

*There are people* for whom certain expressions seem tailor-made. In Nancy Nielsen's case, the fitting phrase would be "coming full circle."

Some three decades after being admitted to the UB School of Medicine and Biomedical Sciences, she's back at her alma mater, serving as senior associate dean for medical education.

When she's not working with third-year students, Nielsen is often traveling the country to address the plight of the uninsured, in whose ranks she once counted herself.

And in June, the woman who once considered herself too "counterculture" to join the American Medical Association (AMA), became its president—the second woman in the organization's history to be elected to its highest office.

"It's certainly a long, long way from Elkins, West Virginia," Nielsen says of her life's journey. "It's amazing. But a lot of it is accident—of being in the right place at the right time. I'm very fortunate."

And yet, Nielsen is quick to point out that hers is no Pollyanna story. En route to the present chapter, she struggled to make ends meet, encountered prejudice and endured numerous other hardships.

As she puts it: "There were bad moments—really difficult times. But it all turned out well."



# A Voice of. Experience

NANCY NIELSEN, MD '76, PHD,  
STEPS IN AS PRESIDENT OF THE AMA

STORY BY NICOLE PERADOTTO  
PHOTO BY DOUGLAS LEVERE

# Nancy Nielsen was a “nontraditional student” years before the phrase came into vogue. Indeed, her circumstances were so anomalous that when she started medical school in 1973, she made newspaper headlines.

But, then again, a 29-year-old medical student with five children under the age of seven would turn heads even today. Asked how she balanced the rigors of medical school with the demands of parenting, Nielsen shrugs. “It wasn’t so bad. I lived on Winspear Avenue and walked to school. I had a full-time babysitter come to the house. And I studied after the kids went to bed.”

Nielsen’s determination to become a doctor dates back to her own childhood, as early as age eight. Curiously, though, there was no defining incident that sparked her interest in medicine at that impressionable age—no charismatic doctor she longed to emulate as she was growing up in the heart of West Virginia’s Mountain Highlands and no major injury or illness that exposed her to a hospital’s inner workings.

“I can’t point to a pivotal person or thing,” she says. “And no one in my family had ever gone to college, so it wasn’t role modeling. It was just that I wanted to help; I was drawn to alleviating pain and suffering.”

Graduating from West Virginia University, Nielsen was accepted to medical school at the University of Pittsburgh. Unable to afford the tuition, she planned to work for a year and save her money. But her plans changed. In that year, she worked at the National Institutes of Health, married and soon began graduate school at Catholic University in Washington, DC. She earned a doctorate in clinical microbiology and when the family moved to Buffalo, she was hired to chair D’Youville College’s biology department.

Within a year, UB administrators were courting Nielsen to begin a graduate program in clinical microbiology. She agreed, on the condition that they would allow her to complete a postdoctoral fellowship in clinical microbiology at Erie County Medical Center, one of only five such programs in the country at that time.

“As I spent more time in the hospital, I just knew what I really needed to be,” she says. “I needed to be a physician.”

At the same time, a friend advised Nielsen that if she deferred her dream any longer she’d be forced to abandon it. “He said, ‘If you don’t apply to medical school now, the admissions committee will think you’re too old.’ And he was right, because the year I was accepted they accepted three people who were 29—and I was 29.

“We’ve had older students since,” she adds, “but there were a number of other things that were working against me. One was that I already had a career, which was not looked upon favorably. Two, I was a woman. And three, I had a lot of kids.”

When she went for her admissions interview, she recalls, one of the two interviewers made it clear that he didn’t believe a mother belonged in medical school.

“He said, ‘How can you possibly do this? That’s not fair to the children.’” (Years later, Nielsen says, the faculty member acknowledged that he was wrong to doubt her.)

Fortunately, her other interviewer, Daphne Hare, MD, was not put off by Nielsen’s circumstances. On the contrary, she championed the prospective student’s cause in front of the admissions committee, reminding her colleagues that it was not their job to determine how Nielsen would juggle her studies and parenthood, but whether she was capable of succeeding in medical school.

“There were a lot of prejudices, but I was also helped because it was a time of affirmative action. So there was a concern about diversifying the class both racially and gender-wise, and I profited from that.”

Still, she asserts, “If it were not for Dr. Hare, I wouldn’t be here today.”

## Fast Track

In a class of 135 medical students, Nielsen was one of 30 women. She was also one of six members of her class on an accelerated track, a pilot program that allowed select students to graduate in three years instead of four by attending school during the summer. “That was wonderful,” Nielsen says. “It saved me a year of babysitting fees.”

It was nonetheless a lean period for the family. “I remember how poor we were,” says Nielsen, who is no longer married. “We ate a lot of spaghetti and a lot of peanut butter.”

There were times when she didn’t know if she could stretch her dollars any further. Once, when Nielsen’s dentist informed her that her children needed extensive dental work, she asked

him if a payment system could be arranged. He refused and recommended that she take them to a clinic instead.

“I was so upset,” she recalls. “I thought, ‘What am I going to do?’ So I talked to Dr. [Harold] Brody, and he connected me with faculty members at the dental school clinic, and that made it affordable for me. Everybody treated me very well in medical school, but there were some people, like Dr. Brody, who were particularly good to me.”

It was through the accelerated program that Nielsen first met John Wright, MD, then chair of the pathology department. “Nancy was very bright and clearly had a worldview of things even at that time,” recalls Wright, who went on to hire Nielsen as associate dean when he was the medical school’s dean.

“She obviously had leadership skills. She could be diplomatic and blunt, and she did not suffer fools gladly.”

A case in point: During her third year of medical school, while on an ob-gyn rotation at Children’s Hospital, Nielsen discovered that there was no changing room for female physicians. She made up her mind to do something about it.

“The male students changed in the doctors’ locker room and the females changed in the nurses’ locker room. So I decided I would go in the doctors’ locker room with the other medical students. The hospital quickly worked out an accommodation.”

Nielsen never considered the sexism that she encountered at the start of her career an obstacle to her goals. Rather, she looked at it as an opportunity to shatter glass ceilings with a jab of humor.

“You can either get mad and outraged, or you can laugh and call attention to the fact that things are changing—that not all doctors are male anymore,” she says. “It didn’t take a protest. It didn’t take a fight. It just took me walking into that locker room once.”

## Advocating Reform

Thirty years later, the causes have changed, but Nielsen remains every bit the activist. It’s just that her platform has expanded well beyond the confines of a hospital locker room.

As president of the AMA (and, before that, AMA’s president-elect), she’s one of three official spokespeople for the organization’s “Voice for the Uninsured” campaign. In that capacity she travels the country, talking to everyone from Rotarians to presidential candidates about the need for health-care reform, particularly for the 47 million uninsured Americans.

“Who could have predicted when I started out in the AMA, that at this time in history, when we have this wide-open presidential campaign, that I would be in this position? It’s amazing,” she says. “But it’s a tremendous opportunity to bring the voice of physicians to the table and to try to craft a solution.”

# Proposing Change

WHEN NANCY NIELSEN, MD '76, PhD, president of the American Medical Association (AMA), characterizes the growing ranks of the uninsured as a moral problem the country must solve, she speaks with the voice of experience.

During graduate school, the student-health insurance policies that covered Nielsen and her then-husband did not extend benefits to their three babies. Nielsen paid for her children’s pediatric visits out of pocket, straining the young couple’s already tight budget. But it wasn’t until her second child experienced a medical crisis that she realized how shattering the health-care system can be for those who are uninsured.

After her daughter’s temperature shot up to 106 degrees one night, Nielsen whisked the 14-month-old to the hospital. “I had very little money for the rest of the month, and I had to plunk down almost all of it before they would even put her in a room,” she says. “I remember how devastating that was.”

As one of the spokespeople for the AMA’s “Voice for the Uninsured” campaign, Nielsen carries that memory with her as she lobbies for major health reform.

Specifically, the AMA’s proposal includes the following components:

- Greater choice of health insurance options by individuals and families, including allowing individuals to choose and purchase their

own policies. “That way, if you leave your employment, your insurance stays with you,” Nielsen says.

- Tax credits or vouchers for the purchase of health-care insurance that are inversely proportioned to one’s income.
- Streamlined health-insurance market reforms that make premiums more affordable.

“This is what we think the country needs to talk about, and we think it’s time for this very serious conversation to lead to a solution for America,” Nielsen says. “Our AMA proposal is a major shift. It’s a shift away from employer-based health insurance, away from tax exclusions, and it’s a shift for insurers, who will have to market themselves differently.

“I’m very committed to trying to make sure that the neediest among us can get access to care,” she adds. “There are 47 million Americans who lack health insurance so they delay or forego care, and that’s an absolute tragedy.”

To read more about the AMA’s proposal, go to [www.ama-assn.org](http://www.ama-assn.org) and search “proposal.”

—NICOLE PERADOTTO

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**I**ronically, Nielsen wasn't in the AMA when she was a medical student or resident. "That was the '70s, and we weren't joiners," she says. "I also had a concept of the AMA as being concerned more about pocketbook issues than a lot of the things I was interested in—like public health, professionalism and ethics. But, that was my ignorance, I have to admit."

Her first AMA meeting turned out to be an eye-opening experience. "I was amazed by the breadth of what they did," she says. "It was much bigger than the socioeconomic issues that I associated with the AMA."

That was during the mid-1980s, and Nielsen was a board-certified internist and president of the Erie County Medical Society. From that point, she stepped up her involvement with the state medical society and with the country's largest doctors' group, going on to serve four consecutive terms as a speaker of the AMA House of Delegates and two terms on the AMA Council on Scientific Affairs, where she helped formulate policy positions on the diagnosis and treatment of depression, alcoholism among women, Alzheimer's disease and other issues.

"The AMA House of Delegates has a history of being led by strong, capable speakers. Nancy's years of service in the House as vice speaker and then speaker earned her a place in the top tier of AMA speakers," observes Cecil Wilson, MD, immediate past chair of the board of trustees of the AMA.

"Nancy has a direct, no-nonsense style that cuts through the clutter, but a style that is tempered by grace, good humor and truly caring for others," he adds. "She is recognized by opinion leaders in health care nationwide as a thoughtful, knowledgeable spokesperson for America's physicians and the patients they serve."

Michael E. Cain, MD, dean of the School of Medicine and Biomedical Sciences, says: "The American Medical Association and the constituents served by this key organization are most fortunate to have someone with Dr. Nielsen's expertise in health policy, passion for medical education, understanding of the importance of biomedical research, and leadership qualities to drive this organization's efforts to improve the public health nationally and globally. The School of Medicine and Biomedical Sciences is especially proud of her accomplishments and pleased she will also represent the University at Buffalo as she serves as president of the AMA."

Among the reasons Nielsen has remained so involved with the AMA for decades, she says, is that it allows her to draw attention to issues that she cares deeply about; namely, the quality of health care and the need to improve it.

"I have been privileged to be part of the National Quality Forum, the AQA (a quality alliance) and the Physician Consortium for Performance Improvement," she says. "It has been a privilege to work with committed public servants, such as Attorney General Andrew Cuomo, in making sure that patients and physicians are treated fairly."

"I've had many wonderful opportunities to meet dedicated, ethical and hard-working physicians around the country and recently, around the world, as I'm now part of the World Medical Association delegation."

In addition to Nielsen's myriad achievements with the AMA, she has been a SUNY trustee and chief medical officer for the New York State Department of Health's Western Region. She's a member of the board of directors of the New York-based Medical Liability Mutual Insurance Company, one of the country's largest medical liability carriers. For three years she served as chief medical officer of Independent Health, an HMO headquartered in Buffalo.

It was only recently, and reluctantly, that Nielsen closed her private practice. She was a member of the Buffalo Medical Group for 14 years, part of the time co-directing the intensive care unit at Buffalo General Hospital. She later formed a small group with Irwin Friedman, MD, in association with Buffalo General Hospital, and then was in solo practice. After falling and breaking a bone in her right hand, she found it difficult to perform basic medical tasks, such as drawing blood, taking blood pressure and writing in patient charts.

"I enjoyed my patients so much. I still miss them terribly," she says. "I learned a great deal about life from them, and I'm much less judgmental than I used to be because of them."

### *Giving Back*

Nielsen's lingering sadness about closing her practice is tempered by her gratitude for the doors that opened at UB. As senior associate dean for medical education, one of her duties is conducting monthly seminars for third-year students that address topics not covered in required courses, such as professionalism and medical ethics.

"We're all trained to deal with patients, but there are so many other ways to make an impact and change things as a doctor," she says. "I'm grateful that I'm able to do that, and I'm very interested in educating the students. It's really exciting to raise them up right. And I remember what it was like, so I can identify readily with them."

“Who could have predicted when I started out in the AMA, that at this time in history, when we have this wide-open presidential campaign, that I would be in this position? It's amazing. But it's a tremendous opportunity to bring the voice of physicians to the table and to try to craft a solution.”



NIENSEN PRESIDING IN HER FORMER ROLE AS SPEAKER OF THE AMA HOUSE OF DELEGATES

PHOTOS BY TED GRUBZINSKI/AMA

Nielsen's appreciation for UB is also evidenced by her generous support of her alma mater. A firm believer in the philosophy of giving back, she's a member of the University Founders, the recognition society for donors who have made gifts of \$50,000 or more.

"I would be nowhere if it were not for UB Medical School," she stresses.

Irene Snow, MD '80, has known Nielsen since she was a fourth-year medical student. She's thrilled that the physician who served as one of her chief role models is inspiring the next generation of doctors—including Snow's daughter, a third-year student.

"My daughter and I often talk about the hardships of medicine. But then, when you think about the things that Nancy endured in her career, you realize you're really whining," Snow says. "Those experiences certainly shaped her to face the many challenges in medicine today, but it also speaks to her character as a strong, vibrant, professional woman."

"You always know where you stand with Nancy," Snow adds, "and that's a good thing." **BP**

## Nielsen Delivers Inaugural Lecture in Medical Education

LECTURESHIP GIFT HONORS OLIVER P. "O. P." JONES, MD

**OLIVER P. "O. P." JONES, MD**, the distinguished professor who inspired awe and sometimes trepidation in generations of UB anatomy students, will be remembered in a lectureship created in his honor through the generosity of a former student, Daljit S. Sarkaria, MD '57, PhD, and his wife, Elaine Sarkaria, EdD.

The Sarkarias have given \$200,000 to the School of Medicine and Biomedical Sciences to create the Oliver P. "O. P." Jones, MD, '56, Endowed Lectureship in Medical Education.

UB hopes to attract world-renowned speakers to address emerging trends in medical education through the series.

Nancy Nielsen, MD '76, PhD, president of the American Medical Association and senior associate dean of medical education in the school, will deliver the inaugural lecture Friday, September 19, 2008, at the Adam's Mark Hotel, 120 Church Street, in Buffalo.

The Jones lectureship honors a medical pioneer who taught at UB for 30 years, dur-

ing which time he headed the Department of Anatomy from 1943-1971 and served as assistant dean for admissions from 1946-1955.

Jones was widely recognized for his studies in morphological hematology and for his work in pernicious anemias, placental transfer of antianemic substances and the classification of mechanisms of abnormalities of erythropoiesis, which have become classics in the field.

Daljit Sarkaria, who also earned a doctorate in 1948 from Cornell University, hopes

the lectureship will memorialize his former teacher while enhancing the medical education of UB students.

"Dr. Jones was one of my best teachers," he says. "He was committed to teaching medicine on a personal level. We are happy to be able to create this lectureship in support of excellence in teaching, research and patient care."

Following graduation from the UB medical school in 1957, Sarkaria entered residency training at UCLA Medical School. He served for 22 years with La Mirada Hospital as a pathologist and supervisor of clinical laborato-

ries. He and his wife are retired and reside in Orange, California.

The Sarkarias have given generously to higher education and medicine, establishing endowed faculty chairs at Cornell University and UCLA and supporting the Mayo Clinic. Three of their five children have pursued careers in medicine.

"We are grateful to the Sarkarias for their generous gift to the medical school," says Michael E. Cain, MD, dean of the UB School of Medicine and Biomedical Sciences. "Dr. Jones believed in the value of education

and its role in building purposeful lives. The Sarkarias' gift recognizes and honors his role in creating a legacy of teaching and research that reflects the school's past, present and future, and helps UB to ensure that patient-centered teaching remains at the core of our programs."

—MARY COCHRANE

For more details about the inaugural lecture being given by Nancy Nielsen, MD '76, PhD, contact Jennifer Lobaugh at (716) 829-2773, or [jlobaugh@buffalo.edu](mailto:jlobaugh@buffalo.edu).