



# Together, We Will Shape the Future of Health Care

## THE CAMPAIGN FOR MASS GENERAL

→ Read more about the campaign on page 3

### Neuroscience: Charting a Path to Prevention

Throughout the last century, science has produced many new methods to treat and prevent cancer and heart disease. But for patients facing neurological and behavioral disease, the options remain limited.

Mass General Neuroscience is determined to change that. With a network of clinicians and scientists collaborating across neurology, neurosurgery, psychiatry and radiology, the neuroscience team is developing new methods to treat

neurological and behavioral diseases — in some cases before symptoms arise. By leveraging genomic research, imaging, data science and diagnostics; sharing ideas and strategies; and integrating technology, clinical expertise and knowledge of neurobiology, these teams are providing hope for individuals and families suffering from or at risk for Alzheimer's, epilepsy, depression and more.

→ Read more about neuroscience on page 10



Dear friends,

This month, we launch The Campaign for Mass General — a \$3 billion endeavor.

The moment demands that we aim high, as the impact will be the most profound in our more than 210-year history as a health care institution. We've staked out bold campaign goals, each grounded in a pillar of our mission to treat, discover, teach and serve.

This newsletter's theme, "Together, We Will Shape the Future of Medicine," reflects the importance of your philanthropic partnership. Simply put, it is your support that makes our achievements possible.

In the following pages, you will have an opportunity to explore our commitment to transforming patient care; breaking new ground in medical research; trailblazing medical education; and building healthier communities, locally, nationally and globally.

We are entering an exciting new era, under a new president: David F. M. Brown, MD, FACEP.

Dr. Brown's deep and proven commitment to our academic mission, to the patients and people of MGH and our system, and to Mass General Brigham's strategic vision make him the perfect choice to lead us at this pivotal moment. And thanks to the leadership of Peter Slavin, MD, who expertly guided our team for nearly two decades, he has an incredible foundation to build on.

We have achieved so much as an institution. Just imagine what tomorrow will yield with your partnership and support. Thank you for investing in a healthier future.

With appreciation,



Jonathan A. Kraft

Headlines

A RAVAGED COMMUNITY HEALTH PROGRAM SEEKS TO REBUILD



In the early summer, violence and unrest swept South Africa. This outpouring of anger, fueled by the nation's persistent inequality and unemployment, led to the ransacking of business districts and shopping malls across the country — including the mall in Umlazi Township that is home to FRESH (Females Rising through Education, Support and Health), a community health program established by the Ragon Institute of MGH, MIT and Harvard.

In a township where 66% of women contract HIV by age 23, FRESH offers HIV testing, life and job skills training, and empowerment sessions to HIV-negative women. Participants donate blood samples, providing vital scientific insight into the earliest stages of HIV infection. The women are offered HIV prevention medication and treatment, if needed.

"We had just moved to these new facilities a few months ago," says Bruce D. Walker, MD, director and chief executive officer of the Ragon Institute. "We chose the site for safety and convenience, to allow at-risk women to attend FRESH without drawing attention to themselves. This is a key factor, given the extreme stigma associated with HIV in South Africa."

The program's space and vehicle were destroyed in the violence, and everything but a cabinet containing participant records was lost or stolen. While the impact of the unrest will be felt for years in the Umlazi community, the Ragon Institute is committed to rebuilding FRESH as soon as support allows.

On the cover

Mass General anesthesiologist Jeremi Mountjoy, MD, and Anesthesiologist-in-Chief Seun Johnson-Akeju, MD, consult before a procedure.



DAVID F. M. BROWN NAMED AS NEXT PRESIDENT

On August 30, David F. M. Brown, MD, FACEP, was announced as the next President of Massachusetts General Hospital and Executive Vice President, Mass General Brigham. An accomplished clinician, educator, investigator and mentor, Dr. Brown formerly served as Chair of the Department of Emergency Medicine at Mass General and the MGH Trustees Professor of Emergency Medicine at Harvard Medical School. As a leader, Dr. Brown has advanced Mass General's long-standing legacy of delivering the highest-level care, research and innovation — and has a clear vision of the path forward as we continue to build the integrated academic health care system of the future.

We've Always Been Ready: THE CAMPAIGN FOR MASS GENERAL

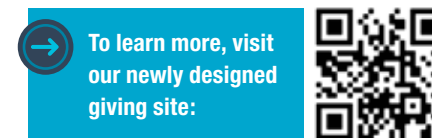


Mass General has been a pioneer in medicine for two centuries. Time and again, we've stepped up to face the most daunting obstacles to human health — including the ongoing pandemic, when we created a care approach for COVID-19 that's used by hospitals all over the world.

We're known for this kind of leadership. And now, with The Campaign for Mass General — kicking off this month — we're ready to lead a new era in medicine.

Our goal of \$3 billion is ambitious — but we're thinking big. For the first time in history, cutting-edge technologies, advances in genetics and massive data sets are coming together in ways that were once unimaginable. The impact we can have in the next decades will be the most profound in our history — but realizing that potential depends on you. With your help, we can transform patient care, advance medical research, foster innovation, revolutionize medical education and training and build healthier communities.

Will you join us?



Marking a Milestone

On September 1, 1821, a small boat landed on the riverbank near Massachusetts General Hospital's newly constructed Bulfinch Building. The crew unloaded a stretcher with the institution's first patient, a 30-year-old saddle maker. With that admission, Mass General's doors were officially open, and a legacy of compassionate care was born.



VETERAN DEMAND SOARS

A recent confluence of events — including the fall of Afghanistan and the 20th anniversary of the 9/11 attacks — has had a major impact on the mental health of many in our veteran and military communities. As a result, Home Base is experiencing a dramatic surge in demand for care and services. Home Base was founded to help veterans, service members and their families address post-traumatic stress, brain injury and other "invisible" wounds of war — all at no cost to patients or their families, thanks to a grateful nation. But recently, due to the ongoing pandemic, program funding has declined. "Although we cannot change the past, we can honor the veterans who willingly served our great nation by providing them healing care that will help them reclaim their lives," says Brigadier General (ret.) Jack Hammond, executive director of Home Base. "More than 100,000 veterans have died by suicide since 9/11, and this past year saw a 20% increase in active-duty service members. Our mission is more critical than ever." To learn more, go to [www.HomeBase.org](http://www.HomeBase.org).



By ALICE MCCARTHY

# All Tomorrow's Targets: Expanding the Scope of CAR-T Cell Therapy

**CAR-T Cell treatments for leukemia and lymphoma helped put immunotherapy on the map. Now, Mass General's Marcella Maus, MD, PhD, is working to deliver this lifesaving therapy to other cancers.**

Cancer cells routinely evade detection by the body's immune cells, but a relatively new type of cancer drug, called a chimeric antigen receptor (CAR)-T cell, attempts to pierce that defense. For some cancers — most notably, some lymphomas and leukemias — CAR-T drugs are making a significant difference for patients.

"There have been some pretty amazing responses — including long-term responses — in patients who had many prior therapies with chemotherapy and multiple standard cancer drugs," says Marcella Maus, MD, PhD, director of the Cellular Immunotherapy Program at the Mass General Cancer Center.

While CAR-T drugs have captured the attention of the public and further solidified immunotherapy as a viable treatment option, the impact is still largely limited to cancers of the blood. But thanks to the efforts of Dr. Maus and the members of her lab, CAR-T drugs may soon be available to treat a wide range of cancers.

## Redirecting the Attack

Broadly speaking, a CAR is any synthetic molecule that commands the T Cells of the immune system to identify and stick onto a specific target, or antigen, such as a tumor cell. CAR-T treatment involves reengineering a patient's own T cells in the lab, so they are equipped to recognize and target tumor cells. First, scientists search for the molecules that T cells rely on to recognize a foreign antigen and attack it — in this case, the patient's cancer. Then, a gene that codes for making that CAR is inserted into the T Cells in the laboratory.

"That way, the T Cells keep their own biology but now have this extra CAR gene to produce a receptor that allows them to recognize and kill tumors," says Dr. Maus. "Then we give them back to the patient, and they go to work."

## Finding New Targets

Today's FDA-approved CAR-T therapies home in on targets present on certain types of lymphomas, leukemias and myelomas. "But CARs can be designed to recognize any multitude of antigens on tumor cells," says Dr. Maus.

As an example, with support from generous donors, the Maus lab has developed a new CAR-T, now

in a Phase 1 clinical trial at Mass General that targets T Cell lymphoma, which presently does not respond to CAR-T therapy. To date, four patients have been treated, including at least one who had a complete response.

"This is one of the advantages of working at Mass General," says Dr. Maus. "We designed something in the lab that we took all the way to patients without it ever leaving the hospital."

## Zeroing in on Solid Tumors

One cancer type where CAR-T treatment has so far proven ineffective is solid tumors — which are characteristic of brain, pancreatic and ovarian cancers.

Toward that goal, Dr. Maus' team is designing a new kind of CAR-T that secretes another molecule. Because T Cells actively cross the blood-brain barrier, Dr. Maus is harnessing that ability to use CAR-T cells as carriers to deliver other therapies into the tumor environment.

"With that technique, we are targeting multiple antigens that bring bystander T Cells into the brain tumor microenvironment," explains Dr. Maus. It also attracts other kinds of T Cells that normally

keep the immune system quiet and converts them into cancer-killing cells. The approach will be part of a clinical trial for glioblastoma, an aggressive brain cancer, in late 2021.

## Philanthropy Essential to the Mission

The kind of bench-to-bedside work that Dr. Maus and her group focus on is generally not funded by foundations, government institutions or biotech partners. "That's where philanthropy is essential," added Dr. Maus. In the case of her CAR-T research, donations from the Loring family (see sidebar) enabled the first clinical trial of a new CAR-T for patients with lymphoma.

"Because of that support, we've set up a lot of infrastructure now to build out the program for lymphoma, myeloma and solid cancers," Dr. Maus says. "The first one is the toughest and if we are successful, we will be able to apply this bench-to-bedside strategy to multiple diseases. Then, once we show we can make an impact in patients, we hope to attract industry to scale it up further so it can be available not just at Mass General but also to the national and global communities." ■

## Cutting-edge Commitment



IAN AND ISABELLE LORING have a deep-rooted connection to Mass General. Ian grew up in Boston, and Mass General was where his family received their care. Isabelle, a long-time volunteer, spent years working to advance women's health at Mass General through the Vincent Memorial Hospital Foundation. But everything changed in 2014, when Isabelle was diagnosed with non-Hodgkin's lymphoma. Today, the Lorings are leading members of the Mass General philanthropic community, serving on the President's Council and as co-chairs of this year's CenterStage gala to support the Cancer Center. We asked Ian and Isabelle — now in remission — about how their commitment to supporting Mass General changed, and how they feel about supporting the cutting-edge CAR-T work of Marcella Maus, MD, PhD.

**Ian:** We'd had a long relationship with Mass General, but we were so grateful for the care Isabelle received that we asked how we could do more. We suggested CAR-T cell therapy as a possibility, and, as it happened, they'd just hired Marcella. We met with her and were just floored — by her as a person, by the progress she had made in such a short period of time and by her vision for CAR-T. Right away, we knew we wanted to give her the resources to use her creativity.

**Isabelle:** Supporting Marcella has been so rewarding, for us and for our children. We didn't know what would happen when we made our commitment. We thought maybe she'd hit on something — but she's already had such exciting results. It's been a very collaborative and engaged process, and that's gotten us even more excited about giving.

**Ian:** There aren't that many organizations where your philanthropy can have the kind of impact it can have at Mass General. We're blessed to have it in our backyard, and it seems only natural to give back. ■

*"This is one of the advantages of working at Mass General. We designed something in the lab that we took all the way to patients without it ever leaving the hospital."*

MARCELLA MAUS, MD, PHD





# BENCH PRESS



## RESEARCHERS STUDY THE IMPACT OF MATERNAL MARIJUANA USE ON THE DEVELOPING FETUS

Despite the perceived safety of maternal marijuana use, there's growing recognition that it causes disruptions in placental function and fetal development, which could have long-term health consequences. In a recent paper in ACS Chemical Neuroscience, researchers from Mass General call for new studies to provide evidence-based recommendations on the risks of maternal marijuana use.

"It's the right time," says lead author Nicole Zürcher, PhD, an assistant professor at the Martinos Center for Biomedical Imaging. "Marijuana is becoming increasingly legalized and more easily taken in pregnancy. There is much to be learned." Dr. Zürcher notes that prenatal marijuana exposure has already been associated with fetal and childhood neurodevelopmental consequences, such as an increased risk of autism spectrum disorder (ASD). "In psychiatric disorders that have a neurodevelopmental component, it is important to understand how early events can disrupt typical developmental processes and contribute to disease later in life."



## SOFTWARE PROMOTES INCLUSIVITY IN GENETIC RESEARCH AND STRENGTHENS STUDY RESULTS

Nowadays, over-the-counter DNA tests can provide insight into a person's ancestry and their genetic risk of disease. Test results are based on patterns drawn from previously collected genetic data. However, the bulk of available data applies to only a narrow segment of the global population. Approximately 80% of all genome-wide association studies (GWAS) are run using samples from individuals of European descent, but these individuals make up only 16% of the global population.

Elizabeth Atkinson, PhD, and her team at the Mass General Analytic and Translational Genetics Unit are exploring ways to make genetic research more inclusive using a new statistical framework and software package called Tractor, which is designed to include individuals of mixed ancestry. In a recent paper published in *Nature Genetics*, the researchers demonstrated how their method helped identify new associations that would have been missed in traditional GWAS while simultaneously boosting the strength of a study's results. "This is improving our understanding of the genetic basis of disease for people of all ancestries, by leveraging the diversity found in admixed genomes," Dr. Atkinson says. ■



*"Of all the lessons I learned this pandemic, the most important is that scientific innovation is only as powerful as the people it helps. For what good is the greatest scientific achievement if it never benefits the most vulnerable? What is the point of disease prevention if the patient in front of you has no path to reach it?"*

— Excerpted from a prize-winning essay on health equity and COVID-19 written by Mass General Research Institute Fellow **Trisha Pasricha, MD**



**Interested in more science news from Mass General?** Be sure to check out Bench Press — the official blog of the Mass General Research Institute. [MGRIBlog.org](https://MGRIBlog.org)



**Katrina Armstrong, MD, MS**  
Department of Medicine

*Mass General Physician-in-Chief Katrina Armstrong, MD, MS, arrived for her first day of work at the hospital on April 15, 2013 — the morning of the Boston Marathon bombing. From that tragic day through the ongoing COVID-19 crisis, Dr. Armstrong has led Mass General's Department of Medicine (DOM) — the largest department across the entire Mass General Brigham system. As the "linchpin" department of the hospital, the DOM accounts for the majority of inpatient admissions and outpatient visits, as well a large portion of education and research activities.*

*"We're a bit like the water — we're everywhere, even though sometimes people don't see us," she says. We recently asked Dr. Armstrong about her priorities in the campaign and what the future holds for the department.*

"When it comes to the future, it's hard to think of anything more important than supporting our discovery pipeline, especially given all we've experienced with COVID-19. I've worked at some of the best hospitals, and I believe there is no greater group of talented, young physician-scientists than what we have here at Mass General. And yet one of the constant challenges we face is finding the unrestricted funding these young investigators need to ask important questions and start projects.

Scientists take risks when they have support. I often give the example of Drs. Michael Brown and Joseph Goldstein — two cardiology residents who met at Mass General in the late '60s. Together, they studied a family with early-onset heart disease. That research laid the foundation for the discovery of statins, which revolutionized the treatment of heart disease (and earned them the Nobel Prize in Medicine). This breakthrough was only possible because they had financial support from the institution to pursue their interest.

My residents and interns want the opportunity to make discoveries that save lives. I believe it's our job to give them the resources they need. If we can do that, they'll find new ways to save lives that we can't even imagine, and we'll all look back on this as a golden era in academic medicine." ■

## Department of Medicine BY THE NUMBERS

9 research units

10 clinical divisions

20 primary care locations

31% of MGH faculty

41% of MGH research funding

42% of hospital admissions

64% of outpatient visits

>800,000 patients treated per year





## The future of health care will have a Cambridge Street address.

At the heart of The Campaign for Mass General is our new, state-of-the-art clinical building, currently known as the Cambridge Street Project (CSP). The CSP is designed to provide a patient-centered experience and 21st-century integrated care, and to meet the growing needs of our staff and the local and global communities we serve. The environmentally friendly structure will include a variety of clinical and support spaces, a modern conference center, a 24-hour urgent care clinic for cancer patients and a research pharmacy that will specialize in cutting-edge therapies. It will also become the new home for the Mass General Cancer Center and the Corrigan Minehan Heart Center — two of the hospital's centers of excellence. To provide seamlessly coordinated care for patients, the new building will be organized so that all related services are arranged in a central location. To further support patients and their families, the CSP will include multiple cafes with a diverse range of healthy eating options, as well as two large healing gardens and a meditation space. To support and strengthen the local community, the CSP will include a retail area, as well as space for a future subway station for the MBTA's proposed Red — Blue line connector. Initial planning on the building is complete and, pending approvals, construction is expected to begin in 2022. ■





# CHARTING A PATH TO PREVENTION

## PROTEIN POWER PREVENTS ALZHEIMER'S

While caring for patients with Alzheimer's disease over the past two decades, Teresa Gomez-Isla, MD, chief of Mass General's Memory Disorders division, observed that sometimes a person would present with severe Alzheimer's pathology, including large amounts of amyloid plaques and neurofibrillary tangles, but show little evidence of dementia. The reason, she says, is the ability of these rare patients to manage inflammation. She calls this "resilience."

"In these resilient individuals, cytokines — proteins that regulate the body's response to infection — have a different level of inflammatory activity compared to individuals with dementia," Dr. Gomez-Isla says. "These cytokines all have been associated with pathogen clearance and the resolution of inflammation."

A research team led by Rudolph Tanzi, PhD — who identified the first genes associated with Alzheimer's — applied Dr. Gomez-Isla's discoveries in a study of cytokines in healthy older adults. In partnership with the Harvard Aging Brain Study, Dr. Tanzi's team used annual blood tests to screen participants for the protective cytokines, and positron emission tomography (PET) brain-imaging scans to identify amyloid beta, tau tangles and other changes associated with Alzheimer's.

In June, Dr. Tanzi published the team's results: People whose brains had a significant burden of amyloid beta but also had high levels of the pro-inflammatory cytokine interleukin-12 experienced minor cognitive decline and fewer tau tangles. Elevated levels of the cytokine interferon-gamma also aligned with slower cognitive decline, whether or not a person had deposits of amyloid. The findings suggest these two cytokines — measured with a simple blood test — can help predict future brain health. An indicator such as the cytokine biomarker could alert a clinician to a potential problem earlier, prevent cognitive decline and improve brain function.

"All our work is done with an eye toward accelerating the development of drugs that will make a meaningful difference to our patients — slowing, reversing and, ultimately, preventing Alzheimer's disease," says Dr. Tanzi, who is also vice chair of neurology at Mass General, and co-director of Mass General's McCance Center for Brain Health, which is working to make routine brain assessments part of routine primary care.

## Mapping Seizure Circuits

While the causes of epilepsy remain a mystery, Mass General's neurosurgeons, neurologists and neuroradiologists are working together to ensure a comprehensive assessment of the best treatments for both pediatric and adult patients, while moving toward a better understanding of exactly what's happening and why.

"We are making remarkable progress in our efforts to understand seizure circuits and personalize treatments," says Mark Richardson, MD, PhD, who directs the adult and pediatric epilepsy surgery program. "These modern approaches reduce the risk of death and prevent further physical, intellectual and social deterioration from seizures."

Steven Stufflebeam, MD, PhD, uses the sophisticated imaging tools available at Mass General's Martinos Center for Biomedical Imaging to better understand how the timing of neural events influences brain function and perception, in both health and disease. Through weekly conferences with the clinical team, Dr. Stufflebeam and his research group integrate information gleaned by these imaging tools to create a dynamic picture of neural events in epilepsy. Dr. Stufflebeam, Dr. Richardson and collaborators at MIT are now working to map seizure circuits by combining functional brain imaging and electrical stimulation. The information they gather will help our understanding of seizures and other malfunctioning electrical signals that occur in individuals with Alzheimer's disease, stroke and traumatic brain injuries.



Photo taken in 2015



## Training the Brain to Prevent Depression

An alarming surge in anxiety, depression and suicide among young people led faculty in the Department of Psychiatry to try to identify individuals who would benefit from early intervention. Strengthening an individual's emotional resilience — their capacity to adapt and bounce back from adversity — has been shown to offer some protection against depression and is now being studied neurobiologically.

Daphne Holt, MD, PhD, director of the Resilience and Prevention Program and MGH Research Scholar 2018-2023, has been studying depression and resilience in a group of college-age students for several years.

Dr. Holt teamed with Maurizio Fava, MD, psychiatrist-in-chief and director of the Division of Clinical Research in the Mass General Research Institute, to identify individuals within her study cohort who might benefit from resilience training. Focusing on a group of nondepressed young adults with a family history of depression, the team used functional

magnetic resonance imaging data to identify individuals with elevated activity in the amygdala (the section of the brain where emotions are given meaning). This elevated activity signaled that these individuals were more vulnerable to the disease. Those at-risk individuals then participated in resiliency training. Further analyses showed that a brain circuit that helps regulate emotions was significantly strengthened after training.

These findings suggest that a six-minute MRI brain scan could become a tool to identify individuals who are at risk for developing depression and who could benefit from resilience training.

"Our success with these studies, and our ability to apply these results directly to improving the health of our patients, is catalyzed by our collaborative work as part of the Mass General Neuroscience initiative," says Dr. Fava. "We are building a coordinated system that will make our patients — from initial consultation through treatment — feel supported and well cared-for." ■






# Facing the Challenge of FOOD INSECURITY



By PAUL GOLDSMITH

**Mass General's Center for Community Health Improvement is showing the world how hospitals can play a leading role in the fight against food insecurity.**


 Food insecurity — the lack of consistent access to the amount of food necessary to lead a healthy life — soared during the pandemic. Social distancing and lockdown measures early in the outbreak set in motion an economic domino effect that left many struggling to meet basic needs. By December 2020, food insecurity in Massachusetts had doubled from pre-pandemic rates, with 1 in 6 households not getting enough to eat. While data indicates overall hunger in the United States has improved in recent months, food insecurity remains widespread.

“Food insecurity has a major impact on people’s health and well-being — and it’s something we’ve been committed to fighting for many years,” says Joe Betancourt, MD, MPH, senior vice president, Equity and Community Health at Mass General. “But the pandemic had a devastating effect — particularly on immigrant communities and people of color — and it’s highlighted the need for new approaches.”

Mass General’s Center for Community Health Improvement (CCHI) has a long history of partnering with diverse local communities to address food insecurity and other non-medical factors that impact health. Over the past 18 months,

CCHI has stepped up efforts to meet this increased need, through expanded programs, bold strategies and innovative community partnerships.

### Adopting a City in Need

 When the Chelsea food pantry opened in 2013, it was nothing more than a broom closet. Today, it occupies a small, first-floor room in the MGH Chelsea Urgent Care building, with shelves full of rice and pasta, two fridges and a freezer. But its modest size still belies the oversize impact it has on the community.

Silvestre Valdez, manager of interpreter services at Chelsea, recalls the influx of patients seeking food assistance in the spring of 2020. “Some had lost their jobs, and their unemployment benefits were stretched thin. Others weren’t receiving benefits, or couldn’t qualify because of their immigration status,” he says.


The pantry is a major component of MGH Chelsea’s Food for Families program, which is designed to identify patients who have experienced hunger and food insecurity and connect them to resources. At-risk patients are first referred to the SNAP Benefits program, which helps eligible patients with the benefits application process. Those who are ineligible, or choose not to apply, are then prescribed food from the pantry, reducing any stigma associated with receiving the service.

Prior to the pandemic, the food pantry distributed roughly 3,000 pounds of fresh and nonperishable food per week through its partnership with the Greater Boston Food Bank. But as demand overwhelmed and closed other area food pantries, the city of Chelsea needed help to meet the increasing needs of its residents.

So, the Mass General team adopted the city — upping its order to 40,000 pounds a week. Through the Chelsea Hunger Network — a division of CCHI’s Healthy Chelsea coalition — the team organized providers, community groups and residents to coordinate and distribute food across the city.

“Mass General stepped up in a big way,” says Chelsea City Manager Tom Ambrosino. “With their help, we’ve distributed almost three million pounds of food over the past year and a half.”

### A Plant-based Approach

 While Chelsea was scaling up, the MGH Revere HealthCare Center was piloting a new model of food pantry — one founded on plant-based foods.


“Like Chelsea, Revere is a food desert — meaning there is limited access to healthy food,” says Jacob Mirsky, MD, medical director of the MGH Revere food pantry. People living in food deserts are often at higher risk of developing chronic diseases like obesity, diabetes or hypertension. As a primary care physician in Revere, Dr. Mirsky had seen the evidence firsthand, and wanted to give his patients a healthier option.

The Revere food pantry opened in January 2020, offering fresh fruits and vegetables, plant-based shelf-stable foods, nutritional counseling and recipe advice. Initially, the pilot program served fewer than 10 patients per month, but COVID-19 triggered a dramatic increase in demand.

“It was an opportunity to elevate our mission to better meet the need,” Dr. Mirsky says. The Revere team moved the pantry into a larger, temporary space and opened the pilot to all patients. Plans are now underway for a permanent expansion.

“Providing food for vulnerable communities is a crucial aspect of improving the health of the people we serve, just like offering them medications or surgeries when they need them,” he says.

### Sowing the Seeds of Empowerment

 In 2012, Revere on the Move — a partnership between Mass General’s Revere CARES coalition and the City of Revere — opened its first community garden. Since then, the program has expanded to three additional sites. Recently, Revere on the Move launched an urban garden initiative to encourage residents to grow healthy food in their own backyards. In the spring of 2021, with help from the Police Activities League and the Department of Public Works, the team built raised organic garden beds for 20 residents.

“People were thrilled, and we hope to expand the initiative next year,” says Viviana Catano-Merino, program manager at Revere CARES. In addition, Revere CARES successfully advocated for a comprehensive urban farming ordinance, which enables residents to keep chickens and bees.

“The innovations we’ve made around food insecurity demonstrate the power of our community-driven approach,” says Leslie Aldrich, MPH, executive director of the Center for Community Health. “Looking ahead, we remain dedicated to finding creative solutions to address ongoing food insecurity and other health-related inequities.” ■

 To learn more about how the Center for Community Health Improvement is making an impact, go to [www.massgeneral.org/community-health/cchi](http://www.massgeneral.org/community-health/cchi).



# Dr. Slavin's Legacy of Leadership

In the spring, Peter L. Slavin, MD, announced his departure after 18 years as President of Massachusetts General Hospital. Recently, we asked five Mass General leaders to describe the lasting impact of Dr. Slavin's leadership on the hospital's mission pillars.

## COMMUNITY HEALTH: LESLIE ALDRICH, MPH, EXECUTIVE DIRECTOR, CENTER FOR COMMUNITY HEALTH

Dr. Slavin has often said he liked to think of Mass General not as a health care institution — but as an institution that considers health in the broadest sense. Whether it has been working to address employment, housing, racism or other factors, Dr. Slavin has been a champion of community health, and his unyielding support has helped make Mass General, our communities and our world healthier, more equitable places.



## DIVERSITY & INCLUSION: JOE BETANCOURT, MD, MPH, SENIOR VICE PRESIDENT, EQUITY AND COMMUNITY HEALTH

My life's work has been focused on diversity, equity and inclusion in health care — and there is no hospital president in the country who can match Dr. Slavin's commitment to this work. From day one, he understood — without any need for explanation — the importance of equity, diversity and inclusion to our institutional mission, and he invested in positioning us as a national leader. As we made progress, he challenged us to never rest on our laurels, and kept pushing us forward.



## EDUCATION: JAMES GORDON, MD, CHIEF LEARNING OFFICER

The iconic portrait of the Ether Dome captures the very essence of Mass General's work across mission domains: a care team alleviating suffering with the newest advances, under the watchful eye of a community of learners. While some teaching hospitals may see their training mission as "routine," Dr. Slavin has boldly supported advances in educational infrastructure, resources and vision to fundamentally enhance the care we provide, the discoveries we make and the communities we serve. This is a legacy that will last for generations to come.



## PATIENT CARE: DEBBIE BURKE, RN, DNP, MBA, NEA-BC, SENIOR VICE PRESIDENT FOR PATIENT CARE AND CHIEF NURSE

Dr. Slavin recognized that excellence in patient care is the essential role of our hospital. He believed in equity and the value of every person who comes through our doors seeking care. He also knew that in order to provide that level of excellence, an organization must also care for those who provide or support that care. Thanks to Peter, Mass General has a culture that supports, acknowledges and celebrates its staff.



## RESEARCH: HARRY W. ORF, PHD, SENIOR VICE PRESIDENT FOR RESEARCH

Dr. Slavin's contributions to biomedical innovation will be remembered as standout aspects of his impressive legacy. During his tenure, research revenues grew from \$300M to over \$1B annually. He oversaw the creation of the Mass General Research Institute; established a large, endowed fund that supports investigators and postdocs; secured major donations to create both the Research Scholars and Research Institute Endowed Chair programs; and recruited innovation-minded chiefs of service, resulting in internationally renowned research programs across all 30 of the hospital's departments and centers.



## COMMITTED TO EACH OTHER AND MASS GENERAL

For more than 40 years, Andrew and Brenda Warshaw served the patients of Mass General as caregivers. Now, with their generous bequest, they will continue advancing health care for years to come.

By JENNI BOHONOK

Andrew L. Warshaw, MD, and his wife, Brenda Warshaw, RN, found their careers and each other at Massachusetts General Hospital. She came in the 1970s, joining a surgical nursing team. He arrived later, as a student at Harvard Medical School.

"I rotated here and it put stars in my eyes," says Dr. Warshaw, who would go on to serve as Mass General's surgeon-in-chief for nearly 14 years.

Working side by side, the young surgeon and nurse became close friends. As their careers blossomed, their affection for each other deepened. The couple married in 1986 in the hospital chapel, with close friends, family and even a few patients in attendance.

"Mass General has been an essential part of our lives," Brenda says. "We built careers here. We receive our care here. And nine of our 13 grandchildren were born on this campus. It only made sense that we would take the next step forward to create a bequest."

In their will, the Warshaws created an unrestricted bequest that gives Mass General flexibility to use funds where they are most needed.

### More Than a Job

A champion of quality and safety, Dr. Warshaw started the Codman Center for Clinical Effectiveness in Surgery. Since his retirement in 2011, Dr. Warshaw has served as physician director for network development and integration to promote clinical programs in affiliated community hospitals. He also serves as director of the Andrew L. Warshaw Institute for Pancreatic Cancer Research and senior principal investigator of the Pancreatic Biology Research Laboratory in the Department of Surgery.

Brenda worked as an operating room nurse for 35 years and remains close with many of her former colleagues. She also served for seven years as president of the Friends of the Cancer Center Council, a network of volunteers who raise money for patient educational and emotional support services as well as music and art therapy. As president emeritus, she remains very involved in the organization. When it comes to Mass General, Brenda says, "It feels like home."

### Investing in the Future

The Warshaws' unrestricted bequest complements their ongoing support of the MGH Fund, Mass General's annual fund, which supports an array of diverse initiatives across the hospital every year.

The Warshaws are also members of the Phillips Society, which recognizes and celebrates friends of Mass General who create lasting legacies of giving. As ambassadors to the Phillips Society, the Warshaws promote planned giving to others who want to make a difference for future generations.

"I have gotten an unfathomable amount of fulfillment from Mass General, professionally and personally," Dr. Warshaw says. "When the time comes, I feel there ought to be something left for Mass General."

In addition to their personal connection, the couple also recognizes that the place that is so special to them is also helping patients elsewhere. "Mass General is a major force for health care in the world," Dr. Warshaw says. "And we as individuals, and as a community, need to provide Mass General with the resources to evolve, develop and grow." ■



Complement your service to community with a bequest to Mass General. Contact the Office of Planned Giving at 617-643-2220 or [mgpdevpg@partners.org](mailto:mgpdevpg@partners.org).





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Some photos in this newsletter were taken prior to COVID-19 masking policies.

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