

# The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

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Beginning in 1977, the leaders at the Albert Einstein College of Medicine (AECOM) and Montefiore Medical Center (MMC) began to develop unified departments combining the strengths at both campuses under a single department chair. The unification of the Department of Medicine was carried out under the leadership of Dr. Louis M. Sherwood in 1980. This step built upon the strength of the two Departments that had developed separately at MMC and AECOM during the previous era. During the 1980s and the 1990s, the subspecialty divisions, along with their training and research programs, were merged. Other changes evolved though that period, so that by the turn of the century many aspects of the Department of Medicine differed from its structure and function in 1980.

In the decades following the unification, numerous pressures on academic medicine as a whole resulted in marked alterations in the role of the Chairman of Medicine and of the faculty. These pressures impacted all academic departments of medicine, including those at AECOM. The role of chairman became much more complex. In addition to the traditional aspects, like recruitment and retention of faculty members as well as leadership of the educational programs for students and house officers, the chairman was now required to balance tremendous administrative complexities. These included dealing with the medical school, whose top priorities are education and research, while simultaneously dealing with the academic medical center, whose top priorities are patient care and financial survival (i.e., education and research are secondary). In addition, the chairman became responsible both for a large medical practice and for the educational programs at multiple affiliated hospitals. These added complexities led to instabilities in medical chairmanships at many medical schools and may be in part responsible for certain chairmen leaving their positions earlier than anticipated.

## MONTEFIORE JOINS ALBERT EINSTEIN COLLEGE OF MEDICINE

In 1968, the MMC Department of Medicine became a full partner with AECOM, and David Hamerman (Figure 1) moved from AECOM to MMC to lead that effort. The main AECOM site became known as "The East Campus" and MMC as "The West Campus." The Department at MMC, which became a major clerkship site for AECOM students, already had a rich tradition, having recently been headed by Louis Leiter, an eminent nephrologist

who had come from the University of Chicago to head the Department at Montefiore in 1941. After he stepped down in 1968, Harold Rifkin, a world famous diabetologist, served briefly as acting director. At the time Hamerman took over, full time members of the department included Jack Oppenheimer, Theodore Spaet, among the nation's leading endocrinologists and hematologists respectively, and Doris Escher, a pioneer in cardiac catheterization and pacemaking. However, most of the Montefiore faculty at that time were in private practice and worked in the hospital part time. They included nationally known physicians such as Julius Parker, who headed gastroenterology, and Abraham Buchberg, who headed the pulmonary division. Cardiology had a rich tradition at Montefiore and was already training future faculty members who migrated to other centers as strong academicians. The part time cardiology faculty members with national reputations included Robert Rosenblum, Abner Delman, Julien Frieden, Ira Rubin, Harry Gross, Pincus Schwartz, Bernard Schwedel, and Abraham Jezer. Hamerman, with the strong support of the hospital president, Martin Cherkasky, quickly set out to recruit full time faculty members and create new specialty divisions. In quick succession he brought in Norman Bank from New York University (nephrology), Neal Steigbigel and Joan Casey from Harvard (infectious diseases), Leslie Bernstein (gastroenterology) from AECOM's Lincoln Hospital affiliate, Gerald Lazarus (dermatology), Arthur Grayzel, Carol Smith and Peter Barland (rheumatology) from AECOM, and James Scheuer (cardiology) from the University of Pittsburgh. Spencer Koerner (pulmonary), Parviz Lalezari (immunohematology), and Morton Spivak (blood bank), all graduates of Montefiore programs were elevated to leadership positions. Medical Oncology had been made a separate department at Montefiore by Cherkasky, and he had recruited an internationally known group headed by Leon Hellman, a pioneer in steroid research. However since there was no AECOM department of Medical Oncology, this became a division of the Department of Medicine for all AECOM related activities. Medical Oncology has continued to hold separate departmental status at Montefiore. When the Department of Medicine became unified, Peter Wiernik was recruited from the National Institutes of Health (Baltimore) to head Medical Oncology. Roman Perez-Soler is the current department head at Montefiore and is a Division Chief in the Department of Medicine, AECOM.

Until 1977 training took place not only in Montefiore hospital but also at Morrisania Hospital, a facility in the

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999



**FIGURE 1** | The Montefiore faculty and house staff, 1972-1973, with Department of Medicine Chairman, Dr. Hamerman. First row: fifth from left, Dr. David Hamerman, Chairman of Medicine; second row: second from left Dr. Gerald Lazarus, Chief of Dermatology (later Dean University of California at Davis); third row: second from left, Dr. Leslie H. Bernstein, Chief of Gastroenterology; and fourth from left, Dr. Peter Barland, Co-Director of Rheumatology; third row: far right, Dr. Theodore Spaet, Chief of Hematology; top row: sixth from left, Dr. Neil Steigbigel, Chief of Infectious Diseases; to his right, Dr. Jack Oppenheimer, Chief of Endocrinology. Division Chiefs missing from this picture are: Dr. Norman Bank, Chief of Nephrology; Dr. James Scheuer, Chief of Cardiology; Dr. Spencer Koerner, Chief of Pulmonary; and Dr. Arthur Grayzel, Chief of Rheumatology.

South Bronx for which Montefiore was responsible under a contract with the New York City Health and Hospital Corporation. Hamerman brought Robert Matz, a diabetologist from AECOM, to assist Paul Spear in running that unit. In 1977, Morrisania was closed and the North Central Bronx hospital opened next to Montefiore, again with Montefiore holding the contract for its supervision. During the 1970s, the specialty divisions at Montefiore grew and the house staff program and specialty fellowships became increasingly popular. Medicine's divisions mounted strong research programs and enjoyed a substantial amount of research support from the National Institutes of Health (NIH) and other granting agencies. By the end of the 1970s many senior faculty members had been elected to prestigious academic societies, such as the American Society for Clinical Investigation and the Association of American Physicians.

Also at this time, many of the subspecialty divisions on both campuses began to collaborate in research and training. The infectious disease division, under the leadership of Neal Steigbigel, received a joint NIH training grant that integrated clinical training with opportunities in several of the strong basic science laboratories at AECOM. This grant, which still exists, has produced many

investigators and leaders in infectious diseases and microbiology. The cardiovascular training grant, awarded to James Scheuer and Edmund Sonnenblick, was funded in 1976 and continues to this day, now under the direction of Richard Kitsis.

The subspecialty divisions at MMC were highly productive of research in the 1970s and 1980s, but in recent years most of the laboratory strengths in the amalgamated divisions reside on the East Campus. Subspecialty training also flourished, with post-doctoral fellows emphasizing predominantly basic research, clinical research, or clinical care, and frequently combining clinical with investigative training. The number of postdoctoral fellows in 1999 exceeded 100, and includes trainees with M.D. and/or Ph.D. degrees. Therefore, when Hamerman stepped down as Chairman at the end of 1979, he left a Department of considerable strength at Montefiore.

#### A UNIFIED DEPARTMENT OF MEDICINE

After a short period of interim chairmanship at Montefiore under James Scheuer, in July of 1980 Louis Sherwood was recruited to become the first Unified

## The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

**TABLE 1 | DEPARTMENT OF MEDICINE CHAIRMEN AT AECOM (names in italics refer to acting Chairmen).**

*MMC = Montefiore Medical Center*

AECOM		MMC	
1955-1969	Irving M. London	1968-1979	David Hamerman
1969-1970	<i>Quentin B. Deming</i>		
1970-1972	<i>John I. Sandson</i>		
1972-1975	Neal S. Bricker	1979-1980	<i>James Scheuer</i>
1975-1980	<i>Milford Fulop</i>		
Unified/University Chairmen			
1980-1987	Louis M. Sherwood		
1987-1990	<i>James Scheuer</i>		
1990-1999	James Scheuer		
1999-2000	<i>Philip D. Lief</i>		
2000-2002	John A. Hardin		
2002-Present	Victor L. Schuster		

Chairman of Medicine for AECOM and MMC (Table 1). The term Unified Chairman was changed in 1999 to University Chairman. Sherwood was an eminent endocrinologist who, after a period at the National Institutes of Health, had been chief of endocrinology at the Beth Israel Hospital in Boston, and Chairman of Medicine at Michael Reese Hospital at the University of Chicago. His charge was to amalgamate the separate departments at MMC and AECOM in so far as possible and to strengthen their programs. Milford Fulop, as interim chairman, had provided strong leadership to the AECOM Department for the five years between the time Neal Bricker left and Louis Sherwood arrived. Sherwood asked Fulop to remain as Vice Chairman at AECOM and continue as Director of the Jacobi residency program. He appointed James Scheuer to parallel positions at MMC. Then, in stepwise fashion, he began to join the divisions and their training programs. He appointed Leslie H. Bernstein to be overall Director of Gastroenterology, Ronald Nagel as Director of Hematology, and M. Henry Williams as Pulmonary Chief. Sherwood asked David Hamerman to begin a new Division of Geriatrics, which soon developed into an excellent unit. Also, where there were strong Division Chiefs on each campus he asked them to cooperate in their training and research programs. As noted above, infectious diseases and cardiac research already had bi-campus training programs. Under Sherwood's leadership the nephrology, gastroenterology and hematology-oncology programs were added to this list. Sherwood fostered the recruitment of new faculty members from NIH and elsewhere. He particularly enhanced research programs in hepatology, cardiology, and nephrology. He continued to follow the tradition on both campuses of having investigators with Ph.D.

degrees in the research programs, a practice that enhances the conduct of full spectrum investigation relevant to a Department of Medicine. Clinical research was also strengthened. Heart failure and drug trial programs were developed on the East Campus under Thierry Lejemtel and William Frishman, respectively. On the West Campus, a leading clinical electrophysiology program under John Fisher was added to the already famous pacemaker program, and Montefiore became a leading site for the Thrombolysis in Myocardial Infarction multi-center investigations under Hiltrud Mueller. In order to improve the training aspects of the Weiler Hospital, Sherwood appointed William Frishman as Chief of the medical service. Frishman is now Chairman of Medicine at New York Medical College.

In 1987, when Sherwood left the chairmanship, James Scheuer was appointed as interim chairman. In 1990, he accepted the permanent chairmanship. Milford Fulop continued as Vice Chairman and Residency Director on the East Campus and Joan Casey was appointed to those positions on the West Campus. Several steps were taken to advance the cooperation and amalgamation of certain bicampus activities. An executive committee of the department was developed with representation from each campus. This group met frequently and assisted the Chairman with decisions that affected the Department as a whole. A larger advisory group, again with representation from both campuses, was made up of Division Directors, firm Chiefs, and primary care leaders. Meetings of these groups took place periodically on alternate campuses. Philip Lief was brought over from the West Campus to head the Weiler Hospital medical service.

Division heads were changing. Soon after Scheuer took over, Richard Hays stepped down from the East Campus directorship of nephrology and Detlef Schlondorff took over. However, after a few years Schlondorff left to become Professor and Chairman at the University of Munich. Victor Schuster, a recent recruit from the University of Iowa, took over as Chief of Nephrology on the East Campus. When Norman Bank retired from his chiefship at Montefiore in 1998, Schuster was appointed as director of the now unified division. In 2002, Schuster became the University Chairman of Medicine. Hamerman stepped down as division head in geriatrics, but continued as Director of AECOM's Resnick Gerontology Center and the Aging Research Training Grant. After a period, Laurie Jacobs became Chief of the Geriatrics Division. Other unification efforts were undertaken. During the interim chairmanship, John Fisher had been appointed acting and then full Chief of Cardiology on the West Campus. However, when Edmund Sonnenblick left his leadership position on the East Campus, it was decided to appoint an overall chief recruited from the outside to lead the bicampus division. Anthony Ware, a well-known cardiologist and vascular biologist from Harvard University, took this position. Betty Diamond was appointed as Director of bicampus

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

Rheumatology and Michael Fisher as Dermatology Chief. At this time, the only remaining divisions that were separately directed were infectious diseases, Neal Steigbigel (West Campus) and Ruy Soiero (East Campus) and endocrinology Martin Surks (West Campus) and Norman Fleischer (East Campus). Single chiefships for those divisions would have to await the chairmanship of John Hardin. He appointed Arturo Casadevall in infectious diseases and Norman Fleischer in endocrinology to become unified directors.

#### RESEARCH

During the late 1960s research conducted in the Montefiore branch of the Department of Medicine flourished in hematology, endocrinology and cardiology. In hematology Theodore Spaet and Michael Stemerman elucidated the role of platelets and damaged blood vessel walls in the pathogenesis of atherosclerosis. In endocrinology, Jack Oppenheimer and Martin Surks discovered the thyroid hormone receptor. In cardiology, Doris Escher and Seymour Furman (cardiac surgery) became perhaps the world's leaders in advancing the field of cardiac pacing. With the recruitment of Norman Bank, Montefiore's nephrology program used the innovative technique of micropuncture to describe details of renal tubular physiology and pathophysiology. During the 1970s and thereafter, as Hamerman recruited new full time faculty members, James Scheuer's research in cardiac metabolism provided the first descriptions of the physiologic and biochemical effects of physical training on the heart. John Fisher initiated studies in clinical electrophysiology that defined methods for testing arrhythmias in cardiac patients, studies which contributed to the development of modern treatments not dreamed of in the 1960s. Leslie Bernstein published important observations on the pathogenesis of tropical sprue. In the 1980s, studies by the infectious disease division, spearheaded by Neal Steigbigel and Gerald Friedland, described transmission patterns for Acquired Immune Deficiency Syndrome (AIDS), setting up a strong epidemiological program which continues under the direction of Robert Klein and Ellie Shoenbaum. In collaboration with gastroenterology, Frank Lowy of infectious disease described the pathogenesis of enterococcal endocarditis. Larry Brandt published important work on ischemic bowel disease in the elderly. In the 1990s, after Spaet's retirement, Ronald Nagel set up a strong hematology research program in malaria. He supported basic studies of von Willebrand's factor, which under Han-Mou Tsai have led to important clinical understanding of thrombotic thrombocytopenic purpura. Nagel, with the help of Lennette Benjamin, also developed a bicampus NIH sponsored sickle cell center which combined basic science with clinical research.

On the East Campus, the research enterprise remained highly productive, and many new outstanding physician

scientists joined the faculty, including Thomas McDonald, Bruce Terman, and Tony Ware in cardiology; Michael Brownlee, Luciano Rossetti, Peter Arvan, and, later, Nir Barzilai in endocrinology and diabetes; Seetharama Acharya, and Eric Bouhassira in hematology; David Cohen, Mark Cjaza, Sanjeev Gupta, and Charles Rogler in the Liver Research Center; Arturo Casadevall, John Chan, Kami Kim, Liise-Anne Pirofski, and Louis Weiss in infectious diseases; Barbara Ballerman, Erwin Böttinger, and Peter Mundel in nephrology; and Anne Davidson and Chaim Putterman in rheumatology. However, insufficient research space became (and remains) a major problem, although this was partially alleviated by the opening of the Sue Golding addition to the Forchheimer Building in 1996. This provided sorely needed research space for Peter Arvan and Luciano Rossetti of the Endocrine Division, Richard Kitsis and others in the Cardiology Division, as well as additional investigators in other departments.

As the Department moved into the 1990s many divisions were recipients of NIH sponsored Program Project grants. These included cardiology (Edmund Sonnenblick), hematology (Ronald Nagel), rheumatology (Betty Diamond), hepatic disease (Alan Wolkoff), and diabetes (Norman Fleischer). These supplemented the activities of the NIH sponsored centers: Diabetes (under Norman Fleischer), Liver (under David Shafritz), Sickle Cell (under Ronald Nagel), Gene Therapy (also under Ronald Nagel), and Cardiovascular (under Edmund Sonnenblick). These centers all had their base in laboratories on the East Campus. An NIH-funded Clinical Research Center (i.e., Ward 2B) had existed at Van Etten Hospital from 1963 to 1991, originally directed by Quentin Deming. A new Clinical Research Center (CRC), whose clinic is located on the first floor of the Forchheimer Building, was funded by the NIH in 1997, with Harry Shamoon as the Program Director and Ronald Nagel as co-Director.

During the 1990s, because of changes in financing of hospitals, Montefiore's prioritization required even greater emphasis on patient care. The medical center's focus upon its research program diminished. Also, the sophistication of investigation required more complicated equipment and closer contact between collaborators. Therefore, although strong pockets of research remained at Montefiore, most of the department's activity resided on the East Campus under the aegis of AECOM. The focus of investigation at Montefiore was shifting more to investigations involving patients. This continues to develop, and in the long term will hopefully strengthen the integration and translation of laboratory research to clinical application.

#### ORGANIZATION OF THE RESIDENCIES

In the 1980s discussions began within the Department and between AECOM and MMC about the advisability of

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

joining the separate Jacobi and MMC internal medicine residencies into one. Because of the very large number of trainees involved (about 90 in the Jacobi program and 150 in the MMC program), and since each program had both a municipal hospital and voluntary hospital experience, it was decided that the programs should remain separate. However, in the 1990s these programs were categorized by the Residency Review Committee as a single program under AECOM's department of medicine, but consisting of two separate tracks (Figure 2). In reality, the MMC component was so large, the department leadership, spearheaded by Joan Casey and Gerald Paccione, decided to reorganize it into a system made up of three "firms." This firm system has continued until today. When interns enter they are assigned to one of the three firms and remain with that unit for all three years, under the same firm chief and assistant firm chief. Each firm has its own clinic site and clinic faculty. At first, the clinics were at North Central Bronx (NCB) and in Montefiore. Now two firms have clinics on the West Campus and the third is at Montefiore's Comprehensive Family Care Clinic on the East Campus. The Jacobi residency continued much as before, with its clinics at the Van Etten Hospital. With the separation of the Jacobi and NCB in 1998 (*infra vida*) the original AECOM residency no longer reported to the University Department of Medicine, but became an independent program, still affiliated with AECOM. Residents from both campuses have achieved tremendous success as their careers progressed (Table 2).

#### PRIVATE PRACTICE IN THE DEPARTMENT OF MEDICINE

Recognizing the coming shift in financing of academic medicine, during the 1980s Sherwood began to strengthen the practice activities of the Department. These have been a continuing and ever growing aspect of the Department's activities. At first, more attention was paid just to verifying and billing for consultations and care at Weiler and Moses Hospitals. Then, first on the East Campus and subsequently on the West Campus, ambulatory care facilities were built by Montefiore, and the Department employed primary care and specialty physicians who, although actively involved in teaching, would engage largely in practice. In 1991, Montefiore took over all the billing activities of practices from AECOM. The Department needed to develop a whole practice structure, consisting of administrators sophisticated in all aspects of private practice, nurses, technicians, and aides. Inpatient practice activities also expanded, particularly in cardiology and gastroenterology, but in almost all subspecialties. The energy devoted to these activities detracted considerably from research and teaching, a reality experienced by virtually all academic centers, but necessary to the survival and fiscal stability of the academic department. Fortunately, the structure at AECOM and Montefiore permitted separation of research and clinical budgets, but allowed enough flexibility so that

when there was a surplus in the practice monies they could be used for academic purposes.

#### THE JACOBI MEDICAL SERVICE

After almost 40 years of heading the Jacobi medical service and its residency program, Milford Fulop stepped down from that role in 1993. He continued his very active teaching schedule and administrative responsibilities as Vice Chairman. B. Robert Meyer was recruited from the Cornell University system. He led the program in an outstanding manner for several years, but was lured back to New York Hospital as Vice-chair of Medicine and Director of the Primary Care Program. Charles Nordin, a graduate of the Montefiore clinical cardiology fellowship and an AECOM research fellowship, who then became a full-time senior faculty member, was appointed to take Meyer's place. Under both Fulop and Meyer, the full time staff at Jacobi Hospital grew, with addition of faculty members in dermatology (Robin Buchholz), gastroenterology (Douglas Simon and Charles Noyer), infectious diseases (Christina Coyle, Elizabeth Jenny-Avital, and David Stein), and pulmonary and critical care medicine (Virginia Chung, Bennet Lipper, and Sunil Dhuper).

AECOM has been affiliated with Jacobi Medical Center (the renamed Bronx Municipal Hospital Center) since the birth of both the school and the hospital. However, in late 1996, AECOM decided not to renew its contract with the Health and Hospital Corporation to be the fiduciary affiliate at Jacobi (see below), but with the continuing academic affiliation, student rotations at Jacobi Hospital have gone on much as previously and its residencies continue to be sponsored by AECOM.

However, the faculty at Jacobi Hospital are now employed by an independent organization, and do not report directly to the AECOM Chairman. They are employed by the New York Medical Alliance, loosening their primary allegiance to the College of Medicine. Faculty members employed by AECOM and in some cases Montefiore continue to attend as teachers on the Jacobi wards and in the clinics.

#### THE WEILER MEDICAL SERVICE

The AECOM Hospital (now called the Jack D. Weiler Hospital) opened in 1966. It was originally conceived as a place to attract patients for care by the AECOM full time faculty. It soon began to serve as a training site for Jacobi Hospital house officers. As subspecialty divisions grew on the East Campus, Weiler became a full service hospital, fulfilling tertiary care training requirements for the Jacobi residency as mandated by the agency that accredits its house staff training (Accreditation Council for Graduate Medical Education, ACGME). The undergraduate teaching function in Internal Medicine at Weiler was

**TABLE 2 | ACADEMIC AND LEADERSHIP POSITIONS FOR GRADUATES OF THE MONTEFIORE RESIDENTS OR FELLOWSHIP PROGRAMS**

The following is a partial list of graduates of the Internal Medicine Residency Programs and/or fellowships sponsored by Montefiore during the modern era. It reports major leadership positions the graduates have achieved in academic or research institutions. It does not include graduates who are directors of local site services under unified divisions at Albert Einstein/Montefiore. It does not include the graduates of programs prior to 1968 or graduates of fellowship programs at the Albert Einstein College of Medicine before they were unified with Montefiore programs. J = Jacobi Internal Medicine Resident who went into a fellowship based at Montefiore; M = Montefiore Internal Medicine Resident.

	RESIDENCY	FELLOWSHIP	ACADEMIC POSITION
<b>DEANS OFFICES, CHAIRS, VICE CHAIRS, OR DIRECTORS</b>			
Rosemarie Fisher	M		Associate Dean of Graduate Medical Education, Yale
Martha Grayson	M		Senior Associate Dean for Undergraduate Education and Primary Care, New York Medical College
Detleff Schlondorff	M		Renal Chair and Professor of Medicine, University of Munich, Germany
Stephan Kamholz	M	Pulmonary	Chair of Medicine, LIJ-North Shore, Former Chair of Medicine, State University of New York Downstate
Richard Cooper		Cardiology	Chairman, Department of Preventive Medicine, Loyola Stritch School of Medicine
Howard E. Gendelman	M		Chairman Pathology and Microbiology, Director of the Center for Neurovirology, University of Nebraska Medical Center
Lewis Goldfrank	M		Chairman, Emergency Medicine, New York University (Institute of Medicine)
Mark D. Aronson	M		Vice-Chair Beth Israel Deaconess Department of Medicine
Patrica A. Bloom	M	Geriatrics	Vice-Chair Department of Geriatrics and Adult Development, Mount Sinai Medical School
Harrison G. Bloom	M		Formerly Vice-Chair Department of Geriatrics and Adult Development, Mount Sinai Medical School
<b>DIRECTORS OF ACADEMIC SERVICES</b>			
Laura Svetky	M		Director Duke Hypertension Center, Director of Clinical Research, Stedman Nutrition Center
Jay Dobkin		Infectious Disease	Director, Clinical AIDS Program, Columbia-Presbyterian Medical Center
Jeffrey Nadler		Infectious Disease	Director of AIDS Program, University of South Florida
Shlomo Maayan		Infectious Disease	Director AIDS Program, Hadassah Medical Center, Israel
David Wolf		Gastroenterology	Medical Director, Liver Transplant, New York Medical College
William A. Bauman	M	Endocrinology	Director, Spinal Cord Damage Research Center, Mt. Sinai School of Medicine

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

RESIDENCY	FELLOWSHIP	ACADEMIC POSITION
<b>ACADEMIC AFFILIATE SERVICES</b>		
Charles Nordin	Cardiology	Director of Medicine, Jacobi Medical Center
Jeffrey Boscamp	Infectious Disease	Chairman, Department of Pediatrics, Hackensack Medical Center Administrative Leaders
Mark Jarrett	Rheumatology	Medical Director, Staten Island University Hospital
Steven Safyer	M	Medical Director, Montefiore Medical Center
Philip A. Kern	M	Associate Chief of Staff, John L. McClellan VA Medical Center, University of Arkansas
Michela Catalano	Infectious Disease	Corporate Medical Director, Occupational Health Services, Montefiore Medical Center
<b>MISCELLANEOUS LEADERSHIP POSITIONS</b>		
Kenneth Castro	M	Assistant Surgeon General, United States Public Health Service
Eileen Hilton	J	Infectious Disease President, Biomedical Research Association of New York
Stephen Udem	J	Infectious Disease Chief of Vaccine Research, Wyeth-Lederle Laboratories.
Miklos Salgo	J	Infectious Disease Director, Clinical Investigation for Virology, Hoffman-LaRoche, Inc.
<b>DIVISION POSITIONS</b>		
Adrian Dobs	M	Division Head, Endocrinology and Metabolism, Johns Hopkins School of Medicine
Peter Cohn	Cardiology	Chief of Cardiology, State University of New York at Stony Brook
John Fisher	Cardiology	Former Chief of Cardiology, Montefiore
Gerry Pohost	J	Cardiology Former Chief of Cardiology, University of Alabama Medical School
Jeffery Leppo	Cardiology	Chief of Nuclear Medicine, University of Massachusetts Medical School
David Alland	Infectious Disease	Chief of Infectious Diseases, New Jersey College of Medicine and Dentistry, Newark
Michael Miller	Infectious Disease	Former Chief of Infectious Diseases, Albany Medical School
Charles Grosse	Infectious Disease	Chief of Pediatrics Infectious Disease, University of Iowa School of Medicine
Marcus Horwitz	J	Infectious Disease Former Director of Infectious Disease, University of California at Los Angeles
Nathan Litman	J	Infectious Disease Director of Pediatrics Infectious Disease, Albert Einstein College of Medicine and Montefiore
Sharon Brangman	M	Geriatrics Chief of Geriatrics, State University of New York at Syracuse
Wolfgang H. Dillman	M	Endocrinology Co-Chief Endocrinology, University of California at San Diego

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

	RESIDENCY	FELLOWSHIP	ACADEMIC POSITION
<b>DIVISION POSITIONS</b>			
Prediman K. Shah	M	Cardiology	Chief of Cardiology, Cedars Sinai, Distinguished Teacher Award American College of Cardiology
Stanley Katz		Cardiology	Chief of Cardiology, North Shore-Long Island Jewish Medical Center
Oren Zimhony		Infectious Disease	Chief of Infectious Disease, Kaplan Medical Center, Israel
Gary Solomon		Rheumatology	Chief of Rheumatology, Hospital for Joint Diseases, New York City
Stacey Rosen	M		Chief of Cardiology, Long Island Jewish Medical Center
Bruce Polsky	M		Chief Infectious Disease, Saint Lukes-Rosevelt
Debra Bresell		Infectious Disease	Chief of Infectious Disease, Queens Medical Center
Jeffrey Boscamp		Infectious Disease	Chief of Infectious Disease, Hackensack Medical Center
Christina Coyle	J	Infectious Disease	Chief of Infectious Disease, Jacobi Medical Center
Ken Hupart	M	Endocrinology	Chief of Endocrinology, Nassau County Medical Center
Alan Multz	M	Pulmonary	Chief of Critical Care, Long Island Jewish-North Shore
Benjamin Krevsky	M		Associate Director Gastroenterology, Temple Medical School
Marjorie Safran	M		Program Director of Endocrinology, Diabetes, and Metabolism Fellowship; Professor at University of Massachusetts
Charles van der Horst	M		Associate Division Chief, Infectious Disease, University of North Carolina
Leela Kasturi	J	Gastroenterology	Chief of Gastroenterology of Queens General Hospital

originally restricted to providing a fourth year sub-internship and elective subspecialty experiences for medical students. Then in 1991, a rotation was added at Weiler for the third year clinical clerks. This began under the leadership of William Frishman, soon supplemented by the addition of Matthew Berger to the full time staff. The patients were all cared for in the private mode. This resulted in less independence for decision making and care by the residents than the experiences at Jacobi or on the Montefiore wards. After Philip Lief became Director of the Medical Service, and later, with opening of the Weiler emergency room, service patients, supervised by a full time staff, were increasingly used for education and a more traditional teaching program developed. All of this was made possible by the growth of a full time generalist and specialist faculty, supplemented by voluntary physicians. Excellent experiences were provided in pulmonary by Joseph Reichel and in cardiology by Martin Cohen and Alphonse Jordan. Later, Edmund Sonnenblick strengthened cardiology by recruiting notable teachers such as Robert Forman, and leaders in areas like heart failure, cardiac catheterization, and

echocardiography such as Thierry LeJemtel, Scott Monrad, and Jamshid Shirani. Gastroenterology was led by Nancy Manzione, general medicine was led by Matthew Berger (now Director of the Medical Service), Intensive Care and Pulmonary were led by Peter Dicipinigaitis and Jay Dobkin, endocrinology was led by Joel Zonszein, and finally women's health was led by Ellen Harrison (the former Chief of Service at North Central Bronx Hospital). As a general medicine practice grew at the Montefiore Medical Park (close to the hospital), its full-time faculty became increasingly involved in education and patient care. Therefore, at the end of the 1990s the Weiler Hospital medical service had become a fully developed educational and tertiary care site with a strong faculty and several productive clinical research programs.

#### AIDS AND THE DEPARTMENT OF MEDICINE

The AIDS epidemic has had a profound effect on the Department of Medicine's research care and training programs. In the early 1980s when Human Immunodeficiency

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

Syndrome (HIV) was almost an untreatable infection, increasing numbers of patients were admitted to the hospital with complications of AIDS that frequently failed to respond to therapy. This led to significant investigative opportunities in the Department, particularly at Montefiore, where studies of the epidemiology and transmissibility of HIV culminated in several important research publications. Gerald Friedland and Neal Steigbigel led in this effort. Inpatient services were developed at Jacobi and Montefiore Hospitals, which led to better care of patients. In addition large, comprehensive outpatient programs took care of hundreds of very sick patients.

In 1986, Carol Harris and her colleagues in the Acquired Immunodeficiency Syndrome (AIDS) program at Jacobi, attracted a gift of four million dollars from Mrs. Joan Kroc, of which one million dollars went to AECOM for AIDS-related education and humanitarian activities. The Health and Hospitals Corporation then renovated a large area in Van Etten Hospital and dedicated it to outpatient AIDS care, supported by three million dollars of the gift which was used to enhance professional staffing of the unit.

The AIDS epidemic also had an effect on the house staff programs. Particularly at city hospitals, with their large indigent populations, their antiquated and less than luxurious facilities, it became increasingly difficult to attract house officers to their training programs. This especially affected the Jacobi program, which for a few years matched fewer United States trained students. However, the faculty coped amazingly well and in subsequent years Jacobi has attracted a house staff of considerable ability and energy, a good number of whom have gone on to obtain competitive fellowships, and several have already embarked on promising academic careers.

### AMBULATORY CARE AND PRIMARY CARE PROGRAMS

During the 1990s there was increasing national emphasis on primary care, and goals were set for at least 50% of graduates of internal medicine to pursue generalist careers. New York mandated enrichment programs for primary care training of all medical residents. Therefore, increasing amounts of time during the residency was devoted to outpatient work.



**FIGURE 2** | The Einstein-Jacobi Faculty and House Staff, 1995-1996.

First Row (Left to Right): Perry Pong, Christina Coyle, Charles Noyer, Chang Shim, Bertrand Bell, Pamela Charney, Saul Moroff, Matthew Berger, James Scheuer, Robert Braham, B. Robert Meyer, Philip Lief, Anastasios Manaris, Fulvia Milite, Mohit Pasi, Christine Lawrence, Milford Fulop, Bennet Lipper, Robert Forman, and Marian O'Leary.

Second Row (L-R): William Frishman, Petra Lukoshek, Lisa Rucker, Anuja Sharma, Carol Harris, Nandini Patel, Anthony Avanzato, Vipul Amin, Jhansi Nalamati, Ravi Kondapalli, Lori Honeycutt, Alina Gouller, Charles Okolo, Kandarp Patel, Kartikeya Patel, Carol Grant, Praveen Tamirisa, Vesna Garovic, and Golda Hudes.

Third Row (L-R): Qi Qian, Meggan Mackay, Craig Lampert, Alan Saitowitz, Annemarie Baldanti, Angelo Michilli, Gero VonGersdorff, Than Oo, Narsing Damera, Fakhruddin Attar, Pugazhendi Vijayaraman, Mushtaq Syed, Angel Gonzalez, Anshu Vashishtha, Navreet Malhi-Chowla, Kedar Deshpande, Robert Aden, Lewin Chuachiaco, Pradeep Vangala, William McGrogan, Samir Shah, Yonqi Yong, Chamath DeSilva, Amit Sood, Mark Marshall, Fiona Bayne, and Robert Kleinhaus.

Fourth Row (L-R): Andrey Iliev, Frank Hull, Roman Tuma, Wolfgang Kuehn, and Sergio Sokol.

Fifth Row (L-R): Douglas Finch, Markus Frank, Alpesh Shah, Syed Mahmud, Kamlesh Patel, Ripudaman Hundal, Aditya Bhargava, Lakshmi Parachuri, Eva Sahay, Sanjay Sahay, Gopal Koropolu, Muhammad Abbassi, Susmita Chowdhuri, Khin Mar Oo, Martin Englehardt, and Joseph Africa.

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

There had been a long commitment to ambulatory care and primary care teaching both at Montefiore and Jacobi, under Mutya San Agustin and Bertrand Bell, respectively. These programs were supported by separate federal grants. The East Campus clinical experience was enhanced during the 1980s by reorganization of the faculty and in the mid-1990s by upgrading facilities in the Van Etten Building. Special tracks were developed in primary care under Kathleen Ward and Steven Martin and in women's health under Pamela Charney. At Montefiore, primary care tracks were also developed with clinics located at NCB headed by Gerald Paccione. In 1997, Paccione also took over responsibility for the Residency Program in Social Internal Medicine, a separate track run in partnership with the Department of Family Medicine. The latter program had its clinic sites at off campus inner city facilities run by Montefiore, and when the NCB affiliation was discontinued the primary care residency also moved to one of those facilities for its clinic experience.

#### EDUCATION

Through the 1990s the Department continued to teach medical students, house officers, and post-graduate specialty fellows; this encompasses up to 11 years of physician training. In collaboration with basic science departments, pre- and postdoctoral Ph.D. trainees also receive education and experience in its laboratories.

In the 1990s the department continued to teach medical students in each of the four years of medical school. It provided leaders and instructors in many of the courses in the first two years. All students took the 10-week medicine core clerkship in the third year, and the Department provided separate rotations in ambulatory care, electives in the medicine subspecialties, and a medicine subinternship in the fourth year. All of these activities continue and comprise a heavy teaching responsibility.

In recognition of the importance of medical student teaching, Louis Sherwood appointed a Medical Student Education leader, William Frishman. This effort was expanded later into the Undergraduate Education Committee, headed by Shirley Levine.

#### CLINICAL CLERKSHIPS AND NEW AFFILIATIONS

Beginning in 1987, AECOM took on new affiliations. In addition to Jacobi and Montefiore-NCB, up to that time Bronx-Lebanon Hospital had been academically linked to the College, although it was minimally used by the department of medicine as a training site. In 1988, Long Island Jewish Medical Center (LIJMC) became an affiliate of AECOM and in 1993 Beth Israel Medical Center (BIMC) joined. The AECOM Department of Medicine had few responsibilities at these affiliated institutions, other than to oversee the clinical clerkships. It was good fortune

that the Chief of Medicine at Beth Israel was Stephen Baum, who had gone there from Einstein in 1987. At AECOM, he had been co-Director of the East Campus Infectious Disease program and Director of the Medical Scientist Training (M.D.-Ph.D.) Program (MSTP). Soon, excellent student teaching experiences were available at both affiliates and the Department restructured its over-all program. Third year clinical clerks in medicine were assigned for 10 weeks to MMC-NCB or to BIMC. Other students spent half of their clerkship at Jacobi and the other half either at Weiler or LIJMC.

In order to better coordinate clerkship activities, Shirley Levine expanded the Undergraduate Education Committee to include clerkship directors from each of the sites. Common curricular goals, evaluation techniques and student counseling systems were developed. This Department has evolved and developed educational programs in faculty development, evidence based medicine, and along with the teaching structures of other departments has played a major role in curricular and other student affairs of the medical school under the Dean Purpura's Division of Education.

#### TEACHING AWARDS

The Department's emphasis on teaching led to special recognition by the medical school of many of its faculty. The highest school wide accolades, the Samuel Rosen, and the Harry Eagle Awards for teaching were received by many of its faculty members (1994-2003). Those so honored were: Leslie H. Bernstein, Joan Casey, William Frishman, Richard Hays, Shirley Levine, Saul Moroff, Charles Nordin, Gerald Paccione, Serban Fotino, Gisele Wolf-Klein, Franklin Lowy, Edward Burns, Arturo Casadevall, David Prezant, B. Robert Meyer, Bulent Atac, and Martin Cohen. In addition, Milford Fulop and Richard Hays have received Einstein Lifetime Teaching Achievement awards.

#### THE SEPARATION OF JACOBI AND NORTH CENTRAL BRONX HOSPITALS

As noted above, Montefiore had a long affiliation with the municipal hospital system, first running the medical service at Morrisania hospital and then at NCB. Similarly, from its opening in 1955 AECOM had been responsible for the medical service at Jacobi Hospital. During the 1990s, as the partnership between Montefiore and AECOM got closer, AECOM decided to withdraw from its involvement in medical care and hospital issues and have Montefiore assume those responsibilities. Therefore, Montefiore also took over the contract for Jacobi Hospital. However, soon thereafter, both The Health and Hospitals Corporation and Montefiore decided to end both the Jacobi and NCB arrangements. In 1997, Jacobi took over the responsibility of running NCB under contract to an independent management organization, the

### The Department of Medicine at the Albert Einstein College of Medicine, 1980-1999

University Group Medical Associates (UGMA, now the New York Medical Alliance). The primary faculty at Jacobi NCB were no longer employees of AECOM, but of the UGMA. An academic relationship was maintained with AECOM, but residency training in some departments was separated from the central university programs and became independent, but still affiliated with AECOM. All of the medicine sub-specialty fellowships remained accredited under the University residency that emanated from Montefiore. Although the residency in internal medicine at Jacobi recruited separately, rotations continued through the Weiler Hospital for tertiary care experiences, and faculty members employed by AECOM and by MMC continued to make teaching rounds at Jacobi. Montefiore residents were no longer sent to NCB, but they also had rotations at Jacobi and Weiler.

#### SUMMARY

The joining of the AECOM and MMC Departments of Medicine under one leadership structure had largely been completed by 1999. Most of the divisions and all of the fellowship training programs were now under single directors. The addition of Beth Israel Medical Center and Long Island Jewish Medical Center as educational sites for AECOM medical students provided new opportunities. The clinical clerkships across four campuses were successfully coordinated and modernized. The Depart-

ment's research programs had mainly migrated toward the AECOM campus, but were well funded and healthy. There had been steady additions to the faculty, both with physicians who were focused on clinical teaching and with young highly trained investigators who developed independent laboratories and in many cases would renew the investigative components of the Department. The Department had developed significant clinical practices, both in general medicine and in the subspecialties. The loss of direct departmental responsibility for the faculty, for patient care, and for house staff training in Jacobi Medical Center and North Central Bronx Hospital made certain areas of integration more difficult. However, in general the educational programs remained intact through the cooperation of an excellent faculty in the Municipal Hospitals.

There have been many changes in academic medicine over the previous period, and more is to come, but the Department of Medicine at AECOM was healthy and poised to adapt to future requirements.

#### ACKNOWLEDGEMENT

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