THE ART OF HEALING
ADDRESSING HEALTH CARE NEEDS IN THE COMMUNITY
I am proud to be part of a community that is committed to faith and social justice and the personal transformation of its students, faculty, and staff. At the Stritch School of Medicine, we are working together to create a more just world, with an emphasis on reducing health-related suffering in communities that lack opportunities and resources.

An integral part of Loyola University Chicago’s new strategic plan is a focus on health disparities that detract from the common good and the well-being of the affected individual. The strategic plan intentionally focuses on how our University as a whole—and will—make a difference in the world, to go beyond a collection of schools, departments, and programs and act as a transformative agent to improve the condition of those whose health are adversely impacted. The Stritch School of Medicine plays a key role in this work. Our faculty, staff, and students know that the factors that play into health disparities in communities are complicated, with biological, social, economic, and environmental causes at play.

Our students are trained in the Jesuit tradition that honors the dignity of all humans, in addition to receiving the highest caliber of technical training. Still, much of a person’s health relies on things out of a doctor’s control—they cannot recognize a family unit, reengineer a community or a criminal justice system, or resolve a food desert on their own. Yet being knowledgeable about these factors can help future and current physicians create the best possible treatment plan and generate ideas on how to reduce some of these causes of health disparities.

In this issue of Stritch Medicine, we highlight the work of a student, alumna, and faculty member who are out in the Chicagoland area working to address the health needs of communities with limited access to vital resources. I hope you are inspired by their stories and, as proud members of the Stritch community, you will come alongside us as we work towards solutions to community health disparities.
The dinner continues to be a major fundraiser for Stritch, this year raising more than $450,000 for medical student scholarships. “Stritch medical students dedicate themselves to becoming outstanding doctors. Their clinical skills, academic excellence, and biomedical research are used to care for patients and reduce health disparities locally and globally,” says Linda Brubaker, MD, MS, dean and chief diversity officer for the Stritch School of Medicine. “With support from dinner attendees for the past 65 years, our graduates have spread across the world to serve the sick with a dedicated and enduring focus on those underserved or affected by injustice.”

A highlight of the evening was the conferring of the Stritch Medal to Mamdouh Bakhos, MD, FACS, professor and chair of the Department of Thoracic and Cardiovascular Surgery at Loyola. The medal, first presented at the annual awards dinner in 1960, recognizes the accomplishments of a Loyola graduate or faculty member who exhibits dedication to research, education, and patient care.

Bakhos has been a professor at Stritch for nearly 40 years and has held the chair position since 1997. During his tenure, he has successfully led one of the largest thoracic and cardiovascular surgery departments in the nation—in terms of both volume and number of surgeons.

The night also honored 18 young adults who are members of the Stritch Junior Service League. These high school students contributed approximately 3,500 volunteer hours to four social service agencies during their summer break.

The Sword of Loyola, which has traditionally been presented as part of the Stritch Dinner, was this year conferred to General Colin L. Powell, USA (Ret.). Gen. Powell received the honor in September at the opening of the John and Kathy Schreiber Center, the new home of Loyola’s Quinlan School of Business.

STRICTH DINNER

Annual dinner raises thousands to fund student scholarships

On November 21, more than 800 people came together at the Field Museum in Chicago for the Stritch School of Medicine 65th Annual Awards Dinner. The evening celebrates the school’s role in offering hope for a brighter tomorrow through its education of medical students and commitment to healing those most in need. The event was led by co-chairs Judi Duchossois and Herta Cuneo.

Beginning with a kick-off event last June, members of the Stritch Junior Service League spent their summer months working on a variety of volunteer projects.

1950
Cardinal Samuel Stritch founded what was then known as the Cardinal’s Dinner to raise funds in support of Chicago’s only Catholic medical school.

1964
L’Edgar Hoover, the first director of the Federal Bureau of Investigation, was the first recipient of the Sword of Loyola.

1971
Actress and philanthropist Helen Hayes was one of many recognizable Sword of Loyola recipients.

1973
Doctor and philanthropist Joseph Friesen, a member of the support crew on the Apollo 13 mission, added the Stritch Medal to his many achievements.

1985
Actor Danny Thomas, a close friend of Cardinal Stritch for many years, was honored for his contributions to healthcare in creating the St. Jude Children’s Research Hospital.

2015
Archbishop Blase Cupich attended the 65th annual dinner, continuing the long tradition begun by Cardinal Stritch of Chicago’s archbishop supporting the Stritch School of Medicine.
SPECIAL REPORT

FRONTLINES

PRESIDENT’S MEDALLION

Leading the way in service and scholarship

Anita Cheng reflects on her experience at Stritch and her hopes for the future.

What is your favorite memory from your time at Stritch?

Stritch has a long tradition of an annual M.U. vs. M.2 powderpuff game. As a second-year medical student, I was part of the decorating team that secretly transformed the school into a jungle for our “Panda Warriors,” surprising our first-year classmates.

Is there a professor or mentor at Stritch who inspired you?

I first met Dr. Paul O’Keefe as a second-year student in the Mechanisms of Disease course, where his passion for his field, infectious disease and medical education was absolutely contagious. Working in his HIV clinic showcased his compassion for this unique patient population.

What advice would you give to medical students to get the most out of their education?

I definitely picture myself being involved in medical education, teaching residents and/or medical students. I also hope to be dedicating a portion of my practice in a global health context, engaging in clinical work or research in an under-resourced country.

What do you hope to be doing in 10 years from now?

I am an interest group, a discussion, or a research project. You will always be able to find faculty and peers to support your vision.

What is your favorite memory from your time at Stritch?

It was a joyous and unifying moment to see the whole class come together in coordinating T-shirts and headbands to support our players and cheerleaders. And, of course, we won.

Where do you see yourself in the future?

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Jesuit physician joins Loyola

David De Marco, S.J., MD, is both a priest and a physician. So should you call him Father De Marco or Dr. De Marco?

“I get asked that question daily, if not hourly,” he says. “When I’m seeing patients in a clinic, I’m called Doctor. When I’m in a liturgical setting, I’m called Father. But sometimes I ask people to Jo’call me Dave.”

De Marco recently joined Loyola, where he wears both a lab coat and a cassock as a priest, doctor, teacher, and chaplain, among other roles. Loyola’s tradition of treating the entire person includes the Jesuit belief that a human being is not just a physical presence but a child of God. “I’m not simply listening to hear a heart sound,” De Marco says. “I’m listening to a human being who has heart sounds. It’s a more holistic approach that recognizes that a person is not simply a body but a spirit in the world.”

De Marco and his Loyola colleague Keith Nuccio, S.J., MD, are the only two Jesuit priests-physicians in metropolitan Chicago, and are among only a handful of priest-physicians nationally. Both are internists.

An Ohio native, De Marco earned his medical degree from Northeast Ohio Medical University and completed a residency at the Cleveland Clinic, where he later served as chief resident. He eventually became interested in treating underserved populations. He saw homeless patients in Dayton, Ohio, and underserved patients in Honduras and Native American patients at the Red Lake Reservation in northern Minnesota.

“The reservation is where I realized I was exactly where God had invited me to be—working with the underserved,” he says. “I interpreted this as a call to make a more radical commitment and become a Jesuit priest. After serving as a Jesuit novice, De Marco earned a master’s degree in health care ethics at Loyola University Chicago. He then worked at a faith-based, inner-city clinic in Cincinnati for two years as part of his Jesuit novitiate training. He was ordained a priest in 2005, which he believes has made him a better doctor. ‘I try to integrate Ignatian spirituality into my work as a doctor, and I hope my patients can tell,’ he says. De Marco will see patients enrolled in Access to Care, a nonprofit primary health care program for low-income, uninsured, and underinsured patients. Among his other duties at Loyola will be serving as an assistant professor in the Division of General Internal Medicine at the Stritch School of Medicine, teaching in the Physician’s Vocation Program, celebrating Mass at the hospital and University chapels, and serving as a chaplain to students, staff and faculty in Loyola’s Health Sciences Division.”

Students explore global health care

Bolivia, Belize, and Ecuador are just a few of the destinations for this year’s International Service Immersion (ISI). The program allows Stritch students to travel around the globe, both serving and learning from local communities about issues such as public health and how to provide culturally-apt health care.

The program is sponsored by the University Ministry and has been in place for 23 years. It started with just three medical students and ministry staff, and since then more than 1,600 Loyola students have gone on missions of social justice, service, and spirituality.

Before taking trip, participants identify the specific needs of a community and how to effectively address them. Thinking through how to address health needs in a way that will be effective, sustainable, and long-lasting is one of the hallmarks of the ISI program.

In Belize, students and staff work in a clinic for children diagnosed with HIV and AIDS. In Bolivia, they assist at a medical center that provides everything from dentistry to deworming programs to general medicine for more than 3,000 patients per year. And one of the six-week programs in Ecuador will be in the town of Chimbo, working with the Foundation of the Andes to help raise awareness of nutrition and chronic disease.

MEET STRITCH’S FIRST-YEAR MEDICAL STUDENTS

Academic Profile

9,861
TOTAL APPLICANTS
160
STUDENTS MATRICULATED
51
UNDERGRADUATE MAJORS
3.59
GPA MEAN TOTAL 1 S. SCIENCE 1.75 NON-SCIENCE

Demographic Profile

14
FIRST GENERATION STUDENTS
53%
MALE
47%
FEMALE
21%
UNDER REPRESENTED MINORITY

Annual Cost

$53,376
TUITION
$2,012
FEES
$55,388
TOTAL

* Estimate based on average disability fee plus additional fees: Health services fee, student activity fee, fitness center fee, computer lab fee. Your medical fee

A VIEW OF BOLIVIA, THINKSTOCK PHOTO

Stritch adds new Polish elective

Polish-speaking Americans number an estimated 10 million, and Chicago has more Polish-speaking residents than any other major city in the U.S. Still, the number of Polish-speaking physicians is comparatively small. A void was noticed by several Stritch students, who recently created one of the only Polish electives on a medical school in the United States.

“Loyola is the only place I have experienced it,” says Anna Medri, a second-year medical student and PolishAmerican who grew up with family and friends to medical appointments. “I always wanted to understand what the doctors were saying. Often patients will tell the doctor they understand to avoid feeling ashamed or embarrassed, and this can be dangerous for their health.”

Medri, along with fellow second-year students Magdalena Harsannahowski and fourth-year student Christopher Kasiez, worked with faculty advisor Josephine Dzigo-polk-Gach, MD, to create a student-led class to teach the fundamentals of the Polish language.

“At least 40 percent of my patients are primarily Polish-speaking and they travel from far distances just to feel comfortable talking to someone in their native language,” says Dzygopolk-Gach, an assistant professor of medicine and pediatrics at Stritch. “I am so glad to be a part of this elective that will help students and physicians better care for their patients.”

The elective focuses on essential phrases needed to communicate in a medical environment and addresses cultural competency to provide better care for Polish-speaking patients. The students hope to trans this elective to become instructors and are in the process of creating an elective that will help prepare students to earn a certification in medical Polish translation for those who already speak the language.

Academic Profile

160 total applicants
51 undergraduate majors
3.59 GPA mean

Demographic Profile

14 first generation students
53% male
47% female
21% underrepresented minority

Annual Cost

$53,376 tuition
$2,012 fees
$55,388 total

* Estimate based on average disability fee plus additional fees: Health services fee, student activity fee, fitness center fee, computer lab fee. Your medical fee

A VIEW OF BOLIVIA, THINKSTOCK PHOTO
Across the street from the rumble of rush hour traffic on the Eisenhower Expressway, about a dozen children ping pong around a brightly lit art room, most with finger paint caked on their palms. At the center of this whirlwind is Emily Obringer (MD ’11), fielding shouts from the kids to have her look at their creations. A 5-year-old named Joshua hovers quietly near her with his finished artwork, proudly showing her his purple creation. She hangs Joshua’s painting up along with the rest on a clothesline, below a hand-painted sign that reads “Quinn Community Center.”

Obringer’s work with the Maywood center started during her third year as a student at the Stritch School of Medicine. She started out working in the soup kitchen at St. Eulalia Parish and soon became involved in the birth of the center. The Quinn Community Center was at first just an empty former school building attached to St. Eulalia—with parish leaders questioning the best use for the space. Soon it became a safe haven for kids to do arts and crafts, finish their homework, or simply hang out. Maywood is a small village that spans barely more than 2.5 square miles and doesn’t boast many after-school activities for its kids or central gathering areas for its residents.

In her beginning days as a volunteer in the soup kitchen, Obringer sensed the kids, and the teenagers in particular, were eager to create their own opportunities in a place where there weren’t many. “The teens identified that void in the community themselves,” she says. “The first thing they did was create a talent show because they didn’t have any ways to express their interests. They often talk about north of the Eisenhower and south of the Eisenhower in Maywood. There’s very little for the kids on the south part of the city where they are.”
After the success of the talent show, the teenagers volunteering. Loyola medical students teach the teenagers basic health education component. The kids are now given milk and water instead of juice to reduce sugar intake. They’ve also created a garden at the community center to grow their own vegetables.

Despite the limited access to healthy foods and organized exercise, as well as other health inequality issues, the children had very little exposure, and now they grow their own veggies.

"One of the strongest bonds she’s made in Maywood. Through her years at the Quinn Community Center, Obringer has formed lasting ties with the community. She knows the name of every child who fits in and out of the arts and crafts room; their parents greet her warmly. Those teenagers who helped form the original camp—some of whom are in college, others full-time work—come to see her wherever they’re all in Maywood.

One connection ended up being lifelong. With volunteering in the soup kitchen at Quinn, Obringer befriended a mother with nine kids and another on the way. The woman was set to deliver at West Suburban Medical Center, where Obringer was doing a family medicine rotation. On a Saturday morning after finishing her rounds, Obringer saw the mother being pushed into the hospital by her oldest son and decided to stay with her during the delivery. She became the godmother of the little boy—Joshua—who now shadows Obringer whenever she’s at the Quinn Community Center. It is one of the strongest bonds she’s made in Maywood.

"I call it one of my God moments," she says, "because you can’t make up that kind of coincidence. One connection ended up being lifelong."

Obringer is excited to see the kids at the summer camp—she’s known and respected by everyone who walks through the center’s doors. "To the children, she is the fun and creative teacher," says Lara. "To her peers, she is the wise and cool mentor. To the adults, she is the hard worker and committed doctor."

During the second summer of the camp, Loyola Academic Summer Program Integrating Resources for Excellence (ASPIRE) students volunteered to help. Then last summer, Stitch went further and helped fund a camp manager position, which was filled by Manual Bernal, a current second-year medical student at Loyola. "It’s amazing to see how much it’s grown since the start," Obringer says. "The first year we started out with a couple hundred bucks from University Ministry and people donating bats and balls and art supplies."

Through her years at the Quinn Community Center, Obringer has formed lasting ties with the community. She knows the name of every child who fits in and out of the arts and crafts room; their parents greet her warmly. Those teenagers who helped form the original camp—some of whom are in college, others full-time work—come to see her wherever they’re all in Maywood.

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"Medicine can’t be understood without a community context. No patients are islands unto themselves. They’re all part of some greater web of interconnection."

— KAMAAL JONES, STUDENT

"You have to have a grasp of what’s happening in the community to be able to understand the pathology of what’s happening with the patient," Jones says. "You can have a much broader effect through this kind of public health work in ways you can’t necessarily do by the time you’re actually coming into a doctor’s office or hospital."

Jones has been involved in a number of programs at Project Brotherhood. One is through his Albert Schweitzer Fellowship, a national year-long program that lets students combine personal and professional efforts to improve the health of underserved communities. Through his fellowship, Jones helped lead an outreach program to train high school students about basic public health principles.

"When he first started coming here and teaching the public health class, I think it was a real eye-opening experience for him," says Marcus Murray, Project Brotherhood’s executive director. "He was making a program for black kids from the city, and being able to communicate with them was a skill he had to hone. It’s not like just seeing a patient in an office; it’s understanding where they’re coming from and just being able to have a conversation."

Jones first asked the kids what their concerns were in their neighborhood. At the time it was gun violence—the Laquan McDonald shooting had recently happened nearby, and both kids and
adults were troubled by what was taking place in the community. Jones was helping the kids figure out what they could do to improve their health and well-being. They also discussed smoking, drinking, and issues that come along with general health between older and younger men. Throughout all of his public health work, both alone and on the South Side, Jones has found working with the members of the community and teaching them helps to teach them about the importance of improving their specific health needs.

“When you look at the history of what went with the building and the segregation that occurred, you can see that so many resources have been pulled out of this and their communities. You can see how limited the opportunities are for them,” Jones says. “Whenever we can bring in resources and use them to guide the community to meet what they see as their needs, that’s the most crucial thing. It is helping them get a platform so their voices are heard.”

Lena Hatchett, PhD, director of Community and Family Partnerships and an assistant professor in the Neiswanger Institute for Bioethics, connected Jones with Project Brotherhood.

“He has a natural talent for talking with these young people,” says Murray. “They all gravitate to him.” Hatchett agrees. “He’s a genuine, honest person who is willing to learn. I think everyone who meets him sees that.”

Wherever Jones ends up after graduation, his already deep roots in the community and his social work skills will continue to grow and play a large part in his medical career. “Medicine can’t be understood without a community context,” he says. “No patients are islands unto themselves. They’re all part of some larger web of interconnection.”

TAKING A HEALTHIER POSITION

On a rainy weekday night, Amy Luke, PhD, stops by First Congregational Church in Maywood, just a block down from the Maywood Fine Arts Association headquarters. In a large auditorium, dozens of girls in leotards and tutus chatter excitedly. Every so often a bell would ring, as the kids dropped spare change into a bank collecting donations for a new dance studio. The old Maywood Fine Arts studio burned down in a fire in 2010 and the association is now fundraising for a new space with their “Raising the Burn” campaign.

Luke, a professor of public health sciences at Loyola University Chicago and an assistant professor in the Neiswanger Institute for Bioethics, connected with her husband, Ernie. The two women work in the community engaged in various aspects of public health research, and have invested in the community. “She’s been one of our largest advocates for the community engaged in public health research,” says Murray. “She believes in the kids and the opportunities we are offering.”

As she continued working with Maywood Fine Arts, she noticed the lack of nutritional and healthy lifestyle knowledge by the kids and their families. “You start to notice things like how many black men who are doctors, it’s hard to get information to them because so many resources have been pulled out of their community. You can see just how very limited the opportunities are for them,” Luke says.

Getting the community engaged with nutrition and healthy activity will always be a central pillar of what Loyola is doing in Maywood,” Luke says. “We’re hoping to bridge the gap between what we’re doing and the kids and their families in a city that never really got back on its feet.”

At the forefront of this involvement is Luke, who has helped implement many fitness and healthy living initiatives that feed into her research. “She’s been one of our largest advocates for the community engaged in public health research,” says Murray. “She believes in the kids and the opportunities we are offering.”

“She’s an expert of the community engaged in public health research, a skill set that is crucial in getting research to communities that have a lack of grocery stores, a large number of fast food restaurants, and a lack of physical activity options. As all are prominent in Maywood and the surrounding area for 22 years whose projects and initiatives were a part of an important study of the community. This is where Maywood Fine Arts comes in to combat a lot of these issues. They serve nearly 1,000 students in their classes, and their families are 72 percent African American and 22 percent Hispanic. Of some of those kids, it’s the only extracurricular activity they are involved in.

Luke is determined to integrate Loyola into the community by recruiting medical and public health researchers to help with their research and make fitness a big focus of the association. Loyola’s Institute of Public Health received a grant in early 2010 to develop and test a Family-based Lifestyle Intervention Program (FLIP) for low-income African American and Hispanic and Latino families. The program will promote the adoption of healthy lifestyles. It involves monthly meetings with families that include simple lifestyle changes that measure weight, blood pressure, and fitness levels; and monthly cooking and fitness workshops. Because of the funding, researchers will be able to examine the long-term effects over seven to 10 years, rare in a health study focusing on low-income families.

“Getting the community engaged with nutrition and healthy activity will always be a central pillar of what Loyola is doing in Maywood and the association,” Luke says. “I’m hoping to graduate our students and have them do research in the community. It’s a very important aspect of the community.”

The 37-year-old nonprofit welcomes Luke’s help with open arms and hopes Loyola continues to be involved in the community. “When we started Maywood Fine Arts, we wanted to do something right by the kids and their families in a city that never really got back on its feet,” Baumann says. “If we don’t have people like Amy Luke finding us and getting involved, we certainly don’t have that chance of sticking around and making long-term impacts that will still be felt.”

As the music winds down at the First Congregational Church, the kids finish their warm-up and are bouncing around, full of energy. “Good work ladies and gentlemen!” Luke says as they all smile from ear to ear. “That was beautiful!”

“She’s been one of our largest advocates and is always interested in your community work,” says Baumann, watching Luke and the kids with a grin. “She believes in the kids and the opportunities we offer them.”
The heart of the matter

A Stritch professor’s journey from India to America led him to discover the effects of a genetic disease on people from his home country — BY ERINN CONNOR

The state-of-the-art lab on the top floor of the new Center for Translational Research Education is nearly 9,000 miles away from Pattiveeranpatti, Tamil Nadu, India. Both are home to Dr. Sakthivel Sadayappan, and they show how far he’s come in his short time at Loyola University Chicago.

Sadayappan, an associate professor of cardiology and molecular physiology at Loyola, and his colleagues study one specific muscle protein called myosin binding protein-C, found in skeletal and cardiac tissues. But his interest in the protein is even more specific: mutations in the cardiac myosin binding protein-C ( MYBPC3) gene are associated with hypertrophic cardiomyopathy.

"It’s something where people have no symptoms, have no idea they’re carrying this mutation that could potentially kill them," says Sadayappan.

From the beginning we’ve been looking into not only what causes this sudden cardiac death but what population is most at risk, and eventually, what we could do to treat it." When he was a young boy in India, Sadayappan did not think that looking for the cause of a complicated heart disease would be his destiny. In his hometown, the most likely occupation for men was coffee farming. But his parents urged him to pursue an undergraduate degree in botany. He went on to explore his interest in cardiovascular research and earned his graduate and postdoctoral degrees in biochemistry, and later moved to the United States (with a four-year stopover in Germany), where he could further nurture his research interests.

In 2009 he established his lab at Loyola and has since been dedicated to studying heart failure and the MYBPC3. Sadayappan was named 2012 Junior Scientist of the Year at the Stritch School of Medicine for his novel findings. His research so far has shown that it breaks apart during a heart attack. This means that a non-mutated c MYBPC3 is vital to normal heart function and normal heart muscle. "It’s a muscle protein that controls how many fields of muscle the heart can generate, which helps the heart to contract properly," Sadayappan says.

A groundbreaking piece of his research took Sadayappan back to his home country. Through collecting blood samples from all over the world, he and his colleagues found that one in 25 people from India and South Asian countries carry a mutation in the gene that codes for MYBPC3, making them susceptible to hypertrophic cardiomyopathy and heart failure. In the mutated gene, 25 DNA base pairs are missing. As a result, the tail end of the protein is altered. "South Asians have a 50 percent greater mortality rate in the United States from cardiovascular disease," says Sadayappan. "Like anyone with heart disease, it’s a combination of lifestyle influence, risk factors, and genetics. But with South Asians the genetic aspect plays a much bigger role."

The goal is to figure out the exact pathology from the mutation to hypertrophic cardiomyopathy and to develop potential drug therapies to treat it. For this Sadayappan has received funding from the National Heart, Lung, and Blood Institute, the American Heart Association, and the pharmaceutical industry. As part of this research he’s recruiting South Asians from the Chicagoland area and other parts of the United States to be tested for the MYBPC3 mutation.

Sadayappan’s lab is gathering samples from the United States instead of going abroad—about 4 million people of South Asian ancestry live in America, Sadayappan and his lab members go into local and community centers and educate people on the gene and what the mutation could potentially cause.

For those who test positive, they’re offered an echocardiogram at Loyola University Medical Center to see if there is any heart muscle damage. They are also given the opportunity to discuss risk factors that may increase their likelihood for suffering a heart attack.

Recently, Sadayappan traveled back to his alma mater, American College in Madurai, India. There he gave a seminar to current students who were in the same shoes he was in 25 years ago—studying botany. He told the students of the wide variety of career opportunities available to them after graduation.

"It’s something where people have no symptoms, have no idea they’re carrying this mutation that could potentially kill them."

— DR. SAKTHIVEL SADAYAPPAN

FACULTY


José Biller, MD, professor and chair of the Department of Neurology, coauthored with Arash Salandari, The Hospital Neurology Book, forthcoming from McGraw Hill Education.

Biller, a leading expert on strokes, also contributed two chapters to the seventh edition of Bradley’s Neurology in Clinical Practice (Elsevier). He coauthored—along with Loyola neurologists Sean Ruland, DO, and Michael S. Sneed, MD—a chapter on ischemic cerebrovascular disease as well as a chapter (with Meredith Golumb) on strokes in children. Biller has contributed to all seven editions of the textbook.

Linda Brubaker, MD, MS, dean and chief diversity officer, and Mark G. Kurzweil, PhD, chair of the Department of Medical Education and director of the Nevanlinna Institute for Bioethics, co-wrote the article, “The Medical School of Dreams and Dreamers: One Year Later,” featured in Academic Medicine.

Pieter de Tombe, PhD, interim vice dean for research and chair of the Department of Cell and Molecular Physiology, was senior author on a study that could lead to new drugs to treat heart failure. The article, “Titin strain contributes to the Frank–Starling law of the heart by structural rearrangements of both thin and thick filament proteins,” was published in Proceedings of the National Academy of Sciences. Joining de Tombe as coauthors from the Department of Cell and Molecular Physiology were Younus Alt-Mou, Karen Hsu, Gerrie P. Farmen, and Mohit Kumar, along with Marian L. Greaser and Thomas C. Irving.


Keith Mcmurren, S.J., MD, executive director of the Center for Simulation Education, and Viva Jo Siddall, MS, MS, BRT, RCP, simulation clinical educator and research assistant, coauthored “Assessment Using Simulation Technologies,” a chapter in the Alliance for Clinical Education’s Handbook on Medical Student Evaluation and Assessment (Springer Press).
Collaboration in new research center will lead to better health care

Loyola’s new Center for Translational Research and Education will house more than 500 researchers and students from all of parts of Loyola’s Health Sciences Division—the Stritch School of Medicine, the Marcella Niehoff School of Nursing, and The Graduate School.

The layout of the 225,000-square-foot building is designed to foster collaboration between researchers and educators. Labs are open and promote interaction with common meeting areas and centralized office spaces nearby. The floor plan was created with the aim of increasing research productivity by 40 to 50 percent.

The ultimate goal of the new facility is to enhance translational research, the process of basic science discoveries going from the lab to becoming effective treatments and procedures that have an impact on human health. “People underestimate the importance of informal contacts that researchers have,” says Richard S. Cooper, MD, chair of the public health sciences department. “We need that kind of everyday interaction to collaborate.”

The new building, located on the Stritch School of Medicine Campus, houses multiple types of research, such as:
- Burn and shock trauma
- Oncology
- Cardiovacular
- Infectious disease and immunology
- Public health
- Nursing

A grand opening celebration for the new building is scheduled to take place on April 21.
LOYOLA UNIVERSITY CHICAGO
CALENDAR
ALMA MATTERS

APRIL
4.21
FRIDAY
GRAND OPENING OF THE CENTER FOR TRANSLATIONAL RESEARCH AND EDUCATION 6 p.m. • Center for Translational Research and Education The Maywood campus’s new research building will be celebrated with an official opening and keynote by Dr. Richard Pazdur (MD ’76), director, Office of Oncology Drug Review and associate director, Center for Drug Evaluation and Research at the U.S. Food and Drug Administration. • LUC.edu/cpce

MAY
5.5
TUESDAY
IMMUNOLOGY RESEARCH SYMPOSIUM Time TBD • Center for Translational Research and Education LeRoy Hood, PhD, president and co-founder of the Institute for Systems Biology, will be the keynote speaker at this year’s symposium. The event is held in honor of Katherine Knight, PhD, chair of the department of microbiology and immunology.

SEPTEMBER
9.17
SATURDAY
LEISCHNER MEMORIAL GOLF TOURNAMENT 7:30 a.m. • Willow Creek Golf Club, Oak Brook Hills Resort, 3500 Midland Road, Oak Brook, Illinois The annual golf tournament takes place at Willow Creek Golf Club, with proceeds to benefit the Dr. Ralph P. Leischner Jr. Memorial Scholarship. This scholarship is awarded annually to a fourth-year medical student who demonstrates compassion, integrity, enthusiasm, and a commitment to lifelong learning.

OCTOBER
10.21-23
THURSDAY TO SATURDAY
STRETCH REUNION Health Sciences Campus and Hyatt Lodge at McDonald’s Campus, 2015 Jane Blvd, Oak Brook, Illinois Stretch Reunion Weekend 2016 — celebrating class years ending in 1 or 6 — will include social and academic events at two locations. Our annual Alumni Awards Dinner will also honor outstanding alumni on October 22. The weekend is a great opportunity to reconnect with your former classmates. Sign up now to be a class representative at StretchAlumni@LUC.edu or call 708.314.6373.

LUC.edu/stretch/reunion

CLASS NOTES

Let us — and your fellow alumni — know what you’re up to: LUC.edu/alumni/classnotes

1950s
Joseph Rambo (MD ’58) was honored by the city of Bridgman, Michigan, which proclaimed October 15, 2015, to be Dr. Joseph J. Rambo Day.

1970s
Stuart Rich (MD ’74/75) was named the director of the Pulmonary Vascular Disease Program at the Bluhm Cardiovascular Institute of Northwestern Memorial Hospital in Chicago.

Vincen Bafulino (BS ’74, MD ’77) was appointed by Governor Bruce Rauner to the Illinois State Board of Health.

Louis Vaiouos (BS ’75, MD ’77) was named the Internal Chief Medical Officer of Varian, a company focused on discovering and developing drugs to treat cancer by the targeted killing of cancer stem cells.

1980s
Ravi Taligla, MD (BS ’81, PhD ’85) has joined City of Hope—a leading research and treatment center for cancer, diabetes, and other life-threatening diseases—as a professor and chair in the Department of Medical Oncology & Therapeutics Research.

Anthony R. Gregg (BS ’82, MD ’85) was recently elected to join the board of directors of the American Board of Emergency Medicine.

2000s
Pat Price (MD ’01, PhD ’04) was recently appointed to serve as a chair of the Emergency Medicine Residents’ Association (EMRA), a national organization that represents more than 90 percent of all U.S. emergency medicine residents, as well as 3,000 medical students interested in emergency medicine.

Carrie Junkwici (MD ’14) was appointed by Governor Bruce Rauner to the Illinois State Board of Health.

2010s
Koti Catalina (MD ’99) accepted a new position as medical director at Community Nurse Health Center, a health care center for residents of the western suburbs of Chicago focused on serving individuals with limited access to health care.

Mary Lou Gutierrez-Branner (MD ’98) was named to the 2015 Hispanic Chicago “Who’s Who.”

Katie Klingberg (MD ’98) joined the primary-care provider team at the Mayo Clinic Health System.

2016
Alicia Mikolayczak Kurtz (MD ’11), left, and Carmi Jankowski (MD ’14) were both elected to leadership positions with the Emergency Medicine Residents’ Association.
Peace of mind

Multiple studies show transcendental meditation can reduce stress, anxiety, and cardiovascular disease risk • BY MAURA TRESCH (MD ’15) — Loyola Medicine • Oct 2015

Medical school can leave you with no time for yourself and feeling overworked. Stress can start to eat you up. Looking for a solution, I started the Transcendental Mediation (TM) technique through the Stritch School of Medicine’s elective. I had low expectations. My idea of meditation was just sitting, chanting, or emptying the mind, if that is even possible. But I was surprised how easy it was to practice TM. I just sit 10-15 minutes twice a day, using a simple technique that doesn’t require focus, concentration, or effort. Immediately after starting TM, I was falling asleep more easily, and I had more restful sleep through the night. After a month of practicing TM, I had an ‘ah-ha’ moment: I realized that meditation was the one thing I was doing just for myself. It allowed me to de-stress. I no longer had the feeling of being trapped — literally felt free.

The technique itself is mental, but the rationale for its base is research on the physiology of TM. This is the science of restful alertness, resulting in the mind being more awake and the body deeply rested, which allows stresses to naturally dissolve. Doctors require solid research and evidence, or concrete experience, to accept methodologies outside the usual medical school curriculum. Through our Stritch elective, renowned doctors, scientists, and TM instructors — referring to 380 peer-reviewed published articles — allowed skeptical students to review the extensive science behind TM. We not only validated the benefits of TM, we also became active practitioners. We are more now able to recommend TM to peers and patients.

It is commonly thought that all types of meditation have the same result. According to meta-analyses, however, TM is not like other techniques. A wide spectrum of results has been reported. I will concentrate on two areas: effects on stress and anxiety, and cardiovascular health. Neurological results of the TM technique are distinct from sleep-inducing, dreaming, waking, resting and releasing, or practicing other meditation methods. Through the use of EEG monitoring, researchers found that during TM, the brain experiences a decrease in blood flow to limbic centers and a blood flow increase to the frontal brain. This increase in blood flow facilitates brain function and efficiency, and boosts serotonin production. Other physiological changes during TM include decreased respiratory rate, lower heart rate, and a drop in cortisol levels. These changes are consonant with the findings of a meta-analysis by DeBell and Orme-Johnson, which found that compared to sitting with eyes closed, the TM technique decreases the respiration rate, plasma lactate levels, and increases basal skin resistance, indicating that TM reduces sympathetic activation more than ordinary rest.

Other studies strongly indicate the brain is coherent and predominantly restful and alert during TM. EEG studies found alpha waves were generated from the frontal area during TM, as opposed to the back of the brain during normal, eyes-closed rest. Compared to a baseline session with eyes closed, EEG synchrony among all brain areas increased during TM, but didn’t increase in non-meditating controls who continued reading. Alpha coherence seen on EEG supports claims TM helps psychologically, because coherence is associated with psychological health and learning. A meta-analysis of the medication on the EEG, including dozens by independent laboratories around the world, have found a positive impact on the brain. TM practice increases EEG alpha coherence and synchrony by integrating or functionally linking brain systems. This enables many cognitive and motor processes, including perception, memory, learning, and creativity.

TM can help patients with a variety of psychological conditions, including stress, anger and irritability, ADD/ADHD, movement disorders, migraine headaches, and psychosomatic illness. Practicing TM has also been shown to be successful in helping de-pressed patients who have a strong reactive or anxiety component. Decreases in anxiety and post-traumatic stress disorder (PTSD) symptoms resulting from TM deserve further study. Anxiety disorders affect 40 million U.S. adults, about 18 percent of the population, at a cost of more than $54 billion a year, almost one third of the country’s $1.468 trillion mental health bill. Anxiety increases the risk of chronic disease, such as coronary heart disease, and it motivates people to smoke and drink, further diminishing health.

In people with PTSD or anxiety, the amygdala is overactive and fires more strongly in strengthening the prefrontal cortex with TM, the amygdala can be calmed down. A number of meta-analyses show TM benefits patients with anxiety for example:

• TM is as effective as a variety of mood stabilizers in treating PTSD and anxiety, and significantly more effective in reducing anxiety than other mind-body techniques.

A recent review that included 30 studies of mindfulness found TM is the most effective technique known for reducing anxiety. In another study investigating the effects of TM on anxiety from Stanford University found TM is the most effective technique known for reducing anxiety. In another study investigating the effects of TM on anxiety from Stanford University, researchers looked at alternative and complementary medicine’s effect on hypertension. Study results showed psycho-social stress is as important a risk factor as hypertension, smoking and cardiovascular disease. The AHA recommended that alternative treatment should include the TM technique as part of the treatment plan for individuals with blood pressure greater than 120/80 mm Hg. Patients who engaged in just a month of TM practice saw a 48 percent lower risk of dying or experiencing a heart attack or stroke. ARGUMENT

In 2013, the American Heart Association looked at alternative and complementary medicine’s effect on hypertension. Study results showed psycho-social stress is an important risk factor for developing heart disease (the trial was going on for 17 studies). Local stress is strengthening the prefrontal cortex with TM, the amygdala is calmed down. A number of meta-analyses show TM benefits patients with anxiety for example:

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In another study, coronary artery disease! In another study, ischemic angina in African American subjects who were being treated for hypertension. Half of the subjects learned TM; the other half received medical education on how to manage heart disease. Over an average of five years, those who learned TM had a 48 percent reduction in the need for dying or experiencing a heart attack or stroke. ARGUMENT

CONTINUED ON PAGE 26

“Transcendental meditation” allowed me to de-stress. I no longer had the feeling of being trapped — literally felt free.”

— MAURA TRESCH (MD ’15)

IN THE NEWS

Members of the Stritch community recently appeared on WTTW’s Chicago Tonight and WBEZ’s The Morning Shift to discuss Stritch’s transcendental meditation elective. Check out the interviews at luc.edu/stritch/meditation
“I want you to reach outside of your community.” Those are the words Susan Scanlon (JFRC ‘84-’85, MD ‘91) remembers hearing as a student at the Stritch School of Medicine from her father, Patrick Scanlon (MD ’65), who was then chief of cardiology at Loyola University Medical Center. “Do something that’s different. Try to reach beyond something that you think is possible. That’s what I want you to do,” he said. “Try to become something that is less than us.”

For third-generation Stritch alum Susan Scanlon, providing exceptional health care is a family tradition.

For information on Dr. Scanlon’s book, visit thegynesguide.com. To learn about her practice visit mchmt.com.

Air of generosity

Physician, pilot, and alum Bob Munson and wife Pam are supporting the next generation of Stritch students.

A rainy and cold Chicago drive to Maywood in a “crummy rental car” after a long flight from Germany was for Bob Munson (MD ’81) the prelude to his interviews as a prospective student at the Stritch School of Medicine. That dreary day was to be contrasted with the personal attention and kindness of Loyola’s staff, a first impression he remembers clearly to this day. “I wasn’t a great candidate, on paper anyway,” he says. “My GPA at the Air Force Academy in 1973, Bob and wife Pam wed later that year and he became a pilot. After flying tours in Southeast Asia, Colorado, and Europe, he applied to many medical schools, but in the end Loyola proved the best fit. When Stritch accepted his application, the government awarded him the Health Professions Scholarship to assist with tuition, and Pam began working at Stritch as a medical technologist to make ends meet.

“Though a non-Catholic, I appreciated the Jesuit leaders-in-service theme that went along with our education,” says Bob. “I always felt that it really fostered the excellent medical care and in our country. It was a fantastic experience for me as a physician,” she says. “But it was also a chance to expose my children to the world of medicine and how fortunate we are to have access to excellent medical care in our country, like at Loyola, and why it’s so important to give back to those who have less than us.”

Closer to home, Susan Scanlon has just finished her most recent project, The Gymn’s Guide for College Women: How to have a Healthy, Safe, and Happy Four Years. A how-to book for young women on handling the health and social issues they may encounter in college. The work is accompanied by a series of hands-on workshops in the Chicago area that build on the book’s message.

“My two daughters in high school that will be going to college in the next few years, and I was unable to find a book with smart strategies for handling health and safety issues that young women face away from home,” Scanlon says. “This is my 20th year in private practice—I’ve taken care of thousands of girls, and I know that they need more information before they go to college.”

Reaching beyond one’s self—a philosophy her father instilled in her as a med student and one that has been exemplified by Scanlon’s own career—was the inspiration for the Patrick J. Scanlon, MD, Cardiowascular Research Fund. The fund supports research at Loyola’s Cardiovascular Research Institute, mainly focusing on physiology, pathology, and pharmacology issues.

“My father felt his research at Loyola was an important part of not only being a Loyola medical student but the academic center as a whole.” Scanlon says. “He always encouraged his team of Loyola physicians to conduct cutting-edge research, advance medical knowledge, and seek-out cures for the benefit of their patients.”

The family hopes that, as a University, Loyola will continue to grow its research to educate and train the next generation in cardiovascular disease. “I love Loyola, it’s a great place,” Scanlon says. “And I think that it really fosters my father’s way of thinking—to provide excellent medical care to patients and then reach beyond to make a difference in the world.”

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To put this in perspective, anti- hypertensive drugs have risk reductions of about 25 percent, statins about 30 percent, anti-platelet drugs and thrombolytics, about 25 to 30 percent. The patients in this study were already on anti-hypertensive meds and statins, which were not ad- justed during the study, and the TM group still experienced this impres- sive, almost 50 percent risk reduction. This is like finding a whole new class of drugs.

The preventive value of TM is also seen financially. Studies in the U.S. and Canada show a cost-effec- tiveness of TM in treating hypertension, decreasing hospital admissions and health care use, and lowering medical costs for older people. One study (2005) combined trends in the physical visitists for people over 65 in Quebec for nine years prior to TM introduction. Researcher Robert Harron explained the results: “After five years of practicing meditation, the cumulative average reduction in annual payments to physicians of the 100 people in the TM group relative to the matched 163 non-TM controls was 78 percent.” This is very important, because health care costs of people over 65 comprise roughly one-third of all health care costs.

By recommending TM we can insulate our patients against stress. With TM we do not use “stress” therapies— we get rid of it. With the stress gone, the health of the body and mind can improve. This is the essence of preventive medicine. I have been told that “you cannot help others before you help yourself.” When we take an airplane flight, the stewardess tells us that in the event of an emergency, we are to put on our own oxygen mask before we help someone else. To properly care for our own oxygen mask is essential—first just from Kathmandu but then from the outset—I had never seen anything like it.

How did you train at Loyola? Prepare you to deal with that kind of situations? There were a lot of traumatic injuries, which as an infectious disease spec- ialist and red-ribbon, I don’t see often. I realized later that the trauma as- sessment and skill set I was using came up during Loyola by training surgery rotation. As a medical student, I still remem- ber staying at the hospital overnight and being paged by the surgery residents late at night. I would rush to the trauma area of the emer- gency department at Loyola and the residents would make us perform the trauma assessments. I remember being very overwhelmed and unsure about doing the assessment myself, but I noticed that if you can prepare the way I did to respond during the earthquake because of those surgical residents at Loyola, it was a medical student.

Do you have any advice for doctors who want to work internationally? I would tell them to try to get as much experience as is as possible. International health can mean a lot of things, not just the location but the type of work you do and your role. You need to figure out where you fit. Do you want to work in an office and liase with governments to make policies or want to work in the field? Do you want to work in large international organizations? Nurturing of classics of schooling can show you that. You need to get the experience to understand where you want.

Left: Andrew Trotter, center, works in a Nepal hospital shortly after the 2015 earthquake struck.

Right: Andrew Trotter (MD ‘07), medicine has always been a global experience. After his first year at the Stritch School of Medicine, Trotter volunteered in India and later on spent one rotation in Bolivia. These experiences helped shape this idea of a life in international health. After Loyola, he continued his global career while working as a Resident at the University of Illinois, and an infectious disease fellow at Tufts Medical Center. Trotter now works in Nepal, where his skills were put to the test when an earthquake hit in 2015.

EXTRAORDINARY ALUM

In the right place at the right time

When a natural disaster struck in Nepal, Andrew Trotter was on the scene and ready to respond.

What’s been the most gratifying part of your time in Nepal?
First, teaching medical students and nurses. Teaching is a time-consuming and sometimes hard job. It requires a lot of planning and work to be done right. However, I enjoy teaching, both in the classroom and at the bedside. There is nothing more gratify- ing than having a student whom you taught be able to give a perfect answer, treatment plan, or differential diagnosis. In medicine, you realize that you can touch and impact more than just one patient at a time— teaching through other students, residents, and nurses. Second is being able to provide hope and safety to people living in H.I.V. In Nepal, those people can face stigma and discrimination in almost every aspect of their lives, some- times openly quite. They are refused jobs, housing, medical care, and education. For many people, this can profoundly affect their ability to fol- low up on care and medications. I find it very gratifying to provide a place where they can speak about their HIV status openly, for many patients our clinic is the only place they can.

How did the Nepal earthquake affect your work?
When the earthquake happened, I was at home. After the initial tremor stopped, I went to a basketball court, which was a gathering point for the people in my neighborhood. People were in shock, and no one was quite sure what to do. Once I got to the hospital, I real- ized the true effects of the earth- quake. There were patients every- where: on beds, on chairs, on tables, on the floor. Many had broken bones, head injuries, punctured lungs, and back injuries. Over the next few days, I spent my time helping take care of patients and supervising the medical residents, but the patients kept com- ing—first just from Kathmandu but then from the outset—had never seen anything like it.
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