

Weill Greenberg Center Opens at Weill Cornell Medical College

In the case of the newest addition to Weill Cornell Medical College, Maurice Greenberg, a member of the Medical College's Board of Overseers, and Sanford I. Weill, chairman of the Board of Overseers, put their stamp on the outside, as well as the inside, of the building.

"The real architects of this building are Sandy Weill and Hank Greenberg," said Medical College Dean Antonio Gotto. "We took to heart everything they said during their visits to the building regarding design and amenities. And their generosity and vision is what built this building."

The building in question is the just-completed Weill Greenberg Center, an ambulatory care and medical education building at Weill Cornell and the first newly constructed free-standing building in the history of the Medical College. The name was unveiled during a ceremony held in the center's lobby on Jan. 26.

Mr. Weill and Mr. Greenberg donated a combined \$150 million to the Medical College's "Advancing the Clinical Mission" capital campaign, of which the ambulatory and medical education building is its centerpiece. With additional gifts, the building was financed entirely by philanthropy.

More than anything, the building is a pantheon to the notion of patient-centered care.

To deal with Manhattan's notorious parking problems, patients' cars are parked by valet in a garage beneath the building; once inside, patients glide past a 58-foot waterfall and a specially commissioned chandelier of more than 10,000 glass pieces as they ride an escalator to the Patient Welcome and Resource Center on the second floor. The spa-like environment is dotted with reflective pools and still-water images to promote the healing process and provide a sense of well-being. When the building is quiet, sounds of moving water can be heard throughout. A Best of 2006 Award of Merit for health-care centers and hospitals by New York Construction magazine cited the building's "elegant, innovative" design.

"As a cardiologist and a cardiac researcher, I've spent most of my life in medical facilities, and I can tell you that interactions in a center like this creates a higher level of professional patient care and a high level of personal growth," said Cornell University President David Skorton. "People are changed forever through their work in a center like this."

Peering through the glass walls of the lobby, New York City Mayor Michael Bloomberg was happy to be inside avoiding the morning's freezing temperatures. "I'm glad they had the good sense to hold this event indoors," Bloomberg said. "Another smart medical decision by the doctors at Weill Cornell."

In addition to clinical care, the 13-story Weill Greenberg Center will also house medical education and research facilities. In particular, the Clinical Skills Center will provide students with a state-of-the-art facility to practice clinical skills on standardized "actor" patients.

"Before this, we practiced diagnosing patients in a regular exam room and the actor patients reported back to the doctors. In the new center, doctors will be able to observe us as we work, which is a real opportunity," said Ankit Patel, a student at the Medical College.

The Weill Greenberg Center will also symbolize Cornell University's presence in New York City.

"We've dedicated a lot of buildings, but I have a real sense that we're witnessing history for Cornell University," said Dr. Skorton. "This building will be a flagship—people throughout the region will come here for medical care and the College's students will carry their medical skills to every region of globe."

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Cornell University President David J. Skorton Calls for Greater Collaboration and Research Into Social Aspects of Medicine

Greater collaboration between Weill Cornell Medical College (WCMC) and New York-Presbyterian Hospital in New York City and Cornell University in Ithaca is a major priority, stressed Cornell President David J. Skorton in his first Grand Rounds lecture at Weill Cornell on Jan. 18. Skorton broadly discussed the public service and outreach roles of academic health centers both at Cornell and in the community at large.

"We need to focus planning with agreement among all the institutions and increase the interdependence of the Medical College with the Hospital and Cornell-Ithaca," said Skorton, who is also a medical doctor and faculty member in internal medicine and pediatrics at the Medical College.

Because an academic health center like Weill Cornell and New York-Presbyterian Hospital interacts heavily with the public, it faces unusually complex issues, he said. Human and animal research, he observed, is subject to extraordinarily tight governmental regulations, while patient care activities must be handled as both business and academic ventures.

"There are peculiar challenges to managing this system," Skorton said. "The question is, what should we do with this well-functioning but brittle enterprise?"

Faculty and especially students, Skorton said, can break down barriers most efficiently. Dr. Ralph Nachman, chairman of the Department of Medicine, agreed, saying, "The glue between institutions is students and educational programs, and we need to increase opportunities between complementary programs."

Skorton also outlined the Medical College's research role. Over the last 10 years, research spending by the Medical College has more than doubled, and federal funding for research at the College has increased 49 percent, even though federal biomedical research budgets have leveled off in recent years. In 2006, the Weill Cornell spent more than 30 percent of Cornell's overall research budget.

"The growth and differentiation of research activities at the Medical College have been incredible," Skorton said, adding that he would like to see the Medical College take a closer look at disparities in access to health-care services and workforce diversity as research issues.

Skorton's audience—probably one of the largest in recent memory for a Grand Rounds lecture—was impressed by his variation on the academic tradition.

"I think he beautifully outlined the social and economic issues facing medicine and health care today," said Dr. Alvin Mushlin, chairman of the Department of Public Health.

Through the mid-20th century, grand rounds were lectures presented by an experienced clinician diagnosing a patient with a particularly difficult condition before an audience of colleagues. In

recent years, with the rise of medical subspecialties, the lectures have become more formal affairs, often presented by visiting experts who comment on rapidly changing medical advances.

For his part, Skorton—who jokingly described himself as "a doctor who went wrong, basically" by becoming an administrator—enjoyed the opportunity to revisit Grand Rounds. "I feel like I'm coming back home to be in a Medicine Grand Rounds," Skorton said. "Although I must say, when I was an associate chair of medicine we never got turnouts like this at Grand Rounds."

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TB Experts Discuss Proposals to Speed Up Drug Development

The rising incidence of tuberculosis, once thought of as a disease of the past, has been a source of major concern, particularly for the developing nations it affects, and for the research-scientists combating the drug-resistant strain of this potentially deadly disease.

Proposals to accelerate the development of tuberculosis (TB) drugs were presented on Jan. 12 at a conference organized by Doctors Without Borders/Medecins Sans Frontieres, with the support of Howard P. Milstein and the Weill Cornell Medical College Howard P. Milstein Program in Chemical Biology, led by Dr. Carl Nathan. More than 100 TB specialists, drug developers and regulators, policy makers, donors and activists convened at the Cornell Club to outline practical proposals to fill the gaps in TB drug research and development.

Approximately nine million new cases of TB appear each year, according to 2005 statistics from the World Health Organization. Although it is, for the most part, a curable disease, many factors affecting populations in underdeveloped countries, including poor-quality drugs, make TB difficult to diagnose and treat. Such factors have led to the emergence of drug-resistant TB, reaching alarmingly high levels in affected countries around the world.

The conference called for special attention toward the need for new diagnostic tools that are simple, reliable and field adapted to resource-poor settings; more potent drugs to shorten the length of treatment and drug-resistant TB; and an effective vaccine. Until that time, conference organizers stated, governments and pharmaceutical companies must commit to funding research and development programs that address these needs.

"In TB research, there needs to be a convergence of innovation, incentive and access," said Dr. Carl Nathan, the R.A. Rees Pritchett Professor and chairman of the Department of Microbiology and Immunology. "We need to see openness, leadership and collaboration among all TB actors."

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Awards & Honors

A review article by **Dr. Ronald Crystal**, chairman of the Department of Genetic Medicine, and **Dr. Timothy O'Connor**, assistant research professor of genetic medicine, has been cited by www.ionchannels.org as the second most influential publication in the gene therapy field for the year 2006. Their article, "Genetic Medicines: Treatment Strategies for Hereditary Disorders" was published in Nature Reviews Genetics in April 2006.

Medical College alumnus **Richard F. Daines** has been chosen by Gov. Eliot Spitzer to be the new state health commissioner. Dr. Daines received his M.D. in 1978.

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