An investiture ceremony was held on September 22, 2011, to award Stephen Reich, MD, the Frederick Henry Prince Distinguished Professorship in Neurology. This professorship was established through a generous gift from Diana Prince and her husband Frederick through the Frederick Henry Prince Memorial Fund, which honors Mr. Prince’s great-grandfather and namesake, Mr. Prince, who has Parkinson’s disease, is one of Dr. Reich’s patients.

“Parkinson’s disease has the potential to quite literally steal one’s life away,” said Dr. Reich. “Mr. Prince has faced the disease with a combination of courage, optimism and determination. While it has restricted his body, it has not daunted his spirit.”

Dr. Reich could not be more grateful for the confidence the Princes have shown in him by establishing this professorship, but he was quick to point out that he will not be the only one to benefit from it. “It’s important to think of this not as a reward for a job well done, but as support for a job needing to be done,” said Dr. Reich. “All of us who are involved in Parkinson’s disease and related disorders are reminded daily of the deficiencies of our understanding of these disorders and the limitations of our therapies. It is only through the support of gifts such as this one from the Princes that we can make much-needed progress.”

Speakers at the ceremony included Dr. Reich’s colleagues, National Public Radio Host Diane Rehm, who credited Dr. Reich with saving her career, and Diana Prince, who shared her story of having a spouse with Parkinson’s. Mrs. Prince illuminated her hopes that this gift from her family will go a long way in helping the research Dr. Reich and others are doing in the relentless pursuit of a cure, or at least better treatment options. This investiture ceremony continued the tradition of honoring faculty members who receive endowed professorships with a special medal to uniquely recognize their accomplishment. The front of the medal features a founder and first dean, Dr. John Beale Davidge and the historic Davidge Hall. The back of the medal lists the four tenets of the School of Medicine’s mission: education, research, patient care and service, as well as the official name of the endowed professorship.

In addition to these important national awards, our faculty members are also being recognized by their peers on campus. Two School of Medicine faculty members have won founders week awards from the University of Maryland. Scott Strome, MD, professor and chair, Department of Otorhinolaryngology-Head & Neck Surgery, is the recipient of the 2011 University of Maryland Entrepreneur of the Year Award, and Gary Fiskum, PhD, the Marjasso Professor for Research in Anesthesiology, is the recipient of the 2011 Researcher of the Year Award.

In November, at the Association of American Medical Colleges Annual Meeting in Denver, Elijah Saunders, MD, received the 2011 Herbert W. Nickens Award. The Nickens Award honors individuals who have made outstanding contributions to promote justice in medical education and health care equality. For more than 50 years, Dr. Saunders has worked tirelessly to achieve medical equality and eradicate health disparities within minority communities. An international expert on hypertension in African-Americans, Dr. Saunders is consistently recognized for his patient education efforts to raise awareness of high blood pressure and for his exploration of new treatment options for African-Americans. I am pleased that Dr. Saunders has been recognized for his extraordinary efforts toward medical equality. Dr. Saunders has taught hundreds of medical students and to this day remains an energetic and powerful mentor and role model.

The first recipient of the prince Memorial Fund, which honors Mr. Prince’s great-grandfather, Mr. Prince, the Distinguished professorship, is Stephen Reich, MD, who is also the first recipient of the Frederick Henry Prince Distinguished professorship. It is Mr. Prince’s wish that the funds from this award be used for research to advance the understanding of Parkinson’s disease and other neurodegenerative disorders. In academic medicine, recognition by one’s peers is one of the most meaningful acknowledgments a faculty member can receive. I encourage you to actively nominate faculty members who deserve recognition for their outstanding contributions in teaching, research clinical care and community service. Please visit the FERAC website to learn more: http://medschool.umaryland.edu/awards/

In the relentless pursuit of excellence, I am Sincerely yours,

E. Albert Reece, MD, PhD, MBA
President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine
Public Health Crisis Linked to Mortgage Default and Foreclosure

DEPARTMENT OF EPIDEMIOLOGY & Public Health faculty warn of a looming health crisis in the wake of rising mortgage delinquencies and home foreclosures. Their study, released in the American Journal of Public Health, is the first long-term survey of the impact the current housing crisis is having on older Americans. The study focused on adults over 50 and found high rates of depression among those behind in their mortgage payments and higher levels of cost-related medication non-adherence (32 percent compared to five percent).

“More than a quarter of people in mortgage default or foreclosure are over 50,” said the study’s principal investigator, Dawn E. Alley, PhD, assistant professor, Department of Epidemiology. “For an older person with chronic conditions like diabetes or hypertension, the types of health problems we saw are short term consequences of falling behind on a mortgage that could have long-run implications for that person’s health.”

The study was prompted in part by the rapid rise in foreclosure rates that began in 2007 following a dramatic increase in subprime lending. By 2009, 2.21 percent of all homes in the United States, a total of more than 2.8 million properties, were in some stage of foreclosure. Previous research had shown that home ownership is associated with better health while financial strain is associated with worse health and higher death rates.

The researchers examined data from the Health and Retirement Study, a nationally representative panel study of Americans older than age 50. In 2006, 2,414 participants were asked if they had fallen more than two months behind on mortgage payments since 2006. The survey included questions designed to measure psychological impairment, general health status and access to important health-relevant resources. In predicting these health outcomes, researchers controlled for demographic factors, health behaviors, chronic diseases, sources of debt and annual household income.

Among participants who were mortgage delinquent, 22 percent developed elevated depressive symptoms over the two-year period compared to only three percent of non-delinquent respondents. Twenty-eight percent of mortgage-delinquent participants reported food insecurity compared to four percent in the non-delinquent group. In addition, the delinquent group reported much higher levels of cost-related medication non-adherence (32 percent compared to five percent).

The study also found that lower-income and minority homeowners were at higher risk for mortgage default. “Our results suggest that the housing crisis may be making health disparities worse,” said Dr. Alley, “because these groups had poorer health, lower incomes and higher levels of debt even before the current mortgage crisis.” The researchers noted that it will likely take decades for African American and Hispanic communities to recover the wealth lost during the housing crisis and that minority communities are disproportionately affected by declining home values and lost tax revenue.

The study began just as mortgage delinquencies and subsequent home foreclosures began to rise in the United States, driven mainly by increases in mortgage payments...
First U.S. Patient Receives Specially Processed Donor Lungs

The study reports on the use of non-invasive electroencephalography (EEG) to “decode” brain signals for walking. Researchers hope this approach will one day enable non-invasive, robotic-assisted devices to follow the brain’s commands and spur movement in paralyzed limbs.

Lungs in this clinical trial are recovered using current donor lung retrieval techniques. Once brought to the study transplant center, the lungs are reassessed by the transplant team. The lungs are then physiologically assessed during ex vivo perfusion with STEEN Solution® over a period of three to four hours. During this time, the transplant team evaluates abnormalities inside the lungs, oxygenation levels and overall health of the lungs. At the end of the process, the transplant team determines if the lungs meet the high standards necessary for transplantation.

Studies from other sites outside the U.S. have demonstrated that the results after transplantation using this ex vivo technique were at least as good as lungs that had not required perfusion,” said Dr. Griffith. “These findings, plus the expertise from within our own center, give me great confidence in the future use of this ex vivo perfusion technique as an option to potentially increase our pool of transplantable lungs and reduce long wait times for our transplant candidates.”

STEEN Solution® is a product of Xenios Perfusion, part of the Varelde Group, Gießenberg, Sweden.

In science fiction films, such amazing technology usually comes with negative consequences, with the machines replacing the humans who have created them. “This isn’t about machines replacing physical therapists,” Dr. Forrester insisted. “That’s not it at all. In my view, it takes the trained therapist to understand how best to apply this kind of technology. Many years ago there weren’t very many treadmill or dynamometers in clinics. Today, technology is available in those same places.” It’s possible that in the future the kind of devices that we are imagining right now could be readily available, stated Dr. Forrester. He explains it will be important for physical therapists to know how they work, what their benefits and limitations are, and to be able to engage with the scientists and engineers who are researching these devices to think about the best ways to implement this type of technology.

(This is an edited version of an article that first appeared in Proficia, the magazine of the Department of Physical Therapy & Rehabilitation Science. It is reprinted with permission.)

Related to adjustable rate loans, Dr. Alley said the health picture is much worse today because rising mortgage defaults are compounded by unemployment.

“Recent data from the Centers for Disease Control and Prevention show that the number of Americans with depression has been increasing along with rising unemployment.”

Dr. Alley added that mortgage counselors are seeing a rising tide of health issues. “We did a separate nationwide survey of mortgage counselors and found that almost 70 percent of them said many of the clients they worked with were depressed or hopeless. About a third of them said they had worked with someone in the last month who expressed intent for self harm or suicide. These are very serious and clearly ongoing issues.”

This study was supported by the National Institutes of Health. It was conducted with support, resources and use of facilities from the Philadelphia Veterans Affairs Medical Center in conjunction with the Organized Research Center on Aging at the School of Medicine.
Medical Family Day was held on November 3, 2011, at the Hilton at Camden Yards. This special event, which was sponsored by the Whiting-Turner Contracting Company, gives family members of first-year students a glimpse into what medical school is really like for students. A highlight of the day is the White Coat Ceremony, a tradition started at the School of Medicine in 1997. First-year students are formally presented with a white coat, long the symbol of physicians and scientists. The coats are put on by School of Medicine faculty to welcome their junior colleagues to the profession of medicine.

“Today you will be presented with the time-honored badge of the profession, the white coat,” said Dean E. Albert Reece, MD, PhD, MBA. “It is a symbol of the confidence and professionalism to which I hope you will all aspire.”

After receiving their coats, students recited an oath acknowledging their acceptance of the obligations of the medical profession. They also added their signatures to the school’s honor registry, a leather-bound book signed by all University of Maryland medical students in their first year, in which they pledge to maintain integrity throughout their years in medicine.