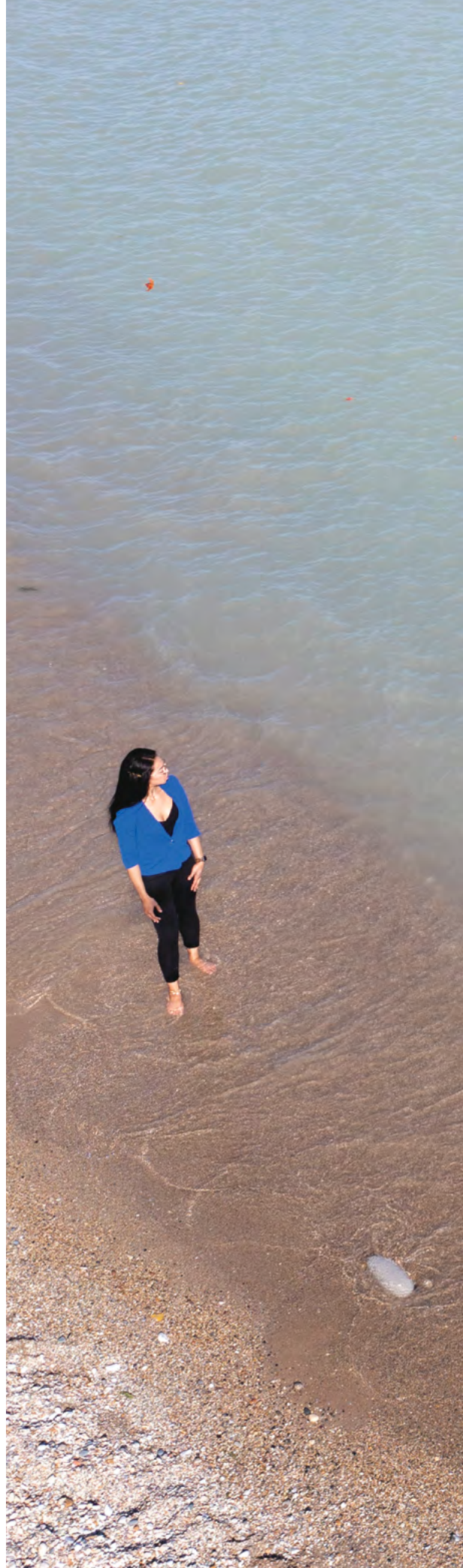
Underwater archaeological exploration for slave ships wasn't on the radar, but she was "totally enamored" with Diving With a Purpose and jumped to get involved — which meant she had to learn to swim. After a few months of near-daily training, she was in the next cohort of divers heading to Florida.

Miss Fisher and fellow underwater archaeology advocates concentrated on a five-mile stretch near the Florida Keys to search for the *Guerrero*, a Spanish ship that wrecked in 1827 with 561 enslaved Africans on board.

While records on enslaved people are lacking throughout history, everything about the *Guerrero* "down to the nails in the ship" was meticulously documented, Miss Fisher said.

"It was so well documented, because it was a business," she added.

Miss Fisher and fellow divers first trained in the classroom to learn how to scrutinize and document what they could see underwater.

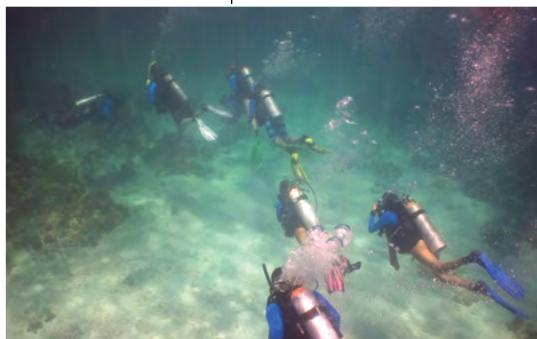




"I'M PRESERVING A CULTURE, A STORY, A HISTORY THAT WOULD OTHERWISE BE AT THE BOTTOM OF THE OCEAN ... YOU CANNOT BE A GOOD PROVIDER IF YOU'RE NOT WILLING TO PRESERVE THE CULTURAL SIGNIFICANCE FOR A PATIENT."

“Contrary to what cinema would have you believe, when a ship sinks, it doesn’t just sink in one piece; it is torn to pieces. Wood is strewn for hundreds of miles. You’re lucky if you find artifacts within miles of each other,” Miss Fisher said. “So a lot of the educational component was on land, studying how to recognize unnatural shapes, colors underwater. ... They don’t just stand up and look like an artifact. Coral grows over it. Plants grow over it. Animals participate in its degradation.”

Once in the water, the divers split up to tackle different quadrants along the designated search site. Equipped with waterproof paper, pencils, tools and compasses, divers map out what they see, sketch it and bring the information back to lab scientists to evaluate. If they determine something is a remnant of a wrecked ship, the expert researchers will dive to remove it from the water without disturbing the marine life, then analyze it in the lab.



Along with diving, underwater advocates received lectures on African history, archaeology and marine biology.

“The more you learn, the more it sits with you,” Miss Fisher said. “It’s not a job you can do and be removed from it. You have to have the context, the education. You have to understand the significance of what we’re doing and why.”

ARC OF A DIVER



Miss Fisher continued participating in Diving with a Purpose while in school in New Jersey, later transferring to a school on the Gulf Coast in Florida to concentrate on marine biology. She studied abroad in Honduras and Cuba, spending a month aboard a Cuban research vessel to contribute to a report to the Cuban government advocating for the preservation of the area’s marine life.

But within weeks of finishing school with a degree in biology, Miss Fisher said she knew it wasn’t the right fit.

“I worked in our marine mammal pathology labs, so I was doing autopsies on manatees and dolphins and all that, which was great, but I was by myself in a lab all the time,” Miss Fisher said. “I love science ... and I knew I loved people, and I wanted to keep doing something where I interact with people.

“And the PA profession kind of checked all those boxes with the experience that I had, the expertise that I had, the interest that I had.”

After three years of taking additional courses and applying to graduate programs, Miss Fisher enrolled in RFU’s PA program in May. She’s also pursuing a master’s in public health.



When she was alone with her thoughts and sounds of breathing underwater, Miss Fisher dove into the space where thousands of enslaved people drowned for economic gain. Around 12.5 million Africans were forced into more than 36,000 slave voyages between the 16th and 19th centuries. An estimated 500 to 1,000 of those ships sank, according to *National Geographic*².

“It’s particularly important to highlight this dark time in history because it helps to explain the current mindset that people of African descent have now,” Miss Fisher said. “People don’t understand how traumatic events travel through bloodlines. Just because mistreatment happened decades ago, it’s still very apparent.

“As a provider, it’s worth working harder to build a connection with a patient who might come off as difficult or noncompliant, because there’s a lot of extenuating factors that might be affecting them that you’ve never experienced or been aware of. You can provide the care that is needed — it just takes a little more effort.”

Photos provided by Miss Fisher show her at work with a group of Diving With a Purpose divers; a marker used to track objects found on the ocean floor; and Miss Fisher documenting a site.

²From The Slave Wrecks Project’s Mission Statement: “The (SWP) searches for slave ships one voyage at a time, and looks at sites, histories, and legacies connected by those voyages. This mission to humanize the history of the global slave trade increases all people’s capacity to understand a trade that shaped the world in which we live. By recovering the experiences and highlighting the humanity of those who were enslaved aboard the ships that plied the most horrific and extensive trade in people in world history, SWP seeks to bring the immensity of that history to a human scale, voyage by voyage. Through SWP’s efforts, previously submerged archeological remains and long-neglected histories are recovered, restored, remembered, protected and shared.” nmaahc.si.edu/explore/initiatives/slave-wrecks-project



Left: Miss Fisher (in floral shirt to the right of center) with her fellow Diving With a Purpose underwater archaeology volunteers.

Below: In photos provided by Miss Fisher, she works underwater and in a lab setting to document a site explored by Diving With a Purpose.

In carrying that tragic history with her, work to preserve the stories of people who have died can overlap with the mission to safeguard a patient's health and autonomy.

"A lot of medicine is viewed as giving orders and expecting a patient to follow. ... But it separates us from the outcome of this degree, which is to take care of people," Miss Fisher said. "If you have a lack of cultural understanding and connection ... a patient might be less willing to take orders from you. How do you address these barriers, how do you preserve their language, their autonomy, their culture while preserving their health?"

"I carry that with me, because I understand what that looks like when a person is not preserved and a story is not told ... left at the bottom of the ocean, so to speak. I say that as a medical provider who wants to see their patients flourish."

It wouldn't have happened without Diving With a Purpose, Miss Fisher said.

"This program, I wouldn't be in the medical field without them," she said. "I have a responsibility to preserve and to advocate for people who need it in the best way I can in the way that interests me the most." ✕

Dawn Rhodes is a Chicago-based writer and editor. She's worked in journalism for more than a decade.



WEEKEND LAB WARRIORS

By Amy Knutson Strack

Photos by Michael R. Schmidt

School on a Saturday? For most students, that would be nothing to rave about, unless they are students in RFU's Pre-professional Laboratory Assistant Course, affectionately dubbed Science Saturdays.

Through generous sponsorship from the Gorter Family Foundation, Steans Family Foundation and CPASS Foundation, the program kicks off its next season in the spring with plans for programs in the summer.

"Students have fun," said Interim Director of Pathway Programming Quijuan Greathouse, "but they also find value in higher education."



In Science Saturdays, students complete coursework and also gain hands-on laboratory experience that enhances their understanding of core scientific concepts. Coupled with academic support, they have a competitive edge during the admissions process for medical school or other health professional degree programs.

"Our goal is to assist students in their preparation for college success so that they can successfully apply and be prepared for advanced studies in the medical and healthcare fields," said Vice President for Diversity, Equity and Inclusion Eric G. Williams, PhD. "We want students to have knowledge of the full breadth of careers in health care. I believe that exposing participants to different careers gives students the knowledge needed to make the best career decisions."





“It really gives you the confidence to say, ‘Yes, I can pursue this — I will be in the health profession.’”



What distinguishes Science Saturdays from other pathway programs for high school students is RFU uses a multi-level mentor approach with faculty, students and graduate students. This allows participants to work with compatible mentors who have focused interests.

Several students also matriculate to the university’s INSPIRE (Influence Student Potential and Increase Representation in Education) program, an eight-week mentoring and research program for high school and college students. INSPIRE students return for multiple years to support their studies.

Sarah Mata, a first-year student at DePaul University and graduate of Grayslake Central High School in Grayslake, Illinois, participated in Science Saturdays as well as INSPIRE.

“I had never been around faculty and students at this level, so being around them (in this environment) was a little intimidating,” said Ms. Mata. “But I learned they are really here to support me and guide me and answer all of my questions. It really gives you the confidence to say, ‘Yes, I can pursue this — I will be in the health profession.’”

The programs continue to focus on increasing the number of qualified students from underrepresented populations in Lake County, with a goal of completing advanced degree health programs and later serving the community as practicing health professionals.

“My vision for both Science Saturdays and INSPIRE is to increase the number of participants in the program, especially students from North Chicago, where Rosalind Franklin is located,” said Dr. Williams.

Both Dr. Williams and Mr. Greathouse emphasized how valuable the program is for communities near RFU, allowing participants an opportunity to have hands-on experience, even beyond STEM fields.

“First-generation students get exposure that they would possibly not get otherwise,” said Mr. Greathouse. “I think it impacts the students (because they also) learn things like financial literacy.”

Aylin Sanroman studies biology as a second-year student at Purdue University Northwest. She graduated from Round Lake High School in Round Lake, Illinois, and participated in Science Saturdays as well as two years in the INSPIRE program.

“Something I thought I would never do so soon is work in a lab setting and do things hands-on,” said Ms. Sanroman about her experience. “In my (college) biology lab, it’s just basic pipette work, but (at RFU), we use more advanced equipment with much more responsibility. I never thought I would be so young and doing this.” ✕

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

2022 INSPIRING PROGRAMS IN STEM

SCIENCE SATURDAYS AND INSPIRE WERE JOINED BY **CAMP MED, A CHICAGO MEDICAL SCHOOL PROGRAM**

geared toward local underserved teenagers interested in pursuing medical careers, in being honored last summer by INSIGHT Into Diversity as among the magazine’s **2022 Inspiring Programs in STEM**. The award honors colleges and universities that encourage and assist students from underrepresented groups to enter STEM fields. According to INSIGHT Into Diversity, the 77 recipients in 2022 were selected “based on efforts to inspire and encourage a new generation of young people to consider careers in STEM through mentoring, teaching, research, and successful programs and initiatives.”



LEARN MORE ABOUT INSIGHT INTO DIVERSITY and the Inspiring Programs in STEM Awards.

DIVERSITY, EQUITY AND INCLUSION

INTERSECTIONAL

By Judy Masterson

Photos by Michael R. Schmidt

HEALTH EQUITY



CENTER FOR HEALTH EQUITY
RESEARCH DIRECTOR
DR. AMANDA SIMANEK
DISCUSSES THE MULTI-FACETED
APPROACH TO THE WORK OF
CREATING HEALTH EQUITY.

Social epidemiologist Amanda Simanek, PhD, MPH, arrived at RFU on Aug. 22, 2022, to lead the recently established Michael Reese Research and Education Foundation Center for Health Equity Research (CHER). Her vision includes facilitating health equity-focused research collaborations that respond to community needs and implementation of interventions aimed at improving health equity in Lake County, Illinois.



Helix: You left a tenured position to take the founding directorship of CHER. Why the leap?

AS: I joined the faculty at UW-Milwaukee in 2013 to help build a School of Public Health. We designed from scratch a master of public health and a PhD in epidemiology. The inception of the school was grounded in training up a workforce that could contribute to improving public health and health equity in the Milwaukee community. That's work that is really appealing to me. I read about RFU and CHER, and I was intrigued by the interprofessional approach to education that, to some extent, we had also emphasized in UWM MPH programs. I also saw a need at RFU that my skill set might help meet. So, I'm up for the challenge. Challenges are interesting. They're stressful, but they can be fun and it can be an opportunity for creativity.

How's it going five months in?

We're still at the early stages of doing this work. You have to be comfortable with it being an iterative process. We have largely been focused on identifying community needs and priorities around health equity and this will help us to identify how the center might best meet those needs. My long-term vision is that in three to five years, maybe even before that, we will offer a well-oiled process, where a community group thinks, "We have this project, let's go to RFU for the help we need." Or, "We have this data but don't have a way to analyze it, let's contact CHER because they have a statistician we can consult with."

How did you begin?

I've talked about doing both a community inventory and an RFU inventory as my first steps in getting a lay of the land. A lot of people and RFU community partners are already doing health equity-related work and advocacy in their own communities. I want to get to know what's happening in Lake County. It takes time to really get to understand the historical influences of an area, the way that neighborhoods have been shaped. I want to partner with the people at RFU and in the community who already know that history. The RFU inventory is about learning what students and junior investigators want and need in their training. Are they looking for research opportunities? What training are they getting in research methods — in working with communities?

How do you envision student involvement?

At UWM, we were very much health equity and social justice focused in our training of students. They completed field experience training with organizations in the Milwaukee community. We were unique among programs, designing it so that our students would be trained to use the tools of epidemiology to help community groups advance their social justice and health equity work. We would help marry the skill sets our students are gaining with the projects community partners wanted to do. I'm looking forward to identifying those spaces in which RFU faculty, students and community partners can collaborate on research projects that advance the health equity efforts already being carried out in Lake County.

Your research has looked at how socioeconomic disadvantage relates to health and disease across generations. What have you come to understand?

I've conducted studies that have looked at the relationship between prenatal disadvantage — the social environment in which your mother is pregnant with you and gives birth to you — and how that may impact the health of the next generation. Through this work, I've identified several ways in which a child born into a low socioeconomic environment — who has no choice about that — is already, potentially, at higher biologic risk of certain diseases, which is unjust. We also know that health behaviors and other things that we pin on lifestyle choices of adults are actually highly determined by social environments that people often have little control over. From a social justice perspective, it makes it imperative to utilize any information gained about the biologic consequences of such environments to advocate for interventions that target unjust structures and systems.

Previous spread, clockwise from top left: RFU's Community Care Coach at the intersection of 10th Street and McAlister Avenue in Waukegan, Illinois; community members tour RFU during a public event in summer 2022; a view looking west down 10th Street in Waukegan; prospective students visit simulation labs during an RFU open house; a view from the Care Coach window as the van travels north on McAlister Avenue in Waukegan; the Care Coach reflected in a shop window as it drives through North Chicago, Illinois, in fall 2022; participants in a community tour are guided through the Innovation and Research Park in summer 2022.

What are some big-picture takeaways on the shift in public health and epidemiology from an emphasis on health disparities to health equity?

The word “disparate” itself really means difference, and it is devoid of the other context, which is that inequities are driven by unjust and preventable causes, and that’s unacceptable. The shift in language acknowledges the component of unjustness — that these are not organic differences. Inequities in health have emerged because of structures and systems that have perpetuated or increased those inequities. That’s no accident. It happens because structures and systems benefit some people to the detriment of others. We’ve seen a reckoning, in particular over the past two to three years, around recognizing racism as not just discriminatory acts by some individuals against others, but systems and structures that have over hundreds of years perpetuated inequitable access to resources and how that translates to poor health. It’s no longer acceptable to just document or even map out where inequities are happening. We need to understand the historical context in those neighborhoods — who lives there, what kind of jobs are available, what environmental toxicants are present and the myriad factors that have contributed to the health conditions of people living in a given ZIP code or census tract. Again, not just to catalog those historical facts, but to ask, “How do we undo, how do we rectify and change those structures or remedy the consequences of them?”

“WE’VE SEEN A RECKONING, IN PARTICULAR OVER THE PAST TWO TO THREE YEARS, AROUND RECOGNIZING RACISM AS NOT JUST DISCRIMINATORY ACTS BY SOME INDIVIDUALS AGAINST OTHERS, BUT SYSTEMS AND STRUCTURES THAT HAVE OVER HUNDREDS OF YEARS PERPETUATED INEQUITABLE ACCESS TO RESOURCES AND HOW THAT TRANSLATES TO POOR HEALTH.”

What’s your go-to example of an unjust structure?

Discriminatory housing and lending practices. Take the house that I own in Milwaukee, which is over 100 years old. Many people don’t realize that at points over the past century, it was common practice to include clauses in the deeds on homes that said you can buy this house, but you can never sell it to an African American or Jewish person. So there always has to first be a recognition — but then also a reckoning. We need to go further, to say, “Okay, knowing about this unjust historical practice, what ways can we undo some of the damage done by these systems around lending that have gone on over the past century?” But it is through that documentation and uncovering that we acknowledge that these unjust systems exist. It’s through research that we identify the social and biologic consequences of such systems. It’s through interventions and policies targeting these systems that we can work to address the resulting inequities in health. That’s all part of the work to create health equity. ✕

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

SOCIAL DETERMINANTS OF HEALTH

TRANSPORTATION

ACCESS TO
HEALTH CARE

ECONOMIC
STABILITY

EMPLOYMENT

EDUCATION

FOOD ACCESS
AND SECURITY

HOMELESSNESS
AND HOUSING
INSTABILITY

STRUCTURAL
INEQUITIES
AND BIAS

VIOLENCE
AND COMMUNITY
SAFETY

Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, known as social determinants of health (SDOH). SDOH relate to access to social and economic opportunities, community resources, quality education, workplace safety, environmental factors and the nature of social interactions and relationships. SDOH help explain why some people in the United States are healthier than others.

Source: Northwestern Medicine
2022 Community Health Needs
Assessment



CHEMISTRY APPLIED

CMS DISTINGUISHED ALUMNI AWARD WINNER
KIMBERLEY DAREY REFLECTS ON HER JOURNEY FROM
THE LAB TO HOSPITAL ADMINISTRATOR.

By Dawn Rhodes



Kimberley Darey, MD '04, started her career as a chemist. Once she switched to medicine, she pivoted to being a physician, which led her to being a hospital administrator.

Now Dr. Darey is set to be named President of Elmhurst Hospital. She also recently was named to the Elmhurst Memorial Hospital Foundation Board of Trustees, recognized as one of *Crain's Chicago Business*' 2022 Most Notable Executives of Color in Healthcare, and honored with Chicago Medical School's 2022 Distinguished Alumni Award for Service.

Dr. Darey credits mentors who gave her opportunities to pursue what inspired her most, allowing her to rise up the ranks despite not taking a traditional path to medicine.

"Just because someone hasn't made a numerical cut doesn't mean they won't make it. If that were the case, I wouldn't be here," Dr. Darey said.



Above: Images from the CMS Reunion in September 2022 show Dr. Darey with her parents, Janice Thompson and Patrick Thompson, and accepting the Distinguished Alumni Award for Service.

Dr. Darey, "a science-and-math kid," got her first taste of a career in health care through the Chicago Area Health and Medical Careers Program at Illinois Institute of Technology in Bronzeville. That program, nicknamed CAHMCP, started in the 1970s and long has focused on introducing more people of color into medicine, dentistry and other health-related fields.

From there, she went to Xavier University of Louisiana. But around her third year, she started to doubt herself.

"I don't know if I can do this because everyone's getting 4.0s," Dr. Darey remembers thinking. "I was a little worried, because that was the time you started taking the MCATs, and I was concerned about being rejected."

She changed her major that year to focus on chemistry and worked as a chemist for seven years at various drug companies.

Another shift wasn't far ahead, when Dr. Darey started working in clinical trials at G.D. Searle LLC, a subsidiary of Pfizer based in suburban Skokie, Illinois. With support from her boss, she set out to obtain her MD, but she had no designs on doing residencies or working with patients.

"I was a background lab person. I didn't think I had the skills to take care of patients," Dr. Darey said.

She went back to CAHMCP for help. The program director who remembered her as a student guided Dr. Darey toward courses that helped secure an interview and admission into Chicago Medical School.

"It definitely was roundabout, but I think it's really important to have these programs for people who may not go straight through," Dr. Darey said. "If we didn't have that, I wouldn't be a doctor. It wasn't that I couldn't do the work, because obviously I got through it at school. It's just that I needed someone to give me a chance."

Capitalizing on her love for chemistry, Dr. Darey's initial goal was to be an anesthesiologist, or "the chemist of the OR." Thinking little of obstetrics and gynecology, she pushed the specialty to be her final rotation — and then she was hooked. Nearing her senior year, she quickly had to shift gears and change her applications to land an OB-GYN residency.

After working in private practice for several years, she joined Elmhurst in 2010, becoming medical director of the Elmhurst Hospital Family Birthing Center and working under the Chief Medical Officer. Learning more about her boss's job foretold another career shift.

"I realized how much I like hospital administration. I like seeing how a hospital runs," Dr. Darey said. "As a physician, it's like ordering something off a menu, and you don't care that your steak has to be flown in from Australia. It's understanding the economics of health care. That just changed my view."

Previous spread:
At upper left, Dr. Darey delivers the Oath of Geneva at RFU's 108th Commencement in June 2022.



“PEOPLE NEED TO FEEL INCLUDED AND THEY NEED TO FEEL LIKE THEIR VOICES ARE HEARD. WHEN THEY FEEL INCLUDED, WE CAN MAKE OUR PATIENTS FEEL INCLUDED, TOO.”

Above: In September 2022, Dr. Darey joined RFU community members (from left) Jeffrey Damaschke, PT, DPT, PhD; Frank DiLiberto, PT, PhD; and Jolee Rosenkranz, MPH, in staffing a Wellness Village at the annual Tour de Cure bicycle race in Aurora, Illinois.

She rose to Chief Medical Officer — the first Black physician to achieve that ranking — and Vice President of Medical Affairs for Elmhurst Hospital. She was scheduled to assume the President role in January.

Inclusivity is core to Dr. Darey’s mission. She is chair of the hospital’s diversity council and said one of her main goals is to create a workplace where people can speak up about any prejudice they face. The hospital is implementing mandatory microaggressions and unconscious bias training, Dr. Darey said.

“People need to feel included and they need to feel like their voices are heard,” said Dr. Darey. “When they feel included, we can make our patients feel included, too.”

She added that it’s crucial that the medical field open more pathways for people of color to start their careers, then provide the support so they may continue their work serving patients with empathy and compassion.

“I think there’s something to say about, ‘What kind of physicians are we trying to create?’” Dr. Darey said. “There’s a recipe to getting into medical school, but most people of color don’t know what it is. Our society deserves to have a diverse group of people to handle a diverse group of patients, and we need to do something to help them get there.” ✕

WOMEN'S BODIES UNDER THE MICROSCOPE

By Judy Masterson

Photos by Michael R. Schmidt

RFU's 7th Annual Women in Science and Healthcare (WiSH) Symposium, "Women's Bodies Under the Microscope: Sex Does Matter," held Oct. 24, featured a presentation by Wellesley College President Paula A. Johnson, MD, MPH, who is working to improve health outcomes for women in the United States and around the world by revealing and confronting gender bias in medical research and clinical care.





VIEW A
RECORDING
OF THE 2022
SYMPOSIUM.



“COVID-19 revealed a stark reality and essential truth about health care,” said Dr. Johnson. “Equal outcomes can only be achieved if, system-wide, there’s a recognition of meaningful differences. That recognition is what I have been working toward my entire career.”

The WiSH seminar was founded in 2016 to celebrate the university’s namesake, Dr. Rosalind Franklin, who played a crucial role in the discovery of the structure of DNA, and to highlight “the promise and struggles for women in science and health care,” said neuroscientist and Professor Lise Eliot, PhD, who co-chairs the lecture series.

“Ever since 2004, when the university was renamed in her honor, Rosalind Franklin has become an inspiration for all who walk through these doors,” Dr. Eliot said. “The fact that her contributions were ignored for decades only magnifies our commitment to honor her legacy every day through our research, teaching and clinical endeavors.”

Inspired by the iconic 1955 photo of Rosalind Franklin peering through a microscope, symposium organizers aim to explore, at an elemental level, issues around race and gender and their impact on health and well-being.

“We began with a deep dive on gender bias in science and health care,” Dr. Eliot said. “The next year we turned to gender segregation in the health professions and the impact of our ubiquitous social divides on women’s advancement and women’s health.”

“When research is inadequate or misleading, it distorts decision-making throughout the system.”



Dr. Johnson has combined scholarship and practice in cardiology and clinical epidemiology to research disparities based on sex and race. She has led groundbreaking national reports on the sexual harassment of women in STEM and the need for sex-specific medical research. She told symposium participants that she’s pushing for change in three key areas: research that accounts for both the biologic differences between women and men and the social and environmental factors that often determine health outcomes; clinical care that incorporates and reflects these research findings; and health policies and leadership that support the larger goal of equity.

“There’s a reason research comes first on my list,” Dr. Johnson said. “It informs every other aspect of our healthcare system, or it should. When research is inadequate or misleading, it distorts decision-making throughout the system. That’s been the case for women’s health for far too long.”

RFU is determined to advocate for gender equality through education, action and vigilance, said Provost Nancy L. Parsley, DPM, MHPE, who praised WiSH and similar national and global initiatives.

“We look forward to a time when progress overtakes the remaining challenges, and professional respect for women in science and health care becomes the cultural standard,” she said. ✕

Opposite page, from left: Paula A. Johnson, MD, MPH, delivers the keynote address at the 7th Annual WiSH Symposium; Dr. Johnson with Provost Nancy L. Parsley, DPM, MHPE, and President and CEO Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM; Kristine Jennings Burgess, MS, PA-C, CLC, serves as the Symposium’s moderator.

Above: From left, Holly C. Hunsberger, PhD, Dr. Johnson and Biana Kotlyar, MD, participate in the Symposium’s panel discussion.

Bottom: Dr. Johnson takes a photo with participants.

12.10.51

Same specimen - cordⁿ, repeat
camera set up w H_2 & NH₄Cl sat.

2 p.m.

take on

3 p.m.

13.10.51

4 p.m. Filament burst out
tube on

15.10.51

11.30 a.m.

Filament burst out during night

Randall then called off without explanation
people of whom she may or not be aware
Stokes who now wished to concern himself
theoretical problems. Then came the critical sentence
This means that as far as the experimental X-ray
concerned there will be at the moment only you
concerned together with the temporary assistance
of Mrs Heller.

17.10.51
Found that fibres of desoxyribose nucleic
acid, working in conjunction with Wilkins,
derived from material provided by Professor Signer of
give remarkably good fibre diagrams

2-15

18.10.51

Tube cleaned, new filament
Stopped for 6 hrs to recover

19.10.51

H₂ stopper blown off during night

20.10.51

blown out

BEING THERE

DR. LUCILLE HELLER REMINISCES ABOUT HER
WORK IN 1951 WITH DR. ROSALIND FRANKLIN.

By Judy Masterson

Photos by Ryan Brandenburg

Lucille Heller, EdD, passed away on Dec. 26, 2022, at age 97. In July 2022, she sat for an interview via Zoom from her residence in New Jersey to share her memories of working with Dr. Rosalind Franklin.

Lucille Heller, EdD, was part of history in the making 72 years ago when she worked for a brief time as part of a small DNA research team that, with the addition of physical chemist Dr. Rosalind Franklin in early 1951, helped decode the structure of DNA¹ — one of the greatest discoveries in modern biology.

Dr. Heller, who had earned a BA in physics from Syracuse University² before working in radiation safety, was 25 at the time. She witnessed innovations that sparked a seismic shift in molecular biology as Dr. Franklin oversaw the design and application of a special X-ray camera and, aided by her PhD student Raymond Gosling,³ experimented with humidifying DNA fibers and exposing them to an X-ray beam.

"I didn't realize the significance of what we were working on at the time," Dr. Heller said. "I remember helping Gosling set things up, and I think I helped sometimes with taking the X-rays, and I helped Freda Ticehurst, the lab photographer, develop some of the images. My contribution was very small. But in retrospect, especially when Watson and Crick were awarded the Nobel,⁴ I realized: I was there."

A native of Pennsylvania, Dr. Heller traveled to England in September 1950 with her new husband, an organic chemist. It was a yearlong trip that was part honeymoon, part scientific internship. The couple, who met while working for the Atomic Energy Commission in Oak Ridge, Tennessee,⁵ arranged volunteer stints — he at a lab studying petroleum at University College London, she in the 31-person physics and biophysics lab of Professor J.T. Randall⁶ at King's College London.



Dr. Franklin arrived to begin a three-year fellowship the following January, still torn about leaving the research and cosmopolitan life she loved in Paris and returning to London, with its post-war rationing and rubble.⁷ Intent on acclimating to a new lab and a new field — biophysics — she focused on conquering the challenge before her.

"She was always very nice to me," recalled Dr. Heller. "But I think most of the people in the lab were not friendly with her. She didn't reach out much to other people, to other women in the lab. She came across as highly motivated and dedicated to her work."

Dr. Lucille Heller is mentioned six times in the definitive 2002 biography by Brenda Maddox, "Rosalind Franklin: The Dark Lady of DNA." Erroneously cited as Louise Heller, she never asked for a correction.

¹ Dr. Franklin assembled an X-ray diffraction lab at King's College London to research the structure of DNA. She discovered that DNA can take two forms, "A" and "B," and produced a diffraction photo of the B form of DNA that confirmed James Watson's and Francis Crick's theory of its double-helix structure.

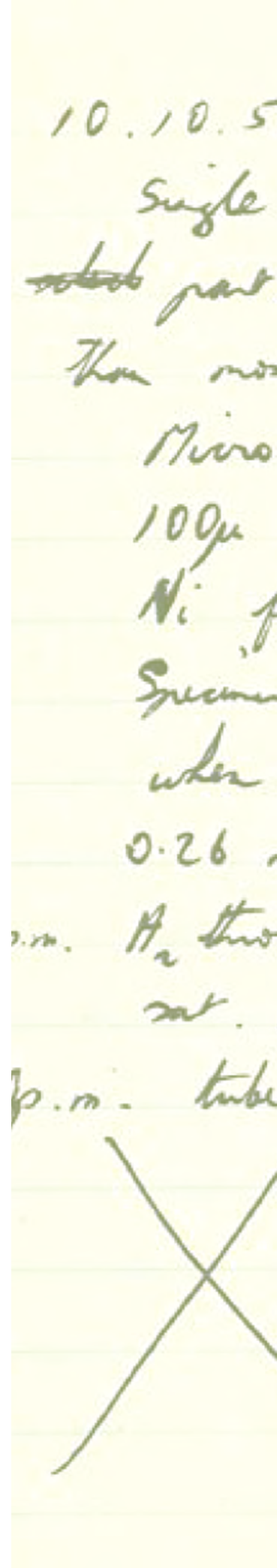
² Dr. Heller recalled that at the time — during World War II — she was one of just four physics majors, three of whom were women.

³ Gosling worked under the supervision of Maurice Wilkins until the arrival of Rosalind Franklin. When Franklin left in 1953, he was reassigned to Wilkins. Dr. Heller named her youngest son after Gosling: Charles Raymond Heller.

⁴ Watson, Crick and Maurice Wilkins jointly received the 1962 Nobel Prize for their determination of the structure of DNA.

⁵ During World War II, the U.S. government initiated the secret Manhattan Project, which was tasked with developing the first nuclear bomb. The project and the agency that ran it spanned the entire nation, using existing laboratories, constructing new facilities and employing professionals of almost every discipline. Oak Ridge was one of the sites created for the project.

Below: An image from Brenda Maddox's 2002 biography shows Dr. Franklin walking in Lyons, France, with colleagues in 1949. Opposite: Dr. Heller at her home in New Jersey.





"WHEN I THINK ABOUT WHAT'S BEEN DONE WITH DNA, I GET VERY EXCITED. I WAS SO LUCKY TO BE THERE, TO KNOW ROSALIND FRANKLIN. IT MAKES ME FEEL VERY PROUD."

"A lot of people call me Louise," she laughed.

She described in the book her first impression of Dr. Franklin as "very attractive, very bright, very impatient and very opinionated," and as having "the sort of drive that the work was more important than anything else." Her recollections include how Dr. Franklin routinely skipped morning coffees, and the afternoon tea, a "command performance" ordered by Professor Randall, who liked to mingle with his staff.

"Except for Gosling and Freda, she had very little contact with other lab members, as far as I could tell," said Dr. Heller, who recalled an invitation to dinner at Dr. Franklin's flat and the roast rabbit she was served.

"I remember she had trouble with the espresso machine," said Dr. Heller, who also recalled that Dr. Franklin, while still new on the job, once asked her to "rewire the X-ray machine," a task outside of Dr. Heller's skill set.

"I was relieved when Dr. Randall found out and let me off the hook," she said.

⁶ Randall, who invented the cavity magnetron, which helped Allied forces hunt down German submarines in the Battle of the Atlantic, valued women scientists and promoted them to positions of authority. Eight of his 31 lab members, including Rosalind Franklin, were women.

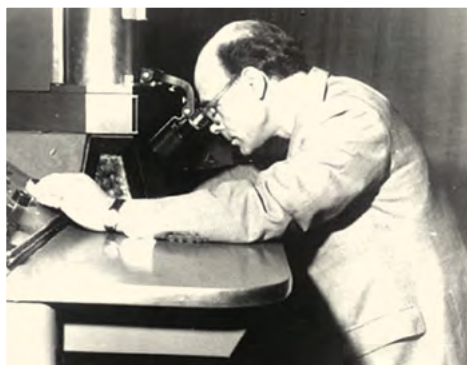
⁷ Aerial bombardments during World War II caused widespread damage to the city and killed an estimated 30,000 people.

⁸ Nazi Germany conducted an intense bombing campaign against the United Kingdom from Sept. 7, 1940, to May 11, 1941. The British dubbed the offensive the Blitz after the German word *blitzkrieg*, "lightning war."

⁹ The Hellers biked across England, often staying in youth hostels, before returning to live with Howard's family in Arlington Heights, Illinois, while he looked for a job. He found one with DuPont in Parlin, New Jersey. Dr. Randall corresponded with the scientist couple, sharing papers produced by his lab, and visited them a few years after their return to the States.

¹⁰ Dr. Heller earned her advanced degrees during the Sputnik Era, 1960-1970, as the United States invested massive resources in scientific training, including mathematics.

Clockwise: After-lunch coffee-making ritual at the "Labo"; John Randall, peering into an early electron microscope in the Biophysics Unit at King's College London; Maurice Wilkins in front of the apparatus he used for undertaking X-ray crystallography of DNA. Photo credit: King's College London



Dr. Heller had an outsider's view of the Randall lab's politics, but she soon recognized the dark cloud between Dr. Franklin and Dr. Maurice Wilkins, also engaged in early DNA research at King's. The conflict was fueled by mixed messages from Professor Randall over their respective roles and responsibilities. Dr. Franklin had been brought in to advance the DNA research begun by Wilkins and Gosling. Wilkins assumed she was joining his team.

"It was very tense," said Dr. Heller. "The fact that she was brought in and Wilkins was displaced to a certain extent, I think, was the source of the animosity there.

"Wilkins was very quiet and not easy to get to know," Dr. Heller added. "I had no problems with him. But I just felt that he made no effort to be friendly."

¹¹ At an earlier job with GE in Schenectady, New York, where she worked on microwaves, Dr. Heller was part of a “resistance group” that pushed to make sure women were assigned good projects. At Rutgers, she was involved with groups that supported the work and advancement of women faculty.

¹² Watson and Crick announced their discovery of DNA structure in *Nature* on April 25, 1953. Dr. Franklin and Raymond Gosling published X-ray findings in the same issue, noting that they were consistent with the model proposed by Watson and Crick.

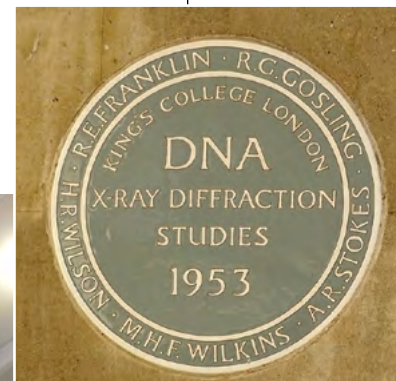
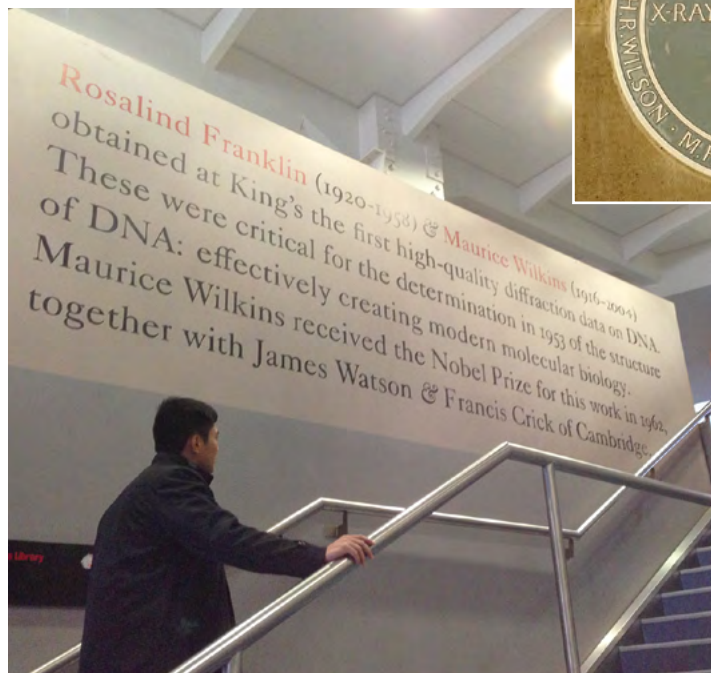
¹³ Dr. Franklin directed research on X-ray diffraction studies of plant viruses, particularly the tobacco mosaic virus (TMV) from 1953 until her death in 1958. She and her team determined the configuration of TMV and the location of its RNA.

¹⁴ Solving the structure of DNA sparked a revolution in the biological sciences and technology that includes new treatments for inherited diseases and cancer, genetic counseling, epigenetics, gene therapy and gene editing. Dr. Franklin’s crystallography work on the structure of viruses confirmed the single-helix structure of RNA — a discovery foundational to the development of mRNA-based COVID vaccines.

Dr. Heller and her husband, Howard Heller, who died in 1996, lived very frugally during their time in London.

“I had been supporting my family and couldn’t contribute much,” she said. “We were very poor.”

The couple lived in one room, on \$28 a week. They shared a kitchen with another roomer, who had lost an eye during the war while serving as an ambulance driver. The landlady was fond of the young Americans and included them in holiday dinners and social outings.



Left: Franklin-Wilkins Building, King's College London.

Above: Memorial plaque for Rosalind Franklin and her team for their DNA studies, King's College London, The Strand Building, London.

Dr. Heller and Dr. Franklin, had they ever shared the details of their lives, might have discovered similarities in their backgrounds. Just five years apart in age, they were both born into Judaism. They were both devoted to science from an early age and excelled at math. Both coped with traumatic experiences. While Dr. Heller was mourning the loss of her father, who died when she was 14, Dr. Franklin, then a student at the University of Cambridge, was volunteering as an air raid warden during the Blitz.⁸

After five months in the same lab, their paths diverged. Dr. Heller left King's to continue her honeymoon before returning stateside to build a life that included a long and happy marriage and raising two sons.⁹ She earned a master's in physics and a doctorate in mathematics education from Rutgers University,¹⁰ where she subsequently taught, then joined the administration, serving as associate provost before her retirement. Across her professional and academic career, she advocated for the advancement of women in STEM.¹¹

Dr. Franklin's life and work also took a fulfilling turn. After capturing Photo 51, which revealed the three-dimensional structure of DNA,¹² she left King's for Birkbeck College, where she illuminated the structure of viruses.¹³ Her research and the tools she helped develop continue to open new fields of investigation and new means of prevention and healing.¹⁴

“When I think about what’s been done with DNA, I get very excited,” Dr. Heller said. “I was so lucky to be there, to know Rosalind Franklin. It makes me feel very proud.” ✕

HALL OF FAMER

By Judy Masterson

Photos by Michael R. Schmidt

Dr. William M. Scholl College of Podiatric Medicine Dean Stephanie Wu, DPM, MSc, FACFAS, was honored with *Podiatry Management* magazine's Lifetime Achievement Award and induction to the Podiatric Hall of Fame on July 30, 2022, during The National, the American Podiatric Medical Association's (APMA) annual scientific meeting. Dr. Wu is at the forefront of a renaissance in podiatric surgical education, research and practice.



Helix: You are the first woman podiatric physician to be named to the Podiatric Hall of Fame, which, by the way, includes quite a few Scholl College graduates. How does that feel?

SW: It's such a great honor to have been voted into the Hall of Fame by my peers. But I was actually a little surprised that I was the first woman podiatric physician. There are so many great women that came before me, like Kathleen Stone, DPM '85, the first female APMA president; Sylvia Virbulis, DPM '85, APMA president-elect; and current President Laura Pickard, DPM '90, the second woman to lead APMA. Then there's our own Nancy Parsley, DPM, MHPE, the first woman dean of Scholl College and the first doctor of podiatric medicine to be named a university provost. These amazing women not only serve as my role models, but their remarkable accomplishments helped pave the path for me, and I am deeply grateful.

Announcement of your award was accompanied by tributes that mention your kindness and humility, qualities illustrated by your first meeting with David Armstrong, DPM, the founding director of the Center for Lower Extremity Ambulatory Research (CLEAR). Shortly after that meeting, he recruited you as Scholl College's first limb preservation fellow.

I did my residency in the Washington, D.C. area and when we learned that he was in town for a meeting with the FDA, he kindly offered to meet the residents. The FDA is in Maryland, and we were at Inova Fairfax Hospital in Virginia. In D.C. traffic, he was hours away. I felt bad about sending a junior resident to pick him up. Who wants to sit in traffic for two hours with somebody they don't know? I was the chief resident. I could have assigned someone else. But then I thought, "No, it's my duty. I'll go." That decision turned out to be pivotal to my professional path.

What has it been like to be a woman in academic leadership?

I'm always aware that our work is a team effort. Whether it's patient care or administrative duties, you need that team of support and just really valuing everyone's insights, thoughts and contributions to help make the best and most informed decisions. We're all working toward the same goal — to best serve our patients and/or students depending on the situation. I came to RFU from residency training where that hierarchy was very much in place. So, as a student, you talked to the first-year resident, as a first-year resident, you talked to the second-year resident, and so on. You don't really see that at RFU, where everyone is kind and just really, really helpful. I think of Wendy Rheault, our president, and Nancy Parsley, our provost. They're team players. Caring and respectful. You don't feel that hierarchy with them. Knowing that I'm in an environment where I can potentially serve as a role model for work-life balance, especially for female students and for younger faculty members, is very rewarding. Because when they see you do it, they're like, "Oh, I can do it too."

You have received international recognition for your work in limb preservation and the treatment of diabetic wounds.

I feel very fortunate to be at RFU because of our strong research focus and our commitment to discovering new means of treatment and prevention. Diabetes and its associated complications to the lower extremity is a very, very costly disease. One of the issues that we deal with is recurrence. We can help heal diabetic wounds, but they come back because the pressure on the feet is always there. So our research is focusing on how to speed healing when ulcers occur to help prevent infections and amputations, and prevent ulcer recurrence once they are healed. That all adds up to saving lives. The costs associated with diabetes and its complications are more than just measurable healthcare costs. They also include lost productivity — not only for the patients themselves, but also for their family and loved ones who have to drive them to doctors' appointments and help with dressing changes. We want to prevent wounds that devastate patients' lives and mobility. One area of our research is angiogenesis — the regeneration of blood vessels. Many people with diabetes are affected by a lack of adequate blood flow and that can lead to the need for amputation. So looking at growth factors to help regenerate blood vessels is really important. We're also looking at treating wounds with human umbilical cord tissue — at how that treatment can help with not only regeneration but regeneration with less scarring and decreased recurrence. So we're harnessing the body's own technology, in essence, to speed and improve healing. ✕

Opposite: Clockwise from top: Dr. Wu performs surgery with the aid of a podiatry student while at RFU's North Chicago Health Clinic in 2019; joins podiatry students during a Thursday night clinic at the North Chicago facility; and prepares for a surgical procedure in 2019.



"I'm always aware that our work is a team effort."

Scholl College graduates named to Podiatry Management's
PODIATRIC HALL OF FAME

.....

Theodore H. Clarke, DPM '50

Irvin O. Kanat, DPM '56

Orlando A. Mercado, DPM '61

Lowell S. Weil Sr., DPM '64

Warren S. Joseph, DPM '82

Samuel S. Mendicino, DPM '83

Brad Wenstrup, DPM '85

THROUGH THE MICROSCOPE is a reoccurring *Helix* column that poses an issue to our community of experts.

SUSTAINABILITY IS THE PATHWAY TO RAISING BURNOUT MANAGEMENT INTO THE C-SUITE

By David “Daven” E. Morrison, MD

What if organizations, in particular, healthcare organizations, were truly interested in their employees as much as it seems they are motivated by profit? Then imagine there was a metric every organization could use to bring attention to how their people are doing. For those of us who are interested in success being measured in more than dollars, it could be a wonderful situation. Currently, this becomes even more exciting when it's recognized there is significant motivation within private industry to think beyond “shareholder value.”

Recently, while I was preparing a new presentation on the role of Psychological Materiality for a fraud-mitigation conference, a fellow presenter, Brad Preber, shared his plans to present on a seemingly unrelated topic: sustainability and fraud. There is significant concern that one of the categories of sustainability — global warming — could be subject to fraud, given the volume of interest and money flowing toward the concept.

This was not a new idea, as it had been framed previously as “greenwashing.” Sustainability is also known as Environment, Social and Governance, which is commonly shortened to “ESG.” ESG does not appear to be a “flash in the pan” and is a serious consideration for many large organizations as well as potentially all organizations if reporting on ESG becomes a federal mandate. As CEO of Grant Thornton and the author of the afterword to the book “ABCs of Behavioral Forensics,” Brad Preber developed a thoughtful response to recent concerns of greenwashing fraud.

The presentation was for a national conference on fraud-prevention ethics, ethics in accounting and cyber-fraud risk mitigation. After the conference, there was interest in the intersection of sustainability and fraud, and in particular the role of Psychological Materiality.

Three Recommended Actions for Leaders of Healthcare Organizations (and Beyond):

- Recognize the magnitude and opportunity of ESG/Sustainability as a path to formally account for addressing employee burnout.
- Account for what is financially material as well as what is psychologically material.
- Encourage all workers — leaders included — to search for meaning in their work as an antidote to burnout.

We discovered that there is conceptual overlap between wanting to do the right thing for the environment and the importance of considering things beyond profit. Organizations measure engagement regularly. Because when there is disengagement, there is burnout. Why not include engagement findings in the formal corporate accounting for ESG?

The final piece of the puzzle came when two fellow occupational psychiatrists and I wrote a review article¹ of the current impact of the COVID-19 pandemic on burnout.

To the readers of *Helix*, you will likely know just how stressed healthcare providers and educators have been during the pandemic. Our literature review confirms this. And, it makes sense, given the definition, to add burnout to the mission of sustainability.² ×

David Evan “Daven” Morrison, MD, is an associate clinical professor in the Department of Psychiatry and Behavioral Sciences at Chicago Medical School. With a primary focus on the judgment of senior executives, Dr. Morrison advises private industry and municipal leaders. His work includes developing workshops on executive judgment: when it works and when it derails. These are taught in the Midwest Leadership Institutes (municipal leaders) and Northwestern’s Kellogg School of Management in its Executive Education programs. Application of judgment failures is explored in burnout and fraud.



“...imagine there was a metric every organization could use to bring attention to how their people are doing. For those of us who are interested in success being measured in more than dollars, it could be a wonderful situation.”

¹ Physician Leadership Journal, Volume 9, Issue 4, Table 3, page 31, American Association for Physician Leadership®, 800-562-8088, www.physicianleaders.org.

² Couser GP, Morrison DE, Brown AO. Getting serious about people over profit: Addressing burnout by establishing meaning and connection. *Physician Leadership Journal*, 2022;9(4):29-35.



CULTURALLY COMPETENT CARE

THE HUMAN PERSPECTIVE

By Mercedes Martinez, MD '92

***E pluribus unum* — “From many, one,” or “Out of many, one.” This is a traditional motto of the United States from its early history, appearing on the Great Seal, where the eagle is holding a scroll with *E pluribus unum* in its beak.** Its inclusion on the seal was approved by an act of Congress in 1782. Eventually, Congress passed an act in 1956 adopting “In God We Trust” as the official motto.

Why mention this at all? Though these mottos have different interpretations, our country reflects the first motto. As such, students of today who dare to enter the ever-changing, challenging but exciting, enterprising field of health care should be wary to keep *E pluribus unum* in mind as they begin the arduous, dedicated life of treating another’s emotional wounds of life — be they physical or mental and, for some, spiritual.

One of my heroes is Frederick Sandoval, MPH, executive director and former president of the National Latino Behavioral Health Association¹. He has over 34 years of professional experience in health and human services. He served as a member of the Substance Abuse and Mental Health Services Administration (SAMHSA) Health Care Reform Community of Practice advising on effective outreach and enrollment of uninsured Latino(a)(x)s.

Frederick Sandoval is not a psychiatrist, but he is a hero for mental health — unstoppable, unassuming and, most importantly, a servant of the people, helping link the fabric of our nation’s diverse people for the good of all. I too have that goal in mind.

I am fully committed to the vision and mission to bring equity, justice and a more linguistic, culturally proficient, precise method to treat the whole person, body, mind, spirit and soul.

“I am fully committed to the vision and mission to bring equity, justice and a more linguistic, culturally proficient, precise method to treat the whole person, body, mind, spirit and soul.”

Over the years of my work in psychiatry, I have met people from all walks of life with different outlooks on life. Every one of them carried generational history — some of trauma, some of devastating loss, some of inter-familial conflict — and many drew their strengths from their culture, their families, their belief in their Creator. Many shared their difficulties of navigating a system of care, foreign both to them and their families.

There are those that say these people should become mental-health literate. I think there’s room for the healthcare provider to become socially literate enough to cross the divide before them when they treat an individual who is suffering from mental illness. I continue to work at learning about the unique cultures of those I meet and have the privilege to serve. ✕

Dr. Mercedes Martinez is a board-certified psychiatrist. She completed a Child Fellowship at the University of Illinois at Chicago and her Adult Psychiatric training at RFU. She was awarded the Ginsburg Fellowship for the Group for Advancement of Psychiatry from 1995 until 1997.

¹**Frederick Sandoval served on the National Council of La Raza Affiliate Council.** He was formerly appointed by Gov. Bill Richardson of New Mexico as the Deputy Secretary of Health and Income Support Division Director for the State of New Mexico, and was the alternate to the U.S. Mexico Border Health Commission. He served as first vice president of the National Alliance on Mental Illness (NAMI) in Arlington, Virginia. He also worked as the Human Service Planning Supervisor for the City of Santa Fe; participated in President George W. Bush’s announcement of the New Freedom Commission in Albuquerque, New Mexico; and served on the National Latino Mental Health Congress during President Bill Clinton’s administration.

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



"An incubator isn't just a space; it is all sorts of programming and support to help these companies be successful."

Clockwise from upper left: Marc Glucksman, PhD, speaks during a morning session; Venture Investors Managing Director Paul Weiss delivers the afternoon's keynote address; College of Health Professions Dean Lisa L. Dutton, PT, PhD, second from left, listens to a presentation; Dr. Kaplan with School of Graduate and Postdoctoral Studies Dean Joseph X. DiMario, PhD.



RFU CELEBRATES RESEARCH INNOVATION, PARTNERSHIPS

By Sara Skoog

The university hosted its inaugural Biomedical Innovation Day on Sept. 22 to celebrate the research efforts of RFU faculty and the early-stage companies comprising RFU's Helix 51 bioscience incubator. This new event highlighted the cutting-edge discoveries happening at RFU and the importance of industry-academic collaborations in translating those discoveries into desperately-needed medications and diagnostics.

"Our goal is to support our community, support industry and to support our basic scientists, who can see how their discoveries can be translated into therapeutics for patients," President Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM, told the audience of 120+ in-person and virtual participants. "Our commitment to improving wellness hinges on these strategic partnerships that encourage investment and drive innovation."

"The companies that we bring in, we curate them for potential collaboration with our faculty researchers. We're interested in companies doing R&D that relates to some significant portion of our faculty-research profile," said Ronald Kaplan, PhD, RFU's executive vice president for research, as he outlined the day's events for the audience. "As most of you know, an incubator isn't just a space; it is all sorts of programming and support to help these companies be successful."

Spearheading the creation of Biomedical Innovation Day were Connie Cleary, DPM, director of innovation and industry relations, and Michael Rosen, MBA, managing director of RFU's Innovation and Research Park and Helix 51 Incubator. They developed a robust program for the daylong event that showcased the work of RFU's established and newly recruited research faculty, as well as the Helix 51 companies and the industry experts who advise them.

"Part of the event's success was the active participation by members of our External Advisory Council," said Mr. Rosen. "This is a group composed of industry leaders, venture capitalists, private foundations and Chicagoland economic development executives, including AbbVie, Horizon Therapeutics, the Walder Foundation, Aptinyx, Venture Investors and the Chicago Biomedical Consortium." [x](#)

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.

WELCOME REMARKS

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

Ronald Kaplan, PhD, RFU Executive Vice President for Research and Vice Dean for Research, Chicago Medical School

MORNING KEYNOTE

"The Role of Academic-Industry Partnerships in Biomedical Innovations"

Niels Emmerich, PhD, vice president, global head search and evaluation, AbbVie

RFU IP Track /RFU Senior Faculty Track

MODERATOR: Sandra Laney, PhD, Walder Foundation

Michelle Hastings, PhD, professor and director, Center for Genetic Diseases

Grace "Beth" Stutzmann, PhD, professor and director, Center for Neurodegenerative Disease and Therapeutics

Noah Rosenblatt, PhD, and **Ryan Crews, PhD**, associate professors, Center for Lower Extremity Ambulatory Research (CLEAR)

Marc Glucksman, PhD, professor and director, Center for Proteomics and Molecular Therapeutics



New RFU Research Directions — Brain Diseases

MODERATOR: Andy Kidd, MD, president and CEO, Aptinyx

Holly Hunsberger, PhD, assistant professor, Center for Neurodegenerative Disease and Therapeutics

Eun Jung Hwang, PhD, assistant professor, Stanson Toshok Center for Brain Function and Repair

Nicole Ferrara, PhD, assistant professor, Center for Neurobiology of Stress Resilience and Psychiatric Disorders

Monika Waszczuk, PhD, associate professor, Department of Psychology



AFTERNOON KEYNOTE

"The Role of Midwest VCs Funding New Biomedical Innovations"

Paul Weiss, PhD, Venture Investors

Horizon Therapeutics Overview

Joe Whalen, Senior Vice President, Alliance and International Business Development

COMPANY TRACK: Oncology

MODERATOR: Michael S. Rosen, MBA, managing director, IRP and Helix 51 Incubator

COMPANIES: Instil Bio, Enzyme-By-Design, Artec Biotech, BLR Bio

COMPANY TRACK: Infectious Diseases/Allergens

MODERATOR: Connie M. Cleary, DPM, director of innovation and industry relations

COMPANIES: AirAnswers, Covira Surgical, Everyplace Labs

COMPANY TRACK: Cardiovascular, Fibrotic Diseases and Fibromyalgia

MODERATOR: Joe Whalen, Horizon Therapeutics

COMPANIES: BioLife 4D, Resuscitation Therapeutics, Targacell, Katz Diagnostics

New RFU Research Directions

MODERATOR: Michelle Hoffman, PhD, Chicago Biomedical Consortium

Wren Michaels, PhD, research assistant professor, Center for Genetic Diseases

Rahul Vijay, PhD, assistant professor, Center for Cancer Cell Biology, Immunology and Infection

Christopher Connaboy, PhD, director, CLEAR



INAUGURAL BIOMEDICAL INNOVATION DAY HIGHLIGHTS

Niels Emmerich, PhD, vice president, Global Head Search and Evaluation at AbbVie, kicked off the event with the morning keynote address, "The Role of Academic-Industry Partnerships in Biomedical Innovations." Paul Weiss, PhD, partner, Venture Investors, delivered the afternoon keynote address on "The Role of Midwest VCs Funding New Biomedical Innovations." The daylong, in-person and virtual event also featured presentations from established and newer members of RFU's research faculty, and panel discussions moderated by members of the university's Innovation and Research Park External Advisory Council.



Representatives from companies housed in the Helix 51 Incubator participated in one of three Company Tracks based on specialty — oncology, infectious diseases/allergens, and cardiovascular, fibrotic diseases and fibromyalgia. Each company provided an overview of their research conducted in the incubator, followed by Q&A sessions with the audience.

FAMILY PHARMD

By Judy Masterson

Photos by William DeShazer

A graduate of the College of Pharmacy at Rosalind Franklin University owns and operates the first pharmacy in the State of Tennessee to be named a provider for the federal Vaccines For Children (VFC) program, which offers vaccines at no cost to children who might otherwise not be vaccinated because of inability to pay.

"I was looking for more free services that add value for the community," said Hetal Patel, PharmD '18, RPh, BSc, who invested in a special refrigerator/freezer and other equipment to participate in VFC. "I'm always asking, 'What can we provide to my patients and community that can help solve their problems?'"

According to a 2021 survey by the Tennessee Department of Health, the state ranks in the bottom 20% of states and 41st in the nation for the completion of the CDC's recommended seven-vaccine series for protection against a host of diseases, including polio, Hepatitis B and measles. The COVID-19 pandemic caused a downturn in state child vaccination rates, which, the report notes, are historically lower for Black children compared to white children.

In 2021, Dr. Patel — joined by her husband, who left his job in IT to help with pharmacy operations — opened the Lebanon Family Pharmacy in Lebanon, a suburb of Nashville. She previously worked for a top pharmacy chain, where she began thinking about how she could better meet the needs of her community and use her expertise.

"I wanted to engage in a deeper level of communication. You can't do that when you're producing 1,000 prescriptions a day."

"Customer service was a big issue with chains," Dr. Patel said. "I wanted to make sure my patients got the care they needed. I wanted to know them by name, to understand their medical conditions and to use that knowledge in making recommendations around medication therapy management. I wanted to engage in a deeper level of communication. You can't do that when you're producing 1,000 prescriptions a day. What I like about being my own boss is that I get to make my own decisions when it comes to clinical care."

Dr. Patel also administers COVID vaccines, sometimes to people who arrive angry, saying they feel forced, that their new job or the military requires vaccination.





“My approach to those patients is, ‘OK, let’s just sit down and have a chat about this,’” she said. “Most people do open up and share their concerns. We read through the vaccine information, discuss what they’ve heard. We discuss the source of their information. I tell them, ‘Let’s put politics aside. Put all the noise aside. Think about your family. Think about your job, your life. Do what’s best for you and your family.’ We hash it all out. It can take 30 minutes or sometimes an hour. The good thing about owning your own pharmacy that is not a high-volume pharmacy is that you have lots of time for these clinical conversations.”

Dr. Patel estimates that 99% of her more reticent patients receive the vaccine.

“I call them the next day to ask how they’re doing,” she said. “And they often admit that they don’t know why they were so worried. Hearing that makes me feel like everything else in the world can wait if I can make one person feel better about getting the vaccine.”

Opening an independent pharmacy during a pandemic was a bold move. But the Patels believe in the power of their services and the care they offer. COVID made opening a pharmacy challenging, Dr. Patel admits, but the pandemic has had an upside.

“What COVID did — and I think probably one of the best things that has ever happened to pharmacy — is it gave pharmacists more recognition when it came to clinical care,” Dr. Patel said. “We became more of a clinician to our patients. Before COVID, only health departments and pediatricians were allowed to offer free vaccines to children. Now, we’ve been given more authority. Not just vaccinating, but clearance for testing and the ability to prescribe Paxlovid.”

The town’s urgent care center refers patients who test positive for COVID to the Lebanon Family Pharmacy.

“Exciting things are happening in the world of pharmacy.”

“They know we will call the primary care provider,” Dr. Patel said. “That we will figure out the labs, the kidney function and drug interactions. We educated them about the fact that patients no longer need a prescription for Paxlovid. We pharmacists can take care of it without a prescription. They were amazed and thanked us for helping them out. Exciting things are happening in the world of pharmacy.”

Dr. Patel notes another upside to the pandemic. She has seen her community grow stronger as people come together to support one another. Her work and volunteer efforts as a pharmacist, citizen and parent, in her business, in the schools and for local fundraisers, have been part of that.

“We’re a family-owned business and we take care of families and individuals — all incomes and ages,” Dr. Patel said. “Pets are family, too, and we can fill their prescriptions. We’re always asking, ‘How can we make a bigger impact with the care we provide to our patients and our community?’” ✕



TUNE IN

to **HelixTalk Episode 148** to hear Dr. Patel discuss the ins and outs of founding and operating an independent pharmacy.



In August 2021,
50.7%
OF THE U.S. POPULATION
had been fully vaccinated
against COVID-19.

At that same point,
TENNESSEE REPORTED
40.11%
of its population was fully
vaccinated, ranking
43rd
OUT OF THE
50 STATES.

BLACKS AND
NON-HISPANIC WHITES
had the lowest vaccination
rates in the state at
33.1% and **37.7%**,
respectively.

RURAL COUNTIES
REPRESENT
70
of the total
95 COUNTIES
in Tennessee; densely
populated urban counties
had significantly higher
vaccination rates than the
rural counties.

Source: “Targeting COVID Vaccine Hesitancy in Rural Communities in Tennessee: Implications for Extending the COVID-19 Pandemic in the South,” National Institutes of Health, Nov. 4, 2021. ncbi.nlm.nih.gov/pmc/articles/PMC8621887/

Clockwise from left: Dr. Patel at her pharmacy in Tennessee; working alongside her husband, Umesh Patel; the Family Pharmacy located in Lebanon, a community of about 40,000.

POWER OF THE POD



The College of Pharmacy's HelixTalk, one of the most downloaded podcasts of its kind since its inception in 2014, posted its 150th episode, "Keep on Going Strong," on July 5, 2022. Hosts Sean Kane, PharmD, BCPS, and Khyati Patel Kotak, PharmD, BCACP, both faculty members and practicing clinicians, talk about the rich collaborations that drive the exchange of ideas and knowledge that is the lifeblood of the podcast.

"For us it's about the listeners, it's about the collaborators that we've had," Dr. Kane says in introducing the episode. "It's about the opportunities that the podcast has opened up for us and our creative outlet, our scholarly outlet, our ability to teach."

Contributors have joined the podcast from around RFU and across the nation. Interesting collaborations include students who help lead the university's Interprofessional Community Clinic; pharmacists whose 2018 study on hypertension management in Black barbershops was published in the *New England Journal of Medicine*; and Chicago Medical School Dean Archana Chatterjee, MD, PhD, on her work with the FDA's Vaccines and Related Biological Products Advisory Committee.

The podcast offers students and health professionals who need to stay up to date in rapidly changing patient-care environments an alternative to more traditional modes of learning. It offers "bite-sized, need-to-know information" that can be absorbed while driving or working out on a treadmill, according to Dr. Patel, who notes that "It's great to be part of that learning process, not just for our audience, for ourselves too, where we dive deeper into certain topics."

One of those deep dives, Episode 111, exploring the side effects of a newer class of oncology drugs called immune checkpoint inhibitors, reveals the power of the podcast, as Dr. Kane was managing a patient with these side effects at his critical care practice site.

"I listened to that episode while I was in the ICU," Dr. Kane tells what must certainly be a rapt audience. "I went through the show notes, I went to the guidelines, and that really helped me inform the treatment team, the ICU team, about the side effects of this regimen and what you're supposed to do."

That's "a great example of the impact listening to our episodes could have on your practice," Dr. Patel tells the HelixTalk audience. "We hear from listeners all the time, 'Oh, hey, I listened to this and I used it,' or, 'This was really helpful when I had this clinical scenario come up.' We hear those anecdotal examples all the time." ✕

HELIXTALK NUMBERS*

92
HOURS WORTH
OF CONTENT

1.5 M
TOTAL
DOWNLOADS

14,000
DOWNLOADS
PER MONTH

4,000
DOWNLOADS
PER EPISODE

*All totals
approximate through
Episode 150

HELIXTALK TOP THREE EPISODES*

DR. KANE

1. No. 50

"Three Shocking Recommendations from CHEST 2016 that Will Blow Your Mind"

2. No. 111

"The Basics of Immune Checkpoint Inhibitors for Non-oncology Healthcare Providers"

3. No. 124

"The ABCs of EUAs: Understanding FDA Emergency Use Authorization"

DR. PATEL

1. Nos. 29, 30, 31

"Therapeutic Drug Monitoring"

2. No. 51

"Pharmacists to the Rescue"

3. No. 123

"Dr. Rosalind Franklin: Beyond Photo 51"

*As reported in Episode 150



**LISTEN TO MORE
HELIXTALK
PODCASTS.**



ERNEST VASSEUR JOINS RFU BOARD OF TRUSTEES

By Sara Skoog and Amy Knutson Strack

Ernest Vasseur, MTS, elected to RFU's Board of Trustees in summer 2022, brings to the university more than 25 years of experience in local and regional philanthropic foundations dedicated to helping underserved residents overcome barriers to health care, education and other essential services.

Mr. Vasseur is currently the interim executive director of the Julian Grace Foundation, a private foundation focused on grant-making that creates "a just, unified and hopeful world," according to its mission statement. He previously served as founding executive director of the Healthcare Foundation of Northern Lake County (HFNLC), an organization dedicated to improving healthcare access for underserved residents through grants to universities, hospitals, health clinics and community organizations. HFNLC's partnership with RFU has provided invaluable support, guidance and insights into the specific needs of the populations that both organizations serve. The foundation's support of university initiatives such as the RFU Care Coach has helped bring much-needed health screenings, patient education, flu shots and connections to additional health and social service resources for more than a decade. HFNLC was a vital partner in RFU's efforts to provide COVID vaccines to Lake County's most vulnerable residents during the pandemic.

Mr. Vasseur earned a bachelor of arts degree in social work from Asbury College in Wilmore, Kentucky, and a master of theological studies from Garrett-Evangelical Theological Seminary in Evanston, Illinois.

As an RFU trustee, Mr. Vasseur serves on the board's research and diversity, equity and inclusion committees. He also serves as a member of the RFU Health Clinics Board of Directors. ✕

CHRIS CONNABOY, PhD, NAMED CLEAR DIRECTOR

By Sara Skoog

Dr. Chris Connaboy, associate professor of podiatric medicine and surgery, was named director of RFU's Center for Lower Extremity Ambulatory Research (CLEAR) and the Human Performance Laboratory effective July 2022. He previously served as director of the Sports Medicine and Nutrition PhD program track at the University of Pittsburgh School of Health and Rehabilitation Sciences.

Dr. Connaboy has expertise in understanding the processes of human performance optimization with regards to movement, coordination and the perceptuo-motor processes involved in performing skilled actions. He currently serves as principal investigator or co-PI on research studies for the Department of Defense ("Complex Remote Analytics for a Tactical Ubiquitous Sensor System") and NASA (examining the effects of a validated exercise regimen with guided imagery on behavioral health, fatigue and cognitive, sensorimotor and immune system function). He has also conducted research for the United Kingdom's Ministry of Defence, the United States Air Force, and the National Institutes of Health's Institute of Diabetes and Digestive and Kidney Diseases.

Dr. Connaboy earned his PhD in motor control and biomechanics from the University of Edinburgh (Scotland, U.K.). Prior to undertaking his academic career, Dr. Connaboy served as an infantry soldier in the Black Watch, Royal Highland Regiment in the British Army. ✕



“RFU will continue to seek community and philanthropic partners who share our vision for a healthier future for all people.”



HARM REDUCTION AWARD HONORS EFFORTS TO TREAT ADDICTION

By Sara Skoog

RFU’s collaboration with the GPF Foundation — a nonprofit organization dedicated to education, appropriate treatment and overall awareness of the dangers related to recreational drugs — was honored on Oct. 13 with the foundation’s Harm Reduction Award. President and CEO Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM, accepted the award at the Lake Forest, Illinois, foundation’s 5th Annual Evening of Discovery.

RFU was honored in part for its work with GPF on a medical simulation educational tool that launched on the Full Code online training platform in 2022. The case, developed by RFU professors Dr. James Carlson and Dr. Robin Dyer, helps frontline medical providers more accurately diagnose and effectively treat patients experiencing adverse effects of psychostimulant use. The university’s partnership with GPF, which dates to 2018, has yielded successful initiatives including a fellowship program and training modules for medical professionals.

“RFU will continue to seek community and philanthropic partners who share our vision for a healthier future for all people,” Dr. Rheault said in accepting the award. “The trust we share with organizations like the GPF Foundation helps us fulfill our mission and turn our aspirations into reality. Our community is truly fortunate to have the GPF Foundation looking out for us. We look forward to continued collaboration in the years to come.” x



RESEARCH PUBLICATIONS AND EXTRAMURAL FUNDING

Rosalind Franklin University’s researchers are nationally recognized for their work in basic and clinical sciences. Our research funding is substantial, despite an increasingly competitive grant environment. Visit our 2021-22 list of publications and extramural funding: rosalindfranklin.edu/research/researchers/recent-publications-or-grants



CMS RECOGNIZES DISTINGUISHED ALUMNI DURING REUNION WEEKEND

By Sara Skoog

Chicago Medical School (CMS) honored two of its own with Distinguished Alumni awards during CMS Reunion Weekend, Sept. 16–17. Kimberley Darey, MD '04, and Alan Blank, MD '11, received the awards in recognition of their work in medicine and service to their communities.

“As graduates and friends of Chicago Medical School, Dr. Darey and Dr. Blank are devoted to our vision for advancing our unique interprofessional education model and driving discoveries that improve the human condition,” CMS Dean Archana Chatterjee, MD, PhD, said during the awards presentation. “Their engagement and philanthropic partnership fuel the work that differentiates our bold mission.”

Dr. Darey received the 2022 Distinguished Alumni Award for Service, which recognizes alumni who have unselfishly devoted time and service in a professional capacity or in the broader community. Dr. Darey holds several leadership roles in civic and humanitarian organizations, and is a charter member of the National Coalition of 100 Black Women, Chicago Metropolitan Chapter. In 2017, Dr. Darey received the *Chicago Defender's* Women of Excellence Award.

A board-certified obstetrician/gynecologist, Dr. Darey is the first African American medical director of OB/GYN at Elmhurst Hospital, and will become that hospital's president in January 2023.

Dr. Blank received the 2022 Distinguished Alumni Award for Early Career Achievement, which celebrates alumni who have achieved early distinction in the past 15 years. He has received a number of honors, including *Crain's Chicago Business* 40 under 40 Award in 2019 and the Golden Apple Teaching Award. He also received the Resident Research Award during his orthopedic surgery residency at New York University Hospital for Joint Diseases. Dr. Blank currently serves as an assistant professor at Rush University Medical Center in Chicago, specializing in malignant and benign musculoskeletal growths and performing limb-salvage surgery. ✕



“Dr. Darey and Dr. Blank are devoted to our vision for advancing our unique interprofessional education model and driving discoveries that improve the human condition.”



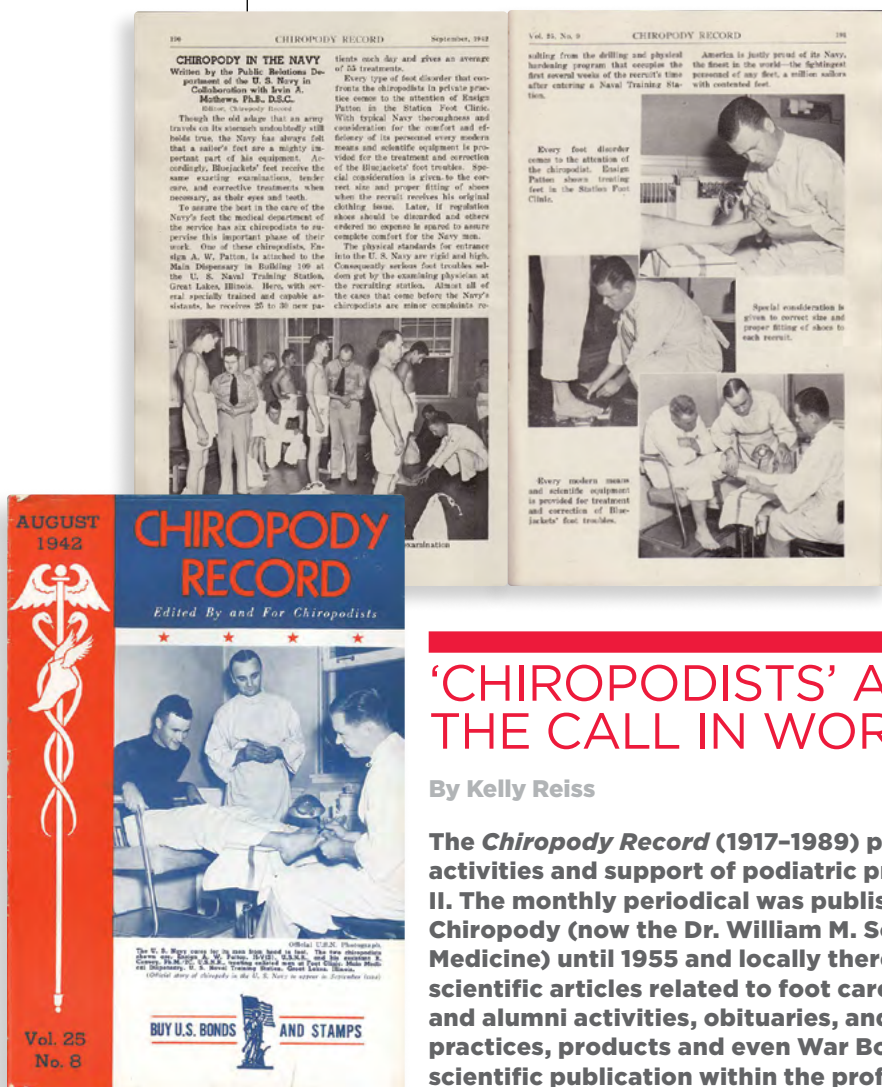


Photo collage from 1942 illustrates foot care at Great Lakes Naval Station.

'CHIROPODISTS' ANSWERED THE CALL IN WORLD WAR II

By Kelly Reiss

The *Chiropody Record* (1917-1989) provides a window into the activities and support of podiatric practitioners in World War II. The monthly periodical was published at Illinois College of Chiropody (now the Dr. William M. Scholl College of Podiatric Medicine) until 1955 and locally thereafter, providing scientific articles related to foot care, the college's programs and alumni activities, obituaries, and ads for equipment, practices, products and even War Bonds. It was a well-known scientific publication within the profession.

During the 1940s, Illinois College of Chiropody enrollment jumped from its lowest prior to the war to one of its highest post-war.

During the wartime period, some serving in the military wrote letters to the editors, hoping to connect with colleagues and friends, and the journal regularly connected alumni, faculty and students in service through lists of addresses.

Chiropodists, or podiatric practitioners, and students were not eligible for draft deferment, and many were placed into the U.S. Army Medical Service Corps units to provide foot care for the enlisted men and women. They were not awarded a rank as a commissioned officer, despite being in the same units to provide specialty care as other professions with a commissioned rank, like pharmacists, nurses, dentists and veterinarians. The U.S. Army would create a rank for podiatric physicians in 1957.

The Navy and Coast Guard were more progressive in allowing podiatric practitioners to be commissioned, and by the end of the war, the Navy had approximately 80 officers to provide care to their members. Their rank was Pharmacists' Mate, First, Second or Third Class. William Stickel, DSc 1924, then dean at Illinois College of Chiropody, championed the creation of this title in 1936, given its potential for chiropodists.

During the 1940s, Illinois College of Chiropody enrollment jumped from its lowest prior to the war to one of its highest post-war. This was likely influenced by the decision, which came after much lobbying, that student veterans were able to utilize the GI Benefits toward the college when schools of podiatric medicine were reclassified as institutions of higher learning. Notices of how to utilize the benefits were published in the *Chiropody Record*. ✕

Kelly Reiss is director of the Rosalind Franklin University Archives and the Feet First Exhibition. RFU Collections Management Librarian Chelsea Eidbo, MLIS, contributed to this article.

ROLL OF HONOR

Illinois College of Chiropody Alumni

Serving in U. S. Armed Forces



J. Larson
B. A. Leiberwitz
M. Lewis
C. Littrell

THE CHICAGO MEDICAL SCHOOL

25

PLAN OF INSTRUCTION

Because of the war emergency, The Chicago Medical School has accelerated its program. Through the elimination of the summer vacation, the four year medical curriculum may be completed in three full years. Each year is divided into four quarters; however, three quarters comprise an academic year. For the current year, this acceleration was extended only to the Second, Third and Fourth Year classes.

The amount of required and elective work offered in each subject is indicated in this bulletin by the number of hours devoted to that subject.

In general, the curriculum leading to the degree of Doctor of Medicine may be divided into three periods: first, that devoted to preclinical subjects; second, that involving clinical instruction; third, the interne year.

During the first two academic years the work is done largely in the laboratories and is devoted to anatomy, histology, embryology, physiological chemistry, physiology, neuro-anatomy, bacteriology, public health, pharmacology and pathology. During the Third Quarter of the Second Year clinical courses are introduced, such as medicine, surgery, obstetrics and physical diagnosis. In the Third and Fourth Years an attempt is made to correlate the clinical instruction with the fundamental biological sciences of the first two years.

Whenever possible, the classes are limited in size to permit more personal instruction and better supervision of the students' work in the laboratories and in the clinics.

In numbering courses the first number indicates the year in which the course is carried.

For further information address the Dean, The Chicago Medical School.

H. Flom
B. L. Galt
H. Gladstone
J. H. Glauber
J. S. Goodbourn
W. Graham
F. Greerfield
A. Gross
Morton Hack
E. V. Hall
W. R. Hayman
W. H. Hill
D. E. Jacobs
Jacobson



ST. LOUIS CHIROPODIST ORGANIZES FOOT CLINIC AT HOSPITAL IN ENGLAND

Staff Sergeant Richard C. Pearce, 27, of Woodson Rd., St. Louis, Illinois, non-commissioned officer in charge of a group of medical wards at the United States Army general hospital in England has organized a foot clinic to handle referred cases on foot disorders of front-line battle casualties convalescing here.

Sgt. Pearce, well known chiropodist in Springfield, Illinois, where he practiced his profession for several years, said he organized his foot clinic at this hospital at the request of several of the hospital's ward surgeons. He administers his therapeutic treatments during off-duty hours at the hospital dispensary.

During his regular 12-hour day, Sgt. Pearce supervises the work of the medical technicians and assists the medical officer in making his daily rounds. He administers medications and drugs in prescribed treatments and is responsible for the sanitation of his wards.

Sgt. Pearce, a graduate of the Illinois College of Chiropody and Foot Surgery of Chicago, Illinois, entered the Army in May, 1942. His wife, Mrs. Vera Pearce, and son, Richard, also live at 304 Doleman Dr., St. Louis. Mr. and Mrs. Thany M. Pearce, parents of Sgt. Pearce, live at the Woodson Road address.

Headquarters United Kingdom Base, APO 413, U. S. Army.

Photo by U. S. Army Signal Corps

"First Aid for the Injured," Sgt. James J. Malone having just received by Pvt. Robert E. Barker while Staff Sgt. W. G. Goshall waits his turn, killed the Japanese. Somewhere in Tennessee.



Photo by U. S. Army Signal Corps

In Cavalry Division, Missouri, Pvt. G. Goshall, while attending to the one leg of the 1st Division, A. B. B. B. B.



Above: Images of foot care taken by the U.S. Signal Corps. During wartime, groups of podiatric practitioners in the vicinity of Army installations also set up free foot clinics at the USOs, where soldiers could come for treatment.

ROLL OF HONOR		
Illinois College of Chiropody Alumni		
Serving in U. S. Armed Forces		
J. H. Alford	J. Larson	
R. M. Baker	B. A. Leiberwitz	
J. B. Baker	M. Lewis	
W. H. Blair	J. C. Littrell	
M. E. Blood	C. M. Mack	
B. Blum	W. A. McDonald	
W. T. Bricker	D. McDowell	
Howard Cunn	W. W. McKenna	
Dan Cuth	J. H. Metz	
F. A. Gault	W. J. Miller	
W. Gask	J. N. Miller	
R. Goss	L. C. Neuchter	
R. Goss	J. P. O'Donnell	
C. H. H. Lindstedt	S. Ombert	
J. F. Duggan	H. Overland	
E. De Champs	M. Pearce	
F. E. Duggan	B. Ford	
J. A. Duggan	H. L. Pearce	
F. C. Duggan	R. C. Pearce	
G. F. Duggan	E. Perlestin	
K. J. Edwards, Jr.	W. W. Pater	
H. E. Eklund	A. E. Probst	
H. Fehring	M. R. R. R.	
P. L. Ferraro	W. J. Richardson	
J. Fisher	J. N. Ross	
H. Flom	A. B. Rife	
R. L. Galt	R. M. Rinehart	
H. Gladstone	R. R. Rinehart	
J. H. Glauber	N. V. Rinehart	
J. S. Goodbourn	H. R. Rinehart	
W. Graham	E. B. Rinehart	
F. Greerfield	J. E. Rinehart	
A. Gross	G. Sauerman	
Morton Hack	E. L. Tarras	
E. V. Hall	J. Tarras	
W. R. Hayman	H. M. Vande Pool	
W. H. Hill	J. Van Epps	
D. E. Jacobs	E. U. Vignani	
Jacobson	W. H. Walters	
	K. N. Walters	
	R. C. Walters	
	D. Weisberger	
	M. F. Zimmerman	

Note: This list is incomplete. If you know of an alumnus whose name may have been omitted, please write the University.

W. R. Walters
K. N. Walters
R. C. Walters
Weisberger
Zimmerman



CONNECTING WITH A 'HIDDEN GENIUS'

AUTHOR MARIE BENEDICT WELCOMES LAKE FOREST READERS INTO ROSALIND FRANKLIN'S WORLD

The obstacles placed in the path of Dr. Rosalind Franklin during her years working in male-dominated research settings were both hidden and in plain sight — and author Marie Benedict can point to one that was impossible to ignore.

"They knew she didn't like to be called 'Rosie,'" she said of Dr. Franklin's colleagues at King's College London, "so one day, they festooned her lab with all sorts of frilly doilies and put up a sign that said 'Rosie's Lab.' There were lots and lots of things like that — overt, really unpleasant."

"If anything, I feel like the story of Rosalind Franklin is a cautionary tale of what happens if you don't give women a full seat at the table."

This episode was shared during the second of two events in mid-October hosted by the Lake Forest Library to spotlight Ms. Benedict's novel "Her Hidden Genius," which delves into the famed researcher's life both in and out of the laboratory. The "Lake Forest Reads" series, co-sponsored by RFU, included an Oct. 13 conversation at the Gorton Community Center between Ms. Benedict and Davis Schneiderman, PhD, who serves as Krebs Provost and dean of faculty at Lake Forest College, and an evening reception on Oct. 14 at the library.

On the morning of Oct. 14, RFU Professor of Neuroscience Lise Eliot, PhD, joined Ms. Benedict before a gathering of around 40 community members in the library's lower level to discuss the enduring relevance of Dr. Franklin's workplace experiences.

"It's amazing how the (problems) that Rosalind encountered are still happening today," Dr. Eliot said. "Fortunately, Rosalind Franklin University is the very rare beacon for women in science. The number of women we have on our faculty and our administration — it's a whole different ballgame."

"If anything, I feel like the story of Rosalind Franklin is a cautionary tale of what happens if you don't give women a full seat at the table," Ms. Benedict said. "What more might she have been capable of if she had been given proper support, proper mentoring, proper attribution in her articles? If you look at the arc of her life, which unfortunately was so short, how much more could she have done?"

Toward the end of the hourlong discussion, a member of the audience asked how the famously process-driven researcher might have reacted to a novel delving into the life beyond her work.

"She was a very private person, so she probably wouldn't have liked it," Ms. Benedict said. "But again, she was a scientist, and if she thought it would bring more smart women scientists forward, (if) it can move the needle to advance science, I think she might have gone for it." ✕



Clockwise from top: Ms. Benedict, at left, with Dr. Eliot; Ms. Benedict signs copies of "Her Hidden Genius" at the Lake Forest Library; Dr. Eliot answers a question for participants at a Lake Forest Reads event dedicated to "Her Hidden Genius" in October 2022.



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INNOVATION AND RESEARCH PARK

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BIO SPEAKER SERIES INNOVATIONS

BioInnovations is a bimonthly speaker series featuring prominent local bioentrepreneurs, biotech execs and biotech investors presented by Rosalind Franklin University. It brings together entrepreneurs, industry executives, research scientists and the general public to learn more about medical research in a casual setting.

This **FREE** event is open to IRP partners, supporters, industry leaders, biomedical entrepreneurs, alumni, students, faculty, staff, researchers and the broader community.



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This speaker series is co-partnered with Lake County Partners and sponsored by McDonnell Boehnen Hulbert & Berghoff LLP.



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