

# Connection

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## Cleveland Clinic and CWRU Announce Medical School



### Extraordinary Gift: Al Lerner and Family Give \$100 Million for Cleveland Clinic Medical School

A \$100 million gift from Cleveland Browns owner and MBNA Chairman Mr. Al Lerner and his wife, Norma, was announced in June by Floyd D. Loop, M.D., chairman and CEO of The Cleveland Clinic. This gift, one of the largest personal contributions to academic medicine in the history of the United States, will name the medical school and support the mission of patient care, research and education. The Cleveland Clinic Lerner College of Medicine of Case Western Reserve University will enroll its first class of physicians in 2004.

"This gift to the Lerner Research Institute will advance clinical medicine exponentially through research and development," says

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The Cleveland Clinic and Case Western Reserve University (CWRU) recently announced a landmark agreement to form a new medical education and research program. The new Cleveland Clinic Lerner College of Medicine of Case Western Reserve University will enroll its first entering class in 2004 and will prepare physician-investigators and scientists dedicated to advancing biomedical research and practice. The college will admit an entering class of 40 students from a national and international pool of applicants.

Eric Topol, M.D., chief academic officer and chairman of the Clinic's Department of Cardiology, says that fewer than 2 percent of the nearly 700,000 physicians in the United States are prepared to perform clinical re-

search. This agreement creates the infrastructure for physicians and scientists at the Clinic and CWRU to work together to develop a pioneering curriculum that prepares high-powered students for careers as clinical investigators and physician-scientists.

"The Cleveland Clinic has long been committed to medical education and research in addition to its mission of providing extraordinary patient care," says Floyd D. Loop, M.D. (TS'70), chairman and chief executive officer of The Cleveland Clinic. "This historic partnership will have a significant impact on medicine, research and education. Together, The Cleveland Clinic and Case Western Reserve University will raise the visibility and scale of these activities and will be a

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## Ophthalmologist's Vision has Global Reach

When ophthalmologist David N. Brown, M.D. (OPH'95), went to Africa, his vision changed. His vision of ophthalmology, his vision of his family's future, his vision of life and the world in general all changed. They became much more focused.

But the groundwork was laid well before his first trip to Kenya in 1998.

After completing his ophthalmology residency at The Cleveland Clinic in 1995, Dr. Brown joined Great Lakes Eye Care, a group practice in St. Joseph, MI, on Lake Michigan. If not for the group's "like-mindedness" and support, Dr. Brown says he would not have been able to go to Africa.

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# Ophthalmologist

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“The physicians at Great Lakes Eye Care have been a major factor in what I’ve been able to do,” Dr. Brown says gratefully, noting that his colleagues are all like-minded Christians. “I’ve taken long leaves of absence, working overseas in the developing world. They have been a major support for me to be able to do that.”

Then there was the influence of a general surgeon he had met during his internship at Methodist Hospital in Indianapolis. In 1998, Michael Chupp, M.D., decided to move to Africa permanently, and encouraged Dr. Brown to come for a period of time.

Dr. Brown and his family joined him in the western highlands of Kenya, at Tenwek Hospital in the city of Bomet.

“During our six weeks there, we were exposed to the tremendous need for eye care,” Dr. Brown says. “It changed my outlook professionally. I realized that in the United States, we tend to spend a lot of money on a small number of patients. We obviously want to maximize their outcome, but the return is small. Being in Africa really exposed me to some of our wasteful habits here that unfortunately are necessary because of our medical-legal environment.”



Dr. Brown with his wife, Amy, and their three children.

“Africa and the developing world are different in every aspect of life, not just professionally,” he continues. “We think running water and electricity are rights, but really they are quite a privilege. It exposed me to the reality that about 94 percent of the world lives below the American poverty level. But people we would ordinarily see as poor, aren’t necessarily poor in another setting. In Africa, some of the nurses and professionals that I worked with didn’t have running water or electricity, and they certainly didn’t see themselves as poor.”

“The Tenwek hospital compound does have electricity supplied by a hydroelectric plant,” Dr. Brown points out. “It was strategically built near a waterfall. But it was 55 years from the time the site was chosen until the actual hydroelectric plant was built in 1989. It was incredible foresight and patience on the part of the founding missionary.”

While Dr. Brown knew he wanted to return to Africa after their first trip, it was his wife, Amy, a registered nurse who is now a full-time mother

and teacher to their home-schooled children, who made the decision to go back. She had four criteria in her decision-making, Dr. Brown explains: They would not stay for longer than six months, they wouldn't sell their home, she wouldn't have a baby in Africa, and there had to be an overt "sign" telling them that they should go back.

Well, none of these criteria were fulfilled.

"No lightning bolt from heaven ever came, only a gentle voice from our heavenly father leading us and guiding us," Dr. Brown says. "We sold our home and left for Kenya in January 2000. Our third child, Evan, was born there on June 6, 2000. And we returned home after about two years, in early September 2001."

He learned a great deal about ophthalmology and his own vision during his time in Africa. "Cataracts cause 50 percent of the world's blindness," Dr. Brown states. "It is definitely the most important cause of blindness, and it is also very treatable. High-tech phakoemulsification is not appropriate for the



majority of the developing world. We have learned to do entirely manual, high-quality, sutureless extracapsular cataract surgery at a very low cost — \$20-25 in consumables.

"I had a Christian heart for missions and a professional heart for the developing world," Dr. Brown says, noting that he traveled to Honduras as an intern. "But I never perceived I would be involved in this much activity. It really has become my passion. I enjoy American ophthalmology, and I like taking care of patients here. But I really have a passion for the blind poor."

Great Lakes Eye Care welcomed Dr. Brown back. But he is working there only part-time so that he can extend his developing-world ophthalmology practice. He is establishing a non-profit organization called Vision Outreach International (VOI) "to restore sight for the blind in remote regions of the world."

VOI is founded upon the principles of Vision 2020, the World Health Organization's global initiative to eliminate avoidable blindness by the year 2020. VOI has four goals: Taking surgical teams to remote areas of the world to deliver ophthalmological care; training and teaching eye surgery in the developing world; advocating for the blind poor in the third world and being their voice in the developed world; and partnering with national organizations for Christian evangelism.

Dr. Brown plans to work with organizations with similar missions. But he sees his organization offering a niche other groups don't provide. "We hope to provide a bridge so that Ameri-



cans can be involved on a short-term basis — as little as two weeks," Dr. Brown notes. "Americans work more than any one else. For Americans to do this type of thing, it has to be short. That's just a fact of American life. But the need is just so overwhelming."

VOI will sponsor a pilot trip to Borneo later this year, and its first official trips in 2003 to Kenya and Ecuador. Eventually, other ophthalmology professionals as well as lay people will be included in missions.

To prepare himself further for his new role, Dr. Brown spent four months in London at the International Centre for Eye Health at the University College-London learning public health as it relates to ophthalmology in the developing world. He hopes to pursue his master's degree in public health stateside.

**For more information on Dr. Brown's organization, Vision Outreach International, contact him at [davidbrown@visionoutreach.org](mailto:davidbrown@visionoutreach.org), 616/556-0029, or 2848 Niles Rd., Suite 100, St. Joseph, MI 49085.**