National Medical Fellowships, Inc.
Celebrating Fifty 1946-1996
Changing The Face Of Medicine
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Mission Statement 2

President’s Letter 3

Scholars of the 1940s 4
Maurice C. Clifford, MD
James L. Curtis, MD
Philip C. Williams, MD

Scholars of the 1950s 8
Lonnie R. Bristow, MD
June Jackson Christmas, MD
LaSalle D. Leffall, Jr., MD
Jeanne Spurlock, MD

Scholars of the 1960s 13
Earl M. Armstrong, MD
Marlyn H. Gaston, MD
Richard F. Gillum, MD
Robert L. M. Hilliard, MD
Edgar J. Kenton, Jr., MD
Russell L. Miller, MD
Levi Watkins, Jr., MD
Augustus A. White, III, MD, Dr. Med. Sci.

Scholars of the 1970s 22
Lawrence S. Brown, Jr., MD, MPH
Richard Henry Carmona, MD
Benjamin S. Carson, MD
Patience H. Claybon, MD
Ernesto Ferran, Jr., MD
James L. Flowers, MD, MPH
Virginia Davis Floyd, MD, MPH
James R. Gavin, III, MD, PhD
Eve J. Higginbotham, MD
Sandral Hullett, MD, MPH
Jerry C. Johnson, MD
Lolita McDavid, MD, MPA
Woodrow Augustus Myers, Jr., MD, MBA
Juan A. Reyna, MD
Alonzo Sherman, MD

Scholars of the 1980s 38
David Ray Baines, MD
Anne C. Beal, MD, MPH
Keith Black, MD
James Earl Hildreth, D. Phil., MD
Anita M. Holloway, MD
Cato T. Laurencin, MD, PhD
Michael Lucien, MD, MPH
Philip J. Marion, MD, MS, MPH
Daisy M. Otiero, MD
Malcolm D. Reid, MD, MPP
Mark Douglas Smith, MD, MBA
Antronette Yancey, MD, MPH

Scholars of the 1990s 51
Angelica Carranza, MD
Susan M. Douglas, MD
Andre Fredieu
Langston Holly, MD
Moshe Lewis, MD, MPH
Raymond J. Nejeres
Sierra Peña
Charles Zollicoffer

Highlights of the History of NMF 60

Index of Scholars 64

Board and Staff of NMF 65
National Medical Fellowships, Inc., is the only national nonprofit organization that seeks to improve both the quality of and access to health care in America, especially in minority and underserved communities, by increasing the number of minority physicians. Our efforts focus on encouraging minority medical students and physicians in four groups underrepresented in American medicine—African-Americans, mainland Puerto Ricans, Mexican-Americans, and Native Americans—to achieve academic excellence and to pursue careers that promote primary care and wellness, academic medicine and research, and leadership development in all phases of health and medicine.

Our programs, in collaboration with the nation’s leading medical education and health care organizations, focus on the following initiatives: financing medical education through need-based scholarships; providing admissions and financial planning workshops, seminars, and publications; promoting academic excellence and leadership through a variety of innovative scholarship and fellowship programs; and articulating the vital role minority physicians play in the well-being and productivity of our nation.

Without benefit of an endowment, NMF, since our founding in 1946, has awarded need-based scholarships, special fellowships, and academic awards totalling $34 million to approximately 18,000 men and women in medicine. Contributions from corporations, foundations, and private individuals, including former NMF scholars, make the work of NMF possible.
National Medical Fellowships (NMF) leverages the power of the individual minority medical student to improve health care in America. The 50 individuals profiled in this book speak to the contribution this organization has made since 1946. They represent the approximately 18,000 men and women of medicine to whom we have provided support through need-based scholarships, special fellowships, loans, and academic awards.

NMF has identified and supported physicians who have risen to the highest ranks of health care, from Lonnie Bristow, the first African-American President of the American Medical Association, to Maurice Clifford and Russell Miller, the first minority presidents of non-minority academic health centers. We have supported leading physician-researchers in diabetes, HIV/AIDS, gerontology, brain cancer, cardiovascular disease, and neurosurgery—people such as Benjamin Carson, who has been part of many breakthroughs in pediatric neurosurgery, and Levi Watkins, who performed the first human implant of the automatic defibrillator that has saved the lives of so many cardiac patients. We have supported Daisy Otero, Anne Beal, and Alonzo Sherman, physicians who have chosen to practice in inner-city communities where physicians are few; and Sandral Hullett and David Baines, who are practicing in rural African-American and Native American communities that are equally in need of doctors.

The people in this book and the many others NMF has supported provide a fulcrum for improving health care for all Americans. Some do so through research on major diseases and through teaching the next generation of physicians. Some do so by focusing on public health issues of community-wide and national importance. Some do so by providing culturally sensitive care to people in poor and minority communities. The diseases of today do not know socioeconomic status or community boundaries. Providing quality, accessible health care for people in all communities is important to all of us.

When NMF began in Chicago in 1946 as Provident Medical Associates, health care and medical education were segregated. There were few opportunities for black medical school graduates to obtain academic-based residency training so they could be certified by the appropriate boards. Our founder, Franklin C. McLean, MD, PhD, was an eminent Chicago bone physiologist with progressive ideas about providing equitable health care for underserved populations, particularly the black community. He and the original board members, all prominent white physicians, realized that overcoming the segregation barrier to residency training and giving residency fellowships to minority physicians who were in the top third of their medical school class would be the lever to use to improve the quality of care in the black community. In turn, these talented young minority physicians could go on to create other opportunities for minority physicians coming up behind them.

Almost concurrently, the organization realized that to improve health care not only did minority physicians need better training, but greater numbers of them were needed. The two predominantly black medical schools at that time, Howard University College of Medicine and Meharry Medical College, could not graduate the necessary number of minority physicians. So, through need-based scholarships and personal interventions, NMF began to encourage qualified minority students to attend non-minority medical schools. By doing so, we were also encouraging the numbers who would go into specialties. Again, the organization applied a fulcrum to the precise point where it could bring about change.

NMF has been credited with being one of the major leveraging forces in increasing first-year minority medical school enrollment from less than three percent in 1968 to 10 percent in 1974 and nearly 14 percent in 1995 by providing scholarships and encouraging minority medical students in four groups underrepresented in American medicine—African-Americans, mainland Puerto Ricans, Mexican-Americans, and Native Americans—in the pursuit of their dreams.

Our scholarships also send a message about the importance of service that the men and women profiled in this book heard, loud and clear. Our scholars and fellows know they did not get where they are alone; they had support and encouragement. One of the purposes they see in their lives as physicians is to help others, to give back to the community, to reach out to students, to extend the message of caring wherever they go. In all these ways, NMF leverages the power of individuals to make a difference in our complex world.

Leon Johnson, Jr., MD
President, NMF
Scholars of the 1940s

Maurice C. Clifford, MD
James L. Curtis, MD
Philip C. Williams, MD
Maurice C. Clifford, MD, had three different careers before joining Lomax Health Services, Inc. First, he was a teacher and practitioner in obstetrics and gynecology from 1951 to 1979 at the Medical College of Pennsylvania. He is proud of the way he “tried to pass on medical knowledge in the context of compassionate care—to give students and residents a humane point of view. Patients who came into my office sat in a rocking chair. I found that quickly helped them to relax. My opening phrase was not, ‘What seems to be your trouble?’ It was, ‘How can I be of help to you?’ Many of my residents adopted that phrase.”

In 1978, Dr. Clifford moved into the administration of the Medical College, serving as president from 1980 to 1986. He thinks his greatest contribution was to stabilize the college in a time of internal upheaval. The institution then made great strides, through the acquisition of a major contract to operate a large neighboring state-funded mental health care facility and through building a new clinical wing, to compete effectively for patients and to offer an improved learning atmosphere for students.

In his third career, Dr. Clifford served under Philadelphia Mayor W. Wilson Goode as the city’s first African-American Commissioner of Public Health. He created a new division for health promotion and disease prevention and set up a new unit for AIDS patients within the city’s public nursing home. “That was not easy to do, but we did it and it is still functioning,” he says. During his tenure, Dr. Clifford appointed two African-American Deputy Commissioners, each of whom in turn succeeded him in office, which gives him great satisfaction.

Now at Lomax Health Services, Inc., a company that is part of The Lomax Companies, an African-American-owned enterprise founded by Walter P. Lomax, Jr., MD, which Dr. Clifford joined in 1993, he is helping to launch four health care businesses: health care for prisoners; a comprehensive program to help businesses control the costs of injuries to workers; information systems emphasizing health care applications; and public health services about health issues related to African-Americans.

Among his many achievements, Dr. Clifford particularly values his 25-year appointment as a Trustee of Meharry Medical College; he is now a Life Trustee of Meharry. He received an honorary degree from Meharry in 1992, one of five honorary degrees that he has been given.

Dr. Clifford believes there is still a “serious deficiency in the numbers of African-American health care professionals, particularly physicians. The cost of medical education is going to be passed on to all students through tuition increases because medical school practice income and research funding are being reduced. All medical students have a great and growing need for financial support, and for African-American students, whose financial support system is usually not as strong as that of the other students, the need is that much greater.”

President and CEO
Lomax Health Services, Inc.
President Emeritus
Professor Emeritus of Obstetrics and Gynecology
Medical College of Pennsylvania

Education
AB, English, Hamilton College, 1941
MA, English Language and Literature, University of Chicago, 1942
MD, Meharry Medical College, 1947

NMF Awards
Clinical Fellowship for Training in Obstetrics and Gynecology, 1949-50
The Commonwealth Fund Clinical Fellowship for Training in Obstetrics and Gynecology, 1950-51

“I tried to pass on medical knowledge in the context of compassionate care—to teach students and residents to be humane.”

NMF Celebrating Fifty
James L. Curtis, MD

From 1970 to 1980, as Associate Dean at Cornell University Medical College, James L. Curtis, MD, played "an active role in helping to open up opportunities for minority medical students to help desegregate the nation's medical schools. That has been my most important contribution." When Dr. Curtis arrived at Cornell, it had graduated no more than a dozen African-American students in its 80-year history. A group of white Cornell faculty and students had made a commitment to increase the enrollment of minority students at Cornell to 10 percent a year, and they asked Dr. Curtis to provide leadership for a minority enrollment program. As the author of Blacks, Medical Schools, and Society (1971) and a board member of National Medical Fellowships from 1968 to 1980, he was an appropriate choice.

He developed a 10-week summer research program at Cornell for promising minority students who had just completed their junior year in college. Students lived in a medical student dormitory and spent half their time working on a research team and the other half learning about medical service programs relevant to minority communities. Nearly half the students who participated enrolled at Cornell. "Within a few years, we had come up to the 10 percent enrollment level at Cornell—10 to 14 students a year. In the 10-year period, our failure rate was down around 2 percent, and the repeat rate was very low too."

During that same time, as medical schools such as Cornell were desegregated, the percentage of black physicians graduating from Howard and Meharry, the traditionally all-black medical schools, declined from 80 to 20 percent.

When he thinks about the impact of his work on desegregation, Dr. Curtis says, "Today, large numbers of minority students who have graduated from all schools, are delivering a quality of care that is infinitely higher than was the case just 25 years ago. The range of their impact on the whole system of medical care, as well as teaching and research, has brought our field closer to what the mission of this country was meant to be, which is nicely summarized in the Pledge of Allegiance: one Nation... indivisible, with liberty and justice for all."

Dr. Curtis is equally proud of his work as Director of Psychiatry at Harlem Hospital Center. During his 14 years there, he has doubled both the number of inpatient beds in his department and the size of the residency program, added 15 full-time attending psychiatrists, and expanded the outpatient programs and the drug and alcohol addiction programs to include outreach and a host of services for people of all ages. "The full range of highly developed psychiatric services and training programs at Harlem Hospital is unusual for an inner-city minority community, I don't think there is anything else quite like it in the country."
When Philip C. Williams, MD, was in medical school he was one of only three minority students, not because the University of Illinois College of Medicine discriminated, he believes, but because minorities did not apply there. “In the mid-1950s, African-Americans who wanted a profession chose preaching, teaching, or healing; I chose healing—to be a physician. My relatives lived in Chicago, and I received a four-year scholarship from Illinois, which made it financially feasible for me to go there. But unless I looked in the mirror, I didn’t see anybody like me while I was at medical school.”

He passed a three-day qualifying exam for internship at Cook County Hospital, which was not segregated because it was a county hospital, and he stayed to do his residency there in obstetrics-gynecology. NMF’s support for specialist training assisted Dr. Williams during his residency. “I received $25 a month as a resident, and $90 a month from the government because I had served in World War II, and the NMF grant of $100 a month helped a great deal.”

For 44 years, from 1949 until 1993 when he retired, Dr. Williams had a private practice in Chicago. For 23 of those years, from 1953 to 1976, he also taught at the Stritch School of Medicine, Loyola University, which honored him in 1970 with the Founders Day Award as a distinguished physician and teacher, citing his “service to philanthropic and health service organizations in Chicago.”

In 1981, he became Clinical Professor of Obstetrics and Gynecology at Northwestern, and in 1984 was given the Edwin S. Hamilton Interstate Teaching Award, “in recognition of his outstanding qualities as a teacher of medical students, to prepare them for both the art of medicine, and in the skills of diagnosis and treatment of the ill and troubled.”

Dr. Williams believes he made his biggest contribution in 1973, while he was President of the Chicago Unit of the American Cancer Society and Chairman of the Illinois Division’s Uterine Cancer Subcommittee. “We were responsible for getting the Illinois House of Representatives to institute a routine hospital admission Pap smear law in Illinois. Through that, we saved many lives by the early diagnosis of cancer of the cervix. At that time, New York was the only state with a routine Pap smear law, and it required them only every three years. Illinois was the second state to pass a Pap smear law. Then Alabama and Hawaii followed, and it became standard treatment to do Pap smears yearly.”

Another major contribution was being one of the first physicians to give a paper on using intravenous Pitocin to stimulate labor, which was presented at the National Medical Association meeting in August 1958. “Before that, it was a no-no. We did the original work and got some positive publicity on Pitocin as a worthwhile stimulant. Now, it is used throughout the nation and all over the world.”

Obstetrician-Gynecologist (ret.)
Chicago
Emeritus Professor of Obstetrics and Gynecology
Northwestern University Medical School

Education
BS, magna cum laude, Mathematics, Morehouse College, 1937
MD, University of Illinois College of Medicine, 1941

NMF Award
Clinical Fellowship for Training in Obstetrics and Gynecology, 1946-48

“Illinois gave me a four-year scholarship. I was accepted at Northwestern, but the tuition was three times as high and I didn’t have any money, so I went to Illinois. I had no other option.”
Scholars of the 1950s

Lonnie R. Bristow, MD
June Jackson Christmas, MD
LaSalle D. Leffall, Jr., MD
Jeanne Spurlock, MD
When Lonnie R. Bristow, MD, became the first African-American elected to lead the 300,000-member American Medical Association (AMA) in 1995, it was the culmination of his active role in organized medicine dating back to the 1970s. He particularly remembers two contributions in his long career because they had an impact on large numbers of people.

He was President of the California Society of Internal Medicine in 1976 when a major epidemic of a virulent swine flu was predicted. The Centers for Disease Control (CDC) invited every state to send two representatives to a conference on the epidemic, and Dr. Bristow attended. “The CDC presented evidence as to the likelihood of an epidemic and explained that they were developing a vaccine, but there would not be enough doses to cover all people who would normally receive that kind of inoculation, so they were planning to ration it.” The presentation did not convince Dr. Bristow that the vaccine was safe, or that the virus itself was much different from other flu viruses. “I suggested to the California Medical Association that we pass on the vaccine. They took that advice. As it turned out, the vaccine caused many cases of a paralytic illness, Guillain-Barré syndrome, so the decision to be cautious turned out nicely.”

He also is proud of his contribution to California’s policy on disability income insurance in the 1970s. “One of my patients was a low-income worker who had to be hospitalized for a few weeks. After I discharged her, I saw her in the office. She clearly was still not well enough to go back to work, yet, she was asking for clearance to do so because she was a single parent and did not have adequate money for food. I told her she should have her state disability income insurance payments that were meant to ensure there would be some money to feed the family if the breadwinner became ill. She said she could not collect this money because the hospital had asked her to assign it to the insurance carrier.” He called the hospital and found out that they routinely did this for all patients provided coverage by that carrier.

“Fully 90 percent of the hospitals in California did the same thing—because the insurance company was large enough to intimidate them. That disturbed me. I contacted the insurance committee in the state legislature and asked them to look into it. About a month later, I was in a local hospital when I encountered the administrator. He said, ‘Lonnie, I’ve been asked to inquire what it would take to have you leave this business alone.’ I replied, ‘Tell them to take their hands out of the pockets of my patients.’ Over the next few months, the legislature rewrote the law so that this sneaky practice was no longer possible. I felt good about that.”

In 1985, Dr. Bristow became the first African-American member of the AMA’s Board of Trustees, and in 1993, its first African-American Chair. He says that throughout his service, the AMA has encouraged him in his quest to use organized medicine “as a way to be able to help more than one patient at a time,” as he did in these two memorable instances.
Early in her life, June Jackson Christmas, MD, became interested in human development—especially how young children learn. In high school, she became an activist, “trying to address discrimination against Negroes.” The melding of these two concerns began in medical school, when “I developed a view that my work as a physician involved not only individual physical and mental health, but also social health and environmental health.” She would like to be remembered “as someone who combined her concern for individuals and their families with a concern for social justice.”

In the early 1960s, after establishing a private psychiatric practice, she joined the new Department of Psychiatry at Harlem Hospital, working half-time, in community psychiatry. Through her efforts, the hospital was awarded a $2 million grant from the National Institute of Mental Health, one of the first it ever received, to establish a new community-based psychiatric rehabilitation program. Because psychotic and other chronically mentally ill people were being released from state mental hospitals, and there were no model programs, this was a critical time.

“The few programs that existed paid little attention to poor people, and certainly none to black people,” she says. “The Harlem Rehabilitation Center was innovative, and it survived for over 30 years. One of the important things it did was to train people from the community—men who had been in prison and on welfare—to understand human behavior and to maintain work habits, and then they were employed training mentally ill clients so they could enter the world of work, regain their life skills, and be a part of the community.”

After being Principal Investigator on this project from 1964 to 1972, Dr. Christmas was appointed Commissioner of Mental Health, Mental Retardation and Alcoholism Services for New York City, from 1972 to 1980. In 1976, the American Public Health Association honored her work in policy, service and advocacy with its Award for Excellence—Domestic Health. Dr. Christmas’s public service at the national level includes heading President Carter’s transition group developing policy options for the Department of Health, Education and Welfare. She also served as President of the American Public Health Association (1979-1980).

Recently, having returned to private practice and teaching, Dr. Christmas also has been involved in the birth of the Urban Issues Group, a policy institute addressing issues for people of African ancestry in New York City. Its recent report, Facing Triple Jeopardy, focuses on the health of African-Americans; a current project is examining how African-Americans will fare under managed care and privatization. In this way, Dr. Christmas is continuing to fulfill her commitment “to devote some of my time and energy to public service. I believe strongly in the service I have done, even though it has meant that I could not have as large a practice as I might have otherwise. I believe that people have to commit themselves to service that is beyond their own narrow interests.”
LaSalle D. Leffall, Jr., MD, is a surgeon who has devoted his professional life to the study of cancer. His research and surgical career have focused on colorectal, head and neck, and breast cancer. He also has been especially concerned about the way cancer affects African-Americans. He joined the faculty of his medical school alma mater, from which he graduated first in his class, as an assistant professor in 1962, and assumed his current position in 1970. During his long career at Howard, he has taught surgery and oncology to approximately 3,500 medical students and helped train more than 200 general surgery residents.

It is here, he feels, “I have made, without question, my greatest contribution.” Now in his 35th year on the surgical faculty, he says “teaching is an honor. The role of the teacher is to instruct, to inspire, to stimulate, to stretch the imagination, and to expand the aspirations of others.”

In 1992, he was named the Charles R. Drew Professor, occupying the first endowed chair in the Department of Surgery at Howard. In addition to his teaching at Howard, Dr. Leffall has been a visiting professor and a guest lecturer at more than 200 medical institutions in the U.S. and throughout the world. He has also authored more than 120 articles and book chapters.

The other part of his work that gives him equal pleasure “is caring for patients. I'm a surgeon. We must take care of patients, giving them our very best all the time, and giving them care with sensitivity and compassion.”

As the first African-American President of the American Cancer Society, from 1978 to 1979, Dr. Leffall launched a program to study the increasing incidence and mortality from cancer in African-Americans. He believes his presidency “opened up new vistas for the Society because it had been a group, primarily, of white Protestant males, and was highly conservative. I, and others, changed that. Various ethnic groups and women have come in since then and played major roles.”

In 1995, Dr. Leffall was appointed President of the American College of Surgeons, its first African-American President. “Since I am a board-certified surgeon, and I spent two-and-a-half years at Memorial Sloan-Kettering Cancer Center doing cancer surgery, it is especially gratifying to be appointed President of the American Cancer Society and of the American College of Surgeons.” In addition, Dr. Leffall was the first African-American President of the Society of Surgical Oncology (1978-79) and of the Society of Surgical Chairmen in the U.S. (1988-90).

Looking back, Dr. Leffall says he can't emphasize too much how much NMF's financial support meant to him. “It played a major role in helping me to complete my post-residency training in cancer surgery at Memorial Sloan-Kettering Cancer Center in New York. That made a big difference in my life.”

Professor and Chairman
Department of Surgery
Howard University College of Medicine

Education
BS, summa cum laude, Biology, Florida A&M University, 1948
MD, Howard University College of Medicine, 1952

NMF Awards
Clinical Fellowship, 1955-56
Training Support, 1955-57
The Commonwealth Fund Advanced Fellowship for Training in Cancer Surgery, 1957-58

"High ideals are not necessary for attainment, but for aspiration. You have to aspire. Sometimes you'll reach the goal, and sometimes you won't. Expanding the aspirations of others is part of stretching the imagination, making somebody think, 'I can do it!'"
As a Clinical Professor of Psychiatry at the medical schools of Howard and George Washington Universities since 1973, Jeanne Spurlock, MD, considers one of her major contributions to be "the recruitment of minority medical students and, particularly, getting them interested in pursuing training in psychiatry." Her interest in this subject led her to the editorship of a new book, Black Psychiatrists: American Psychiatry, which is forthcoming.

Helping to train more minority members as psychiatrists is one of the ways that Dr. Spurlock says she has been an advocate for psychiatry within the minority community "at a time when some reference books said that black people seldom if ever became clinically depressed because of their 'happy-go-lucky attitude.' I think I made a dent in changing this perception through my advocacy. There are, however, still a lot of medical educators who feel that way. Racism is widespread, even in the medical profession."

Other suppositions about mental illness also bother her. "There are still too many people who feel that only those who are severely mentally ill need psychiatric care. This is not so. Psychiatry benefits a wide range of people." She realized the importance of patients' emotions to their physical problems when she was in her third year of medical school. "It became clear to me that sometimes disorders in my patients' emotional states generated their physical illnesses. You cannot separate the psyche (emotions) from the soma (body). All health care practitioners need to recognize this if they are going to be of benefit to their patients."

Dr. Spurlock chose child psychiatry as her specialty, receiving training from the Institute for Juvenile Research and the Chicago Institute for Psychoanalysis, because, she believes, "our children are our future, and if we don't do well by them, we're in deeper trouble than ever. If children do not have positive child rearing, their future is impaired, which has also focused my attention on women; they came in a close second." Her many publications and presentations have been concentrated in the area of children, particularly minority children, and minority women.

One of the awards of which she is most proud is her 1990 Guardian for Children Award from the National Black Child Development Institute. Dr. Spurlock also received a Distinguished Service Award from the American Psychiatric Association in 1996. Her honorary Doctor of Science from Spelman College, which she attended from 1940 to 1942, is also one of her proudest achievements.

Now retired from private practice, Dr. Spurlock not only teaches, but does volunteer service with the Delta Adult Literacy Council in Washington, D.C., "because if parents are illiterate, they cannot read to their children, and that impairs the parent-child relationship. So I am still looking at what is best for children when I work with adults who are illiterate."
Scholars of the 1960s

Earl M. Armstrong, MD
Marilyn H. Gaston, MD
Richard F. Gillum, MD
Robert L. M. Hilliard, MD
Edgar J. Kenton, III, MD
Russell L. Miller, MD
Levi Watkins, Jr., MD
Augustus A. White, III, MD, Dr. Med. Sci.
Earl M. Armstrong, MD, began his private practice specializing in pulmonary medicine in Washington, D.C., in 1988 after teaching at Howard University College of Medicine for 10 years and serving as Chief of the Pulmonary Division, Department of Medicine, from 1979 to 1988. He considers his teaching experience to be his biggest contribution. “During my residency and pulmonary fellowship at Johns Hopkins, I went to the national meetings and presented our papers, and when I looked around, no one looked like I did. I realized I could stay at Hopkins and be a star or I could teach at Howard and alone myself about 90 times by training minority medical students in my specialty. That is what I chose to do. I have taught probably more black pulmonary specialists than anyone in the world. I enjoyed my 10 years teaching, trying to motivate, set an example, and inspire young men and women to believe that they could do anything they wanted to do.”

His teaching was of such high calibre that he was awarded the Kaiser Permanente Award for Excellence in Teaching in 1983. He is very proud of this award, which was presented “in recognition of his high level of competence and his unselfish contribution to the development of physicians and scholars.”

He worries about generosity and charity in today’s world, comparing them to an endangered species. “There is the need to recognize and nurture people who know the value of service. There are so few who are interested in service and who understand that when you serve it just comes back to you more than you can ever imagine. Whatever can be done to give people the flexibility to serve if they want to serve is crucial.”

Now that his years of “greatest service” at Howard have passed, Dr. Armstrong works with his sons’ Boy Scout and Cub Scout troops and goes camping with them once a month, at least. “When I work with some kid, and I see that gleam in his eye, I know he’s caught it and he is on that fast track to peace of mind, to being able to do what he wants to do.”

NMF supported Dr. Armstrong during his first year of medical school at the University of Chicago. At that time, the hospital gave medical students an opportunity to work first as practical nurses and then as registered nurses in their fourth year because they were short-handed. He worked the summer after his first year in the medical Intensive Care Unit (ICU) on the 7 a.m. to 3 p.m. shift, and then he signed out and went over to the pediatric service and worked the 3 p.m. to 11 p.m. shift. He had worked 64 days earning time-and-a-half before they figured out what he was doing. “During subsequent years I was able to return the money to NMF so they could use it for somebody else. I worked in the ICU for 16 hours a week for the rest of my medical school career and graduated with no debt. That allowed me to do what I wanted to do.”
started out on the front lines and I’ve come full circle,” says Marilyn H. Gaston, MD. “I have been very lucky to be able to do direct medical care, teach medical students, do medical research, oversee service programs, and set health policy.” She directs the U.S. Public Health Service (USPHS) programs concerned with primary health care for underserved communities. Also under her jurisdiction are the National Health Service Corps and community and migrant health centers serving 10 million people. Throughout her many facets journey, Dr. Gaston has been “trying to get quality health care to underserved, disadvantaged, minority Americans and to improve their health. That’s my biggest contribution.” USPHS agrees, awarding her its Distinguished Service Medal in 1994 for her life’s work. In 1996, she was elected to the Institute of Medicine.

She began practicing pediatrics in Lincoln Heights, Ohio, a poor black community about 35 miles from Cincinnati that had no medical care. “I helped the community develop a health center from scratch. We didn’t have any money, and the medical establishment and the university were not interested in helping. So we held a press conference; it hit the front page of the newspaper, and we got help from then on.”

From 1967 to 1976, Dr. Gaston also taught at the University of Cincinnati College of Medicine, exposing her students to community-based care at the Lincoln Heights clinic. “My students were hungry for the experience. There was little emphasis in medical training in primary care, certainly not in terms of poor little kids coming in with problems related to their environment.”

One of the health problems she saw a lot in black children was sickle cell disease. While she was teaching in Cincinnati, she received federal grants to start a comprehensive sickle cell program with Katherine Buford, a social worker. The Buford-Gaston Sickle Cell Center at the University of Cincinnati is named for them. This led Dr. Gaston to a 14-year tenure at the National Institutes of Health (NIH) where she continued this work, showing that if children with sickle cell disease were given prophylactic penicillin for the first three years of life, their lives could be saved. “When sickle cell kids get infections, they could be dead eight hours from the onset of fever. It was misdiagnosed as sudden infant death syndrome (SIDS). The NIH national study proved that wrong and influenced states to add sickle cell disease to the regular newborn blood screening test, so physicians could start children with the disease on penicillin soon after birth.”

In her current position, which she has held since 1990, Dr. Gaston is “back in service programs, which I love.” She believes front-line experience as an invaluable asset to her work today. “Without it, you are developing policy in a vacuum. I always recommend that students interested in health policy and public health start with experience on the front lines.”

Assistant Surgeon General Director, Bureau of Primary Health Care, U.S. Public Health Service
Assistant Clinical Professor of Pediatrics, Howard University College of Medicine and Uniformed Services University of the Health Sciences

**Education**

BA, Zoology, Miami University, 1960
MD, University of Cincinnati College of Medicine, 1964

**NMF Award**

Scholarship, 1963-64

“*The development of health care for the community needs to come out of the community, which is why I am worried about the health care revolution because it is coming down from on top, and we could lose the community voice.*”
Richard F. Gillum, MD, has devoted his career to cardiovascular epidemiology. "Having received cardiology training at Peter Bent Brigham (now Brigham and Women's) Hospital in Boston, I became convinced of the need for a public health approach to the enormous problems of coronary heart disease and hypertension," he says. After earning a master's degree in epidemiology, he began his career at the National Heart, Lung and Blood Institute and continued as an Assistant and then Associate Professor of Public Health and Medicine at the University of Minnesota School of Medicine. He has served in his current position since 1984.

During his career, he has published over 150 articles on the epidemiology of cardiovascular disease and related topics and co-authored Cardiovascular Survey Methods, a World Health Organization textbook. He believes his most significant professional contribution has been to "focus the attention of the scientific community on the impact of coronary heart disease on the black population and the need for population-based research." He has accomplished this through research, writing articles, and organizing a symposium in 1983 and editing its proceedings in collaboration with, among others, the Association of Black Cardiologists, the American Heart Association, and the National Heart, Lung and Blood Institute. Since then, he has continued to pursue innovative research, including new risk factors for coronary heart disease and stroke and sudden cardiac death in blacks and Hispanics. He also serves on the editorial boards of the American Heart Journal, Mortality and Morbidity Weekly Report, Stroke, Circulation, the American Journal of Epidemiology, and the Annals of Epidemiology.

Dr. Gillum is most proud of his Franklin C. McLean Award, the first given by NMF in recognition of its founder, and his work helping to develop a cardiovascular surveillance method and a set of diagnostic criteria for the surveillance of cardiovascular disease that was used in a number of major studies, including the Minnesota Heart Survey and the Stanford Heart Health Program, and by the World Health Organization.

Dr. Gillum is also the 1988 recipient of the Sears Distinguished Research Award for outstanding research programs for the control of high blood pressure. In 1995, he received the Savage Scientific Achievement Award for scientific excellence and exemplary service to the community for his work in the conquest of cardiovascular diseases. In addition to his medical/scientific accomplishments, Dr. Gillum has written two books of poetry, I Don't Feel No Ways Tired (1984) and Notes from an Upstairs Room (1994), and has contributed poems and short stories to numerous magazines and anthologies.
Dr. Robert L. M. Hilliard believes that his biggest contribution as a physician has been providing "concerned, caring, clinical care to my patients since 1963, when I started in private practice. My patients have by and large been less than affluent, and I think I've treated them with dignity. I do not look down on them or talk down to them. I do not call black or Hispanic patients by their first names; I call them 'Mrs.' I'm available. I give quality care in a way that patients have felt close to me and referred sisters and mothers and neighbors to me."

Dr. Hilliard's practice has ranged from solo to a group practice with two offices in San Antonio, one in a Hispanic area and one in the downtown area that drew a largely African-American clientele. He went back to solo practice at the Women's Clinic of San Antonio a few years ago. During the 1970s and 1980s, he also served as Chairman of Obstetrics and Gynecology at Baptist Memorial Hospital System and Lutheran General Hospital and as Chief of Staff at Lutheran.

Among his accomplishments, he feels particularly honored to have been selected by both his undergraduate school, Howard University, in 1985, and his medical school, University of Texas, in 1991, to receive distinguished alumnus awards. He also is proud of serving as President of the National Medical Association, the national federation of African-American physicians, during 1982-83.

His work in community service also has meant a lot to him. "I was the first black Chair of the San Antonio Housing Authority (1970-71). I served on the San Antonio City Water Board from 1980 to 1988 and was the first black to become Chair of the Water Board. The most significant position I held was as a member of the Texas State Board of Medical Examiners, where I served from 1984 to 1990. There is usually one black on the board appointed by the governor. I was the first black to be president of that board (1989-90)."

When Dr. Hilliard attended medical school, NMF provided significant financial help. "I was married and my parents could not afford to support me and my wife, who was trying to finish college." He believes it is "very important to produce minority physicians who can give culturally appropriate care. We know that young men and women who come out of underprivileged and underserved areas are more likely to go back there than people who grew up in more affluent areas and in more affluent households. Because they come from those deprived areas, many of them are very, very poor and don't have any family help to get through school. Many of them borrow. They have a lot of debt. NMF's scholarships are the kind of help they need."

"We don't want to discourage people who are talented and qualified because medical school is impossible for them financially. I've tried to give something back by contributing to funds for medical students and motivating kids to hang in."
When Dr. Edgar J. Kenton, III, arrived at Lankenau Hospital on Philadelphia’s wealthy Main Line in 1972, no neurology department existed. He considers his most important contribution to be setting up the hospital’s Division of Neurology, which provides ambulatory and inpatient primary and consultative care services, offers continuing education conferences for medical and nursing staff, and conducts teaching rounds for medical students.

The division participates in clinical drug trials in stroke therapy, and has recently initiated a Main Line Health Stroke Program for institutional members of Main Line Health, Inc., with which Lankenau Hospital has merged.

It recently conducted a demographic study in the Philadelphia area, which showed that a large number of stroke victims are coming to the hospital. Dr. Kenton attributes some of the patient inflow to the division’s special stroke programs. “We may be, if not the hub, one of the major spokes in care for stroke in Philadelphia. Our new stroke program is geared to take advantage of new drug therapies that offer hope in limiting the amount of injury to brain cells after a stroke. It is focused on education of emergency medical personnel, staff training, the ability to mobilize stroke teams to provide immediate patient evaluation, and getting out the message that stroke is a treatable—and a preventable—disease.”

“Management of Stroke and Hypertension—Concomitantly,” at the Centennial Celebration of the National Medical Association in August 1995, which was then published in the Association’s Journal. Since 1993, he has served on the Editorial Board of Stroke Journal.

Dr. Kenton is also on the Executive Committee of the American Heart Association Stroke Council and serves as liaison to its Stroke Connection Program, a culturally sensitive forum for stroke survivors, their family members, and the professionals who serve them to share information and experiences.

Only one-fifth of Dr. Kenton’s patients are minorities, but for them, he says, “there is no question that it makes a difference that I am black. They see me as someone who has been able to get it done.” His 1995 appointment as Director of the American Board of Psychiatry and Neurology is further evidence of this truth.
Looking back, Russell L. Miller, MD, is proudest of “participating in the education of medical students, other health professions students, and graduate students over the course of my career.” From 1974 to 1994, Dr. Miller held both faculty and administrative positions at the College of Medicine at Howard University, including Director of the Clinical Pharmacology Program, Professor in the Departments of Pharmacology and Internal Medicine, and Dean. In 1994, he became the first African-American president of a non-minority academic health center in the U.S. The State University of New York (SUNY) Health Science Center at Brooklyn includes the College of Medicine, School of Graduate Studies, College of Nursing, College of Health Related Professions, a major research center, and the University Hospital of Brooklyn.

Dr. Miller sees his participation in medical education in broad terms. “You help to mold young people’s attitudes and help them develop intellectually, personally, and professionally—partly through direct classroom teaching and partly through the milieu and environment you help to create, the attitude you have, and the example you set. My focus now includes the recruitment and development of faculty and department chairs, but I still lecture once or twice a year.”

Dr. Miller is concerned that minorities, and especially black Americans, continue to have persistent disparities in the measures of life expectancy, health, and access to care. “There is reasonable evidence that race, not income, is the major factor that limits access to preventive services and health care for black Americans. If affirmative action programs are limited or abandoned, the problems of access will only worsen.”

Dr. Miller’s contributions in academic medicine also include research. He is the author or co-author of some 40 scientific journal articles. Following service in Vietnam as Chairman of Internal Medicine, 3D Surgical Hospital, for which he received the Bronze Star, he returned to research as Visiting Scientist in the Division of Pharmacology and Immunopharmacology at the Roche Institute of Molecular Biology. From 1977 to 1982, he was a Burroughs Wellcome Scholar in Clinical Pharmacology. Much of his work has focused on neuropeptides and vasoactive peptides, substances derived from amino acids, which affect neurons and blood vessels.

Dr. Miller considers his presidency of the SUNY Health Science Center and election as Chairman of the National Board of Medical Examiners (1995-97) to be two of his biggest achievements. Among the many awards and honors he has earned, he is particularly proud of his 1995 Health Watch Award for “Exemplary Leadership in Medicine” and his Certificate of Honor from NMF in 1988.
Growing up in Montgomery, Alabama, Dr. Levi Watkins, Jr., was exposed to widespread prejudice as well as the early civil rights movement. "Dr. Martin Luther King, Jr., was our minister. We were there to see the movement unfold and to learn about the importance of humanity and of direct action for creating change." These lessons served Dr. Watkins well when he integrated Vanderbilt University School of Medicine, the first African-American ever admitted and the first African-American to graduate from that institution.

Other firsts followed: In 1978, Dr. Watkins became the first African-American Chief Resident in Cardiac Surgery at Johns Hopkins Hospital; in 1990, he became the first African-American to achieve his two current positions at that institution.

His scientific career is notable for many contributions. In February 1980, he performed the first human implantation of the automatic implantable defibrillator that shocks the heart back to life. "This is what the scientific world probably will remember me for the most," he says. "There are now 66,000 people with the device; their lives have been saved because of it."

Dr. Watkins cites as his most important contribution, "Performing a triple bypass and mitral valve repair on my father; which gave him two additional years of life. The opportunity to lengthen a father's life usually doesn't happen here, or anywhere else." Although he had performed the operation many times, his emotions made it difficult to concentrate. His father had requested that his son, and only his son, perform the surgery; and the risk of death on the operating table was, in Watkins' estimation, "incredible." Through diligent prayer, Watkins achieved peace of mind, and the operation was a success.

Another contribution he feels is important is "being put in a position to help diversify one of the biggest medical centers in America, bringing minorities in at every level, from medical students to deans." In 1979, Dr. Watkins joined the Admissions Committee; after four years, minority student representation had increased 400 percent. He did not feel, however, that "students were enough. African-Americans and other minorities have to be in leadership positions." He has worked to assure that similar growth occurred in faculty and housestaff. The National Urban League has honored this work.

This is only one of more than 500 honors Dr. Watkins has received. Those that mean the most to him include a documentary on his life, "The Dream Fulfilled," which has been featured on national public television; being recognized as "Man of the Year" by Omega Psi Phi Fraternity in 1987; inclusion as one of "America's Top 15 Black Physicians" by Black Enterprise Magazine (1989); and honorary degrees from Spelman College, Sojourner-Douglas College, and Meharry Medical College.
Dr. Augustus A. White, III, hopes that he has been able to make a contribution "by being a teacher and a provider of exemplary humane patient care, and by bringing together two disciplines—engineering and orthopaedics—as they relate to the spine." He defines humane care as "quality clinical care in concert with sympathy and respect for patients, some significant understanding of the emotional component of what they are experiencing, and communication of concern and understanding."

Dr. White's interest in orthopaedics began at Brown University, where, as a member of the football team, he became fascinated by orthopaedic treatment of sports injuries. During Dr. White's residency in orthopaedic surgery at Yale, his mentor and chairman of the department was Wayne Southwick, MD, who recognized the importance of biomechanics in orthopaedics and arranged for Dr. White to take a fellowship in Sweden with the world's leader in biomechanics, whose focus was the spine. As Dr. White did a PhD-equivalent degree there, "it became clear that many of the advances that could be made in orthopaedics in the care of the spine would be through biomechanics, and in collaboration with engineers."

Biomechanics uses engineering concepts and technology to scientifically and quantitatively analyze the normal and abnormal functioning of the musculoskeletal system that allows us to move about."

Dr. White was the prime mover in founding two biomechanics laboratories, one at Yale and one at Harvard, in collaboration with engineers, and they are both ongoing, active, productive laboratories. He has also been an avid researcher, who has written or collaborated on more than 200 scientific publications. His internationally recognized textbook, The Clinical Biomechanics of the Spine, co-authored with Dr. Mandher Panjabi, who helped found the biomechanics laboratory at Yale, "is a major contribution of my professional life." He is also the author of Your Aching Back (1990), which was selected in 1991 by Consumer Reports as the best back pain book.

"Two other accomplishments stand out in Dr. White's mind. "I had the privilege of starting the first academic Department of Orthopaedic Surgery here at Beth Israel Hospital, and I served as its Chairman and as Orthopaedic Surgeon-in-Chief for 13 years. A different kind of accomplishment was my service as a Captain in the U.S. Army Medical Corps in Vietnam, which was recognized with a Bronze Star in 1967. It included extensive volunteer work in a leper colony, a volunteer retrieval mission, and lot of hard work taking care of the injured."

Dr. White has also "reserved some energy to keeping racial issues in the front of my mind and attempting to make a contribution in terms of communication, good will, and influencing people and institutions to be more progressive and egalitarian."
Scholars of the 1970s

Lawrence S. Brown, Jr., MD, MPH
Richard Henry Carmona, MD
Benjamin S. Carson, MD
Patience H. Claybon, MD
Ernesto Ferran, Jr., MD
James L. Flowers, MD, MPH
Virginia Davis Floyd, MD, MPH
James R. Gavin, III, MD, PhD
Eve J. Higginbotham, MD
Sandral Hullett, MD, MPH
Jerry C. Johnson, MD
Lolita McDavid, MD, MPA
Woodrow Augustus Myers, Jr., MD, MBA
Juan A. Reyna, MD
Alonzo Sherman, MD
Dr. Lawrence S. Brown, Jr., a specialist in endocrinology and addiction medicine, believes that substance abuse among the poor and minorities is one of the major public health challenges for the country. "My career has involved issues about providing care, directly, or indirectly through public health policy, for populations who are at proportionately greater risk for substance abuse. They have fewer social cards to deal with its consequences, resulting in excess morbidity and mortality."

Dr. Brown's biggest contribution has been as "an ardent advocate for the health care and welfare of the impoverished and disenfranchised." He has been an advocate in many ways: providing direct care in his practice based at Harlem Hospital and at the Addiction Research and Treatment Corporation (ARTC) in Brooklyn, "where, unfortunately, drug abuse and HIV are no strangers"; as a teacher, overseeing others who deliver care; conducting research on drug abuse behaviors and treatments at ARTC with support from the National Institute of Drug Abuse (NIDA) and the National Institute on Allergies and Infectious Diseases (NIAID); publishing in peer-reviewed journals; and participating in public policy forums discussing manpower and health systems issues at the federal, state, and city levels that affect the health care of the poor and disenfranchised. From 1990 to 1993, Dr. Brown served on the AIDS Research Advisory Committee of NIAID, and he is currently a member of the Drug Abuse Advisory Committee of the Food and Drug Administration, and of the NIDA National Advisory Council. In the private sector, he is participating in the Josiah Macy, Jr. Foundation's program concerned with making medical education more relevant to the care of the chemically dependent. In his own teaching, he "tries to squeeze in the significance of alcohol and chemical dependency to the care of patients at every opportunity." For the last five years, he has also served as Medical Advisor to the National Football League, overseeing medical policies and programs relating to HIV/AIDS and substance abuse for all 30 teams.

"Substance abuse is a biomedical disease with social implications and certainly with political relevance," he says. "Given that the disease is so complex, and that it has affected our society and communities over such a long period of time and in a perverse and devastating manner, it is going to take a comprehensive approach to respond effectively to it. One reason I participate in forums is to engage others in discussions about which approaches are most appropriate for which types of populations and geographic locations throughout the U.S. Like any other medical disorder or public health challenge, there is no magic bullet for everyone."

Assistant Clinical Professor of Medicine, Columbia University College of Physicians & Surgeons
Adjunct Clinical Associate Professor of Public Health
Cornell University Medical College
Assistant Attending Physician in Endocrinology, Harlem Hospital Medical Center
Senior Vice President
Addiction Research and Treatment Corporation

EDUCATION
BA, Mathematics, Brooklyn College, 1974
MD, New York University School of Medicine, 1979
MPH, Columbia University School of Public Health, 1979

NMF Award
Scholarship, 1974-76

"We need a mosaic of physicians in a wide range of specialties in order to give the populations from which they come a place at the table in the health policy discussions."
The curriculum vitae of Dr. Richard Henry Carmona does not reflect what he considers the most important facet of his life: his good fortune in breaking away from his early environment. He grew up in Harlem and was a truant from the 6th or 7th grade on, dropping out of school in his senior year. "It was my own fault. I didn't go to class. I wasn't a bad kid, but I was bordering on juvenile delinquency. I was a street kid."

He enlisted in the army when he was 17, which "is what saved me from dealing drugs or getting shot. The army expected accountability and responsibility, and I really flourished." He served in the U.S. Army Special Forces in Vietnam, and also earned his high school equivalency diploma. When he left the army, he discovered a program for Vietnam veterans at Bronx Community College. He became an A student and later finished college at the University of California, San Francisco, where he also completed medical school. He finished in three years, graduating number one in his class and giving the valedictory address, "I really got high on achievement because I had been a failure most of my childhood," he says.

In 1985, Dr. Carmona was recruited to start the first trauma and emergency services program in southern Arizona. After eight years as its director, he began to get more involved in health policy and is currently an MPH candidate at the University of Arizona. In 1994, he took on the position as CEO of the county hospital and the county health care delivery system. He also serves as the surgeon of the Pima County Sheriff's Department and as an officer on the SWAT team.

Looking back on his life, he says, "I always felt that if I broke out of that mold I grew up in and had the opportunity to excel, I would not forget where I came from. It seems that God picked me to succeed. There isn't a day that goes by that I'm not grateful for all I've been able to achieve. My family is one of my greatest gifts. My wife and I were childhood sweethearts. She went to a private girls' school, and I was a street kid. She stuck by me all those years. We've been married 25 years. My kids are the best.

"I feel that it is incumbent upon me to go back to the community and give back as much as I can. The County Board of Supervisors placed its faith in me to run the county hospital where many indigent patients come, and I think maybe that is one of the many things God intended for me. I also spend a lot of my time in the inner city working with kids in several anti-violence, anti-gang, and education programs. It is a real full life. If it ended today, I have achieved much more than I expected. But there is so much more that I want to do, so many things I see in my community I think I could help to improve. Where many see obstacles, I see opportunity."
In 1987, Benjamin S. Carson, MD, became world renowned when he led a 70-member medical team that separated seven-month-old Siamese twin boys from Germany. They were joined at the back of their heads and shared the major cerebral blood drainage system. What he would like to be remembered for, however, is “helping people to recognize that their personal success or failure lies within their own hands; it is not something imposed upon them from the outside—for helping to restore the ‘can do’ attitude rather than the ‘what can you do for me?’ attitude.”

In his autobiography, Gifted Hands, Dr. Carson chronicled his childhood growing up in Detroit in a broken home and in dire poverty, with poor self-esteem and substandard academic performance, and how he overcame all of that to fulfill the dream he’d had since he was eight years old of being a doctor, and to reach the place he is today. He believes that “if individuals develop a sense of confidence in themselves and begin thinking more about what they can do than what they can’t do, they can start plotting a strategy for accomplishing their goals. But if you see yourself as someone sitting there feeding off the bullets, then you are not going to go anywhere.”

He gave an example from medical school. “There were many students from backgrounds similar to mine who spent a lot of time and energy thinking that people were out to get them. That may have been true, but if they had spent that energy making sure they knew their materials backward and forward, it wouldn’t have mattered if people were out to get them or not.”

Dr. Carson’s medical accomplishments are many. One is his work in increasing the acceptance of hemispherectomy surgery for children who have constant seizures. The difficult operation removes one of the hemispheres of the brain, which stops the seizures. Dr. Carson did his first hemispherectomy in 1985 and has done more than 50 since; the operation is now performed regularly in other medical centers. Other accomplishments are “making people more aware of the success possible from surgical treatment of the complications of achondroplasia, a genetic form of dwarfism, and being part of the first successful separation of occipitocranial Siamese twins.”

Dr. Carson is also proud of his efforts to bring humanism back into medicine—making “the doctor-patient relationship a priority in high-tech, nonpersonalized medicine.” He believes that spirituality is also part of this relationship. “Doctors have to recognize that they are not God. One of the things that happens, particularly in surgical subspecialties, is that people begin to see themselves as bigger than life, playing a more important role than they really do. Spirituality helps you realize that you are only part of the equation, not necessarily the one who makes all the decisions and calls all the shots.”
Patience H. Claybon, MD, has been practicing psychiatry in Birmingham, Alabama, since 1977. She sees her contribution "as helping people to have a better quality life, a more productive life. I see a lot of patients with panic attacks. Some have been forcibly brought to my office by their families; they have not been out of their houses for several years. It is just fantastic to see these individuals improve. One young man who had not been out of his house for a long time, after a month of treatment, drove himself to the office. That felt wonderful." Dr. Claybon also treats patients with depression, obsessive-compulsive disorders, and children with Attention Deficit Disorder (ADD). "One was an 11th grader who was getting into a lot of trouble at school. Ritalin literally transformed him. Now he has friends and feels good about himself. He is very smart, and he has developed self-control and done well in school."

Minorities have typically been underserved by psychiatrists, even more than by other types of physicians. Dr. Claybon hoped she could address this problem, and she has. When she began her practice, about 75 to 80 percent of her patients were white; she now serves many more minority patients. "There were only 11 or 12 black physicians in Birmingham when I started practicing, which had a very big impact on specialty referrals. Over the years, my referral base has increased tenfold."

These days, Dr. Claybon worries about the way the changes in reimbursement—with the large numbers of patients in managed care—are radically altering the practice of medicine. "Managed care is interfering with the ability of all doctors to practice autonomously and affecting psychiatrists more than other physicians. Managed care controls referrals to psychiatrists; if they do not refer patients, we do not see them." She also believes that managed care bureaucracy is making decisions that should be left to physicians. For example, a severely depressed, suicidal patient’s health plan would pay only for a 90-day prescription of Prozac, even though it wasn’t safe for her to have that many. Even so, she says, "the rewards of my practice are such that I’m not ready to take down my shingle."

Dr. Claybon values her ability as a physician to "make a difference in society, to help the knowledge to help people, and to be a leader in the community." In that regard, once a month she interviews students applying to the University of Alabama School of Medicine. "I try to help them understand what is ahead of them, what opportunities are available, and what resources they can apply for." Her service to the community has also included being president of the local medical society chapter in 1979 and in 1980 being President of the Alabama State Medical Society. Dr. Claybon considers those honors "just part of being a physician. I’m just a laborer."

“Even though medical schools make some concessions to get minorities in, they do not make concessions to graduate them. Students have to have the brain-power to accomplish that goal.”

Scholars of the 1970s

Patience H. Claybon, MD

Psychiatrist, Birmingham, AL

Education
BS, Biology, Tuskegee Institute, 1968
MD, University of Alabama School of Medicine, 1974

NMF Award
Scholarship, 1971-72

Even though medical schools make some concessions to get minorities in, they do not make concessions to graduate them. Students have to have the brain-power to accomplish that goal.”
Ernesto Ferran, Jr., MD, began his career “with a wish just to become a neighborhood doctor and have a solo practice.” He soon realized that “the world does not work this way” and that he needed a variety of experiences in order to be effective. He widened his horizons with a post-residency Fellowship in Child and Adolescent Psychiatry, and then he received a Child Mental Health Faculty Development Award from the National Institute of Mental Health in 1983, which allowed him to work with a Southeast Asian population and get a broader sense of culture and its influence. “I was now a well-rounded psychiatrist.”

He then realized that health care “was not just about medicine; it was also about policy, finance, and advocacy.” So he applied for a Robert Wood Johnson Foundation Faculty Fellowship in Health Care Finance and became “the first physician to be chosen—a long shot,” surrounded by PhDs and economists during his training at the Johns Hopkins Center for Hospital Finance and Management. “This was one of my biggest challenges. The training was out of my field, but I caught on and did well. After some work in the field, I felt I was at the point where I could start giving.”

The most recent fruit of these experiences was Dr. Ferran’s appointment as Director of Psychiatry at Gouverneur Hospital in New York City in 1990. He has directed the establishment of management practices that improved practice patterns and used his knowledge of hospital finance mechanisms to maximize the potential of departments to serve more people more effectively. “While changing our business practices by casing access, expanding our network, and linking increased productivity to attention to staff morale, I’ve been working deliberately to make sure that we never waiver from our principles and public service mission. Without my training, I would never have known what way to turn, or how to work cooperatively with the administrative and financial branches.”

He considers one of his vocational responsibilities to be available for the many presentations and seminars he is invited to do. “I am asked to speak on a wide variety of subjects. I am known as a good speaker. I can disseminate knowledge. I can stimulate younger minority colleagues. That is gratifying.”

He believes that NMF is contributing to a sense of plurality in American society by helping members of minorities move up from lower socioeconomic classes and become part of the working fabric of our society. “Affirmative action has gone beyond having a culturally diverse clerical staff to having a culturally diverse cadre of leaders in the board rooms—and have this diversity not be seen as threatening. Without a culturally diverse cadre of leaders, it will always feel like there are insiders and outsiders.”

I’m so grateful to NMF. Here I am, a physician, and by many standards I’ve had a lot of achievements and success. Yet, I’ll never forget that I needed outside help because I couldn’t afford medical school otherwise.”
James L. Flowers, MD, MPH

What Dr. James L. Flowers is "personally proudest of are the three years, 1982 to 1985, when I was Medical Director of the Isaac Coggs Community Health Center. We provided a lot of services and helped a lot of people who truly needed it. It didn't help me personally; I ended up in bankruptcy. But it was probably the best thing I've done." The clinic was in a black neighborhood on the north side of Milwaukee in a run-down school building. About 20 people a day came to the clinic, and it was about to fold when Dr. Flowers arrived. He had recently finished his residency, was doing emergency room work, had four children to support, and owed money for medical school. It was not an ideal time to get involved, but he did anyway.

"Basically through my efforts and the money and equity I put on the line we got to over 100 visits a day within 15 months. I recruited specialists in over 10 areas including ob-gyn, pediatrics, cardiology, and urology so people could see a specialist right on-site. We developed on-site pharmacy, laboratory, and radiology services. I realted the examining rooms and the waiting room—carpeting, new chairs, and curtains—because it was a vacant, dirty, uncomfortable school room. The city would not pay for redecorating, so I did. The most important part was that the people came, and in huge numbers. That was my contribution. We showed that the people will come to a community clinic if you provide the proper types of services."

The big problem was that, although the clinic was supposed to be paid monthly, the city was 12 to 18 months behind in reimbursements, and eventually, Dr. Flowers could not carry the cost. After he left, the city closed two other clinics, moved their patients to Isaac Coggs, and converted it to a federal program that could access federal subsidies for community health centers. Dr. Flowers believes that "if I did not make the commitment I did, the clinic would not be open today."

He opened his own clinic in 1986. It focuses on internal medicine, personal injury, and workers' compensation cases.

Dr. Flowers' accomplishments are on completely different tracks. He and a partner have three patents for gels that use capsaicin, which is obtained from cayenne pepper, to help the body absorb an externally applied treatment for aches and pains. This past year, they developed and got a trademark for Capasgel for arthritis pain. It is now sold over the counter.

He also is the author of the science section of A Complete Preparation for the MCAT (the admissions exam for medical school), which he first wrote during medical school; the book is in its sixth edition. He recently co-authored The Flowers-Silver MCAT Review. He also teaches MCAT courses around the U.S. "I've probably been responsible for a fair number of students, including minority students, getting into medical school."
Virginia Davis Floyd, MD, MPH, a public health administrator and teacher, believes that her biggest contribution was made "during the three years when I was a real doc, in Palmetto, Georgia, where I served in the National Health Service Corps." At the time she arrived in 1979, Palmetto, a small town in a rural area, had no health facility. "While I waited for the clinic to be built in a former Mormon church, we dug latrines and wells; I had a clinic in my Volkswagen and visited folks on the sick lists in the churches' Sunday bulletins. I spent the best three years of my life there. I had come out of an internal medicine residency program and I was super trained. My first patient at the clinic brought in her little girl and asked me if I would pierce her ears. I said, 'I don't pierce ears; I cath hearts.' She looked at me and said, 'Well, you're in the wrong place. We don't need anyone to cath hearts. We need someone to take care of us as a community.' It was my introduction to primary care and I loved it." Since Dr. Floyd's day, the clinic has been enlarged and now has four physicians and 10,000-15,000 patient visits yearly. From Palmetto, Dr. Floyd was approached by Dr. David Satcher, now head of the Centers for Disease Control and Prevention (CDC), who was starting a medical school at Morehouse and asked her to get a family practice residency program started and accredited. "There were all sorts of reasons why we couldn't do it—Emory didn't want us to; the hospitals didn't want to let family practitioners deliver babies—but we did it." She now lectures at Morehouse from the state perspective on rural health, infant mortality, and minority health.

In 1990, Dr. Floyd won a W.K. Kellogg Foundation Leadership Development Fellowship, which gives recipients time off to learn outside their area of interest. She studied indigenous cultures and traditional medicine including West African, Egyptian, Caribbean, and Native American. "The first thing I learned is how poorly trained I am as a healer. I'm a good technician, but I don't have a clue about healing your soul. It has brought me full circle. I grew up in a family with many 'superstitions'; for example, if there was a thunderstorm, there were two windows open—one for the lightning to come in, and one for lightning to go out. I was sure beliefs like this were old wives' tales, and I was determined to prove them wrong. Through my studies, I've realized that indigenous knowledge is true science. The award changed my personal and professional life."

Today, Dr. Floyd is using this experience to help figure out "why people don't participate in health fairs and other new health programs we have developed. I'm looking at whether, in African-American populations, there is a cultural link we have held onto throughout time, perhaps subconsciously, that helps us choose whether to seek health care or not."

"So many wonderful people are where they are because folks like those at NMF took the time to give them that little push. That is going to make a difference, one community at a time, one family at a time."
or most of my career, diabetes has been my research as well as my clinical interest, and it is in this area that my greatest contributions have been made,” says Dr. James R. Gavin, III. In 1974, Dr. Gavin, the author of over 80 scientific publications, became the first person to demonstrate the phenomenon known as “down regulation” of hormone receptors by the hormone itself. In this process, an increase in the amount of the hormone causes a reciprocal fall in the number of receptors that would normally bind that hormone, resulting in a dampened biological response to the hormone caused by the hormone itself. “This discovery helped to explain how people with high levels of insulin in circulation very often had very low levels of response to insulin. This situation occurs in the setting of insulin resistance, especially in obesity, where too much insulin and too much glucose frequently coexist. The high levels of insulin in circulation cause the receptors for insulin to decrease in number. This is clearly a widespread phenomenon in biology, and I was the first to demonstrate it for a major protein hormone.”

The discovery was published in the Proceedings of the National Academy of Sciences in 1974 when Dr. Gavin, already a PhD, was in medical school, having decided that an MD degree would be an advantage in pursuing disease-related research. “I got a nice letter from Dr. Charles Best, one of the co-discoverers of insulin. He congratulated me on the importance of the concept and said how happy he was to have lived long enough to see this breakthrough. This was a high point in my scientific research career.”

Dr. Gavin was elected President of the American Diabetes Association in 1993, the first African-American to attain this position. “I like to think that this accomplishment had nothing to do with the fact that I was an African-American, but that I was recognized by my peers as a person whose commitment to and excellence in the field made me a logical choice to be the country’s leading spokesman for diabetes.” Two awards from the Association: Outstanding Clinician in the Field of Diabetes (1990) and the Banting Medal for Distinguished Service (1994), speak to its appreciation of his work. His expertise in the care of people with chronic diseases led to his 1996 election to the Board of Directors of The Robert Wood Johnson Foundation.

An academic physician for most of his career, most recently at the University of Oklahoma Health Science Center where he was William K. Warren Professor for Diabetes Studies from 1989 to 1991, Dr. Gavin feels proudest of another award, as Clinical Teacher of the Year when he was a junior faculty member at Barnes Hospital in St. Louis in 1980-81. “It was given by the interns and residents because they believed I was the person who had the most influence in teaching them the art and science of medicine. That made me feel great.”
One of the reasons Eve J. Higginbotham, MD, chose her specialty, glaucoma, is because it is the leading cause of blindness in African-Americans. It is estimated that as many as three million Americans have glaucoma, or 1 out of every 30 people over the age of 40. "The prevalence of glaucoma among African-Americans is three to four times greater than in Caucasians; among those with glaucoma, the rate of blindness is as much as eight times greater. Most people don’t know they have it because the way it causes blindness is an insidious process." As an academic physician, Dr. Higginbotham concentrates on research and teaching, but she does see about 40 patients a week. "I have several research interests, ranging from new drugs for glaucoma to new laser techniques in glaucoma filtration surgery. When medicines fail, filtration surgery may be the only way to release the pressure in the eye caused by glaucoma. I've identified a method to improve the success of filtration surgery using the laser; this is my scientific contribution."

She has been involved in a number of clinical trials that are "trying to fine-tune the treatment for glaucoma." Currently, she is Clinical Principal Investigator and member of the Executive Committee for the Ocular Hypertension Treatment Study, funded by the National Eye Institute, which runs through 1998. "This is a particularly important study because it will determine if early medical treatment prevents glaucoma in patients with high intraocular pressure. It is the first trial to make a significant effort to make sure that there are adequate numbers of African-American patients so that we will have statistically valid data. It is therefore a very important study for people of color." Dr. Higginbotham is the author or editor of over 100 publications, including book chapters, peer-reviewed articles, other journal articles, abstracts, and letters to the editor. She is a Contributing Editor to *Ophthalmic Practice* and is on the Editorial Board of *Archives of Ophthalmology*. She also has made close to 100 major presentations focused mainly on glaucoma.

At the top of her list of accomplishments is "being chair of a department in an academic medical center and the first woman chair of a university-based program." She is also proud to have been the first black woman on the Board of Trustees of the American Academy of Ophthalmology, which is the largest eye organization in the world, with over 15,000 members who comprise 90 percent of all ophthalmologists in America. She is also a member of the National Advisory Eye Council, which advises the Director of the National Eye Institute at the National Institutes of Health.

"The support of NMF during medical school allowed me to continue to pursue an academic career. It would have been more difficult for me to do so if I'd had more debt."
"I had been working, but I still didn't have much money when I went to medical school. NMF's scholarship gave me enough money to pay my rent. Food got to be a problem sometimes. The first year was very difficult. Without NMF, there would be only two doctors in Eutaw."

Dr. Hulett made a commitment to work in a rural area where people need health care and there is a lack of providers, and where people are disadvantaged in that they don't have money," says Sandral Hulett, MD, MPH. "I'd like to be known for attempting to deliver good health care in an area that's in need and for making some impact in developing healthy lifestyles. My patients have poor eating habits, a sedentary lifestyle, and poor self-esteem. I see multiple chronic problems such as hypertension, diabetes, depression, and obesity."

The community of Eutaw is in rural, western Alabama. It is 60 to 70 percent African-American and is among the 20 poorest communities in the nation. "There is no money, no industry, no nothing here. Most people cut wood, do some farming, and live on some type of public assistance. A lot of people work several odd jobs. The majority of my patients are what physicians call 'self-pay,' which means 'no pay.'"

Childhood visits to her grandparents in rural communities helped draw her to rural practice. The positive feelings were enhanced by teaching school in a small town after college. "It was really rural. They imported teachers from Birmingham. During the week, we stayed in a dormitory and went back to Birmingham on Friday, but I started staying there. It gave me this feel for the wonderful people in small towns."

After working as a laboratory research assistant for eight years and then attending medical school in Philadelphia, Dr. Hulett returned to Alabama. "I looked around, and Eutaw fit me. It was a community with great needs, which I wanted. When I got here in 1976, there were three doctors who lived in the community; there are three doctors now. I wanted to work where there was a hospital, and we have a 20-bed hospital that we're proud of. I wanted to be not too far from a center of learning, and I'm only 40 miles from the University of Alabama in Tuscaloosa and 90 miles from the medical school in Birmingham. I wanted to be near a four-lane highway—it gives me the illusion I'm going somewhere. I've got everything I need."

Dr. Hulett sees her accomplishments—honors such as the 1993 Clinical Recognition Award for Education and Training from the National Association of Community Health Centers—and her many presentations, publications, and grants in the public health area—as "just a part of what I do. I got the public health degree because I wanted to have an impact on policies that would facilitate giving care to people who need care. I spend quite a bit of time focusing on issues such as managed care and its impact on the delivery of health services in rural communities. It competes with my practice, but it is important. There needs to be someone to help people who are not speaking for themselves because they don't know the system."
Jerry C. Johnson, MD says, “My biggest contribution has been raising the consciousness of physicians about aging—the need to take better care of our older adults.” His interest in geriatrics began when he was a Robert Wood Johnson Foundation Clinical Scholar in 1978, a time when there were no U.S. textbooks in geriatrics, and no named programs at medical schools. The major medical journals were just beginning to publish pieces that “questioned the competency with which general internists were caring for older adults. That got my attention because I’d trained in internal medicine and I was surprised, and a bit chagrined, that I might not be as competent as I thought I was.”

Appointed to a planning committee for a center for aging at the University, Dr. Johnson began to study the field, reading British textbooks, and attending meetings of the Gerontological Society of America and the American Geriatrics Society. “It was on-the-job training in the knowledge base of geriatrics because within six months I was named Director of the Geriatric Medicine Fellowship Program at Penn, one of six funded by the Veterans Administration in 1978, with six more started in 1979.

“One of my personal challenges was to develop respect and admiration for the field because it was stereotyped as a second-class activity. Over a period of three years, I became fascinated with how rewarding it is to be both a geriatrician clinically and a gerontologist as an investigator. It was a real metamorphosis.”

There are two specific areas within aging in which Dr. Johnson believes he has had an impact. “One is clinical research on acute confusional states—delirium—a short-term problem associated with an organic illness. Once the illness ends, then the delirium ostensibly does too—if the patient lives through it. The problem is that it increases the risk of other complications that set up a cascading deteriorating course. As an outgrowth of some of our studies, more attention is now directed to the critical issue of delirium in patients with acute medical and surgical problems, which is where the highest prevalence rests. Prior to that, studies had focused on psychiatry and neurology services. Six or so well-done studies have followed ours.”

The second area in which Dr. Johnson feels he has made an impact is “perioperative assessment of the elderly from an internal medicine standpoint to make sure they get through surgery with minimal complications.” He is also co-author of a clinical practice guideline on heart failure.

His work has resulted in his appointment as Chair of the Clinical Medicine Section of the Gerontological Society of America, an accomplishment he calls “near the top.” Two close seconds are being named Director of the Center of Excellence on Minority Health at Penn and receiving the Lindback Society Award, the most prestigious teaching award at Penn.
Dr. Lolita McDavid sees herself as a "voice for children," and it is in this role she feels she has made her real contribution. She believes that, as a physician, "I bring a different perspective than many child advocates who have a legal or policy perspective because I deal directly with children and families, and I therefore have some sense of what they are really like and the barriers they face trying to access quality care. Because I am a physician, when I come to the table, people are willing to listen. I have chosen this as my life's work."

Before taking her current position, Dr. McDavid spent four years as the Greater Cleveland Advocate for the Children's Defense Fund (CDF)—the first county-wide project they invested in. The CDF office collaborated with hospitals, county and city health departments, and many agencies and organizations on immunization, because "no one organization can accomplish much alone in addressing social problems. When we opened the office, the rate of two-year-olds in our county who had been appropriately immunized was 57 percent. Four years later, the immunization rate was over 80 percent." Her office also did the first study of when clinics were open and how accessible they were to families. It clearly showed "that access was a shortcoming. We were able to free up some money so that low-income working families could better access low-cost health care."

With her training as a Robert Wood Johnson Foundation Clinical Scholar from 1982 to 1984, which focused on epidemiology and biostatistics, she helped the CDF produce several publications that increased awareness of children’s issues. "That over half of the children who live within the city limits of Cleveland were classified as poor enough to have Medicaid pay for their health care surprised a lot of people." The publications also offered a few very specific recommendations for action. "Anybody can tell you what the problems are, but it’s important to have concrete ideas about actions that will improve things. For instance, we know that the greatest sexual activity among teens occurs from 3 p.m. to 5 p.m. So, to decrease teen pregnancy, we need to have recreational activities for teens during those hours."

Dr. McDavid currently is working with a coalition of community resources to track kids from birth, when they are registered electronically by the hospitals, to make sure they are receiving health care, and if they are not, to get their families into the system. She also is developing new advocacy initiatives, and she teaches medical students and pediatric residents.

She considers her biggest accomplishments to be her two children—a 16-year-old daughter and a 12-year-old son—and her 26-year marriage. "We decided long ago that we were going to be supportive of each other, and that’s what we’ve been."
Through many positions in academia, government, and the corporate sector, Dr. Woodrow Augustus Myers, Jr., says there has been one constant of which he is most proud: “I’ve done all that I could to help minority physicians coming up, starting with pre-med and medical students.” His help has taken two forms. First, he always tries to be available to them to talk about bigger policy issues, his interest in which was honed as a Robert Wood Johnson Foundation Clinical Scholar from 1980 to 1982. He has also done what he could to “inspire minority kids to stick with it because we lose too many along the way. There is no reason to lose people on the basis of anything other than academics. I’ve always had medical students over to the house, and, to decrease anxiety and increase excitement, I have invited them to rounds with me while attending in the emergency room before their official clinical rotations begin.”

Dr. Myers considers his biggest achievement to date to be his 1985 appointment, at age 30, as Health Commissioner of the State of Indiana, where he was born and raised. He came to that position from the University of California, San Francisco, where he was an Assistant Professor of Medicine and also served as Chairman of the Quality Assurance Program at San Francisco General Hospital Medical Center and Associate Director of the hospital’s Medical/Surgical Intensive Care Unit.

After five years, Dr. Myers moved to New York City for a brief tenure as Commissioner of Health before returning to Indiana in 1991 in an entirely different capacity, as Senior Vice President and Corporate Medical Director of the Associated Insurance Companies of Indiana, Inc., & Athena of North America, Inc. He made the move to the corporate world in order to get “direct exposure to and experience in management of complex managed care plans.” Dr. Myers took his current position with Ford in 1995. He is responsible “for the oversight and management of the cost and quality of over $1.5 billion of health care services for 283,000 company employees and their families in the U.S.” These activities have a public health flavor because Ford is interested in health education and disease prevention in the communities where it has plants. He has also joined the faculty at Wayne State University Medical School, teaching emergency medicine at Detroit Receiving Hospital.

The move to the corporate world has not blunted Dr. Myers’ concern for the underserved, particularly those in inner-city communities who are not getting needed care. “There is an incredible array of new therapies in the pipeline that can work genetically, immunologically, and hormonally. To make certain that those miracles will be available to all of our citizens, there has to be a new crop of energetic, committed, young activist physicians, and organizations like NMF to support them.”
I'd like to be remembered as a kid who grew up in Southside San Antonio, who was inspired by the excitement that science created in his mind, and who went on to become a physician after getting a degree in pharmacy,” says Dr. Juan A. Reyna, who was the first Mexican-American accepted into the Urology residency training program at the University of Texas Health Science Center at San Antonio.

“I'd also like to be remembered as a person who developed a premier group, now the largest urology group in Texas, that provides services for the community of San Antonio. I have a definite commitment to the community, and I always have been involved in issues of increasing the representation of minorities in health careers. That is what my drive has been.”

Dr. Reyna was one of the founders of the Mexican-American Physicians Association (MAPA) in San Antonio in 1982 and served as its President for two years. “MAPA is one of my biggest accomplishments. It is a group of approximately 70 physicians who are involved in the education, counseling, and mentorship of Mexican-American students in medical schools in Texas. MAPA has given over $130,000 in scholarships to these students. I also helped link MAPA with medical schools' admissions committees. MAPA also provides counseling and mentorship at the high school level to minority students in poor school districts in San Antonio to try to get them to stay interested in and focused on a health career.”

MAPA grew out of the experience of its founders when they were in medical school. “There were few sources of mentors and few Hispanic medical students or faculty members. We cherished the Hispanic faculty; we looked up to them. That's what drove us to form MAPA, so the kids would have somebody to go to and say, 'Tell me all this work and this bludgeoning I'm taking is worth something.'”

Dr. Reyna believes that “Hispanic kids have done an admirable job in getting into the mainstream and achieving professionalism. It is an exciting time to be involved in minority agendas. As Congress tries to clamp down on the types of initiatives that have worked for years, it is more important for those of us who have made the climb up the ladder to continue to look out for our young people, and I'm hoping to continue to do that.”

Dr. Reyna’s community service has also included membership on the boards of the Santa Rosa Health Care Corporation—“whose hospital provides a tremendous amount of services to the underprivileged and indigent in San Antonio”—the South Texas Organ Bank, and the Advisory Board of the Urology Center of Excellence at Humana Hospital-San Antonio. He is also President of Southwest Urologic Management Associates, a management services organization.
Alonzo Sherman, MD, believes his biggest contribution is his ability "to put something back into the community that nurtured me. I live approximately two blocks from where I was raised in Bedford-Stuyvesant. I am proud that I am able to offer myself as a role model to the children in the neighborhood so they can see that there are other alternatives to selling crack." When he thinks about Bedford-Stuyvesant, he thinks about "all the people who have been able to avoid the traps and get an education and then leave." By coming back, Dr. Sherman has bucked this tide. "The key for me is serving this community, providing a quality service to patients that was not previously available."

After eight years in a practice with a group of black physicians that developed personal and business problems, Dr. Sherman started his ob-gyn/primary care practice in East New York in 1993 with business people as partners. "I began in East New York because there was a large concentration of Medicaid patients, and many of the managed care companies soon would have licenses to start competing for these patients. My practice was in the black in two months. We participate with 28 of the 36 managed care companies in the metropolitan area."

His success is also spawning success for others. "We've formed a management company that is helping minority physicians start private practices that they own themselves. They have something to lose, so they see a lot of patients, and they cover for each other. We get them credentialed with the managed care plans and help them manage their practices."

Through his company, four practices have already started in underserved minority communities in Brooklyn and Queens.

By living and practicing where he does, Dr. Sherman faces a reality many physicians do not have to deal with. "I don't wear a three-piece suit. I wear jeans, a baseball cap, and a baggy jacket. I drive a Saturn, not a Lexus. Consequently, I can come and go. Still, I can't say I haven't been mugged and robbed. Crack addicts will rob from their mother. On the other hand, we have been received very well in East New York."

Ultimately, what he does not have does not bother Dr. Sherman. "If I looked at most physicians and compared what I have, I would probably go crazy. But when I look at my reality, and compare it to what my mother had, raising my brother and me alone, I am doing great. I'm able to balance being a husband, father, and full-time physician, as well as a corporate executive. That is an accomplishment of which I am extremely proud. I have the support and love of my wife and children. Many wives would say, 'I'm a doctor's wife, I want to live in the suburbs.' My wife has supported all the things that I've done. My kids know who their daddy is. They have been very supportive. I have everything to live for."
Scholars of the 1980s

David Ray Baines, MD
Anne C. Beal, MD, MPH
Keith Black, MD
James Earl Hildreth, D. Phil., MD
Anita M. Holloway, MD
Cato T. Laurencin, MD, PhD
Michael Lucien, MD, MPH
Philip J. Marion, MD, MS, MPH
Daisy M. Otero, MD
Malcolm D. Reid, MD, MPP
Mark Douglas Smith, MD, MBA
Antronette Yancey, MD, MPH
David Ray Baines, MD, a Native American member of the Tlingit and Tsimpsian tribes of southeast Alaska, practices in a small town on a reservation in Idaho, teaches at two medical schools, and holds appointments to committees and boards at the Centers for Disease Control and Prevention, the Institute of Medicine, and the National Academy of Sciences. However, Dr. Baines considers his biggest contribution to be combining traditional Indian medicine with western medicine—in his medical practice, his teaching of medical students and residents, and his speeches at medical meetings. “Traditional medicine has a spiritual approach to healing. Western medicine, as it has gotten more high tech, has lost a lot of that. But western medicine and traditional medicine are not mutually exclusive. Traditional Indian medicine enhances the abilities the Mayo Clinic gave me. Indian medicine believes that everybody has an energy field that can be tapped into. The energy comes from the Creator in all of us. Everyone has the ability to heal, but some people have a special gift. I’m not like the powerful medicine men who can do it at will. I’m just receptive and if it happens, it happens.”

Dr. Baines gave an example of traditional medicine by describing a patient in his seventies who was having some dizziness because his pacemaker was malfunctioning. “We couldn’t get it to work with a magnet, which will usually trigger it to operate at a set rate. He kept getting longer and longer pauses between beats; different medicines didn’t work either. I could tell that his spirit started to leave him, so I sat down over in the corner and went with him, even as my body was still sitting there. His heart rate stabilized, and we got him to Spokane on the helicopter, and they found one of the wires on his pacemaker had broken. A couple of weeks later, he said to me, ‘Doc, I was part way across that river to the grass on the other side when you came and got me.’ If it was his time to go, I would have found that out, and he would not have come back with me. There was some reason it wasn’t his time.”

He is particularly proud of his 1992 Gentle Giant of Medicine Award, sponsored by G.D. Searle & Co., and his chapter on health problems of Native Americans in Principles and Practice of Clinical Preventive Medicine (1992), in which he was the only author who was not a full-time academic.

Dr. Baines almost quit medical school after his first year because he thought to succeed there—where he was the only Indian student—he would have to give up his Indianness and, “being an Indian was more important than being a doctor.” But a ceremony on a reservation in South Dakota, where a medicine man prayed for him to finish because it was important for the Indian people, “showed me I could walk in both worlds.” Today, he does just that.

Family Practice Physician
St. Mary’s, ID
Assistant Clinical Professor of Family Medicine
University of Washington School of Medicine
Assistant Clinical Professor of Family and Community Medicine, University of Nevada, Reno, School of Medicine

Education
BS, Zoology, 1978, Arizona State University
MD, 1982, Mayo Medical School

NMF Awards
The Henry J. Kaiser Family Foundation Merit Award, 1982

"As Western medicine got better at physical treatment, it left out the spiritual, comforting side. But physicians can still comfort patients, and pray every day when they get up to do a good job and keep in mind who gave them those good brains to start with and where their gifts came from."
Dr. Anne C. Beal practices pediatrics in a program run by Montefiore Medical Center in the Bronx, New York, that provides comprehensive health care to homeless children. Having received her MD degree in 1988, she feels that she has taken more than she has contributed, with her biggest contribution so far being "to bring skilled care to a needy population. The New York Children's Health Project has allowed me to take skills I learned in an academic center and bring them to the community while facilitating access for my patients to a major medical center."

She sees urban medicine as a specialty requiring a unique set of skills. "To be an effective provider, you need to have a holistic point of view and look at familial, community, and social factors that contribute to the health and health care of children. Good health for kids takes much more than medicine. I've learned that from working with this population, and it's a message I want to share."

She gives the example of adolescent mothers, who make up about 40 percent of the project's patients. "I use the opportunity of providing health care to their children as a chance to ask them, 'Do you want to raise your children in the welfare system and in a homeless shelter?' Usually the answer is, 'No.' I use that answer to talk to them about what they need to do to get their high school equivalency diploma and some job training—if not for their own sake, then for the sake of their kids."

Dr. Beal believes that it is important for providers of health care to reflect the diversity of the people they are serving. "I also believe that minority physicians tend to have a commitment that extends beyond patients to the community. They tend to be more involved and can have a greater impact than one might expect of other physicians."

NMF's financial assistance was very important to Dr. Beal because it cost more to go to medical school than her mother earned in a year. Her Health Policy Fellowship allowed her to work at the Health and Hospitals Corporation (HHC), the public hospital system in New York City, where she was able "to gain some insight into the financing of a large hospital system, particularly the impact of the uninsured and the mechanisms that HHC employed to finance care to a needy population."

She also used the money to spend three months in Tanzania working on a community medicine clerkship—"one of my most valuable experiences as a medical student. I learned how a third world country developed its health care system to serve a very poor population with very limited resources. It gave me a good perspective on New York City. Many of the public health needs are the same, but the ways to address them differ depending on the setting."

Dr. Beal plans to continue to work with underserved children and wants to pursue her research interests in community-based health care and improving access to care.
The main interest of Keith Black, MD, is brain tumors, both in terms of surgery and research. For the last 10 years, since he was a resident at the University of Michigan Medical Center, his research has concentrated on the biochemical blood-brain barrier, which is the barrier between brain blood capillaries and brain tissue that explains the relative inability of many substances to leave the blood and cross the capillary walls into the brain tissues. He believes his greatest contribution has been in this area, "identifying biological mechanisms that regulate the blood-brain barrier, and developing a technique to biochemically open the barrier to allow for increased drug delivery to brain tumors. We've demonstrated that we can increase the delivery of chemotherapeutic drugs selectively to tumors by up to tenfold, without increasing the delivery of the drug to normal tissue. This biochemical technique will allow physicians to deliver drugs to fight tumors as an additional arm to surgery." Since chemotherapy is toxic not just to tumor cells, but also to normal cells, being able to deliver it selectively to the tumor means that patients can be given more of the drug without side effects.

Information about how effective this method will be in controlling tumors is arriving from the Phase I and II clinical trials on patients with brain tumors, which were completed in early 1996. A larger clinical trial is now underway involving patients at a number of institutions, which should be completed in the first half of 1997. The Food and Drug Administration could approve the drug after this study, or require a third trial.

Among his many accomplishments, Dr. Black is proudest of winning the American College of Surgeons Shering Scholar Award in 1985, his endowed chair at UCLA Medical Center, which he has held since 1992, and his 1994 appointment to the Board of Scientific Counselors for the National Institutes of Health.

In addition to research, neurosurgery, patient care, and teaching responsibilities, Dr. Black has served as a mentor for a number of medical students in NMF's Fellowship Program in Academic Medicine. He does this because his experience with his mentor, O.D. Randall, MD, during medical school and residency was "one of the key things that really made a difference for me. A mentor is someone who can say, 'Here are the problems that I faced when I was at your stage in my career, and here are the ways that I dealt with them.' When I was launching my career in academic medicine, I faced almost exactly the same problems that my mentor had. My ability to examine them and have a set of solutions to overcome them would have been entirely different had I not been able to talk to O.D. Randall." By being a mentor to minority medical students, Dr. Black is helping them develop that set of solutions to the problems they will face on the road ahead.

Ruth and Raymond Stotter Chair, Division of Neurosurgery
Professor of Surgery, UCLA Medical Center and School of Medicine

Education
Six-year medical program:
BS, with distinction, Biomedical Science, University of Michigan, 1978
MD, University of Michigan Medical School, 1981

NMF Awards
Franklin C. McLean Award, 1980
The Henry J. Kaiser Family Foundation Merit Award, 1984

"Even more critical than having someone to learn scientific techniques from, is having someone to talk to you about problems and ways to deal with them in launching your career."
One of the joys of being a scientist is that every time you get an answer, even a partial answer, to one question, it raises perhaps even more interesting or important questions,” says Dr. James Earl Hildreth. These joys are at the heart of his choice to become a medical researcher, a career path that took him from Harvard to Oxford on a Rhodes Scholarship to get a doctorate before going to medical school. “When I was an undergraduate at Harvard, I worked for a cellular immunologist in the Dana Farber Cancer Center at the medical school, which convinced me that I should get both a PhD and an MD, so I went to Oxford. When I came to Hopkins for medical school, I was encouraged to do a postdoctoral fellowship in the Department of Pharmacology and Experimental Therapeutics. My medical school experiences didn’t come close to providing the satisfaction I had in the laboratory, thinking about problems, setting up experiments, and doing research.” In 1987, Dr. Hildreth won the Presidential Young Investigator Award, given annually by the National Science Foundation in recognition of research, teaching accomplishments, and academic potential.

His scientific contribution has been to “add somewhat significantly to our understanding of how HIV infects cells, perhaps even how it manages to impede the immune system, and how it causes disease.” He has published over 40 journal articles on his research. Its focus has been a group of molecules called cell-adhesion molecules, in which he became interested at Oxford. “These molecules have importance in a broad range of areas including developmental biology, HIV, cancer, and immunology. Understanding how they function and the control of their synthesis will be important in all these areas. That biological system will probably be the focus of my career, but every year, the tools available to answer questions get more sophisticated and powerful, and they may change the direction of my lab.”

In his other position, as the associate dean responsible for PhDs and graduate studies, Dr. Hildreth has been “trying to have an impact on the entry of minorities into clinical and basic research. We seem to be doing a fairly decent job of getting minorities into medical school, but the numbers who pursue PhDs or research careers are still very much less than what they should be. Even before I accepted my position in the Dean’s Office, I was trying to set an example by my life, and by talking to students at high schools and colleges, to encourage the next generation to go into research. I think I have been able to contribute a little bit, and I hope to continue.”

Dr. Hildreth’s enthusiasm for his career is what makes him “eager to make sure that everybody who wants to do research has the opportunity. It is to everybody’s benefit that all people in this country contribute to all aspects of our society, including scientific research.”
"My practice involves taking care of patients after they have had strokes and spinal cord injuries, patients with work-related injuries, and those with age-related disabilities," says Dr. Anita M. Holloway. Many of her patients suffer from more than one disability, "with limitation on top of limitation that significantly impact their lives. I take care of the outpatient management of these ‘more complicated’ patients. But they are not really more complicated; they just have more issues to deal with. I don’t just look at the medical diagnoses, I look at how therapy will be important to their lives. Do they need vocational rehabilitation? What is the social and economic impact of their disability? Are other people expecting them to provide? Do they require assistance from others? How can they get adequate home care?"

Dr. Holloway is proud of many aspects of her practice. "I spend a lot of time discussing recommendations and empowering patients. I am responsible for making sure patients understand that they have a choice whether to undergo surgery or not, whether to have a leg amputated or not. I make sure that they understand the consequences. I educate patients and their families about home care, the differences between types of insurance coverage, and the co-pay, which is their responsibility. What I offer is more than informed consent; it is active participation."

The nature of Dr. Holloway’s practice has continued to evolve as people with physical impairments are more able, under the Americans with Disabilities Act, to maintain maximum participation in work, family, and other activities. She is proud of helping her patients achieve full participation. "These people may have difficulty getting from their bed to their door, driving to work, or getting to their desk. There are techniques or tools available to improve their level of function and well-being."

Dr. Holloway also actively participates in organized medicine. She was elected to a two-year term to the Board of Directors of the Baltimore City Medical Society in 1996 and also is a member of the Maryland Medical Society. "I work actively in planning educational meetings for the physicians who practice in the city and state. It is important that we maintain our own education. I also use those activities as a way to present some of my personal convictions concerning the importance of caring for the underserved. Whether any particular physician in these medical societies cares for them or not, the underserved are going to be a health care issue for the city and state. Therefore, physicians need to look at issues concerning them."

Her fellowship from NMF gave her the sense that "I had another duty because I received money from an organization that was out there to make sure that minorities were participating in medicine. There were no directions attached to the money, except one, 'Go and serve and give us back when you can.’"
Cato T. Laurencin, MD, PhD

As a resident in orthopaedic surgery at Massachusetts General Hospital, Cato T. Laurencin, MD, PhD, started his own research laboratory. He then spent a year as a Fellow in Sports Medicine and Shoulder Surgery at Cornell University Medical Center’s Hospital for Special Surgery before he took his current position and also became a Research Professor of Chemical Engineering at Drexel University in 1994.

Because he believes the dearth of minority medical school faculty hinders the achievement of minorities in science, and because he has gained so much from different mentors during his own career, Dr. Laurencin devotes significant time to mentoring medical students, residents, and postdoctoral fellows. “I believe mentorship of medical students is key to their success, and I’m proud of my contribution as a mentor. I began mentoring as a resident and continued as a fellow and as a faculty member. It is starting to pay dividends. A significant number of the current African-American orthopaedic surgery residents in the country have had some interaction with me, in my lab or on a project. I’ve had a minority medical student as a research fellow in my lab almost every year for the last six years. I also have a program for undergraduates. Last year, one of my students won M.I.T.’s highest award for an undergraduate materials science thesis and is now in an MD-PhD program.”

Dr. Laurencin credits a number of mentors with helping his career. “My research mentor is Robert Langer, ScD, at M.I.T., an extraordinary scientist who took me under his wing. Henry Mankin, MD, at Harvard was my mentor for my NMF Academic Medicine Fellowship, which cemented my commitment to an academic track and broadened my research interests. Those experiences help me today as I run a laboratory with broad research objectives. Even now, I have a group of mentors around me. Mentoring is really a way of life. “

Dr. Laurencin has published over 100 papers on basic and clinical research in orthopaedics. His achievements also include a 1995 Presidential Faculty Fellow Award from the National Science Foundation, presented by President Clinton and a 1993 Distinguished Service Award, Postgraduate Section, from the National Medical Association. “These accomplishments are all well and good, but mentoring people coming after me is even more important.”

He also believes it is important to have overall goals, “in terms of why you’re here, what you want to accomplish, and what you want to contribute. It helps to focus your work and to put your accomplishments in perspective. It is also important to remember the primary things in life, which, to me, are faith and family. If they aren’t part of the perspective, I do not know if anyone can be truly successful.”
Michael Lucien, MD, MPH, thinks that his biggest contribution is being a role model for young people. "My wife and I have worked with quite a few young people who are African-Americans and aspire to be doctors but never have had a chance to talk to a doctor about what he does or to see a doctor at work. Some of these kids are in high school; others are in junior high. The junior high school has set up a project to work with students, and we are mentors for that. We have met other young people through our community work and our church. Also, my wife teaches nursing at Sacramento Community College, and some of her colleagues have brought kids to our attention.

His Christian faith is at the heart of Dr. Lucien's life, and, he believes, his abilities to achieve. "I wanted to be a doctor since I was three years old. I was very ill as a child and doctors helped me. But I didn't get into a medical school initially. Then I found Jesus Christ and was saved. I got my MPH, and when I reapplied to medical school, I was accepted at six schools. None of my achievements would have been possible without my faith in Jesus Christ. Faith has formed and shaped my life from early childhood. But, more clearly, since I began medical school, it has influenced how I've conducted myself and my ability to be successful. There is more to achieving than just intelligence."

Dr. Lucien is particularly proud of his volunteer work with The Medical Team, a nonprofit Christian organization that does missionary and medical work in Nigeria and Ghana. He is Northern California Co-Director of the organization. "We work in a hospital setting in Nigeria and also in outlying facilities in both countries, providing outpatient care, surgery, and general well-child care and education. We also have a health fair in a walk-in clinic in conjunction with the pastor's crusade by Dr. Benson Idahosa." The Medical Team spends about two-and-a-half weeks in Africa each year. In 1996, it was made up of 25 people, including nine physicians, three of them pediatricians. They treated the usual pediatric diseases and some surgical cases, as well as malaria, infectious colitis, and tuberculosis, which are more common to developing countries. "This year a little boy who had been kicked in the stomach and was vomiting came to us. It turned out he had a perforated abdomen and could easily have died. He was really blessed that we were there. We did a surgical repair, and he is fine."

NMF's support during medical school kept Dr. Lucien from incurring more debt, which has had an important effect on his ability to serve others. "The fact that I didn't have debt exceeding $100,000 like some people I know has allowed me not only to take care of my family better, but to do the volunteer work I do. I could not have afforded to take the time for this work if I had to pay back such a big debt."

Pediatrician, University of California, Davis Medical Group

Education
BS, Psychobiology, University of California, Los Angeles, 1984
MPH, UCLA School of Public Health, 1986
MD, University of California, Davis, School of Medicine, 1992

NMF Awards
Scholarship, 1986-87

"If people think there are too many doctors, all they have to do is go to places like South Central LA or rural areas of Mississippi or the midwest to find people who don't have a physician."
President and CEO, Capital Medical Services, PLLC
Assistant Clinical Professor of Medicine and Rehabilitation
Howard University Medical School
Assistant Clinical Professor of Neurology, George Washington University Medical School

EDUCATION
BA, Biology, State University of New York at Purchase, 1981
MD, New York University School of Medicine, 1985
MS, Management and Finance, New York University, 1999
MPhil, George Washington University, 1994

NMF Award
Scholarship, 1981-82

"NMF's support gave us the sense that there was a group out there that cared about what we were doing. That sense of their contribution to our efforts made it all the more important for us to be inspired to contribute to others."

Dr. Philip J. Marion wants to leave a twofold legacy: "of starting and building my own health care company that will provide stellar health care services, and of mentorship in teaching." He decided to start his own company after completing a Robert Wood Johnson Foundation Health Policy Fellowship during which he worked for the Senate Judiciary Committee and as a consultant to the Senate Finance Committee on health policy issues. "My experience gave me access to people who were running corporations, both in health care and out, which inspired me." This is the path he has embarked on, instead of returning to the National Rehabilitation Hospital as Assistant Medical Director or taking any of the offers he received.

"One of the ways you contribute to a legacy is to start something on your own and to build it. I think this is true for everyone, and especially for African-Americans. I have never done anything more difficult. When you are on your own, there is no particular plan that says, 'If you do this, you will be successful.' His newly formed company is in the business of occupational health, physical disability management, and medical evaluation and treatment. "Large corporations no longer want an in-house medical staff. We provide similar services more efficiently—entrance physicals, drug screening, and treatment of on-the-job injuries and sickness. We also give out preventive health information that patients can take to their physicians."

As a teacher, one of the ways he has contributed is "giving information to medical students that illustrates how I made my career decisions. At Howard and George Washington, I talk to medical students about things that many of them have not heard about from other professors—the nuances of medicine as a business, managed care, and the specialties in medicine that are open to them." At the National Rehabilitation Hospital, Dr. Marion also developed and ran a third-year clerkship for Howard medical students to rotate through the hospital with the aim of getting more black students involved in rehabilitation and physical medicine because "poor people, many of them blacks and Latinos, tend to have a higher incidence of disability, and to be more severely disabled, for reasons such as physical trauma from accidents, diabetes, and hypertension."

Dr. Marion looks at his biggest accomplishment to date as graduating from medical school. "None of the other things I've done since would have been possible without the MD degree." He thinks his more significant contributions have yet to be made. "People may think I've done a lot. But I think I'm just beginning. My goal is to be the president and CEO of a health care system that provides comprehensive quality care to the metropolitan D.C. community and also offers employment and education opportunities for individuals in the community."
am practicing the kind of medicine in the community that I always wanted to practice," says Dr. Daisy M. Otero. After completing her residency in 1993, she helped develop the clinic where she works, one of a number of neighborhood clinics opened by Montefiore Medical Center. "I grew up on the Lower East Side of Manhattan, and this neighborhood is very similar: an immigrant community where being bilingual is key."

The clinic, of which she was Medical Co-Director from 1993 to July 1995, is located in a row of bodegas and drab buildings. It started as a group practice, with two pediatricians, an obstetrician-gynecologist, physician assistant, and two internists. "Another doctor and I took the bulk of the responsibility as co-directors. We organized the clinic, from little things like the arrangement of equipment and the organization of charts, to developing and implementing quality assurance protocols, with regular chart reviews, walk-in policies, and precepting medical students and medical residents. Despite their inexperience, their work paid off. Soon after opening, the clinic became productive and efficient, seeing about 100 patients a week.

Patient volume, however, is not what is important to Dr. Otero. "We do not use a clinic kind of approach. Even though my patients are Medicaid and uninsured, I follow them in the hospital as private patients. Our approach is unique within this neighborhood because it is an individual approach to primary care. Patients say they haven’t had a mammogram or a Pap smear in years; no one told them that was important." The clinic stresses these kinds of preventive screenings.

Women more often seek medical attention because of menstrual problems, family planning, and childbirth, and 75 percent of the clinic’s patients are women. This has meant that "being a woman is really important. A patient will say, ‘I selected this clinic because it is in the neighborhood, you speak Spanish, and you are a woman.’" Dr. Otero thinks she will make a difference to her patients in the quality of her approach and her understanding of the psychosocial aspect of medicine. She also wants patients to be more responsible, to ask questions if they don’t understand something, and to write down instructions. "If I send patients to specialists, those physicians will not necessarily speak Spanish. They have to empower themselves through a translator or written questions."

In 1985, she won the Petirre Award from Aspira of New York for her participation and leadership in their health careers group. "The Petirre is a small bird native to Puerto Rico that flies higher than expected given the aerodynamics of its little body. I am particularly proud of that." In addition, she was awarded the Bronx Borough President’s Citation of Merit in 1990 for recognition of her activities with various health care organizations and for caring for the needy.
Director of Physical Medicine and Rehabilitation
Vice President of the Medical Staff, North General Hospital
(New York City)

EDUCATION
BS, cum laude, Biology, Fordham University, 1982
MD, Harvard Medical School, 1987
MPP, John F. Kennedy School of Government, Harvard University, 1987

NMF AWARDS
George Hill Memorial Scholarship, 1982-86
The Henry J. Kaiser Family Foundation Merit Award, 1987

"I see individuals who are homeless, individuals who are destitute, and individuals who may be quite wealthy, and all of them are treated with the same high-quality care. I tell my staff that every person should be afforded the same kind of health care they would want a family member to receive."

When Dr. Malcolm D. Reid first thought about becoming a physician, he was ten years old. "My desire even then was to go back and help the kind of African-American community I came from. I am most proud that I have been able to do that." Since 1993, he has been at North General Hospital, which serves central and east Harlem. "This position has given me an opportunity to put together the two major elements of my academic career: health policy and physical medicine and rehabilitation—helping individuals who are physically disabled and physically challenged. It has also afforded me an opportunity to serve a population that in general is quite indigent and frequently has lacked access to quality health care. I have been able to realize my goal of making sure that all the patients I see here at the hospital or at our clinics are treated the way I would want my family to be treated. I share that concern with my staff on a daily basis." As Vice President of the Medical Staff, Dr. Reid is also working with other staff members to "bring well-trained, board-certified physicians to the hospital and into the community to serve its residents who have long been in need of appropriate care.

"The fiscal realities of budget cuts at the city, state, and federal levels, coupled with the proliferation of managed care, are creating challenging times. I use my health policy skills on a daily basis at the Hospital and in the different organizations in which I've taken a leadership role." Dr. Reid is President of the Manhattan Central Medical Society, Chairman of the Section on Physical Medicine and Rehabilitation of the National Medical Association, and Chairman of the Committee on Physician/Health Care Organizations of the New York County Medical Society. He has also served the American Medical Association and the Medical Society of the State of New York in a number of capacities.

When he received the George Hill Memorial Scholarship from NMF, given to a black student who was a resident of Westchester County, he remembers: "I was overwhelmed that this scholarship honored one of the first black physicians in Westchester and that I was following in his footsteps with the goal of becoming an excellent physician so I could give back to the community. Recently, the Manhattan Central Medical Society developed a scholarship fund and issued a check for $8,000 to NMF earmarked for an African-American medical student from New York City. It seems like my life is going full circle." In 1987, he received a Henry J. Kaiser Family Foundation Merit Award, given annually to 25 outstanding minority medical school graduates. "I consider this a major honor. I'm eternally grateful for being a recipient of these awards, and I continue to give back in financial contributions as well as time."
have been a clinician for people with AIDS since early in the epidemic, and
I continue to see patients," says Dr. Mark Douglas Smith, who has focused much of
his attention on policy and care issues in the AIDS epidemic. "I directed the AIDS
clinic at Johns Hopkins University School of Medicine in 1989. I also have written,
spoken about, and funded some important work on improving AIDS services and
understanding how care is organized, financed, and delivered to people with HIV."
Dr. Smith's interest in AIDS goes back to his internship at San Francisco General Hospital in
1983. "On my first night on call, I admitted patients with pneumocystis. Within a few months,
I knew more clinically about HIV than 99 percent of the physicians in the world because
I happened to be there at that time, and I responded. The more I knew, the more I felt some
obligation to contribute, and the more I contributed, the more I was asked to contribute.
Now, AIDS is a significant part of my life."

From 1991 until late 1996, when he took his
current position as President and CEO of a major new
foundation formed from the conversion of Blue Cross
of California to a for-profit health plan, Dr. Smith was
Vice President and then Executive Vice President of
The Henry J. Kaiser Family Foundation. Much of his
focus there was on addressing a wide range of issues
involving AIDS and HIV—from "the application of
new communications technologies; to empowering
health care consumers with information about their
options; to studies of Medicaid, which is the single
largest insurer of treatment for people with HIV/AIDS.
We were also a leader in examining how the develop-
ment of managed care influences HIV care."

Dr. Smith is proudest of his work that has applied his MBA training and interests to the
issue of providing care for low-income people, which has been his focus as a physician. He
sees this combination of interests as unusual. "In general, there are people who are interested
in and knowledgeable about the business aspects of health care, and there are those of us who
want to take care of poor people and for whom money is almost a dirty word. I think, however,
that it is increasingly important to bring those two perspectives together." One of his accom-
plishments while at Kaiser was this application of the tools and outlook of one world to the
problems and priorities of another: "I have tried to get managed care organizations to think
about how they take care of HIV patients and to get the AIDS community to think about how
to adjust to and work with managed care instead of having a negative knee-jerk reaction.
The health care system is changing. We all need to accept that and figure out how to take care
of people in this new way. It is important for people to look toward the future with a sense
of anticipation and a desire for change."

President and CEO
California HealthCare
Foundation
Assistant Clinical Professor of
Medicine, University of
California, San Francisco,
School of Medicine

Education
AB, Afro-American Studies, Harvard
University, 1976
MD, University of North Carolina at
Chapel Hill School of Medicine, 1983
MBA, The Wharton School, University
of Pennsylvania, 1989

NMF Awards
The Henry J. Kaiser Family Foundation
Merit Award, 1983

"NMF's fellowships say something about the
importance to a larger community of a medical
student's success. It is part of what keeps us
aware of obligation and responsibility beyond
our own interests."
Director of Public Health  
City of Richmond (VA)  
Clinical Associate Professor of  
Preventive Medicine and  
Community Health  
Medical College of Virginia  
and Virginia Commonwealth University

**Education**

BA, Biochemistry/Molecular Biology, Northwestern University, 1979
MD, Duke University School of Medicine, 1982
MPH, University of California, Los Angeles, School of Public Health, 1991

**NMF Awards**

Scholarship, 1979-81
The Henry J. Kaiser Family Foundation Merit Award, 1982

"People of color have been absent from the process that produces the strategies for delivering preventive services and engaging us in preventive behaviors. If we’re not a part of developing these strategies, then the strategies are not going to work in our population."

One of Dr. Antronette Yancey’s strengths is “bringing experience from one domain to another and doing something innovative.” This ability was fostered by her early career path, which combined practicing medicine in community health centers and emergency rooms with a career as a fashion model. “The experience was valuable because it gave me a sense of how things ran on the ground floor. One of my main interests and skills is finding things that actually work in a real setting.” As an example, she points to a series of eight videotapes on breast and cervical cancer prevention targeted at African-American and Latina women. “Developing culturally targeted interventions that promote healthier behavior is one of my major themes. My experience as a model improved my skills with visual imagery, and I used those skills to develop the videos.” She calls the videos “an in-reach strategy,” because research showed that 75 percent of the people being seen at public health department clinics were not receiving prevention services. “The videos are viewed in the waiting room to empower patients with information that they can use in their interactions with providers.” They are used by governmental agencies, nonprofit organizations, public health departments, and public broadcasting stations.

Another theme Dr. Yancey is invested in is building self-esteem in youths. She has developed an idea of a community-wide fitness program, with exercise classes at various locations. “There are many talented young athletes who have not met the academic criteria to get NCAA scholarships for college, and who often end up getting into trouble. The idea is to train them to be exercise group leaders and to rebuild their self-esteem so they can market their skills as personal trainers and get re-engaged in educational or vocational pursuits.”

Dr. Yancey remembers with pride the work she has done with the National Marrow Donor Program (NMDP). When a friend in New York with aplastic anemia needed a bone marrow transplant and asked Dr. Yancey to give a blood sample to see if there was a tissue match, she realized that “if I had no understanding of the racially mediated aspects of tissue matching, the general public did not either. I was appointed to the board of the NMDP in 1992. Since that time, the program has gone from having less than 3 percent minorities in its registry to having almost 25 percent in a registry of over 2 million.” To achieve that increase, she used the same methods as in her other work: grassroots organizing and getting well-known people of color involved so that the media shows their image.

Dr. Yancey is now working to get people of color involved in developing strategies for the delivery of prevention services and the promotion of prevention behaviors. “If we’re not part of developing the strategies, then the strategies are not going to work in our population.”
Scholars of the 1990s

Angelica Carranza, MD
Susan M. Douglas, MD
Andre Fredieu
Langston Holly, MD
Moshe Lewis, MD, MPH
Raymond J. Nejeres
Sierra Peña
Charles Zollicoffer
Dr. Angelica Carranza has overcome obstacles and adversities that would have defeated many others. She was born with a cleft palate, so speech was her initial handicap. Then, when she was four, she started to gradually lose her hearing.

"I started wearing my hearing aid when I was eight or nine. I was mainstreamed, and I was the only one with a hearing aid in the class. I knew I was different, but I was blessed with wonderful teachers and great friends who always encouraged me."

At college at the University of California, Los Angeles, the work got harder and harder. She had to give up activities to keep up, but she never attributed it to her hearing. Instead, she thought it was related to being a minority or the first one in her family to go to college. Then, in her third year, she became completely deaf. "One day, I couldn't talk on the phone; I couldn't talk to my friends; I couldn't watch TV. It was very hard. I had been good at lip reading, but I learned sign language; I got interpreters. I was blessed. God gave me the strength to surmount my disability."

She finished her BS degree and completed almost three years of medical school without being able to hear. Then she received a cochlear implant, which restored her hearing. In the inner ear there are hair cells that are receptors for sound waves. They stimulate the cochlear nerve that tells the brain that you are hearing. "My hair cells weren't functioning and therefore I had no way to transfer the message to the brain. The cochlear implant bypasses my hair cells and stimulates the cochlear nerve with electrodes. I could hear my last year of medical school."

Dr. Carranza credits her achievements while she was deaf to the encouragement she received, particularly from the Dean of the medical school, Sherman Mellinkoff, MD, and her mentor, Vicente Honrubia, MD, and from NMF's Fellowship in Academic Medicine, which motivated her to do research. "When you have so many people rooting for you, you come to believe you can do it. I'm so excited about my work." In 1992, she won the President's Special Recognition Award from the California Medical Association for her achievements in medical school despite her hearing loss.

Dr. Carranza chose Baylor for her residency in otolaryngology (ear, nose, and throat) because it also offers a neurotology fellowship. She recently embarked on a concurrent PhD in audiology, a seven-year program, during which she will conduct research for two years. She hopes to then receive the two-year Fellowship in Neurotology. "It's going to be extremely hard, but I'm very motivated. I want to teach, do research, and have a clinical practice. I love interacting with patients. I am working in an area that involves my personal experience, and I think can help a lot of people. I understand what it is like to lose your hearing and what it feels like before having this operation."
In that she only completed her residency in neurology in 1995, Dr. Susan M. Douglas sees most of her contributions as ahead of her. At the same time, she has already begun to make a mark as a researcher, looking into the basic mechanism of spinal cord injury. Dr. Douglas' situation is unique because she is both spinal cord injured and knowledgeable in the field, which "gives me some credibility. I'm able to look at the research being done and quite effectively see in which direction projects need to go."

Dr. Douglas has developed different models to study spinal cord injuries and looked at different substances and therapies that could treat them. "My work is to rescue neurons that could potentially go on to die. If I can decrease the number of neurons that die when the spine is injured, it will improve functional recovery." If her work is successful, it could mean that the actor Christopher Reeve and the approximately 10,000 people a year who are paralyzed by spinal cord injuries suffered in accidents could regain the use of their limbs.

Dr. Douglas spends four-fifths of her time doing research and one-fifth practicing clinical neurology, with an emphasis on neuro-rehabilitation. Her research focuses both on understanding the underlying mechanism of spinal cord injury and developing different treatment approaches. During her residency, she developed a new in vitro model of spinal cord injury, which she sees as a major accomplishment. "It allows for the precise control and manipulation of the environment; it is much more efficient and less expensive than working in a living model; and it is a good screen to determine whether going to a living model will be fruitful, which is important as funding is so limited." Under her 1995 VA Brain Trauma Fellowship, she is using her model to assess the effectiveness of different drugs to protect neurons against injury. In another research project, she is examining changes in neurons from 48 hours to two weeks following an injury. She is also a co-investigator for the Human Spinal Cord Injury Project at UCLA Medical Center, which is examining the effects of drugs on muscle contractions in patients being treated with electrical stimulation and step training.

Her interest in research was kindled by her 1991 NMF Fellowship in Academic Medicine. "Research is one of those things that you just don't know if you are going to like until you get into it. The Fellowship experience was instrumental in creating the spark that got me going. It opened up a door and gave me the confidence to know I could head in that direction.

"My hope is that we will find the cure for spinal cord injury in my lifetime. Whether it be a drug that enhances regeneration, tissue transplants, or neuro-rehabilitation, it will require a multidisciplinary approach. What has happened in the last five years in neuroscience is incredible. I'm really excited about the future. I look forward to making a contribution."
Andre Fredieu grew up in South Central Los Angeles, where crime and violence are the norm and have touched him personally. Both of his brothers were murdered, which indirectly caused the death of his mother from an aneurysm. He is the first person in his family to go to college, let alone medical school. “I had always been interested in medicine, and the recent deaths in my family gave me the incentive to pursue that dream.” He also decided early on to be a leader, by example and by mentoring students younger than himself.

In his sophomore year at the University of California, Los Angeles (UCLA), a part-time position as a personal trainer led to meeting the neurosurgeon who would become his mentor for NMF’s Fellowship in Academic Medicine, Keith Black, MD (see page 41). After graduating from UCLA, Mr. Fredieu went to work in his father’s construction business for a few years. “I realized the thing I really enjoyed was medicine, so I applied to UCLA’s postgraduate program, and after two years I applied to medical school.”

Even before he started medical school, Mr. Fredieu was getting important advice from Dr. Black. “He suggested that I should have a plan of the things I wanted to accomplish in medical school—that if I had a plan, I’d walk two steps ahead of everyone else.” Mr. Fredieu won a Howard Hughes Medical Institute Research Training Fellowship for Medical Students in 1995 and received the four-year Samuel L. Goldwyn Academic Medicine Scholarship, of which there are only three or four recipients a year.

Mentoring was important to Mr. Fredieu before he met Dr. Black, and it has become more of a focus. “He talks about how important it is for me to be a mentor to others coming up behind us. I plan to follow his leadership as a role model by nurturing and mentoring other minority medical researchers in the future.”

His research project for his NMF Fellowship tested a new therapy for brain tumors. “Brain tumors tend to be more serious than other cancers. Some are inoperable because of where they are located. Some are very aggressive; in two months, a tumor can change from being small and localized to causing massive destruction.” Certain brain tumor cells produce a substance, Transforming Growth Factor Beta-2, that keep the immune system’s T-cells from recognizing the tumor as foreign, so they don’t attack the tumor. “My project involved using gene therapy to help the T-cells recognize the substance as abnormal and to digest it. Then, activated T-cells cross the blood-brain barrier and attack the tumor cells. If this therapy shrinks the tumor, and decreases the possibility of it spreading, it increases the likelihood that the patient can have a favorable surgical procedure.”

Mr. Fredieu’s ultimate goal is to carve his own niche. “To think that I may have some input into one day finding a cure for brain tumors is incredible to me. I may reach that goal.”
Before receiving his Fellowship in Academic Medicine from NMF, Langston Holly, MD, was undecided about his career goals. With a father in medicine, he knew more about what a doctor in private practice did than he did about academic medicine, in which physicians combine teaching, research, and patient care. The Fellowship convinced him that academic medicine “provides a way to be a big help to the field of medicine and to people as well.” He finds all aspects of academic medicine appealing, especially teaching. “I would like to participate in the training of residents and medical students throughout my career.”

He also enjoys both clinical and laboratory research. “It makes you think about what’s been done before you, which questions remain unanswered, and which directions are appropriate. The brain is the frontier of medicine that is the most unsettled and has the most potential for advancement. It is exciting to think I might be a part of that.” As a first-year resident, he already has had papers on three different research topics accepted for presentation at the annual meeting of the American Association of Neurological Surgeons.

He was the first winner of the Ralph Ellison Memorial Prize given by NMF to the senior minority medical student in the country who best exemplifies academic achievement and community service. “It is easy to get caught up in your own achievements and forget the value of giving time to others. I was pleased that I was recognized for my community service because those activities have been important to me for a long time.”

Most of Dr. Holly’s community service activities have involved youth. While in college, he was a Big Brother for two years and coached high school football, teaching his players “things that are important to succeed in the real world: discipline, hard work, teamwork, mental fitness, and physical fitness.” During medical school, he was a regular speaker at the Charles Drew Middle School in South Central LA and worked as a Master of Ceremonies for Project Santa Claus at Martin Luther King Hospital in the Watts area. He was also a facilitator in the Riot-Rebellion Youth Conference at which white, black, and Latino representatives from every high school in the city discussed whether the civil unrest in LA was a riot or a rebellion. “Although these activities took a little away from my school work, they were more than worth it.”

Dr. Holly credits his relationship with God for “being able to be as successful as I have in this short amount of time. I keep my prayers up that things will keep running smoothly, and I thank God for all the blessings that He’s bestowed on me. As a Christian physician, I interact with large numbers of people and by my efforts can show them how good God really is.”

Resident in Neurosurgery
UCLA Medical Center

EDUCATION
BA, Molecular and Cell Biology, University of California, Berkeley, 1991
MD, UCLA School of Medicine, 1995

NMF AWARDS
Bristol-Myers Squibb Fellowship in Academic Medicine, 1993
Ralph Ellison Memorial Scholar, 1995

“A lot of minority children are turned away from the sciences at an early age because they are “hard” and they don’t have many role models to look at who would help them make a decision to enter a science field.”
Moshe Lewis, MD, MPH

While a medical student at Mount Sinai, Moshe Lewis, MD, MPH, accomplished research of which he is particularly proud. "It is important to begin finding out how to investigate problems and begin contributing to the literature as a medical student because the only way to find out what works and what potential therapy exists is by doing research." He submitted a paper in his specialty area of ENT (ear, nose, and throat) to the American Association of Allergy and Immunology that was published in Allergy and Immunology in April 1996; another article is forthcoming in the Archives of ENT. He chose ENT because "I wanted to be a surgeon and I also wanted to maintain a balance between operating and office practice. Surgery is always a challenge, fixing something that is so delicate. It is an energy-driven process where you have to be alert because you literally hold the essence of life in your hands."

During medical school he also developed a variety of skills, interests, and activities beyond his specialty area as he explored to see what other aspects of medicine could be incorporated into his practice. "While exploring, I developed a deeper degree of involvement in several areas." He wrote an article in the American Journal of Obstetrics and Gynecology on "a test for substances produced by women who are likely to deliver prematurely. The test has the potential to reduce early delivery with aggressive management of the pregnancy."

Another field he has explored is substance abuse because "it affects so many patients we see, yet physicians often tend to avoid addiction issues because of their complex social ramifications." He won the Betty Ford Professional in Residence Fellowship in 1993 to study alcohol and substance abuse at the Betty Ford Clinic, and received the Scalfi Foundation Award in 1994 to study addiction medicine at Rutgers University.

An interest in gerontology because of his aging mother and Mount Sinai's strong gerontology program led to a 1994 Boston University Summer Institute in Geriatrics Fellowship and a John A. Hartford/American Federation for Aging Research Scholarship. For three years, he also was a facilitator for a Mood Disorders Support Group at Mount Sinai Medical Center for family members of outpatients with schizophrenia and manic depression. He became interested when the brother of a friend became manic depressive and Dr. Lewis saw the turmoil it caused in the family. Such wide-ranging interests were always a hallmark in his life. In junior high school, he sang with the Metropolitan Opera's Children's Chorus; in high school, he studied piano at Juilliard School of Music.

Dr. Lewis's many and varied activities and accomplishments during medical school led to his receiving the Metropolitan Life Foundation Award in Academic Excellence in Medicine in 1993 and the National Medical Association Merit Scholar Award in 1995.
Resident in Otolaryngology
Martin Luther King Hospital
(Los Angeles)

**Education**
BA, Biology and Society, Cornell University, 1991
MPH, New York University, 1992
MD, Mount Sinai School of Medicine
of the City University of New York, 1996

**NMF Awards**
Metropolitan Life Foundation
Award for Academic Excellence in Medicine, 1993
National Medical Association Merit Scholar, 1995

"Despite an increased awareness of the need for more primary care physicians, there remains a need for the development of skilled minority surgeons to care for patients."

While a medical student at Mount Sinai, Moshe Lewis, MD, MPH, accomplished research of which he is particularly proud. "It is important to begin finding out how to investigate problems and begin contributing to the literature as a medical student because the only way to find out what works and what potential therapy exists is by doing research." He submitted a paper in his specialty area of ENT (ear, nose, and throat) to the American Association of Allergy and Immunology that was published in *Allergy and Immunology* in April 1996; another article is forthcoming in the *Archives of ENT*. He chose ENT because "I wanted to do surgery and I also wanted to maintain a balance between operating and office practice. Surgery is always a challenge, fixing something that is so delicate. It is an energy-driven process where you have to be alert because you literally hold the essence of life in your hands."

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Dr. Lewis's many and varied activities and accomplishments during medical school led to his receiving the Metropolitan Life Foundation Award in Academic Excellence in Medicine in 1993 and the National Medical Association Merit Scholar Award in 1995.
Raymond J. Nejeres grew up in Alamogordo, New Mexico, a rural community with a large Hispanic population, and joined the Air Force in 1978 because he didn’t have the financial resources for college. He served in the medical corps as a technician in a hospital for 10 years. “During that time I realized medicine was my calling, but I wasn’t sure of myself in academics. I was halfway to retirement when I decided it was time to pursue my dream; otherwise it would always remain something I wished I had done. It was a very scary move to make, but I decided not to sell myself short, to at least make the attempt.” He was influenced by a particular doctor, who served as his role model. “It was only after working with him that I had the self-confidence to even attempt college, much less medical school. His encouragement has had a very positive impact on my life.” Mr. Nejeres began at a community college and transferred to Portland State University in his junior year.

When he received his NMF Fellowship in Academic Medicine, he had been conducting research on lupus for a year in a laboratory in the Division of Rheumatology at the University of Washington School of Medicine. Lupus is an inflammation of the connective tissue that can cause joint pains, skin rashes, and kidney damage. His research focused on the liver, which he describes as the “oil filter” of the blood, removing and metabolizing waste products and toxins. “I looked for a possible role of diminished clearance in the liver of immunogens that sets off an immune response in which the body attacks its own tissues. I began with two goals. The first was to learn as much as I could about rheumatic diseases since one of my younger sisters has lupus and a second has rheumatoid arthritis, which has put a lot of stress on the family.” His second goal was to be a role model for younger people, as the physician in the Air Force was for him. “Because he influenced me in making some important decisions, I volunteer to be in events for at-risk students at local high and junior high schools, and I have spoken at events for minority students at the University.”

He found the experience of the Fellowship to be “immensely rewarding. It opened my eyes to the whole process of research—taking an idea, developing it, and trying to prove it. Even if I end up as a practicing clinician in the community—there is a shortage of physicians in my home town—it will help me to understand the processes and frustrations in medicine, especially working with diseases like lupus, where there is no cure on the immediate horizon, and it will help me better understand my patients who have such diseases.

“My contribution so early in my career isn’t any earth-shattering finding from my research. It is more that I put my piece in the puzzle to reach a common goal. Through teamwork, even the smallest piece can help to answer the big question.”

Medical Student, Class of 1997
University of Washington School of Medicine

Education
Premedicine, Mt. Hood Community College, 1990
BS, Biology, Portland State University, 1993

NMF Award
Bristol-Myers Squibb Fellowship in Academic Medicine, 1995

“Research is a challenging and exciting adventure. I realize the patience and insight that a scientist must have in order to reap the rewards of his or her labors.”
I grew up as the child of a Latina single parent, surviving with my mother and my brother off a spotty combination of Aid to Families with Dependent Children, food stamps, and Medi-Cal, living in over 22 different places in California by the time I was 16,” says Sierra Peña. Her mother died of cancer the year Ms. Peña got her high school equivalency diploma. “The last time she went to the hospital, they sent her home in terrible pain to die. That was when I decided to become a doctor.”

Her mother had encouraged her to continue her education, as did administrators at Stanford. After she graduated, she taught first- and second-grade children of migrant workers. “Their little hands were purple from picking grapes and covered with cuts from the pruning hooks. I realized how many poor people need a doctor but have nowhere to go.” She then worked for six years as a Spanish interpreter, part of it as a medical interpreter. “I was present at over 1,000 medical exams, translating every word. I spent many hours waiting in an exam room with an anxious patient in a paper gown. Often indigent and illiterate, these patients taught me lessons that I will never find in a medical textbook.”

Ms. Peña entered medical school in her early thirties. She feels that one of the advantages of being an older student is being able to relate better to patients. “Medicine gives us opportunities for humanity and compassion. I want my patients to feel that they have been understood, and that I’m going to do my best, together with them, to tackle their disease or injury.”

Ms. Peña’s mother and many patients to whom she has talked have told her of bad experiences with doctors who didn’t understand them and lacked compassion. “It’s so important to be empathetic, not just give a patient a horrible diagnosis and walk away. One problem is that we get almost no training in empathy or communication, but long after we have forgotten our biochemistry equations, empathy is what is going to be important.”

During the summers since she started medical school, Ms. Peña has been working on a project to provide a coordinated system of trained medical interpreters for non-English-speaking patients in the county hospital. “Even when patients bring an interpreter, it can be a disaster. Family members often will not accurately translate the doctor’s words and instructions get garbled. Once, I heard a Spanish-speaking interpreter incorrectly giving chemotherapy instructions. Often, children are the interpreters because they are bilingual. Imagine a seven-year-old having to tell her mother she has lung cancer.”

Ms. Peña plans to go into emergency medicine. “It appeals to me because everybody comes through the door, from a child whose fever has been rising all night, to people with gunshot wounds, to women in labor. It is 90 percent routine, necessary primary care and 10 percent intense, dramatic medicine.”
Charles Zollicoffer believes in perseverance. "Too many people, particularly students, just give up. In high school, they have bright ideas of going to medical school. But many people become discouraged in the middle of college and never achieve their goal." It took great perseverance for Mr. Zollicoffer to get to where he is. He was one of nine children raised by a single mother in Brooklyn, New York, in a community ranked high in homicides, the majority related to drugs.

In high school, his family's poverty led him to become an apprentice in beauty culture, and he worked full time in a beauty salon through high school and college. He also met with resistance from most of his extended family, friends, and teachers about becoming a physician. "Some even predicted that my siblings and I were destined to deal or abuse drugs or become statistics of inner-city violence. I was fueled not only by my desire to accomplish something with my life but by these negative comments."

He has also encouraged and helped other students. In college, he was treasurer, vice president, and then president of the Caduceus Society, a premedical club. An ordained deacon at his church, he visited high schools and churches to advise teens about the risks of practicing unsafe sex. During medical school, he has helped college students by teaching and tutoring the Yale Basic Science and MCAT Review courses, because taking a review course "encouraged me to pursue medical school."

Now in his final year, with plans to become an obstetrician-gynecologist, Mr. Zollicoffer's goal is "to give back to my community." He sees his role as "far deeper than just going to work and coming home. I want to be a local physician who lives in the community instead of someone who comes in and does his 9 to 5 and then leaves. If more physicians were able to go back to their communities and be role models to children who are growing up there, they would make the community stronger."

One of the ways in which Mr. Zollicoffer envisions giving back to an inner-city community with poor access to health care is through improving people's use of community clinics. "They exist, but people don't go to them; they don't get medical attention until their symptoms are far advanced. There's a lot of shame involved, especially with teenage pregnancy and sexually transmitted diseases. When they finally seek medical attention, they do it in the emergency room, and the physicians and nurses don't understand why it took so long for them to seek care, and they don't have a lot of compassion for them. The patients feel that, and it increases their negative feelings about seeking care. A community clinic such as I envision would be a place young women and men could come and feel comfortable getting care and talking about issues of birth control and prevention of sexually transmitted diseases."

Medical Student, Class of 1997
Boston University School of Medicine

Education
BS, Biology, City College of New York, 1992

NMF Award
Henry C. Halladay Memorial Award, 1993
Scholarship, 1993-95

"I want to become a doctor so that I can give back to my community. That is the best way I've got. I want to go back to the inner city, if not New York City, some place like that, where there is poor access to care."
Highlights in the History of NMF

Some of the most important events that have taken place over the 50-year history of NMF, as it has grown and responded to the challenges of the times, are listed here.

The 1940s

- 1946 Franklin C. McLean, MD, PhD, founded NMF as Provident Medical Associates (PMA), an organization affiliated with Provident Hospital in Chicago, Illinois. The Julius Rosenwald Fund and The Field Foundation provided $30,000 in support of PMA. At that time, there was 1 African-American physician for every 3,500 African-American patients, while the ratio of white physicians to all patients was 1 to 720.

- 1946 The first 10 clinical fellowships were awarded for advanced medical training to Negroes who had received their MD degree and completed one year of internship and wished to continue training in a medical or surgical specialty with the ultimate purpose of attaining board certification.

- 1946 Mr. and Mrs. Richard E. Deutsch of New York City committed to support need-based scholarships for Negro medical students. They renewed their annual contribution for need-based scholarships into the 1970s. The Board began thinking in terms of a national program and a possible change of name.

- 1947 PMA received tax-exempt status from the IRS. Grants to support scholarships were received from The Field Foundation and the Julius Rosenwald Fund.

- 1947 PMA was asked to select Negro physicians for fellowships in pediatrics, orthopedics, and neurology to be awarded by the National Foundation for Infantile Paralysis, Inc. The program received continued funding in 1952 and 1953.

- 1949 The Commonwealth Fund pledged funding for three years to support the residency training of minority medical school graduates as Clinical Fellows. The Commonwealth Fund renewed its support of stipends for post-residency advanced fellowships from 1952 to 1954.

The 1950s

- 1950 PMA negotiated a new working relationship with Provident Hospital, becoming a consultant and advisor.

- 1952 Emphasizing the national scope and interest of the organization, the Board voted to change its name to National Medical Fellowships, Inc. By 1952, 76 fellowships totalling $189,000 had been awarded.

- 1952 The NMF Board’s Five-Year Report of Activities 1946-1951 noted that approximately 190 out of 4,000 Negro physicians had been certified as specialists—a 90 percent increase in the last two to three years. In addition, while there were only 73 Negroes registered in unsegregated medical schools in 1946, the number had increased to 175 in 1950.

- 1952 The first emergency grants were awarded to residents and medical students in extreme financial need.

- 1953 NMF published and distributed Negroes in Medicine with support from The Commonwealth Fund. The publication became a major force in the growth of NMF’s programs.

- 1956 Ten years after NMF’s founding, there had been an almost 500 percent increase, from 8 to 46, in graduates of predominantly black medical schools admitted to white hospitals for residency training.

- 1959 The Alfred P. Sloan Foundation Scholarship was established. Ten black students a year received four-year scholarships in recognition of outstanding academic achievement and promise for a successful medical career. The program continued for 10 years, assisting a total of 109 students.

The 1960s

- 1967 NMF co-sponsored a conference on “Negroes in Medicine” with support from the Josiah Macy, Jr. Foundation.

- 1968 The Franklin C. McLean Award was established by endowment in memory of NMF’s founder. The award is presented annually to a senior medical student in recognition of outstanding academic achievement, leadership, and potential for significant contributions to medicine.
• 1968-78 The number of annual need-based awards given by NMF increased from 69 to 245, and the total amount awarded from under $200,000 to $1.3 million. This coincided with a major expansion of acceptances of African-American students into non-minority medical schools caused in part by the civil rights movement. The expansion of need-based scholarships was made possible through support from many foundations and corporations, including the Bing Fund, Bodman Foundation, Booth Farris Foundation, CBS, The Commonwealth Fund, Chicago Community Trust, Equitable Life Assurance Society of the United States, The Field Foundation, C. A. Frueauff Foundation, William T. Grant Foundation, IBM Co., Esther A. & Joseph Klingenstein Fund, Inc., Eli Lilly, Josiah Macy, Jr. Foundation, Medical Economics Foundation, Merck Co. Foundation, Charles E. Merrill Trust, Metropolitan Life Foundation, New York Foundation, Gustavus and Louise Pfeiffer Research Foundation, Prudential Foundation, Reader’s Digest Foundation, Rockefeller Brothers Fund, Shell Companies Foundation, South Branch Foundation, The Upjohn Company, van Ameringen Foundation, Vinmont Foundation, and Warner Lambert.

• 1969 Between 1969 and 1987, The Andrew W. Mellon Foundation made grants to NMF totalling $1.5 million for general scholarships that were given to medical students through 1990.

THE 1970S

• 1970 The Association of American Medical Colleges (AAMC) identified four groups as under-represented in medicine: African-Americans, mainland Puerto Ricans, Mexican-Americans, and Native Americans. NMF expanded its programs to include these groups. Scholarships were concentrated on the first and second years of medical school, with financial need the major focus.

• 1970 The Henry G. Halladay Awards were endowed by Mrs. Henry G. Halladay, honoring the memory of her husband. Five awards are presented annually to African-American men enrolled in the first year of medical school who have overcome significant obstacles to obtain a medical education.

• 1971 The Henry J. Kaiser Family Foundation began supporting need-based scholarships, to be given, when possible, to students attending California medical schools. Grants totalled $2.8 million between 1971 and 1990.

• 1973 The William Penn Foundation began supporting first-year minority medical students attending Philadelphia medical schools. From 1975 to 1980, the foundation supported 13 students who attended medical school in Philadelphia, did their advanced training in a primary care field, and practiced medicine in areas of physician shortage in or near Philadelphia. The foundation also provided operating support to NMF in the 1980s.

• 1973 The Robert Wood Johnson Foundation began supporting need-based scholarships; between 1973 and 1996, their support totalled over $10 million, representing the single largest total contribution to NMF, and provided the funding for over one-third of all need-based scholarships.

• 1975 The Aura E. Severinghaus Award was endowed by Chauncey Waddell and the Charles Evans Hughes Memorial Foundation in honor of the memory of long-time NMF board member and Associate Dean Emeritus of Columbia University’s College of Physicians & Surgeons. It is presented annually to a minority medical student attending the College of Physicians & Surgeons in recognition of outstanding academic achievement, leadership, and community service.

• 1975 The George Hill Memorial Scholarship Program was established through support by Chesebrough-Ponds Inc. in honor of the late George Hill, MD, who practiced for 37 years in Ossining, New York, and pioneered testing, screening, and counseling for sickle cell anemia. A four-year scholarship was awarded annually to an African-American medical student from Dr. Hill’s home county of Westchester from 1975 to 1994.

• 1977 The William and Charlotte Cadbury Award was established by Irving Graef, MD, and the NMF Board to honor NMF’s former Executive Director and staff associate. It is presented annually to a senior medical student in recognition of outstanding academic achievement, leadership, and potential for significant contributions to medicine.

• 1977 The NMF Merit Awards for Scholastic Excellence were established. Awards were presented annually from 1977 to 1980 to third- and fourth-year minority medical students in recognition of academic achievement.
• 1978 The Irving Grael Memorial Scholarship was established by NMF’s Board and permanently endowed by the Irving Grael Medical Fund in 1980 to honor Dr. Grael, an Associate Professor of Clinical Medicine at New York University School of Medicine, who was one of NMF’s most active Board members from 1957 to 1979. A two-year scholarship is presented annually to a third-year student in recognition of outstanding academic achievement, leadership, and community service.

THE 1980s

• 1980 NMF began its Program in Financial Planning and Debt Management, under a grant from the U.S. Department of Health and Human Services, Office of Health Resources Opportunities. It incorporates on-campus seminars and publications to help disadvantaged college students learn to make informed decisions concerning financing their medical school education. NMF’s first publications included: Negotiating the Maze: An Introduction to Financial Aid for Medical School; Your Financial Health: Taking Charge; and the first edition of Informed Decision Making.

• 1980 The Henry J. Kaiser Family Foundation Merit Award Program was established. From 1980 to 1989, 274 awards were given to graduating minority medical students in recognition of outstanding academic achievement, leadership, community service, and potential.

• 1982 The Hugh J. Andersen Memorial Scholarship Program was established with an endowment from his family. Need-based merit scholarships are presented annually to minority students attending Minnesota medical schools and residents of Minnesota attending accredited U.S. medical schools, in recognition of outstanding leadership and community service.

• 1982 The William T. Grant Behavior Development Research Fellowship Program, established as a one-year pilot program, provided 11 minority medical students the opportunity to conduct child and behavior development research over one year. In 1988, a new three-year program, in collaboration with Johns Hopkins University School of Hygiene and Public Health, funded 15 students to do three-month elective rotations with the Prevention Research Center.

• 1983 The Baxter Foundation Scholarships were established. Need-based scholarships were awarded from 1983 to 1992 to third-year minority students who demonstrated outstanding academic achievement and leadership.

• 1983 The Fellowship Program in Academic Medicine for Minority Students was established by The Commonwealth Fund to encourage academically outstanding minority medical students to pursue careers in biomedical research and academic medicine.

• 1985 The NMF/New York City Health and Hospitals Corporation (HHC) Health Policy and Management Fellowship Program was established by The Medical Trust of Philadelphia and The Booth Ferris Foundation. From 1985 to 1989, the program encouraged minority medical students to enter careers in health policy, planning, and management.

• 1986 The James H. Robinson Memorial Prize in Surgery was established by the NMF Board in honor of Dr. Robinson, Clinical Professor of Surgery and Associate Dean of Student Affairs at Jefferson Medical College of Thomas Jefferson University. It is presented annually to a graduating minority medical student selected for outstanding performance in surgery.

• 1987 The Metropolitan Life Foundation Awards Program for Academic Excellence in Medicine was established. Fourteen scholarships are awarded annually to second- and third-year minority medical students in recognition of outstanding academic achievement and leadership.

• 1987 NMF and Leon Johnson, Jr., D.D.S., its president, were awarded a 1987 Prudential Foundation Leadership Grant for significant contributions to increasing the representation of black Americans, Mexican-Americans, mainland Puerto Ricans, and Native Americans in medicine.

• 1987 NMF began its AIDS Initiative. Its special programs included: 1988 to 1990—The Glaxo AIDS Fellowship Program, which focused on AIDS-related basic science research; 1989 to 1990—The Prudential Foundation AIDS Education and Public Policy Fellowships, which focused on the epidemic’s effect on minority populations; and 1990 to 1991—The AT&T AIDS Education and Public Policy Fellowships, which involved intensive short-term projects.

• 1988 The Lawrence Brown III Memorial Scholarship Program was established by Lawrence Brown, Jr., MD. Need-based scholarships are presented annually to gifted first-year African-American students from or attending medical school in New York City.
• 1989  The National Medical Association Special Awards Program was established. The awards include Merit Scholarships, recognizing second- and third-year African-American medical students for academic achievement, leadership, and potential; and the Slack Awards for Medical Journalism, which recognize demonstrated skill in journalism and academic achievement.

**The 1990s**


• 1990  The Bristol-Myers Squibb Company joined The Commonwealth Fund as co-sponsor of The Fellowship Program in Academic Medicine for Minority Students. It assumed sole sponsorship in 1993.

• 1990  The Fellowship Program in Community Medicine, funded by the W.K. Kellogg Foundation, prepared 45 minority medical students for service in community medicine from 1990 to 1995. In 1995, the W.K. Kellogg Community-Based Training Fellowship Program for Minority Medical Students was established to encourage minority medical students to enter or establish organized community-based primary care practices.

• 1990  Earl M. Armstrong, MD, and Patricia S. Armstrong, MD, both NMF Scholars, established an annual scholarship.

• 1990  The Gerber Prize for Excellence in Pediatrics was established by the leading maker of baby foods. It is awarded to a graduating senior who will pursue a career in general pediatrics, in recognition of outstanding academic achievement in pediatrics as well as overall accomplishment.

• 1993  NMF renewed its seminar and publication program with *The Debt Management Workbook: A Five-Step Plan for Successfully Repaying Your Educational Loans; Financing Your Health Professions Education; Financial Planning and Debt Management for Health Professions Students; Choosing a Health Professions Career: A Reference Guide*; new editions of *Informed Decision Making*; and *A Guide to Planning and Conducting Successful Financial Planning and Management Workshops.*

• 1994  The Clinical Training Fellowship Program for Minority Medical Students in Substance Abuse Research and Treatment was established by a grant from The Pew Charitable Trusts. Ten gifted minority medical students are awarded fellowships each year.

• 1994  The Ralph W. Ellison Prize was established by a member of the NMF Board. It is presented annually to a graduating medical student for academic achievement, leadership, community service, and potential for significant contributions to medicine.

• 1995  NMF entered into a cooperative agreement with the Centers for Disease Control and Prevention to offer a Fellowship Program in Violence Prevention for Minority Medical Students. It enables four students to work with senior CDC researchers on violence prevention projects.

• 1996  The C.R. Bard Foundation Prize was established to recognize the outstanding talents and future potential of a graduating minority medical student who intends to practice in the field of cardiology or urology.

• 1996  The Arthur Ashe Program in AIDS Care was established with support from The Henry J. Kaiser Family Foundation. Co-sponsored by NMF and the Harvard AIDS Institute, the program annually selects eight minority medical students to be Fellows at the Harvard AIDS Institute.

• 1996  The Technology Training Program for Minority Medical Students and Medical Residents was established with support from the AT&T Foundation and Lucent Technologies to introduce minority medical students and residents to the roles and applications of telecommunications technology in medicine and public health practices.

• 1996  The Wyeth-Ayerst Prize in Women's Health was established with support from Wyeth-Ayerst Laboratories to recognize the outstanding talents and future potential of a graduating female minority medical student who intends to practice or conduct research in the field of women's health.

• 1996  NMF co-sponsored the first African-American Health Summit with America's Black Forum, a public affairs television program. It featured 10 health experts discussing the health care crisis in the minority community.

• 1996  A gift from the Katherine B. Andersen Fund of The Saint Paul Foundation established scholarships for minority medical students from Minnesota, North Dakota, South Dakota, Wisconsin, and graduates of Piney Woods Country Life School in Piney Woods, Mississippi.
<table>
<thead>
<tr>
<th>Scholar Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earl M. Armstrong, MD</td>
<td>14</td>
</tr>
<tr>
<td>David Ray Baines, MD</td>
<td>39</td>
</tr>
<tr>
<td>Anne C. Beal, MD, MPH</td>
<td>40</td>
</tr>
<tr>
<td>Keith Black, MD</td>
<td>41</td>
</tr>
<tr>
<td>Lonnie R. Bristow, MD</td>
<td>9</td>
</tr>
<tr>
<td>Lawrence S. Brown, Jr., MD, MPH</td>
<td>23</td>
</tr>
<tr>
<td>Richard Henry Carronga, MD</td>
<td>24</td>
</tr>
<tr>
<td>Angelica Carranza, MD</td>
<td>52</td>
</tr>
<tr>
<td>Benjamin S. Carson, MD</td>
<td>25</td>
</tr>
<tr>
<td>June Jackson Christmas, MD</td>
<td>10</td>
</tr>
<tr>
<td>Patience H. Claybon, MD</td>
<td>26</td>
</tr>
<tr>
<td>Maurice C. Clifford, MD</td>
<td>5</td>
</tr>
<tr>
<td>James L. Curtis, MD</td>
<td>6</td>
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<tr>
<td>Susan M. Douglas, MD</td>
<td>53</td>
</tr>
<tr>
<td>Ernesto Ferran, Jr., MD</td>
<td>27</td>
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