Anthony Hollenberg, M.D., remembers the day he made his first research breakthrough. “It was at just the beginning of molecular endocrinology,” the chief of the Division of Endocrinology, Diabetes, and Metabolism at Beth Israel Deaconess Medical Center recalls. “And I was trying to clone gonadotropin genes as part of my senior thesis.” After painstaking efforts to comb through thousands of DNA molecules for evidence of a clone, the Harvard College undergraduate spotted two. “I actually took the film and framed it, and I put it up in my dorm room,” he says of the achievement that sparked his interest in the field and laid the foundation for future basic research.

Now, with a 19-year career in endocrinology at BIDMC culminating as chief of a division with an illustrious history and nationwide reputation for pioneering research, Hollenberg spreads a wide net. Any given day might find him taking care of patients with thyroid conditions, conducting his own basic research to potentially improve care for all patients, and educating the next generation of physician-researchers in translational medicine. “Endocrinology is great because clinically it is intellectually demanding but not as procedure-focused, so you can practice clinical endocrinology while at the same time you can do research and teach,” he says.

CONTINUED ON P. 2
Hollenberg has seen tremendous changes in the field since he first started cloning genes, the greatest of which is a better understanding of the processes that lead to human endocrine disease. Researchers have started to comprehend the mechanisms underlying disorders such as diabetes, obesity, and thyroid disease. “The growth of molecular pathophysiology has really allowed us to define the cellular basis for individual disease and to create better customized therapies — although, not as perfect as we would like,” Hollenberg says. “The other thing that has been pretty clear is that we have really seen the progression of diabetes and obesity from a static state to an epidemic in the last 20 years.”

More than one third of the adult population in the United States is obese, and 25.8 million people have diabetes, which puts the Division of Endocrinology, Diabetes, and Metabolism on the forefront of health care today. “Unlike some endocrine divisions in Boston that have many separate focuses, we are a pretty unified division with a concerted research focus in obesity, diabetes, and metabolism that is really unparalleled,” he says. “The clinical care we put forward is outstanding, and our relationship with the Joslin Diabetes Center makes the breadth of care that we can deliver even greater.”

As obesity continues to spread among the population, researchers, including Hollenberg, are searching for new ways to target and treat the problem. In addition to seeing patients, he is investigating the cellular basis of thyroid hormone and how it influences the way we feel, the way we eat, and the way we gain and lose weight to ultimately uncover better therapies for patients who struggle with weight loss or high cholesterol. “It is a hugely important health problem,” he says. “Obesity influences cancer, heart disease, and diabetes. It is a huge risk factor for other diseases, such as stroke, and osteoarthritis. If we can figure out ways to get people to live healthier lives and find new ways to treat obesity, we would have a healthier population and downstream much less disease.”

In response to the growing epidemic and in an effort to build on the assets of the division, BIDMC is establishing a new Center for Nutrition and Metabolism, which Hollenberg will co-direct alongside colleague Eleftheria Maratos-Flier, M.D. BIDMC recently selected the new endeavor as a strategic priority for philanthropy. Initial plans to coordinate and launch the center’s activities are underway. “We need to have a clinical nutrition...
eating the right foods in combination with physical activity has much more of an impact. The Center for Nutrition and Metabolism will concentrate on supporting these kinds of nutrition-based efforts and helping patients better understand their health and the possibilities for improving it. The goal is to expand the division’s current clinical enterprise, which is already growing 10 to 15 percent each year. The center also aims to build on BIDMC’s nationally recognized research program in this area to form a translational research initiative that would take the discoveries from the bench directly to the patient in the clinic.

The value of translational medicine is not lost on Hollenberg. For the last eight years, as the co-director of the Clinical Investigator Training Program (CITP), he has invested a significant amount of his time in training future physician—researchers from a wide range of disciplines in the principles of translational medicine. Founded at BIDMC and a Harvard-wide master’s program, CITP provides outstanding physicians who want to do early-stage human research with the tools and support to translate their discoveries into new treatments for human disease. Pfizer, Inc. (whose support established CITP in 1993) and Merck & Co. have funded the innovative program, which has graduated 180 translational investigators and counting. Most recently Vertex has also joined as a supporter of the program.

Despite the obvious value of all Hollenberg has on his plate, he recognizes that resources are getting spread thin. “It is getting tougher and tougher to keep all of these programs going,” he says. “That’s the only thing I worry about all the time. How are we going to keep each of these things funded? That is where philanthropy comes in.” He notes that philanthropy plays an equally important role in maintaining initiatives like CITP and getting new projects like the Center for Nutrition and Metabolism up and running. And with his fondness for the multidisciplinary, Hollenberg has a meaningful funding option for any potential donor. “There is nothing like seeing something in your own lab that has never been seen before,” he says. “There is nothing like treating a patient and having it go well. There is nothing like mentoring or being with a student who succeeds. And there is nothing like being head of a division and seeing faculty thrive.”

“If we can figure out ways to get people to live healthier lives and find new ways to treat obesity, we would have a healthier population and downstream much less disease.”
— Anthony Hollenberg, M.D.

“We appreciate the care we have received and continue to receive at BIDMC—from the birth of our children to my 20 years as a lung cancer survivor. We felt strongly about finding a way to give back. A charitable gift annuity was the perfect way to show our gratitude and ensure us income for life.”
— Sandy Golding

Turn Your Assets into Income with a Charitable Gift Annuity

Secure your future income stream while also securing a future gift to BIDMC. Benefits of a Charitable Gift Annuity include:

• Annual, fixed income for life
• An immediate income tax deduction
• The knowledge that your gift supports outstanding patient care, leading-edge research, and exceptional medical education.

For more information, please contact Greta Morgan at (617) 667-7330 or gmorgan@bidmc.harvard.edu.
www.bidmc.org/giving
Giving Matters is published by the Office of Development at BIDMC.

Kristine Lapting
Senior VP of Development
(617) 667-7354
klaping@bidmc.harvard.edu

Kate Gorman
Senior Director of External Relations
(617) 667-7371
kgorman@bidmc.harvard.edu

Alexandra Molloy
Director of Development Communications
(617) 667-7350
amolloy@bidmc.harvard.edu

Managing Editor: Alexandra Molloy
Writing: Jennifer Greene, Allison Goldsmith Knave, Alexandra Molloy, Jennifer Standley
Event and Marketing Coverage: Allison Goldsmith Knave, Alexandra Molloy, Jennifer Standley
Photography: BIDMC Media Services (Bruce Wahl), Alycia Braja, Joel Haskell, Therresa Johnson
Herlhy, Kathy Joyce, Justin Knight
Design: Kor Group, Boston
© 2012 BIDMC
Volume 3, Issue 3

Mail that Matters

While saying thank you can come in many forms, one of our favorites is receiving letters from our patients and their families. Many have shared uplifting and heart-warming stories of their time at BIDMC and the staff who cared for them. We are pleased to print some of these letters in Giving Matters and encourage you to contribute your own stories.

To share your story, e-mail us at development@bidmc.harvard.edu or write to “Mail that Matters” at the Office of Development, 330 Brookline Avenue [BR], Boston, MA 02215.

Sincerely,

Kristine C. Lapting

---

**LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT**

Dear Readers,

*Giving Matters* is a publication that focuses on the impact philanthropy has on the critical mission of BIDMC and highlights the strategic areas of the medical center that need fundraising support to grow and thrive. I am pleased to report to our broader donor community that in fiscal year 2012, which ended on September 30, BIDMC raised more than $46 million in philanthropic contributions. An increase of more than 24 percent over the last fiscal year, this achievement represents the highest single-year fundraising total in the medical center’s history.

Gifts both large and small made reaching this goal a reality. We are so grateful for this funding, without which advances in technologically sophisticated clinical care (see page 8), globally relevant groundbreaking research (see page 14), and career-developing education (see page 6) would not get off the ground.

This past fiscal year also marked the first for our President and CEO Kevin Tabb, M.D., who has been actively looking ahead at our vision for the future and mapping out our philanthropic priorities for the years ahead. One such priority, our new Center for Nutrition and Metabolism, which will advance and link innovative programs in healthy eating and weight loss with pioneering metabolic research, is highlighted in our cover story. We will have much more to share with you about these areas of importance in future issues, and we hope that you will be there as active members of our donor community, knowing that your support is truly changing patients’ lives.

Sincerely,

Kristine C. Lapting

---

**Dear Dr. Manning,**

While at BIDMC for a cardiac MRI, Kraig Kissinger and Anh Thy Tran saw me through the process. I often see television ads regarding the concern, care, professional decorum, and expertise of BIDMC employees. The best ad you could run is to put patients in the care of Kraig and Anh Thy. They embody the message of concern, care, professional decorum, and expertise. What is usually an anxiety-producing test was a walk in the park because of their effectiveness. It is one thing to tell them of the above kudos; it’s another to remind you of how lucky you are to have such wonderful employees.

Sincerely,

Diane O.

---

**Dear BIDMC,**

I cannot give enough praise to the team of professionals who cared for me when I came into BIDMC for a Radio Frequency Catheter Ablation. Starting with Robin, who first contacted me by phone, was understanding of my nervousness and happy to answer my questions. Cheryl Esposito, the nurse who prepped me and cared for me in recovery, could not have been more gentle and sympathetic. The cardiologist Dr. Kapil Kumar and his team, aware of my nervousness, kept me informed every step of the way. The nurses in the procedure room, Susan and Danielle, were two of the kindest people I have ever dealt with. Susan spent about 15 minutes with me and my wife in the prep area answering our questions. I commend your hospital and staff for a truly outstanding experience. I would not hesitate to recommend BIDMC.

Sincerely,

Donald T.

---

**Dear BIDMC,**

I want to relate to you my very satisfactory visit to the BIDMC Emergency Room. I was there for what turned out to be food impaction and not a heart problem, fortunately. Your staff was extremely competent and comforting. They took wonderful care of me. I would specifically like to thank Susan Fentes, Michelle Dossett, and Michelle Prudence. The person who first interviewed me as well as the nurse who drew blood and did the EKG were also very caring. Having to be admitted to an emergency ward is extremely stressful; however, your staff is aware of this, and they truly help everyone.

Sincerely,

Frances K.
Sidney F. Queler: Putting BIDMC on the Map

Maps are useful guides to direct us from where we are to where we want to be. As chair of the Board of Overseers at Beth Israel Deaconess Medical Center, Sidney F. Queler has designed his own “MAP” as a resource for being an effective member of BIDMC’s largest lay leadership group.

Queler’s version encourages overseers to focus on understanding the Mission of the medical center so that they can be better Ambassadors in the community and increase Philanthropic support to ultimately achieve the hospital’s goals. “It is critically important to my job as the leader of the overseers to educate and clearly define BIDMC’s mission so they feel comfortable going out and talking to others,” he says.

The mission that Queler is so eager to define is to provide extraordinary care, where the patient comes first, supported by world-class education and research. He has become quite familiar with that quality of care since his initial introduction to the medical center at a young age. BIDMC successfully treated both his mother and father for cancer. It was also where he and his wife, Terri, welcomed their three children, including twins who spent time in the Klarman Family Neonatal Intensive Care Unit.

While not alone in having a connection to BIDMC rooted in personal experience, Queler also believes that the innovative research and unique programs at the medical center could be the keys to unlocking a new pool of energized lay leaders. He encourages the overseers to understand and appreciate the work that is having an impact on the exciting but challenging world of health care today. “That is what is going to resonate with people and get individuals who don’t have an attachment to the hospital to the medical center,” he says.

Queler’s introduction to the business side of BIDMC came in 2006 through his mentor and friend Edward Rudman, a former chair of the BIDMC Board of Directors. After contributing to a number of committees and a stint as vice chair of the overseers, Queler took over as chair of the Board of Overseers when Jonathan Samen stepped down last year (see page 18). Queler’s passion for the medical center is evident in his enthusiasm for the role. “I just love it,” he says with a smile. “The lay leadership group at the hospital is one of the best that I have ever been around. People want to work hard. We want to find cures. Everybody just wants to work together for a common cause. The challenge is so great, but we are all up to meeting it.”

In encouraging the overseers to be effective ambassadors for the hospital, Queler sees similarities to his work as the national director of business development at Atlantic Trust, a private wealth management firm where he spearheads business development planning and initiatives. “It is caring about people and learning about what motivates people and trying to find solutions with regard to their wealth and philanthropy,” he says.

Queler also sees parallels between the two organizations. In the realm of trust companies, Atlantic Trust is considered a boutique firm, with only around $20 billion of assets under management as compared to some of the larger trust companies nationwide. While among the top hospitals in the country, the smaller yet very personalized BIDMC is sometimes seen in the same light in the competitive health care landscape of Boston. “As the head of business development for the firm, part of what we have to do is really differentiate ourselves,” he explains. “Part of what I have done in helping to train our employees is to provide the three or four key differentiating factors that illustrate our value proposition. I concentrate my time not only on development, but messaging and how to get that message across to a broader audience.”

By similarly educating the overseers, Queler believes that he can ultimately broaden BIDMC’s reach. One of the ways Queler encourages BIDMC’s lay leaders and grateful patients to learn more about the medical center is to attend events, such as the overseers-hosted Critical Voices dinner. He wants to foster a lay leadership group that is passionate about the hospital and wants to connect to the medical center in a more meaningful way. “We want individuals who are excited to tell the story about the medical center and the exceptional things we are doing, and individuals who understand the greater context of what is happening, especially today in health care,” he says. “This is obviously a critical time. We can fall behind or we can capitalize on this opportunity. With the strong leadership of the medical center and our dedicated lay leadership group, I am confident that we can capitalize on what is in front of us.”

“We need to cast a wider net to raise the awareness of the medical center. The fight for philanthropic dollars is becoming more challenging—and inevitably we can’t succeed without philanthropy.”

— Sidney F. Queler
Philanthropy has always been a way of life in the Rabb household. For more than 70 years, Irving Rabb dedicated his time to a number of charities, most prominently Beth Israel Hospital in roles ranging from volunteer during World War II to president of the Board of Directors. "I don't remember when they weren't connected," his son, BIDMC gastroenterologist James Rabb, M.D., recalls of his parents' involvement with the medical center. "My father, the frustrated doctor, was always really fascinated by advances in medicine and interested in hospital and health care issues, delivery to underserved populations, and medical education." While Irving Rabb left an indelible mark as an institutional leader before he passed away at age 98 last year, his son knows that leaving an enduring legacy of financial support to BIDMC was equally important to him.

To ensure that their family's commitment to the medical center continues indefinitely, James Rabb and his sister, Betty Schafer, have contributed $250,000 from their parents' estate to create the Irving W. and Charlotte F. Rabb Endowed Fund for Gastroenterology Research to support translational and clinical research projects aimed at advancing the field and improving the diagnosis and treatment of gastrointestinal disease. "The idea is to support these scientists during this financially vulnerable phase so that they can continue their investigations and not be forced, for economic reasons, to leave the research environment and enter purely clinical medicine," says James Rabb.

The first beneficiary of the fund is gastroenterologist Alan Moss, M.D., whose research interests center on Crohn's disease and ulcerative colitis. He will apply the $10,000 support from this award to his efforts in measuring the content of intestinal fluid for mediators of inflammation. "We have noted that patients with Crohn's and colitis often shed inflammatory cells and proteins into their intestinal fluid, which can be detected non-invasively," says Moss, noting that flexible funding is crucial for building on the promise of this kind of early-stage project. "Such markers of inflammation could be used to assess an individual's response to therapy and assist in management decisions." 

The BIDMC Falmouth Road Race Team, including top fundraiser Amy Fisher, ran in this year's event on August 12, raising more than $25,000 to support the medical center's life-saving clinical programs, pioneering research, and outstanding education.

The second annual Mark Biasiucci Memorial fundraising event, held on September 8 at the Middleboro Lodge of Elks, raised $6,000 in support of BIDMC's Patient-to-Patient, Heart-to-Heart Special Circumstances Fund, which helps patients with everyday expenses associated with patient care.

This summer, Trustee Advisory Board member Howard Wolk and his wife, Candice, hosted a reception Evolution and Revolution: Empowering Patients through Technology featuring BIDMC primary care physician Tom Delbanco, M.D., who has led a highly publicized study funded by the Robert Wood Johnson Foundation on making doctors’ notes accessible to patients.

Roberta Paris hosted a women's golf tournament at the Framingham Country Club on September 13, which raised close to $10,000 in support of the renovation plans for the BIDMC's BreastCare Center.

BIDMC doctors and nurses raised close to $5,000 as part of their fundraising efforts for the 14th annual walk in support of the Lymphoma and Leukemia Society on October 11.

Brian Thopsey, a young philanthropist, hosted his second fundraiser on September 14 at the chic Vintage Lounge in Boston in support of BIDMC's Cancer Center.

In a moving presentation at the BIDMC Annual Meeting of the Boards on September 27, Marsha Maurer, R.N., interim chief operating officer, received the 11th annual Robert M. Melzer Leadership Award for Leading Constructive, Lasting, and All-Embracing Change.

On September 23, "graduates" of BIDMC's Klarman Family Neonatal Intensive Care Unit along with their families reunited with their doctors and nurses at Kimball Farm in Westford to celebrate the unit's 20th anniversary.

Elaine Sugarman, whose son Jeffrey recently passed away from a brain tumor, wrote a touching letter to close to 250 friends and family members asking them to support the glioblastoma research of Eric Wong, M.D., director of BIDMC's Brain Tumor Center, raising more than $15,000.
For more than 40 years, Dennis Monty has walked the grounds of the BIDMC campus. He knows virtually every square inch of the organization, juggling space management, renovations, new projects, and compliance. The Facilities Department oversees 26 buildings at BIDMC and its affiliates, representing nearly three million square feet on approximately 170 floors. While the capital budget covers a number of the 300 to 350 projects the department manages each year, philanthropy is a major factor in improving many of our facilities across the campus.

What is the process for implementing facility upgrades that are supported by donors?

The process actually starts by evaluating what needs to be done in a particular area. Recently, a conversation started about what it would cost to get the Sherman Auditorium, the hospital’s largest and most-used meeting space, renovated to improve appearance, technology, and comfort. We started the process of meeting with vendors to talk about seating, flooring, painting, and audio visual improvements to develop a budget. And then Claire and Norton L. Sherman, whose family funded the auditorium 40 years ago, contributed $100,000 toward the renovations. Because they made the funds available immediately, we will be replacing all the seating, stripping the carpet, and putting in hard flooring. And during the process, we will also make it Americans with Disabilities Act-compliant. But there’s still more to be done. There is always a need for additional funds. I think that’s the institution’s biggest hardship: there is always more to do than we can afford.

How do you handle donor expectations for the space?

The Shermans came in periodically because they wanted to know how their contribution would be handled. It is very different with each donor. But, in any space, we certainly welcome donors to come and see what we are doing and give us suggestions. Their input is always welcomed, but we also appreciate their flexibility to understand that we really want to spend the money where the institution gets the biggest bang for their buck. While working with donors you can see that they really believe in this institution.

Why is it important to constantly improve these facilities?

We are in a business that is so different than it was 10 or 15 years ago because now it’s so competitive with other institutions. It is important to be as aesthetically pleasing and as advanced technologically in the way we care for our patients as everybody else who has just built new space. With so many great facilities out there, you have to keep pace. For example, we are looking at some internal improvements and reorganization for two of the Shapiro Clinical Center’s outpatient floors to allow for better patient flow, a little more privacy, and improved testing. The building opened in 1996 so we have seen an increase in patient volume but the footprint has stayed somewhat the same.

How does philanthropy make your job easier?

It allows us to get work done. Think about what your floors look like at home when you have 10 people walking around. Then, think about 400,000 people per year going through the building. It wears out the carpet and the furniture. We would love to replace them on a routine basis. We invest a lot of our lives building these spaces. We want to see them stay as nice as they were the day we opened the door for the first time. But we can’t afford that. As part of our budget process, we create a priority list of what we want to do each year. When donations come in, if they are unrestricted, it frees up funds to work on something we hadn’t planned. If it’s focused on something, we hope it’s focused on something we have already prioritized, like the Sherman Auditorium.

STRNGTH in NUMBERS

IT ALL STARTS WITH YOU.

Donate by December 31 and your gift will be doubled!

YOUR SUPPORT MAKES OUR WORK POSSIBLE:

NO. 3 IN NATIONAL INSTITUTES OF HEALTH RESEARCH FUNDING AMONG INDEPENDENT HOSPITALS NATIONWIDE

1 FORM OF CANCER CURED BY PIER PAOLO PANDOLFI, M.D., PH.D.

TOP 100 THOMSON REUTERS HOSPITAL—THE ONLY ONE IN BOSTON

bidmcstrength.org
Peter Curran had none of the characteristics of an individual who might be at risk for colorectal cancer. He had no family history, had been healthy all his life, was active, and was not overweight. Yet, when his physician discovered a large mass in his rectum two years ago, he began a year-long fight for his life—a fight that landed him in the care of Deborah Nagle, M.D., chief of colorectal surgery at Beth Israel Deaconess Medical Center and a leader in the field of robot-assisted surgery.

“The idea of getting a big incision through my stomach muscles freaked me out,” Curran recalls. “The idea of recovering from major surgery and then going straight into chemo blew my mind. I made a deliberate decision that I needed to be as strong as I could be post-surgery going into chemo.” Curran opted to have robot-assisted surgery to remove his tumor. The advanced minimally invasive technique, where a surgeon controls a robot to maneuver instruments inside the body, offers smaller incisions, less blood loss, and faster recovery times and therefore improved quality of life for patients compared to open surgery. It also provides surgeons with the ability to perform more precise and oftentimes more challenging procedures than traditional minimally invasive, or laparoscopic, techniques without resorting to open surgery. “The chances of having some operations completed in a minimally invasive fashion are much higher with the robot, and the pain seems to be less,” says Nagle, who started the first robot-assisted colon and rectal surgery program in Massachusetts at BIDMC two years ago. “Return of gastrointestinal function is probably even a little quicker than with laparoscopic. Patients seem to really bounce back. It is impressive.”

Robot technology was introduced at BIDMC four years ago to perform radical prostatectomy for patients with prostate cancer. “The whole point behind robotics is that it allows surgeons to do very meticulous reconstructive surgical work in small spaces with precision that exceeds that of the human hand,” says Andrew A. Wagner, M.D., director of minimally invasive urologic surgery, who was key in starting the robotics program and now leads the most comprehensive robotic kidney, prostate, and bladder surgery program in Boston. “It allows us to do careful suturing, reconstruction, and dissection in small areas that are difficult to access normally. The visualization is superior to standard laparoscopic surgery, the blood loss is minimized, and the increased precision allows a more straightforward and very high-quality operation.”

Although BIDMC purchased its first robot technology system only four years ago, the medical center is rapidly ascending to the top ranks in the nation and is now considered a leader in this field, which is transforming surgery and improving outcomes and quality of life for its patients. And it is not just about the technology, which is now widely available. In the last two years in particular, BIDMC has developed a multidisciplinary program that combines its expert clinical care, groundbreaking research, and pioneering educational opportunities with the advanced, patient-centered surgical procedures. “BIDMC has the opportunity to nurture innovative surgery that no other facilities have the vision to conceive,” says A. James Moser, M.D., an expert in advanced minimally invasive surgery who joined BIDMC this spring as the executive director of the new Institute for Hepatobiliary and Pancreatic Surgery. “What my colleagues and I are doing is changing the paradigm away from open surgery toward a patient-centered approach to quality of life. That commitment to innovation is why I came here.” This revolution in surgical thinking is ultimately personalizing treatment for both the surgeon and the patient.

During robot-assisted surgery, the surgeon sits at a console, as opposed to standing next to the patient, and controls the surgical instruments with the motion of his or her fingertips. The console provides a steady, high-definition,
three-dimensional visual as a guide. Unlike laparoscopic procedures, where the surgical instruments can move only in a straight line, the robot allows surgeons complete range of motion in the surgical space, which mimics the movement of the wrist and fingers. This flexibility is the main reason why the robot lends itself well to procedures in tight spaces, such as deep in the pelvis for colorectal and prostate cancer, or for complicated techniques, such as lymph node dissection, kidney reconstruction, and nerve-sparing and pancreatic surgeries. Despite the benefits of the technique, it is not a solution for all surgical procedures. Surgeons must balance the cost of using the technology and limited access to the robot, and use it only for their most complicated and challenging operations where the patient will benefit.

BIDMC currently has two robotic surgical systems—a single-console model on the East Campus and a new, dual-console system, which provides better visuals, training capabilities, and advanced technology for complex procedures on the West Campus. With the purchase of the new robot this spring and the rapid expansion of the program—from urology and colorectal to gynecology, pancreatic, and eventually thoracic surgeries—BIDMC is poised for success. “It makes for a much more robust program because the team of nurses, technicians, and nurse managers, which is already very good, becomes even more expert, the more cases they do,” Wagner says. “The best robotic programs in the country are those that incorporate multiple surgeons, different specialties to use it, and refine their techniques daily. In that way, the team becomes world class.”

In June Moser and Mark P. Callery, M.D., chief of the Division of General Surgery, completed the first robot-assisted minimally invasive pancreatectomy in Boston. “Pancreas surgery is an outlier in all of surgery in terms of its complications. It is a major vascular dissection, so it’s an operation that is accepted to have a much higher complication rate as a result,” Moser says. Due to the extreme complexity of pancreatic diseases, most surgeons avoid traditional laparoscopic surgery and instead opt for open procedures. However, with the precision and flexibility of robot technology, surgeons are adopting the new approach. Moser, who is working to transform the care of patients with pancreatic disease and put BIDMC on the map as the top spot for advanced minimally invasive surgery, has performed more than 250 robot-assisted pancreatic surgeries. While extremely challenging for the surgeon—it requires as many as 100 needle changes—the surgery provides patients with the same positive outcomes of a minimally invasive approach. “Quality of life has to be the center of everything we do,” says Moser, who will use the robot to better treat diseases of the pancreas, liver, and gallbladder and help train his co-workers in these challenging techniques.

This latest expansion of robot-assisted surgery at BIDMC builds upon its established programming. BIDMC is still the only spot in the state that offers robot-assisted rectal cancer surgery, Nagle says. While the technique is not yet widespread, it is a perfect fit. “The instruments you have for laparoscopic surgery become more limiting when you go into the bony pelvis which isn’t flexible and where you can’t move things around as much,” she adds. Wagner has also become one of the most experienced surgeons in robot-assisted partial nephrectomy, a procedure to remove a tumor from a part of the kidney. The robot simplifies the challenging suturing to reconstruct the organ and allows for more precision and speed to work quickly and effectively. It also ties into BIDMC’s clinical and research expertise in kidney cancer. “It’s a multi-pronged, multidisciplinary approach to kidney cancer that is relatively unusual,” he says. “We have the largest team of kidney cancer experts in New England.”

While prostatectomy has become the gold standard of surgical prostate cancer care in most academic medical centers and the market is much more saturated for robot-assisted gynecological surgery, BIDMC is progressive with its multidisciplinary approach in both fields and dedication to teaching its residents. “When we are able to offer these minimally invasive procedures, the patients are often very surprised about how quick their recovery is,” says
continued from p. 9

Gynecological oncology surgeon Chris McCann, D.O., who performs endometrial cancer and endometrial hyperplasia cases on the robot. “Especially in the obese population where the risk of wound infection and complication can be extremely high after open surgery, you minimize that with these procedures and that really helps recovery.”

BIDMC is further expanding its robotics program through training opportunities for new students and even current surgeons. The learning curve is incredibly high as surgeons start from scratch in simulation exercises to get a feel for the console and controls, lack of tactile feedback, and seated position away from the patient before performing intricate surgery. Using the new dual-console robot on the West Campus, the lead surgeon can hand over control of the instruments to the assistant during surgery, but can still direct and watch every step using the same three-dimensional visual. If the surgeon wants to instruct a different approach or does not like what the assistant is doing, he or she can immediately take over control of the robot, similar to an instructor taking over in a driver’s education car.

This focus on education also extends outside of the operating room. Last year, Wagner and partner Martin Sanda, M.D., director of the BIDMC Prostate Care Center, led the first robotic urology teaching course in New England in the Carl J. Shapiro Clinical Center. The course consisted of didactic lectures and hands-on training using robotic simulation and inanimate tissue models designed at BIDMC. Approximately 20 surgeons and urology trainees from around the region had access to four dual-console robotic systems during the two-day seminar. Next year, McCann and the Department of Obstetrics and Gynecology will hold a one-day, hands-on gynecology robotics symposium.

“We are very progressive when it comes to robotics compared to some of the other institutions,” he says. “There are new technologies coming down the pike, including the dual console, that have improved our ability to train our residents. You can sense a little more excitement from them when doing the cases.”

While surgeons recognize the benefits for robot-assisted surgery, the published research is limited, something the BIDMC experts hope to change. Based on his research at the University of Pittsburgh Medical Center, Moser and his colleagues recently published single-institution outcomes data in the Annals of Surgery, which demonstrated that for a distal pancreatectomy, robot-assisted surgery leads to a reduced risk of conversion to an open procedure, less blood loss, and improved outcomes for patients. BIDMC has shown its leadership in outcomes research on a national scale. Recently Wagner and Sanda completed the first multicenter prospective study designed to compare traditional open prostatectomy to robotic prostatectomy. “This study is the first prospective multicenter evaluation specifically designed to compare clinical outcomes and cost-effectiveness of these two approaches,” Wagner says. His team has also recently published the BIDMC robotic kidney surgery experience in the World Journal of Urology, the Journal of Endourology, and Urology.

Philanthropy plays a major role in the continued support of outcomes research and expansion of the robot-assisted surgery program to improve patient care at BIDMC. Surgeons agree on the need for an additional dual-console robot on the East Campus. The improved technology would not only fulfill the demand for operating time and allow for ease in more complicated operations on the East Campus, but also offer the ability to train additional surgeons and residents. “Over the next five to 10 years, most surgeons are going to be trained in robotics, and they are going to realize that this equipment and technology is here to stay and patients really do benefit,” Wagner says. And as the patients learn about the new technique, the demand for robot-assisted surgery is rising. “If patients can recover faster, take minimal narcotic, and have a much higher chance of having their operation completed in a minimally invasive fashion, they are going to ask for the robot,” Nagle says.

Peter Curran agrees. Two years later he is still cancer free. “To me it was a no-brainer;” he says of his decision. “I had confidence in Dr. Nagle, and I had confidence in the surgery. I think it was a good gut instinct.”

10 Giving Matters | Beth Israel Deaconess Medical Center
In the Same League
BIDMC and the Boston Red Sox team up again for a healthy community

At the core of its responsibilities as the Official Hospital of the Boston Red Sox and Red Sox Nation, BIDMC runs Fenway Park’s First Aid Stations, where staff treat thousands of patrons each year. In addition, the medical center and the Red Sox work together to sponsor landmark community programs, including the Red Sox Scholars and the 9/11 Blood Drive with the American Red Cross.

“We have been through great times, and some tough times,” wrote Larry Lucchino, president and CEO of the Red Sox, to Tabb in a recent letter about the renewed affiliation. “Through it all, the spirit of partnership has been unwavering and gratifying. There has been no doubt that the people of Beth Israel Deaconess and the Red Sox care about the community we share as neighbors and about each other. It is a good, loyal, and deep partnership.”

To cap the good news, the Red Sox organization also announced that it is pledging $600,000 over five years to the BIDMC-affiliated Bowdoin Street Health Center. The bulk of the funding, $500,000, will go toward Bowdoin’s overall operating expenses to sustain its mission of delivering superior medical care and social support to Boston’s Dorchester neighborhood—a service it has provided for more than 40 years. The additional $100,000 will go toward the health center’s capital campaign to build a Wellness Center, the only facility of its kind in the area, which will provide educational programs and resources to manage chronic conditions and promote healthier lifestyles. “For us, this funding hits a home run,” notes Adela Margules, Bowdoin Street’s executive director, about the Red Sox ongoing commitment to the center. “Their support of health care in this neighborhood allows us to ensure we continue to meet the needs of our patients, families, and community.”

For more information on the BIDMC–Red Sox partnership, visit: www.bidmc.org/redsox.
**WOMEN’S CARDIOVASCULAR HEALTH RECEPTION AT THE HOME OF JENNIFER SILVER**

**JUNE 4, 2012**

Jennifer Silver, a member of BIDMC’s Trustee Advisory Board, welcomed more than 40 guests to her home for an informative discussion on women’s cardiovascular health. The discussion focused on the impact of new research and education taking place at BIDMC, which aims to unseat cardiovascular disease as the leading killer of women. Speakers included Margaret McKenna, member of the BIDMC Board of Directors; Mark Josephson, M.D., chief of the Division of Cardiovascular Medicine at BIDMC; Airley E. Fish, M.D., M.P.H., a cardiologist at BIDMC; and Caron Tabb.

1  Caron Tabb, Margaret McKenna, Jennifer Silver, Airley E. Fish, M.D., M.P.H., Mark Josephson, M.D.

**CRITICAL VOICES**

**JUNE 7, 2012**

More than 150 guests attended the third annual Critical Voices, hosted by Sid Queler, chair of the BIDMC Board of Overseers; Andrew Bennett, event chair; and Kevin Tabb, M.D., BIDMC’s president and CEO. WCVB-TV news anchor Susan Wornick, who moderated the event, posed the question, “What do you think is the best hope for curing cancer?” to a panel of five BIDMC cancer experts: Lowell Schnipper, M.D., clinical director of the Cancer Center; Mary Ann Stevenson, M.D., Ph.D., chief of the Department of Radiation Oncology; Jeffrey Saffitz, M.D., Ph.D., chief of the Department of Pathology; Pier Paolo Pandolfi, M.D., Ph.D., scientific director of the Cancer Center; and David Avigan, M.D., director of the Hematologic Malignancy Program. The discussion was hopeful and inspiring and was a testament to the fact that there are many people at the medical center who believe that a cure for cancer will come in our lifetime.

2  Pier Paolo Pandolfi, M.D., Ph.D.
3  Susan Wornick
4  Sid Queler, Kevin Tabb, M.D., Andrew Bennett
5  Mary Ann Stevenson, M.D., Ph.D.; Lowell Schnipper, M.D.; Jeffrey Saffitz, M.D., Ph.D.; Susan Wornick; David Avigan, M.D.
**BREAST CARE CENTER FUNDRAISER AT THE SPELLMAN HOME**
**JUNE 18, 2012**

More than 130 people gathered at the home of Rachel and Andy Spellman for a cocktail reception to learn more about the BreastCare Center Renovation Project at BIDMC. The event was emceed by actor Mike O’Malley from FOX’s hit series *Glee* and included remarks by Andy Spellman; Kevin Tabb, M.D., BIDMC’s president and CEO; Michael Wertheimer, M.D., director of the BreastCare Center; and Stephen Kay, chair of the BIDMC Board of Directors. The evening kicked off the fundraising efforts for this project, raising more than $300,000. The National Accreditation Program for Breast Centers recently awarded a three-year accreditation to BIDMC’s BreastCare Center—the first academic medical center in Boston to receive this honor.

6 Richard and Ellen Calmas
7 Kevin Tabb, M.D., Andy Spellman, Mike O’Malley, Shauna Brook
8 Robert and Carol Mayer
9 Michael Wertheimer, M.D., Mike O’Malley, Andy Spellman
10 Rachel Spellman, Liz Spellman

**RABB DEDICATION CEREMONY**
**JUNE 27, 2012**

BIDMC hosted a dedication ceremony this summer to celebrate a $250,000 endowed gift from the Rabb family to create the Irving W. and Charlotte F. Rabb Endowed Fund for Gastroenterology Research, (see page 6). More than 50 family members, friends, and staff gathered in the Rabkin Board Room, where members of the BIDMC community—including Kevin Tabb, M.D., president and CEO; Stephen Kay, chair of the Board of Directors; Simon Robson, M.D., chief of the Division of Gastroenterology; and Mitchell T. Rabkin, M.D., CEO emeritus of Beth Israel Hospital—spoke about the generosity of the Rabbs and the lasting legacy of their contributions to the medical center. BIDMC gastroenterologist James Rabb, M.D., and his sister Betty Schafer also spoke fondly of their parents’ commitment to BIDMC.

11 Alan Moss, M.D., Betty Schafer, James Rabb, M.D., Simon Robson, M.D.
12 Melinda and James Rabb, M.D.
13 Stephen Kay, Kevin Tabb, M.D.

**BREAST CARE CENTER RECEPTION AT THE BRESSLER HOME**
**AUGUST 5, 2012**

Lorraine and the late Alan Bressler, along with Karen Bressler and Scott Epstein, welcomed members of the BIDMC community to their home on Martha’s Vineyard in an effort to raise awareness around the medical center’s BreastCare Center Renovation Project. Plans are underway to redesign the BreastCare Center’s current space and consolidate the processes of its breast clinic and diagnostic imaging services to provide a seamless and personalized patient experience. (See also memorial on page 17.)

14 Joyce and Stephen Schultz
15 Alan Bressler, Karen Bressler
16 Kevin Tabb, M.D., Alan Bressler, Randy and Michael Wertheimer, M.D., Scott Epstein and Karen Bressler, Lorraine Bressler
In the early 1980s, doctors first described the symptoms of a disease that would ultimately define a generation. Now more than three decades later, AIDS represents both the daunting range of obstacles that can arise from a deadly epidemic and the power biomedical science can have in the face of those complexities.

On the one hand, AIDS remains the greatest infectious disease challenge of our age; more than 65 million people worldwide have been infected and more than 30 million have died since the epidemic began. On the other, we have witnessed the development of more drugs to treat HIV, the virus that causes AIDS, than for all other viruses combined; these drugs have saved countless lives but also fostered a sense of complacency around finding ways to eliminate the disease once and for all.

It is in this precariously balanced world of HIV/AIDS that Dan H. Barouch, M.D., Ph.D., continues his relentless pursuit of trying to understand what makes this disease tick and how it might be ultimately defeated. “There’s no question that the perceived level of urgency in the U.S. is lower now than before effective anti-retroviral therapy existed,” says the director of Beth Israel Deaconess Medical Center’s new Center for Virology and Vaccine Research (CVVR). “But I would say that the level of urgency in communities in sub-Saharan Africa is as high now as ever before.” In that part of the world, infections continue to occur at a staggering pace; but even in the United States the rate of new infections has not fallen over the past decade and at least one-third of Americans living with the disease do not have access to the care they need.

“Treatment is life-saving for those people receiving it, but drugs probably won’t end the global epidemic,” says Barouch. “If you look at the global statistics for AIDS—for every two patients put on therapy, five more have become infected. And with the current economic climate, it looks unlikely that there’s going to be any massive increase in foreign spending so getting treatment to everybody who needs it at this point would be very difficult.”

In light of these facts, Barouch and many of his infectious disease counterparts firmly believe that the only definitive solution to the worldwide HIV epidemic is a vaccine, which was the seminal advance in prior eras for controlling pathogens such as smallpox and polio.

But when it comes to HIV, making vaccination history repeat itself has been problematic. First and foremost, the disease-causing agent itself is far more complex. “The genetic diversity of HIV in any single person is greater than the diversity of influenza worldwide,” notes Barouch. “And the diversity of HIV worldwide is orders of magnitude greater than the diversity of influenza. If you need a new vaccine for the flu every year, then you can extrapolate the challenges for creating a vaccine for HIV.” But it is just this scientific complexity that drew Barouch into the AIDS field in the first place, where his scientific fascination with the pathogen–host interaction merged naturally with his desire to have a substantial impact on a global problem. Today his laboratory at BIDMC takes a translational approach to the search for an HIV vaccine, from basic studies looking at the underlying pathogenesis and immune response of the virus to pre-clinical investigations in animal models to human clinical trials.

Because the exact kinds of immune responses necessary for protection against HIV remain a mystery, Barouch points out that this broad-based and translational approach, which merges the empiric aspects of vaccine testing with the theoretical basic science aspects of the field, has become even more critical, particularly given the dearth of vaccine options that have been developed thus far. “One of the major challenges is that not enough vaccine candidates have been tested in clinical trials,” he says.
“One can debate whether there are not enough ideas, whether there’s not enough infrastructure, not enough funding, but the bottom line is today there have only been three vaccine concepts tested for efficacy in humans in 30 years. That’s one of the major limitations in the field — there have simply not been enough shots on goal.”

Barouch believes that more shots will come, through the unique structure of his own lab along with BIDMC’s recent move to combine two related divisions to create a new comprehensive Center for Virology and Vaccine Research after the death of HIV vaccine pioneer Norman Letvin, M.D., last May. He thinks that expanding the breadth and depth of work in this field should also augment its philanthropic appeal. While his own lab has been fortunate enough to receive substantial funding from a variety of sources, including the National Institutes of Health, the Gates Foundation, the Department of Defense, and the Ragon Institute, Barouch knows that funding fuels progress. “Philanthropic support for this kind of research is incredibly important and catalytic because it gives investigators the ability to be flexible and creative,” he says. “It also can potentially give them a good return on their investment because it might not only lead to a new vaccine or a new drug, but it also advances knowledge of human immunology that would be applicable to other diseases.”

But, of course, Barouch’s overarching goal is to bring an AIDS vaccine to fruition as quickly as possible, and in recent years his team has had good luck in bringing some novel ideas from the laboratory to the clinic. Back in January, they published a study in the journal Nature that identified promising new vaccine candidates which protected monkeys against a powerful strain of SIV, a simian virus similar in nature to HIV. Widely publicized, the study found that several experimental vaccines, which combine two different technologies to both “prime” and “boost” the immune system, reduced the chances that a monkey would be infected by a virulent strain of SIV by 80 to 83 percent, compared with a placebo. The vaccines also significantly reduced the amount of virus.

“Philanthropic support for this kind of research is incredibly important and catalytic because it gives investigators the ability to be flexible and creative. It also can potentially give donors a good return on their investment because it might not only lead to a new vaccine or a new drug, but it also advances knowledge of human immunology that would be applicable to other diseases.”

—Dan H. Barouch, M.D., Ph.D.
virus in the blood of monkeys that did become infected. Because the vaccines were derived from a different strain of virus than the challenge virus, the research provides scientists with a more accurate test of what might be faced under “real world” conditions, in which humans are likely to encounter viruses that are not genetically identical to those used in the vaccine. “This study is a bridge,” says Barouch, “because it evaluates, in the best preclinical model we have, a number of our leading vaccine concepts and provides the scientific basis for clinical evaluation of these concepts moving forward.”

Barouch says that this work, which demonstrates that protection appears to be possible in a stringent preclinical model, along with the recent success of one of the human vaccine efficacy trials (RV144 in Thailand) has brought about a turning point in the quest for an AIDS vaccine, which some have gone so far as calling one of the biggest challenges in modern biomedical research. “I think the combination of the preclinical advances and the clinical advances provide new optimism in the field, a new optimism that the development of an HIV vaccine appears like it is more possible now than it has ever been in the past. It now appears to be a tangible goal rather than a goal without scientific basis, and now we’ll continue our hard work to try to make it a reality.”

PROTECTION CONNECTIONS: Barouch’s laboratory at BIDMC takes a translational approach to the search for an HIV vaccine, from basic studies looking at the underlying pathogenesis and immune response of the virus to preclinical investigations in animal models to human clinical trials.

CONTINUED FROM P. 15

In Memoriam
Jonathan Samen, 1952–2012

With deep sadness, we report the death of Jonathan L. Samen, trustee and former chair of the Board of Overseers at Beth Israel Deaconess Medical Center, on August 20 at the age of 60. Samen, who fought a year-long battle with leukemia, was revered as an energetic supporter of BIDMC. “Among the many worthy causes he treasured in his life, Jon valued his commitment to the mission of the medical center,” noted Stephen B. Kay, chair of the Board of Directors. “He contributed tremendous time and energy as a board member to Beth Israel Deaconess Medical Center.”

Samen was elected to the BIDMC Board of Overseers in 2007 and served as chair of the Board of Overseers from 2009 to 2011. Just last year he was named a trustee. “Jon brought an extraordinary combination of passion and commitment to everything he touched at the medical center,” said Edward H. Ladd, vice chair of the Board of Directors. “He was a dedicated board member, and an even better friend and colleague.”

Samen was a senior partner at Riemer & Braunstein, LLP, a law firm that specializes in meeting the needs of financial institutions, individuals, and corporations and businesses of all sizes. In his 20 years with the practice, he concentrated on representing closely held entities and advising clients on a broad range of legal and business affairs. Samen graduated from the University of Wisconsin in 1974, where he majored in accounting, received his degree of juris doctor from Washington University in 1977, and earned his doctor of law in taxation from Boston University in 1983.

In addition to his service at BIDMC, Samen served as a Board member for several other not-for-profit organizations including the Jewish Community Centers of Greater Boston, Jewish Big Brother and Big Sister Endowment Fund, Inc., and The Lenny Zakim Fund. He received numerous awards for his community work. “I tend to really challenge the organizations I am involved with to become great and that usually requires some change,” Samen said in a Giving Matters Leadership Spotlight in 2010. “Although most of these institutions are very good already, you should still shoot for the moon because if you land short, you will still wind up in the stars—and that’s not a bad place to be.”

Samen is survived by his wife, Cindy Samuelson, son, Joel, and daughters, Hayley and Maggie; sister, Anita Samen, and her husband, David Follmer, and their children Sarah, Max, and Daniel Follmer; and sister-in-law Debra Samuelson.
In Memoriam
Alan S. Bressler, 1937–2012

The BIDMC community mourns the loss of Alan S. Bressler, a former trustee and overseer emeritus at Beth Israel Deaconess Medical Center, who died suddenly on September 21 at the age of 75.

Bressler served on the BIDMC Board of Trustees from 1992 to 1996, where he was a member of the Human Resources and Community Benefits Committees. He then served on the Board of Overseers from 1996 to 2006. This summer, he and his wife, Lorraine, hosted a reception at their home on Martha's Vineyard to promote the BIDMC BreastCare Center's Renovation Project, an effort close to his daughter Karen Bressler’s heart as head of the BreastCare Center Renovation Working Group (see page 13).

“Alan had a tremendous work ethic combined with a heart of gold,” said Stephen B. Kay, close friend and chair of the Board of Directors at BIDMC. “The generosity and support he and Lorraine have offered the Boston-area community, where they have lived for more than half a century and raised three daughters, are examples for us all. We at BIDMC are particularly grateful for Alan and his family’s long-standing commitment to our efforts.”

A graduate of the Boston Latin School and Boston University, Bressler joined his father in the family’s business, AGAR (formerly Agar Supply Co. Inc.), which supplied meats to Boston-area restaurants. He helped grow the business into one of New England’s largest privately owned companies providing hundreds of jobs and serving more than 5,000 customers. Now a third-generation enterprise with Karen Bressler at the helm, the company is a major supplier of meats, poultry, seafood, and grocery items as well as dairy products, non-perishables, non-food items, janitorial supplies, and small wares.

The volunteer and philanthropic commitment of Alan and Lorraine Bressler has advanced numerous health care, arts, and educational institutions locally and as far afield as Israel, where their work on behalf of youth has paralleled their commitment to his high school alma mater. In varying roles as trustees, overseers, committee members, and patrons, the Bresslers have ensured the prosperity of BIDMC, the Boston Symphony Orchestra, the Museum of Fine Arts, and Boston Latin School, among many other charities.

Bressler is survived by his loving wife, Lorraine (Grossack) Bressler; daughter Karen Bressler, a former overseer and newly appointed member of the Trustee Advisory Board, and her husband, Scott Epstein; daughter Daryl Brenner and her husband, Brad Brenner; daughter Nancy Starn and her husband, Doug Starn; and six grandchildren.

“Alan Bressler had a zest for life. He had a great sense of humor and always took an interest in people who were less fortunate than he,” said longtime friend and fellow former trustee Edward I. Rudman. “His generosity was legendary. He was my neighbor, my (sometimes) ride to meetings, a lover of music, and most of all, my friend. He was a wise and successful businessman. We will continue to miss him greatly.”

The volunteer and philanthropic commitment of Alan and Lorraine Bressler has advanced numerous health care, arts, and educational institutions locally and as far afield as Israel, where their work on behalf of youth has paralleled their commitment to his high school alma mater. In varying roles as trustees, overseers, committee members, and patrons, the Bresslers have ensured the prosperity of BIDMC, the Boston Symphony Orchestra, the Museum of Fine Arts, and Boston Latin School, among many other charities.

Bressler is survived by his loving wife, Lorraine (Grossack) Bressler; daughter Karen Bressler, a former overseer and newly appointed member of the Trustee Advisory Board, and her husband, Scott Epstein; daughter Daryl Brenner and her husband, Brad Brenner; daughter Nancy Starn and her husband, Doug Starn; and six grandchildren.

Giving Matters | www.bidmc.org/giving

Operation Improvement
BID–Needham Designs New Surgical Suite to Enhance the Clinical Experience

When the new surgical suite opens at Beth Israel Deaconess Hospital–Needham in 2014 as part of a joint expansion project with BIDMC, patients and staff can be assured of one thing—it will be more thoughtfully organized. Using an innovative method for evaluating and simplifying complex organizational systems, a working group consisting of surgeons, nurses, administrators, anesthesiologists, housekeepers, members of the facilities department, and other key staff had the opportunity to redesign the new space with the goal of streamlining processes and making the clinical experience a more positive one for all involved.

Applying feedback gleaned from patients and their families, the team of BID–Needham employees reviewed preliminary designs of the surgical suite earlier this year. The space, which will be on the top floor of the new building as an extension of the current surgery area, will feature two new state-of-the-art operating rooms (ORs), pre-operative rooms, and post-anesthesia care units. “The staff took the template the architects started the session with, completely disassembled it, and came up with something that was so much better it was almost shocking not to think of it in the first place,” says John M. Fogarty, BID–Needham president and CEO. “The way they constructed the floor and how the recovery room worked was really incredible.”

With the redesign, the team cut the number of stops a patient makes from the time they enter the building until the time they go home from 18 down to six. The new space streamlines every point along the clinical path from admissions and surgery to recovery and discharge, allowing patients to more easily maneuver through appointments and staff to work more thoughtfully and efficiently. Ultimately the new setup will cut down on wait times for everybody. “We wanted to make it seamless,” says Holly Sousa, R.N., director of perioperative services and team member. “Our approach gets the right people together with the right creative minds and the right knowledge base to figure things out. It identifies the process you need to get to a goal, and it trims it down so that you get rid of the fat.”

The new OR space will allow BID–Needham to nearly double its surgical procedure capacity from 2,500 to 5,000 annually within a five-year time frame. Design plans are almost final, and construction is scheduled to begin this spring. Philanthropy will play a vital role in moving this work forward; BID–Needham has announced a $6 million campaign to help fund the $24 million project.

To make a donation to the expansion project, visit www.bidmc.org/givenow.

Lorraine and Alan Bressler
A REASON TO RIDE PRESENTED BY FUDDRUCKERS
SEPTEMBER 9, 2012

More than 250 riders and volunteers participated in the fifth annual A Reason to Ride bike-a-thon presented by Fuddruckers. A Reason to Ride started out as a labor of love for brain cancer survivor and grateful BIDMC patient Tom DesFosses, who along with his wife, Judy, their close friend Bob Barry, and numerous grateful patients, friends, and family, launched the event in 2008. Since its start, A Reason to Ride has raised close to $300,000 for BIDMC neurologist Eric Wong, M.D., and the medical center’s Brain Tumor Fund. Again this year, WCVB-TV news anchor Susan Wornick was on hand to congratulate cyclists who had the option of a 10-, 25-, or 50-mile ride through the scenic towns of the North Shore.

1 Erika Wong kicks off the ride
2 Cheerleaders from Danvers High School congratulate riders
3 Tom DesFosses, Susan Wornick, Eric Wong, M.D.
4 Tom DesFosses
5 Judy DesFosses awards a medal to a young rider
6 A dedicated but tired spectator
7 Riders at the start

PLAYING FOR PARKINSON’S
SEPTEMBER 19, 2012

Event co-chairs Jeremy Freid, Stacey Lee, and Jason Weissman, along with members of the Playing for Parkinson’s Event Committee, welcomed more than 100 friends of BIDMC to a cocktail reception at the Longwood Cricket Club in Chestnut Hill. Due to rainy weather, the sold-out tennis portion of the event, which included 80 players, was held on the club’s grass courts on September 27. The event was hosted by Boston Realty Advisors and close to 20 sponsors, raising more than $70,000 for the Parkinson’s Disease and Movement Disorders Center at BIDMC.

8 Tom Phillips, Elliot Gould, Paul Laudano
9 Jeremy and Jenessa Freid, Melanie and Adam Meixner
10 Alan and Marjorie Turetz, Jason Weissman
11 Daniel Tarsy, M.D., Stacey Lee, Jeremy Freid, Jason Weissman
12 Blythe Robinson, Will Cattlin, Richard Robinson
Residents in Residence
The BIDMC–Botswana Program gives new doctors hands-on experience in global health

Like many BIDMC physicians, Dagan Coppock, M.D., wakes up early each morning and commutes 45 minutes to work. When he arrives at the hospital, he greets fellow physicians, nurses, and residents and inquires about patients on the floor. But, unlike most BIDMC doctors, Coppock works thousands of miles from Boston in a district hospital in Botswana. Since August 2011, Coppock has served as an internal medicine attending physician and clinical preceptor at the Scottish Livingstone Hospital (SLH) in the town of Molepolole, an hour from Botswana’s capital city of Gaborone in southeast Africa. This full-time position reflects a major expansion of the BIDMC–Botswana Program, a key part of the medical center’s Global Health Program, which trains residents to address the needs of the world’s most poverty-stricken populations and provides them with invaluable research, clinical, and educational opportunities.

The BIDMC–Botswana Program is funded by the Department of Medicine and relies mainly on philanthropic support. “Philanthropy is essential to cover the costs associated with the travel and education of our residents,” says Buck Strewler, M.D., vice chair for education in the Department of Medicine. “Our efforts in Botswana are benefiting—even transforming—the lives of those involved, whether they are patients, families, residents, or administrators. We are providing patient care, teaching, changing the culture of a hospital and, in real time, saving lives.”

Through the program, residents from Boston visit SLH for four-to-six week rotations to focus on inpatient work, quality improvement projects, and participate in the outpatient HIV care clinic. “One thing that our residents and faculty are able to bring to SLH is a fresh set of eyes that has been trained in a culture of medical education and quality improvement along with the time and energy to use their insights to SLH’s benefit,” says Tomer Barak, a second-year BIDMC internal medicine resident who spent a month at SLH last spring.

The BIDMC–Botswana relationship also benefits the residents. At the 350-bed hospital, residents receive training in a wide range of clinical conditions and round with Coppock, fellow residents, SLH physicians, and nurses. In addition to the clinical care and quality improvement efforts that the program fosters, the rotation enables BIDMC physicians-in-training the opportunity to explore the possibility of a career in global health. “My goal is to help people get the best medical care they can while simultaneously giving the residents the best education they can get in this unique setting,” Coppock says. “If I have done both, I am happy.” By all accounts, he’s got every reason to be happy.

For more information, including the full story, or to support the BIDMC–Botswana program, visit www.bidmc.org/botswana.

MARATHON MATHEMATICS

10 runners x 26.2 miles x 2,000 steps per mile = 524,000 more strides toward ending health disparities + your donations
It’s all adding up to a more equal world.

Support our 2013 Boston Marathon runners.
Funds raised will benefit Bowdoin Street Health Center’s Healthy Champions program for at-risk kids and BIDMC’s Project to Prevent and Cure Kidney Disease in African Americans.

www.crowdrise.com/teamBIDMC

Giving Matters | www.bidmc.org/giving
GIVING WITH GLEE
In June, Glee star Mike O’Malley emceed a fundraiser for BIDMC’s BreastCare Center at the home of Rachel and Andy Spellman, where guests happily bid on items that included a Patriots package and dinner for four with Sarah Jessica Parker. The more than $300,000 raised at the event—which will go toward capital improvements to provide more efficient patient care—left Michael Wertheimer, M.D., the Center’s director and Rachel’s father, with a song in his heart.

BETH ISRAEL DEACONESS MEDICAL CENTER
FALL 2012

.UPCOMING EVENTS.

THURSDAY
JANUARY 31, 2013
Annual Palm Beach Celebration
The Breakers, Palm Beach, FL

WEDNESDAY–THURSDAY
MARCH 27–28, 2013
6th Annual Silverman Institute for Health Care Quality and Safety Symposium
BIDMC, Boston

THURSDAY
APRIL 4, 2013
Critical Voices
Location TBD

MONDAY
APRIL 15, 2013
BIDMC Team Runs the 117th Boston Marathon
Hopkinton to Boston

For more details or to register for an event, please call (617) 667-7348 or e-mail events@bidmc.harvard.edu.