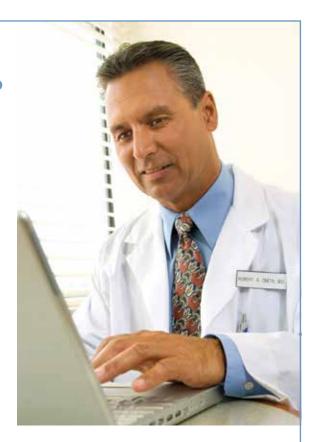


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editorial



Jane Lochrie, MD

Today, encounters with various languages, races, and cultures are more intense than ever. Mass media ~ especially the Internet ~ travel, immigration, and an increasingly globalized economy are bringing people together more and more. The experience of diversity is therefore more characteristic of our times and brings with it serious challenges and great opportunities. This issue of *Worcester Medicine* illustrates what the Worcester Community is doing to celebrate our differences.

In the first article, Dr. Brandi Hoag describes the Refugee Health Assessment Program offered through the Department of Public Health. The program offers comprehensive health assessment through the Federal Refugee Act. She describes

being inspired by her patients' courage and determination. Despite living their lives dominated by fear, the individuals are not overcome by bitterness and anger but rather filled with hope and optimism.

Worcester is home to a large Ghanaian population and the next two articles describe how the medical community is trying to address their unique requirements.

Dr. Robin Klar states that Worcester's immigrants, primarily from Ghana, experience a high infant mortality rate despite being in good health. Her research in Pokuase, Ghana identified several aspects of Ghanaian living that could be useful when caring for this population in Worcester. Her second research study, conducted in Worcester, found that Ghanaians are very sensitive about their personal health care information and are concerned about breach of confidentiality. She creates three specific recommendations to help health care providers offer more culturally sensitive health care.

Dr. Abraham Jaffe describes the mission of the Akwaaba clinic that was born from need for better access for the mainly African community in the Vernon Hill area. Its mission is to welcome all members of that community and to provide care for all in need. The Akwaaba Free Clinic is an important component of the Worcester Free Clinic system. All the workers are volunteer leaders from all the health care systems in Worcester.

The Spoken History Project was written by Lisa Beittel this month. She describes William (Bill) Lavelle as "down to earth, hard-working, and with a wealth of valuable knowledge and experience." Dr. Lavelle was recruited to UMMS as the inaugural chair of the ENT Department fifteen years after starting a busy practice in Boston and Everett, MA.

The first "As I See It" was written in a format that we rarely see in *Worcester Medicine*. Dr. Paul Sedgwick wrote a poem when Dr. Joe Savitt joined his practice. I would encourage everyone to read this and consider writing an "As I See It" commentary.

Our second "As I See it" was written by three medical students who have undertaken the overwhelming task of changing the eating habits of the Worcester population. They have created WooFood, an organization that helps restaurants develop healthy dishes that are not only good for you but are also delicious, creatively named, and easy to order. When all four goals have been attained, the restaurant is certified "WooFood." I commend the medical students who have been working tirelessly to make this happen.

And finally, Dr. Thoru Pederson's book review of The Quest for Cortisone by Thom Rooke was certainly attention-grabbing. I e-mailed Dr. Pederson to tell him how much I enjoyed his review and he sent me his copy of the book to read!! Now, two of my friends and my brother have copies. Every word he wrote is true. Dr. Pederson states, "He perfectly captures the personalities of the two key figures; the biochemist Edward Kendall and the rheumatologist Philip Hench." That says it all. "It is truly a powerfully engaging book."

Jane Lochrie, MD

medicine

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A "New" Era of Medicine

Brandi Hoag, DO

In an era of medicine when doctors are frequently barraged with medical information brought by patients who obtained it via the Internet, I have recently entered into a program in which time seems to have reversed itself. Instead of walking into a room with patients asking me if they need ten different tests to confirm their proposed diagnosis of Lyme disease, I enter into a room of stillness, silence, and, at times, downcast eyes. Where so much focus is now placed on informed decision making, I find myself in a situation in which the practice of medicine itself is an unfamiliar concept and illness and suffering are expected parts of life.

This paradox of contemporary medicine served as my introduction into a program through the Massachusetts Department of Public Health, Refugee and Immigrant Health Program called the Refugee Health Assessment Program. Since 1975, nearly three million refugees ~ all of whom are entitled to a comprehensive health assessment through the Federal Refugee Act of 1980 ~ have resettled into the United States. I have become one of the many physicians entrusted with the responsibility of refugee health screening, entering into a field of medicine that is radically different from anything I have done before.

These refugee patients have come from countries rampant with political, cultural, and religious strife, such as Iraq, Somalia, Bhutan, Uganda, and the Republic of Africa. It has become standard practice for me to research the political or religious

pressures that my patients have faced. Without this background, it is difficult to fully assess the needs of the patients that I am evaluating, both medically and psychologically. It is critical to understand that my interaction with these patients is about more than just their cough or fever, but has to include their anxiety, fears and past experiences and traumas.

It is often these same patient anxieties, fears, and cultural differences that lead to the initial silence and downcast eyes that I first experience when I enter the exam room. Many times these patients view physicians as such esteemed individuals that they are fearful of being disrespectful and therefore won't speak unless spoken to, and won't make eye contact unless given permission. As I navigate through these different cultural norms, I learn more about respect from these individuals than I have in my entire medical training. I have learned the value of asking permission to ask personal questions that may cause embarrassment, as well as when it is appropriate to perform certain aspects of a physical exam.

For example, a young, unwed Iraqi female may be embarrassed and even insulted by questions of sexual behavior as it is against her religion to have any sexual partners before marriage. I have been challenged by the notion that pelvic exams are not permitted by these young women or their families, even when clinical symptoms may be present. A young man from Eritrea with urinary and penile complaints refused a genital exam based on

a religious holiday that he was observing for a month, limiting my ability to diagnose and treat his medical condition. In addition to cultural complexities, the medical conditions in this patient population are often incredibly rare to a western medicine mindset. It is not uncommon to diagnose parasitic diseases that would be unheard of in this country, and yet are considered non-pathogenic and therefore not deemed to require treatment. I have diagnosed urinary Schistosomiasas, multiple cases of latent Tuberculosis, traumatic



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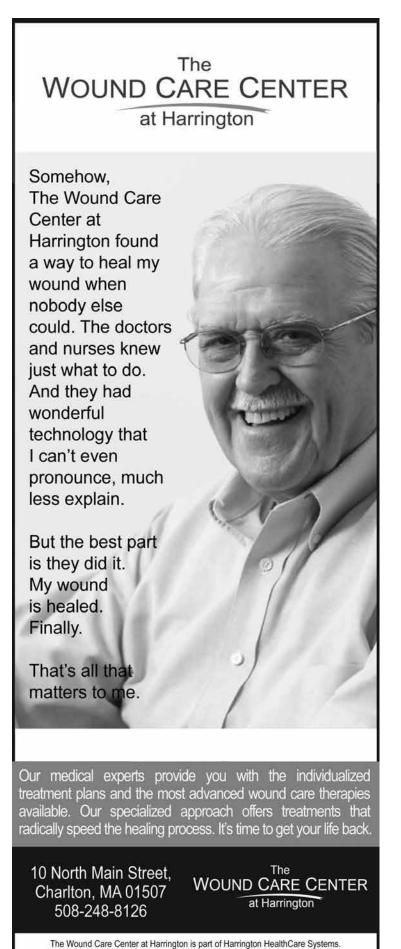
wounds from injuries related to shrapnel injury from war, and bone malformations from improper setting of a fracture, to name just a few examples.

But aside from their unusual medical conditions, what I find to be the most amazing and awe inspiring part of caring for these patients is their courage and determination. As I listen to stories of lives dominated by fear, I am amazed that these individuals are not overcome by bitterness and anger but, rather, filled with hope and optimism. As I hear stories of their children being kidnapped and tortured - of having to leave their wife and nine month old son in their country without protection; of suffering through imprisonment and war; of dealing with the murder of loved ones; of traveling to a foreign country alone without support of friends or family; of settling into a completely different culture with a language barrier and expectation of working in a job without any prior experience or education; of meeting with a doctor, sometimes for the first time, without any prior knowledge of what medicine in this country entails - I am astounded by their poise and grace during such times of unimaginable stress. I am honored by the trust that they put into my care, and by the respect that they offer freely.

In the face of such courage and strength, I find that I feel compelled to push myself to be a better clinician and educator for these patients. I step back into the time vortex and start at the beginning – striving to teach them what illness means, how we can help to diagnose it, treat it, prevent it, and where they can go for their medical needs. I attempt to establish within them the realization that suffering, both medically and psychologically, is not expected and can often times be mitigated through medicine or medical interventions. I teach them about health prevention and encourage them to see dentists, ophthalmologists, and mental health professionals to discuss their traumatic life events. I hope to impress upon them that their health is a priority that should not be neglected or denied and that it is our honor and pleasure to take care of them as patients.

In the face of such courage, I hope that we can appreciate the value of medicine in our country and not take it for granted as an entitlement and that we can all step outside of our own personal agendas to reach an awareness of other's needs, both in our own citizens and those we welcome into our country in times of conflict.

Brandi Hoag, DO is Director of the St. Vincent Ambulatory Clinic, St. Vincent Hospital, and Assistant Professor University of Massachusetts Medical School. She can be reached at brandihoag@gmail.com.



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Health Care Research in Ghana and Worcester: Lessons Learned from Ghana Natives and Immigrants

Robin Toft Klar. DNSc



Worcester is home to the second largest foreign born population (19.6%) in the state¹. Between 2000 and 2012, Worcester has also experienced the greatest percentage change (47.8%) in its foreign-born population2. As compared to other large cities, it also has the third largest percentage of recent immigrants (1.8%) living in the U.S. Robin Toft Klar, DNSc 10 years or less³, and the largest percentage of Ghanaian immigrants4.

An influx of immigrants into any community creates a challenge to meet their health care needs in a new city, and this is reflected in both the immigrant and health care provider experiences. Recent immigrants bring their homeland dietary, learning, and health care practices to their new country. Migrants are often healthier than their countrymen left behind; contributing factors include higher education, drive, and motivation. According to Hamilton and Hammer⁵,this healthy immigrant effect for black immigrants is longer-lasting irrespective of country of origin, with the exception of those arriving from the Caribbean. African immigrants from Nigeria and Ghana reported the greatest overall health.

Despite this long-lasting health effect, Worcester's immigrants experience high infant mortality. This mortality is concentrated among African immigrants, primarily those from Ghana. Concerned health researchers have launched a number of initiatives, including clinical research in Ghana, to improve birth outcomes for this population.. In an effort to understand how Ghanaian women keep themselves healthy, we conducted a focused ethnographic study in Pokuase, Ghana. Pokuase is a suburban community of approximately 30,000 people 30 miles from the capital, Accra. The purpose of this research was to describe self-care practices of women and describe any changes to health practices when they become pregnant. Our research identified several aspects of Ghanaian living and health care

that could influence how we respond and react medically to this population in Worcester.

Findings from this research revealed that women "work hard." Most women are traders, making for long days of selling in village markets in addition to managing the home, children, meals, and health of the family. Women use local herbs for a variety of ailments.

Interaction with the Ghanaian health care system occurs after local herbs and/or lay treatments have failed. The concept of primary care is not understood by most. Women did report that they are interested in primary and secondary prevention (learning more about menopause and accessing PAP and mammogram screenings).

Ghanaian women view pregnancy as a normal life event. While more women are having their babies delivered by professionally trained midwives, traditional birth attendants are still active. Women may attend clinics for prenatal care but the waits are long. Often they must bring young children with them. There are no clinic-based health records. Each woman brings her personal medical record to each visit.

In Pokuase, healthy baby visits are conducted by the village public health nurses; each woman/baby is scheduled for the 1st, 2nd, 3rd, or 4th Wednesday morning of the month. Group child health education is followed by baby weighing and immunizations.

Physicians in Pokuase do run fee-for-service clinics. This is a flat fee, paid in cash at the start of the clinic. The care is focused around the health issue the patient presents and there is little, if any, physical exam. Most patients expect a prescription for medication at the conclusion of the visit. Many of the medications, primarily antibiotics, are made available at the clinic.

Women described not trusting the hospital system, seeing it

as a place of death. This perception is a result of generations engaging in self-care with local herbs and treatments and using the formal health care system as a final resort. Getting to the hospital is a lengthy commute by foot, taxi, public transit vehicle, or ride on a passing vehicle. Ambulances are rare and they, too, must traverse an inadequate roadway infrastructure. All of these delays result in hospitals being the place of death, not of cure or care.

We conducted a second study, this one of Ghanaian immigrants living in Worcester. This qualitative descriptive study identified how Ghanaian immigrants use health care services in Worcester and how that usage differed or was similar to that used in Ghana. Preliminary analyses support our previous findings about the Ghanaian health care system.

When Ghanaians immigrants use health care services in Worcester, they are sensitive about their personal health information. They are very concerned about a breach of confidentiality. What is important to those interviewed is that the health care provider listen to their story of health/illness. This was not a reaction elicited when discussing Ghanaian health care services. Also important was for the provider to listen to the entire story before making a diagnosis. Participants also asked that health care providers "be patient" with them during a visit.

Recommendations to health care providers, based on our findings, involve three steps. First, educate the patient about the ethical and legal requirement of maintaining patient confidentiality in the U.S. Second, take into consideration the patient is from a different culture. Third, make it easier to navigate the local health care system; that the doctors "walk you through" the steps that need to be taken was a request.

We have learned many powerful lessons in our work with Ghanaians and Ghanaian immigrants. Hard work is their modus operandi. Offering patience and the assurance of privacy goes a long way to developing a long lasting, trusting relationship.

References:

- 1. U.S. Census, "State and County Quick Facts: Foreign-born Persons" U.S. Census Bureau, 2010. http://quickfacts.census.gov/qfd/meta/long POP645210.htm Retrieved 09.18.12.
- 2. Jill H.Wilson and Audrey Singer, "Immigrants in 2010 Metropolitan America: A Decade of Change" Washington: Brookings Institution, 2011.
- 3. The Immigrant Learning Center, "Massachusetts Immigrants

by the Numbers: Demographic Characteristics and Economic Footprint" Malden, MA: Author, 2009.

- 4. Citytoplists, "Top 101 cities with the most residents born in Ghana" City-data. com. http://www.city-data.com/top2/h117. html Retrieved 09.18.12.
- 5. Tod G. Hamilton and Robert A. Hummer, "Immigration and the Health of U.S. black Adults: does country of Origin Matter?" Social Science & Medicine, 73 (2011) 1551-1560. Doi: 10.1016/j.socsimed.2011.07.026.

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Akwaaba Free Clinic

Abraham Jaffe, MD

Akwaaba means "welcome" in Twi, a language spoken in Ghana, West Africa, and by one of the fastest growing immigrant communities in Worcester right now. The word embodies the mission of the Akwaaba Free Clinic: welcoming and providing care to all who are in need. The clinic opened in April of 2008 as a collaboration among community members, healthcare professionals, and students and faculty from the University of Massachusetts School of Medicine and Graduate School of Nursing. It was born from the need for more comprehensive access to health care and has blossomed into an integral part of health care in the Worcester community.

Today, the Akwaaba Free Clinic is run out of the New England Ghanaian Seventh Day Adventist Church, located at 57 Vernon Street in Worcester. It is open Thursdays from six to eight in the evening and provides free walk-in care to all patients. Akwaaba's on-site services include medical consultations, basic laboratory, STD, and EKG testing, assistance applying for state health insurance programs, and referrals for patients who require specialized care.

Our patient population at Akwaaba is extremely diverse. The clinic sees between fifteen and forty patients per night, most of whom are uninsured or unable to access medical services for other reasons ~ high co-pays and long wait times for a primary care physician are frequently identified as reasons for insured patient visits. Some of our patients have lived their whole lives in Worcester while others are recent immigrants; a visitor to the clinic waiting room may hear conversations in English, Spanish, Twi, Swahili, Hindi, and many other languages. While some of our patients are acutely ill (with an infection, for example), many return repeatedly for the care of chronic conditions until they can reinstate their insurance coverage and their relationship with a primary care physician. Akwaaba Clinic is the stopgap for many people who are experiencing upheaval in their lives; a large number of patients come in for care during the coverage gaps that occur when they lose a job or a spouse and must wait for their MassHealth application to be processed. The Akwaaba Free Clinic is an important component of the Worcester Free Clinic system, a workgroup formed by volunteer leaders from each of the free medical programs in the city. This

group was initiated to increase the coordination between the medical programs for logistics (such as advertising and volunteer recruitment) as well as for patient care. For example, staff members at Akwaaba read the PPD tuberculosis skin tests that are planted at the Epworth and St Anne's clinics and work with the teams at these clinics to coordinate follow-up for these individuals. Projects to improve access to rapid HIV testing and to implement an electronic medical record system that will help coordinate care between the clinics are in progress.

Akwaaba is run by an all volunteer staff that includes physicians, medical and nursing students, nurses, phlebotomists, EMTs, and other community volunteers. Licensed medical professionals are encouraged to contact us through our website, www.worcesterfreeclinics.org. Student volunteer coordinators will answer any questions you may have and will connect you with the clinic that best fits your schedule. Malpractice insurance for retired physicians who have maintained their medical license can be arranged through the Massachusetts Medical Society.

Monetary donations through the Worcester Free Clinic Coalition website are also appreciated, as we do not charge for any services provided. For those who shop at Amazon.com, there is an easy way to donate ~ simply begin your purchase at www. worcesterfreeclinics.org (in the Search box on the top right of the page). A percentage of all purchases initiated in this Search box will be donated to the clinics at no cost to you!

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Caleb D. and Jennifer M. contributed to the article.

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Spoken History Project

Lisa Beittel, MBA

William ("Bill") Lavelle, MD, was interviewed in 2002 by students from the University of Massachusetts Medical School (UMMS) as part of the Spoken History Project. The interview was videotaped and is available through the WDMS. At the time of his interview, Bill was a professor and chair of the UMMS Department of Ear, Nose and Throat (ENT).

The interview captures Bill as many of us know him: down to earth, realistic, hard-working, and with a wealth of valuable knowledge and experience. He describes his own career as a physician in two distinct phases. In 1974, he and a former fellow resident opened a private Otolaryngology or ENT practice with two offices: one in Everett, MA and one in Boston. As

he notes, Boston did not need any more ENT surgeons at that time, yet within a few years he and his partner grew one of the most surgically busy practices in the city.

Fifteen years later, Bill was recruited to UMMS; when ENT gained department status, Bill was appointed inaugural chair. Transitioning from private practice to academia is unusual, but, as Bill describes, he was an academic physician even during his private practice years: he taught medical students and residents, conducted clinical and basic science research, and was very involved in the administration of Mass Eye and Ear. Bill's work in all the academic mission areas of teaching, research, and institutional service, as well as his clinical practice, provided continuity for him across the span of his career and was professionally rewarding.

Bill offers insights into the numerous improvements in ENT-related patient treatment and outcomes over the past 30+ years, including advancements in surgical procedures and the invaluable role of the continued development of new, stronger antibiotics to treat new, stronger

infections. Bill speaks of ENT-related disease prevention as a tremendous area of improvement over the course of his career. Recalling the 1950s cigarette advertisement, Bill displays his customary tact by not naming the brand with the motto "More Doctors Smoke X than any other brand," and points to smoking cessation and the avoidance of head and neck cancer as an important example of significant advancements in disease prevention.

Similarly, Bill highlights cochlear implantation as one of the most spectacular improvements in the field; children who would otherwise be totally deaf now through cochlear implants have their hearing restored. "It is miraculous. [Cochlear im-



plantation] did not exist when I went into practice and now it is routine at major medical centers."

Conversely, Bill clearly speaks to the lack of progress in the morbidity and mortality of ENT-related malignant cancers. Referring to the physical devastation from radiation, chemotherapy and surgical procedures, he expresses hope we will see better, more targeted treatments and "real cures" for malignant diseases. "I believe it will happen; I just don't know when."

Bill's description of his early years in practice is particularly engaging. Starting the practice was like starting a small business, and during the first 3 - 5 years he worked long hours, taking call every other night, and though he was married and had small children, he took no vacations during those early years. Bill returned all his patients' calls himself at the end of the day and also made house calls, visiting a handful of patients from the Everett practice on his way home.

Bill offers commentary on the changes in medical practice and the increasing role of government in medical care, noting the involvement of government in medicine has mirrored the increased healthcare expenses as a percent of the GNP, that government involvement is a given, appropriate, and "...not always a bad thing. Sometimes government involvement is a good thing." Bill observesthat the increased paperwork, increased approvals required, and the increased checks and balances make practicing medicine more complicated. "It is no longer just the doctor and patient in the room making the decision as to what should be done." He urges physicians to stay involved and keep the dialogue with government open:

"I would hope their [government] involvement is handled with the greatest degree of expertise and good will and care about making certain they get value for the taxpayers' dollars...that the money is spent appropriately, and that things that are required for the American public to provide for their health care are supported..."

He says it will be a "push and pull" to try to maintain quality and "...if we [physicians] are always seen as opposing everything quite likely we won't be asked that frequently to be involved in decisions."

Finally, with the wisdom of his years of experience, Bill states, "The practice of medicine is the same wherever you go. You just do the best you can every day."

After a long and illustrious career, Bill retired as UMMS Professor Emeritus in 2011.



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As I See It

Paul Sedgwick, MD

Dr. Joe Savitt came to 200 Lincoln Street in the spring of 1997 to begin a solo practice in Internal Medicine and to join me and five other self-employed physicians in an expense-sharing arrangement. I wrote this poem at that time to welcome Joe and to celebrate his decision. In the poem, I expressed the belief that many more physicians would soon make such a decision. However, the trend over the past 15 years has been in the opposite direction. I have the impression that the problems described in "Partnerships" have intensified. I continue to believe that physician self-employment is an important part of the solution.

Partnerships

Observing one human give care to another, Compassion danced in rapture. She called to her young friend Science, Whose interest she hoped health care might capture.

Now Science had been wed to Machine At a very tender age. 'Twas a marriage arranged for convenience, Its wisdom we're all free to gauge.

The partnership then evolved – Science, Machine, and Compassion together. Its title was "Medical Practice," And great steam it began to gather.

Science and Machine had many friends about town. They'd known Sword for many a year. Sword had connections all over, But Greed was his friend most dear.

Some partnerships result in great strength, Others come to be judged unsound. But all partnerships conspire to change us. Such change can over time be profound. "Medical Practice" became more effective. It had the right mix, it seemed. There was pride on the face of Compassion. "We're treating large numbers," she beamed.

The role of Machine grew more central, His cold efficiency apparent. Machine's friendship with Sword also surfaced, Revealing the problems inherent.

Hospitals gained the look of fortresses – "Provider armies" stretched beyond their borders. After all, doctors' statements to nurses Aren't instructions, nor treatment plans, but orders.

The lowest officer in the health care army Was ranked "Primary Care Physician."

The generals of this growing force – at first – Were Science, Machine, and Compassion.

But Machine and Sword began to lead the command. Sword's friend Greed became vocal as well. The role of Compassion in the partnership – If it existed, it was now hard to tell.

Sword organized large outposts of the fortresses To which the PCPs reported.

These outposts became known as clinics. Perhaps the term at least Compassion supported.

General Machine then decreed that in these clinics PCPs would follow algorithms. In this way the militia could advance in step, Four patients per hour per physician.

Physicians were soon derided as "gatekeepers." Respect for all doctors was minimal. When one's treatment failed to deliver, He was sued or even jailed as a criminal.

At this juncture, Compassion stopped dancing, And though Science was still on the scene, PCPs lacked the time for contemplation; Their manner was that of Machine.

When history's at its lowest ebb, Listen for the elements of change. Hear the quiet mutiny of officers plotting A private practice for "Employed Doc" exchange. That Machine and Greed rule the large clinics, The public has long been aware. Yes, patients will avoid them and follow Mutineers to continue their care.

For within the walls of private practice, Science and Compassion can be reinstated. Machine will come along as well – But in a servile role, deflated.

A vision of the future has thus been revealed, Rekindling hope to all in its grip: Medical Practice rebuilt from its foundations – The doctor-patient relationship.

With this healthy health care foundation, Compassion and Science will make the decisions And root themselves in the souls of their servants, The primary care physicians.



WooFood

Mitch Li, Matt DeWolf, and Adam Chin







Mitch Li

Matt DeWolf

Adam Chin

WooFood targets the daunting challenge of changing people's eating behaviors with a simple mantra: Make the healthful choice the easy choice. In restaurants across Worcester, WooFood Certification Specialists are walking restaurant owners and chefs through a certification process that does exactly that; WooFood helps these restaurants develop healthful dishes and employs innovative strategies to make those dishes end up in front of patrons. The WooFood model takes lessons learned from the fields of behavioral economics, choice architecture, and choice psychology and applies them to improving dietary patterns. It is not enough to have healthful options available at a WooFood Certified food service ~ they must be delicious, creatively named, and easy to order.

As readers of *Worcester Medicine* are surely (and perhaps acutely and painfully) aware, changes are coming swiftly in medicine. As the U.S. healthcare system is caught in a firestorm of criticism and ACOs disrupt practice as usual throughout the state and country, the medical field risks getting caught unprepared in the storm. Most recently, the documentary film Escape Fire outlined how the American healthcare system is on the verge of collapse. Solutions ~ escape fires ~ exist, but they may require us to rethink completely the way we approach how we treat disease.

We believe WooFood has lit one such escape fire. With the burden of preventable diseases including type-II diabetes and CAD weigh-18 | Worcester Medicine NOV./DEC. 2012 ing on our system and our patients, it is our duty as physicians and future physicians to develop and support innovative prevention programs like WooFood. As future physicians, we know it is imperative that the medical field both be viewed as and become part of the solution.

It may be an ambitious goal, but WooFood and its founders seek to help prepare the medical field for the imminent changes in the healthcare system by a physician-led effort addressing the challenge of lifestyle-related disease through innovative solutions and active engagement with the community. If 70% of diseases treated in the healthcare system are preventable as Escape Fire suggests, then we believe it is time for the entire medical field to take leadership in solving the pressing challenges of the present. WooFood is rapidly becoming recognized in Worcester and beyond and has been met with great enthusiasm. As we receive such positive community support, we are sure to point out that we are proud to be students at UMass Medical School and part of the medical community at large. Brochures are now available for use in any physician or clinical practice as a time-efficient tool to counsel on diet and lifestyle. By the time you begin providing WooFood brochures to your patients if you choose to do so, many of your patients will have already been exposed to, and have an overwhelmingly positive impression of, the program. If they are unaware of this connection, use the opportunity to own it ~ WooFood was founded by our medical colleagues

and we are proud to support it; we are a part of the solution.

WooFood is a 501(c)3 nonprofit and accepts donations online and by mail to help keep the certification process free to small businesses. Please visit www.woofood.org or contact the founders at info@woofood.org to learn more about the program, donating, and free ways you can support WooFood ~ including distributing WooFood Brochures.

Mitch Li is a fourth year medical student at UMass Medical School applying in Emergency Medicine. He can be contacted at li.mitchell@woofood.org. Adam Chin is a third year at UMass likely applying in Internal Medicine. He can be reached at chin. adam@woofood.org. Matt DeWolf is a third year likely going into Orthopedics and can be reached at dewolf.matthew@woofood.org. info@woofood.org forwards to all three founders.



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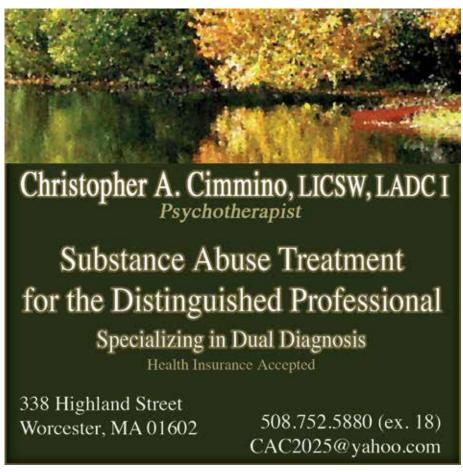
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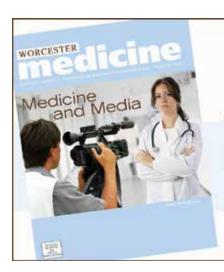
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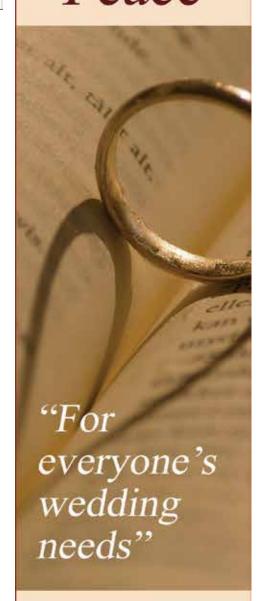
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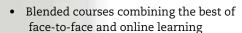


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A Review of Thom Rooke's *The Quest for Cortisone*

Thoru Pederson, PhD

The discovery of the therapeutic actions of cortisone is a story that has been told many times. But it has never been told more engagingly than in this new book by the Mayo Clinic vascular physician Thom Rooke.

Rooke starts the story at the same point as most other accounts: the observations of certain patients by the British physician Thomas Addison. Though these patients were presenting with anemia, perhaps pernicious, Addison sensed something else. Rooke takes us through this in an insightful Introduction (Addison himself may have been crazy ~ or at least clinically depressed) and in Chapter 1 on the disease that Addison chronicled ~ insufficiency of the suprarenal glands (using the terminology of the time.)

The author then takes the reader on a well-crafted ride though the subsequent years. Patients suffering from this disorder had little hope. One of them was a sickly Boston teenager brought out to Mayo ~ John F. Kennedy. He reappears in the book (and returns to Mayo many times) as the author continually weaves medical science with lay interest.

The antecedent years of steroid science are described accurately, as are the first intimations that one particular steroid, cortisone, might hold a pay-off. Rooke is rivetingly accurate in every detail of the science and engagingly recounts all the hard slugging that went on. This heroic era entailed tuberous plants in Mexico, many slaughterhouse visits and adrenal gland excisions and, on other fronts, the boiling down of pregnant mare urine (later to be known as PremarinR). Rooke gets the roles of pharmaceutical companies just right. Merck has always enjoyed the historical status of making a market for cortisone but Rooke reminds us of the huge role Upjohn played. He also per-

fectly captures the personalities of the two key figures: the biochemist Edward Kendal and the rheumatologist Philip Hench, both at Mayo but not close until cortisone's promise threw them together.

The author's description of the first patient treated with cortisone is worth the price of the book alone. In what is perhaps the most dramatic moment in the story, this patient ~ a woman so crippled on admission that she could hardly even move in her bed, received the first administration of Kendall's substance. The next day she was no better. But then, the nurse on duty called Dr. Hench to come. As he saw her standing out of bed, moving with no pain, he knew at that moment that he had made a discovery for the pantheon of medical science. Only 18 months later Hench and Kendall received the Nobel Prize.

Rooke's account is not just about the steroid chemistry or the rheumatology, both presented extremely well. He also gets deeply into the people involved. In this respect, no accounts I have ever read about either Edward Kendall or Philip Hench, both very complex and likely deeply disturbed men, have come close to what Rooke has brought forth. In particular, Rooke describes Hench's unexpected emotional swing after Stockholm, in which he became surprisingly paranoid and regarded every cortisone side effect that came out as a personal attack. No author has ever gotten this startling emotional conversion of Hench recorded so well. Kendall too had a sad history: he had discovered thyroxine but was never credited and then had a series of embarrassing dead-ends in his research. Rooke describes Hench's post-Stockhom melt-down and Kendall's longstanding character flaws (a chronic Don Quixote) with engaging exposition.

Medical science owes so much to Kendall and Hench and all that their cortisone discovery has brought. But knowing the inside story tells us so much more. Rooke has brought us both the science and protagonists in a powerfully engaging book.

The *Quest for Cortisone* was published by Michigan State University Press, 2012.

Thoru Pederson, PhD is an Arnett Professor of Cell Biology, Department of Biochemistry and Molecular Pharmacology, University of Massachusetts Medical School. He can be reached at thoru.pederson@umass. edu.

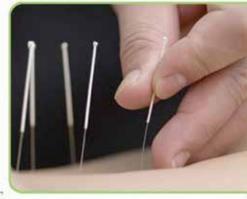
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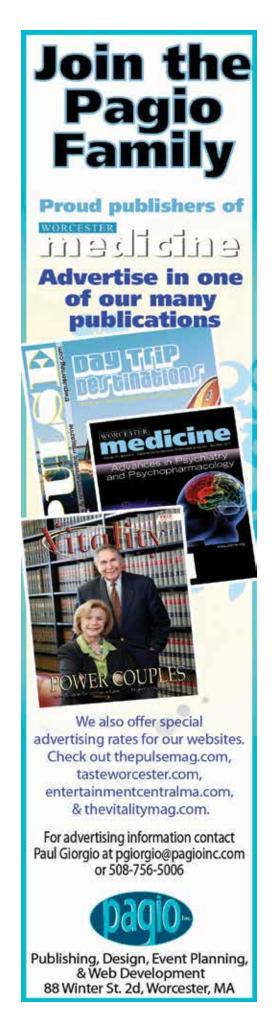
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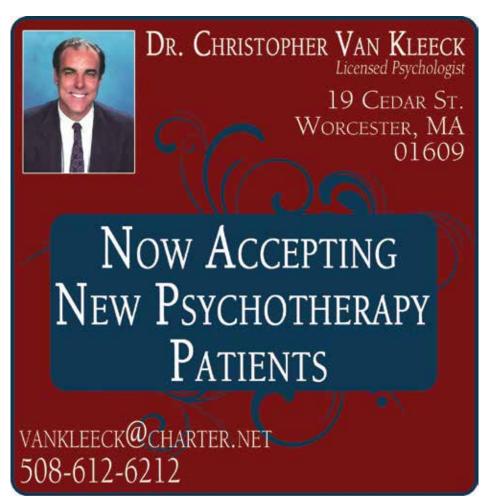


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WDMS Remembers Its Colleagues

Roger W. Robinson, MD (1909 -2010)

It is an honor for me to record Dr. Robinson's "In Memoriam." His accomplishments as Chief of Medicine at the Worcester Memorial Hospital were the forerunners of the modern academic medical center and have been documented in earlier testimonials. I would prefer to recount some fond memories of him that are of a bit more personal nature.

Dr. Robinson came from a long line of Methodist ministers of which he would have been the 6th generation. However, he decided to forgo the financial support to become a Methodist minister because he loved helping patients.

One of my first encounters with Dr. Robinson and Imogene, his wife, was when they took me and my wife to a performance of "My Fair Lady." While driving us back to our apartment, Dr. Robinson began singing some of the famous passages of "My Fair lady." He had a wonderful voice and when I commented that he could have been a singer, his wife immediately corrected me and said, "He is a singer. He performed weekly for a Chicago radio station and that helped finance his medical education.

He loved to drive fast and in order to avoid going over the speed limit he had a device installed that would trumpet a signal when he reached the speed limit. Many times I saw him push up the speed limit 5 miles per hour at a time until he got sick of it and shut off the device completely so he could drive at his pace ~ fast ~ without having to respond to the warning signal. It was fun for medical residents travelling with him to the Atlantic City scientific meetings unencumbered by speed limits.

Dr. Robinson and his wife co-founded and supported the Willard House and Clock Museum in Grafton, MA, and the stories of those tall standing clocks were amazing. On one occasion, some thieves had stolen clocks and Dr. Robinson was unable to get them returned despite all the help from the authorities, but when word got out about his unhappiness over the loss, somehow all the clocks were returned unharmed!

Dr. Robinson loved horses; he grew and baled their hay. When we residents had to be in his office at 7:30 every morning to read EKGs, some of us mumbled, "In the middle of the night," but then I found out that by 5:00 in the morning he had already cleaned the horse stalls, fed and watered the horses, and let them out on a big tract of land. His horses, particularly the one he usually rode, loved him. The reason I know that for sure is the fact that his favorite horse threw him off; Dr. Robinson broke his spine and had to be in a full thoracic cast for almost a year. His horse must have known that with the tight chest cast you can't breathe deeply enough to give a good cough, which he needed to do since he was a two pack-a -day smoker at the time. Not being able to cough forced him to give up smoking and, thanks to his horse, he lived a long and healthy life thereafter.

Guenter L. Spanknebel, MD

Edward Mason, MD (1925-2011)

Ed Mason was Dr. Ben Spector's top senior in neuro-anatomy at Tufts Medical School and he was a lab instructor for the freshman class. He thus became my first medical teacher. Since he had graduated Clark University in Worcester, and I am a Worcester native, we instantly bonded.

Ed was born in Boston. His mother died when Ed was three, and thereafter, he lived with his father, grandmother, and sister. His sister Anne, who was ten years his senior, played a major role in his life. Ed was an excellent student. He graduated from Boston Latin School and then spent a year at U Mass Amherst before enlisting in the Army. It was there, perhaps because of his training as a medic, that he developed his interest in becoming a doctor. When he completed his military duties, he enrolled at Clark University. A few years later, he graduated with more than just his Bachelor's degree, for it was in college that he met and married Ina Cohen. Ina eventually was appointed Dean of Students at their Alma Mater, which made Ed very proud.

After Clark, Ed went on to Tufts Medial School, followed by residencies and a fellowship in Cambridge and Boston. His expertise in neuro sciences foretold a brilliant career as a psychiatrist. Knowing that the best place to live and to practice is where your wife will be happiest (the same advice he later gave

me), Ed opened his office for general psychiatry in his wife's home town, Worcester. He became Chief of Psychiatry at St. Vincent Hospital, and when U Mass Medical School opened its Department of Psychiatry, he was named Chief there as well. Ed's patients ranged from adolescents to adults, and all who knew him saw a gentle, intelligent, compassionate and effective doctor.

There is a Jewish joke which begins with "A rabbi, a lawyer and a physician...." For Ed, this was not a joke, but in fact a list of the careers of his three children. Among his avocations was kite flying on windy Marco Island, his vacation spot of choice. He also enjoyed writing short stories and memoirs, several of which were published in this Worcester Medicine magazine. He was an avid reader and possessed a bountiful library filled with classics and best sellers. Lunch with good friends was another favorite activity. One such group called themselves ROMEO ~ Retired Old Men Eating Out!

When he was 86 years old, Ed and his Ina moved to Chicago to be closer to their children. Neither was well at the time and within a year Ed passed away. He lives on through the contributions he made in his chosen field of medicineand in the memories of all those that he touched. I am one of those people, and count myself lucky to have known this very special and accomplished person.

Stuart R. Jaffee, MD

Lester M. Felton, Jr., MD (1927-2011)

Dr. Lester M. Felton, Jr., MD died peacefully at the age of 84 in his home in TidePointe, Hilton Head Island, South Carolina on December 11, 2011. Lester, born in Worcester, followed his father, Lester M. Felton, Sr., MD in the practice of Urology in Worcester. Both served as Presidents of the Worcester District Medical Society, Dr. Lester in 1946-47, and Dr. Lester, Jr. in 1977-78.

Lester was educated at Wilbraham Academy, Dartmouth College, and Cornell Medical School. He served in the military during the Korean War. Primarily affiliated with Worcester Hahnemann Hospital, he served the greater Worcester community for over thirty years. Lester and his late wife, Bernadette Marie, retired to Hilton Head South Carolina where he continued his expertise in playing bridge and striving to improve in golf.

However, he also began a second professional career serving in a program called "Volunteers in Medicine," founded in 1992 by Dr. Jack B. McConnell, on Hilton Head Island. The organization was developed when retired physicians, nurses and dentists expressed an interest in finding a way to continue practicing their profession by establishing a "culture of caring" on a voluntary, part time basis. "Volunteers in Medicine" provides free medical, dental and mental health services and the model has since been duplicated in other cities in the United States. Lester served in "Volunteers in Medicine" for 15 years.

It has been my privilege to know and admire physician Lester M. Felton, Jr. (and his father) for his service to the Worcester community and for his leadership in the Worcester District Medical Society.

Leonard J. Morse, MD



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A Message from the President





On behalf of the WDMS and the Worcester DPH, I would like to thank the dozens of volunteers from UMMS, GSN, Worcester State University, Clark University, the College of the Holy Cross, Mass College of Pharmacy, UMMHC, the MOSAIC group, and The Barbershop Health Network as well as the staff of the MVP II and S-styles barbershops for their collaborative efforts on 11/3/12 to screen almost 60 individuals who otherwise might not have been as health literate as they are now.

Special thanks to Joyce Cariglia, Cheryl Simo, Nicole Valentine, Marie Boon, Brenda Jenkins, Waldo Zamor UMMS 2015, and of course Dr. Teo-Carlo Straun, the program's chief architect. As Worcester plots its course to become the "Healthiest City in New England" by 2020, coalitions and activities like these will play a huge role in demonstrating to the public the true concern that the medical community has for its citizens and also our belief that through outreach, we can convince the populace that public health begins with each member or the Greater Worcester Community.

Michael Hirsh, MD

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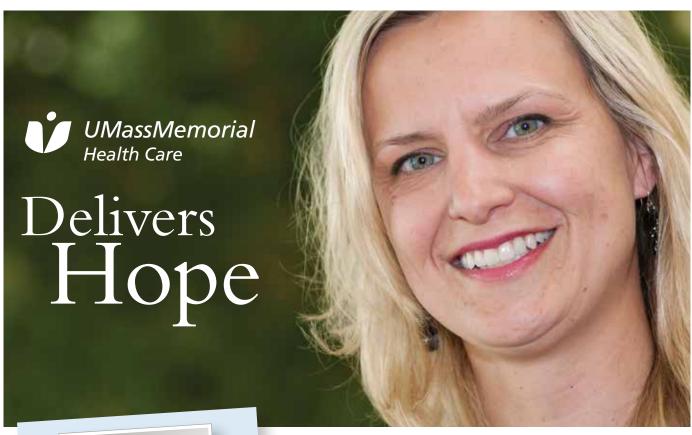
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