



REPORT TO THE
Community

CENTENNIAL ISSUE
1909–2009



SAMUEL MERRITT
UNIVERSITY

Premier Health Sciences since 1909

MISSION

Samuel Merritt University educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

VISION

Samuel Merritt University will become nationally recognized as a premier, health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state-of-the-art learning approaches. The University will select and support students who will flourish in its rigorous academic programs, learn to practice expertly, and pass licensure or certification examinations on first attempt.

VALUES

A **learning** environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately

A **collegial** environment where we are fair, respectful, and behave with integrity

A **collaborative** environment where we partner with one another and with others in the community

An **innovative** environment where we take reasoned risks and move nimbly

A **results-oriented** environment where we provide and expect exceptional performance and service

MESSAGE FROM THE CHAIR



Cornelius L. Hopper, M.D.

When Dr. Samuel Merritt first envisioned a hospital and nursing school, I doubt even he could have imagined the vast changes that would occur in health sciences education and healthcare delivery over the past 100 years. In 1909, the inaugural cohort of nursing students enrolled in the Samuel Merritt Hospital nursing program; three years later, 13 graduated as registered nurses. Last year, Samuel Merritt University (SMU) graduated 335 students with Bachelor of Science in Nursing (BSN) degrees and 116 Master of Science in Nursing students making it the largest provider of nurses in California and one of the largest Schools of Nursing in the country.

While nursing is the heart of SMU, the other health science disciplines represented in our academic programs are core to our future. The Master of Occupational Therapy, Master Physician Assistant, Doctor of Podiatric Medicine, and Doctor of Physical Therapy programs have each made critical contributions to build capacity and promote SMU's reputation for excellence. Perhaps more importantly, these programs will enable the University to achieve its vision to become a nationally recognized health sciences institution in the minds of students, policy makers, employers, donors, and the greater community.

Just as Dr. Samuel Merritt refined the delivery of care in the East Bay, the University continues to embody the same kind of transformation as part of its mission *to educate students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities*. It is not “business as usual” at SMU. Instead, we are raising the bar by adopting the best teaching and learning practices to prepare our graduates to be leaders wherever their career might take them, be it at the bedside or as policy maker. Either way, it means better care for you and your family, and that is our primary motivation for growth and continuous improvement.

SMU is beginning a new century that is full of unknowns. I hope you will share this journey as, together, we experience history in the making. On behalf of the Board of Regents, I extend my heartfelt appreciation for your continued support of SMU and our students.

Cornelius L. Hopper

CORNELIUS L. HOPPER, M.D.

One man's vision creates a community and eventually a University bearing his name. The story of Dr. Samuel Merritt 1822–1890

Adapted from a special edition of the Merritt Monogram, 1974.

A NATURAL LEADER, SAMUEL MERRITT WAS BORN IN HARPSWELL, MAINE ON MARCH 30, 1822, THE SON OF STEPHEN MERRITT, A FARMER AND MEMBER OF THE STATE LEGISLATURE. SAMUEL'S MOTHER WAS THE FORMER JOANNA PURRINGTON WHOSE FATHER WAS ALSO A MAN OF CONSIDERABLE PRESTIGE AND A MEMBER OF THE STATE LEGISLATURE. THE COUPLE HAD TWO OTHER CHILDREN, ISAAC, WHO BECAME A SEA CAPTAIN AND MERCHANT, AND CATHARINE, WHO MARRIED DR. SEWARD GARCELON.



Dr. Samuel Merritt

Samuel's father died when the boy was just 13, and the loss may have propelled his ambition. Most 19th century New Englanders could read and write, but few attended college. At age 18, Samuel entered Bowdoin College in Brunswick, Maine where his brother-in-law, Dr. Garcelon, was a member of the faculty as well as an alumnus. Graduating as a medical doctor at the age of 22, Dr. Merritt began his practice in Plymouth, Massachusetts soon after.

It was during his three years in Plymouth where his thriving practice extended to neighboring towns that he met Daniel Webster, U.S. Senator, former Congressman, 14th and 19th U.S. Secretary of State and one of the great voices of American history. Dr. Merritt was the first surgeon in Plymouth to use ether for anesthesia. His success at this and his frequent house calls to a neighbor of Mr. Webster brought him to the attention of the senior statesman. Webster became a mentor to Dr. Merritt and the two became lifelong friends. In fact, it was Webster who encouraged the twenty-seven year old to venture to California, which was in the midst of the gold rush, spreading excitement throughout the country.

Dr. Merritt took the advice of Mr. Webster and invested in a merchant ship loaded with nails, food, and other supplies. He left New York on November 28, 1849, with a brig of 140 tons. He arrived in San Francisco Bay on May 5, 1850, one day after the great fire which left the city in ruins and the community in need of supplies; fortuitous for Dr. Merritt



Party on Dr. Merritt's yacht "Casco," 1888. Oakland History Room, Oakland Public Library.



Lake Merritt, west shore, 1915. Oakland History Room, Oakland Public Library.

and those in need. Soon after, Dr. Merritt opened his office as a physician and surgeon. He was a popular figure from the moment of his arrival in San Francisco. A man towering six feet three inches and weighing 240 pounds, he stood out in a crowd because of his appearance, dynamic personality and powerful voice.

Dr. Merritt was both enterprising and ambitious. While building his surgical practice, he purchased another ship, the G. W. Kendall, and commissioned a captain and crew to bring ice to San Francisco from Puget Sound. Dr. Merritt assumed that if water froze in Maine, it must freeze in Puget Sound, since both lay far to the north. He was wrong, but the trip proved lucrative nonetheless. The ship returned with timber and furs from Native Americans in trade for beads, powder and calico fabric. Dr. Merritt soon established

headquarters in Puget Sound, the first warehouse, wharf and store built by Americans in the area, and the profitable venture was repeated many times. Voyages to other destinations followed as well. When Dr. Merritt sent the captain south to Australia to trade timber for coal, the man returned instead with a half-million Tahitian oranges, which Dr. Merritt sold for a profit.

Dr. Merritt's shipping profits, combined with local real estate investments, made him a wealthy man at the age of 30. It was then that he became interested in the settlement of Oakland across the bay which was home to a mere 100 residents. He purchased the land which began at 12th Street and ended at a slough, now known as Lake Merritt. His house, when completed, occupied the block surrounded by 14th, 15th, Jackson and Madison Streets.



Samuel Merritt Hospital, 1909.

When Dr. Merritt took up residence in Oakland, San Francisco already had its place in the world. Oakland boasted beautiful meadows, lush trees and temperate climate, a blank slate for the enterprising pioneer. On land he bought in the East Bay, he built wharves, warehouses, lumber yards, a hotel, commercial buildings, and more than 100 houses, most of which he designed himself. He and a few friends started the state's first insurance company, Oakland's first bank and the city's public library. He donated the clock tower for City Hall. Whatever aspect of community life he could imagine, he was instrumental in influencing growth and improvement.

The founders of Mountain View Cemetery held their first meeting at his home and named him their first president. He contributed most of the money to dam and dredge Lake Merritt, the nation's first official wildlife preserve. He was one of the

original regents of the University of California and chaired its building committee.

As Oakland's 13th mayor, Dr. Merritt started the city's parks department and board of health. He also secured the western terminus of the railroads for this side of the Bay, secretly riding to Sacramento to seal the deal before anyone in San Francisco could find out. Dr. Merritt never married, nor did he have any children. Instead, he birthed a city that, today, is rich in diversity and home to 400,000 people.

During his days in Oakland, Dr. Merritt became close friends with Dr. Aurelius H. Agard. They would often talk about building a hospital to care for "those worthy and valuable citizens" not eligible for tax-supported services, their care to be available "free of all cost and expense" or on a "part-pay basis." No doubt, they must have thought that a hospital would help make the city of Oakland complete.

The great visionary, community leader, and philanthropist never lived to see his next project come to fruition. He died on August 17, 1890, at the age of 68 from uremic poisoning, complicated by diabetes, and injuries sustained by a fall from his buggy. Dr. Merritt's two million dollar estate was left in trust to his sister, Catharine, on the condition that she leave a certain portion of it to build a hospital, which would include a school of nursing. His sister was faithful to his ideals. Mrs. Garcelon died on December 29, 1891, deeding six-tenths of Dr. Merritt's fortune to the trustees of the future Samuel Merritt Hospital. Construction began in 1905 and the hospital, along with the nursing school, opened its doors on January 26, 1909.

Dr. Merritt's concept to build Samuel Merritt Hospital was another significant contribution in the growth of Oakland and the East Bay. Today, the women and men who carry on his legacy are following in Dr. Merritt's footsteps. The growth of the University, particularly over the past 20 years, was very much modeled after Dr. Merritt's ability to see far and think big. In that tradition, perhaps the best years of the University lie ahead in accomplishments and achievements yet unknown. As Samuel Merritt University, celebrates its Centennial year, we hope Dr. Merritt would be proud of the evolution of a hospital-based school of nursing to a health sciences institution, which is more than perhaps even he envisioned.

A banner bearing the new Samuel Merritt University name hangs on the Health Education Center.



A conversation with President and CEO Sharon Diaz on her 36-year tenure

IN ADVANCE OF SAMUEL MERRITT UNIVERSITY'S CENTENNIAL CELEBRATION, PRESIDENT AND CEO, SHARON DIAZ, SAT DOWN TO TALK ABOUT HER 36-YEAR TENURE AND HOW THINGS HAVE CHANGED.

What is the significance of the Centennial?

Relative to, say, Harvard or Princeton, which have been in existence for 300 years, we are young, but we have upwards of 12,000 graduates, who have provided millions of hours of healthcare. That's significant.

How has the school changed over the years?

We've grown and diversified, obviously, and we're now affiliated with a major healthcare system, Sutter Health. We have more than 1,100 clinical partners who provide top-quality and varied clinical rotations.

Has the growth been gradual?

No, when I came in 1973, enrollment had been pretty steady for at least ten years. The residence hall housed 160 students, all women, and they had to live there unless they were married, so the school would admit a set number each fall, and lead them through a prescribed set of courses.

What hasn't changed?

We still take a hands-on, personalized approach to teaching, and everything we do is about taking care of people, with skill and compassion. That holds true all the way back to the beginning.



Dr. Sharon C. Diaz

How would you sum up the University today?

Every one of our programs is a care-giving clinical program. We have one of the highest rates of employment following graduation in the country. We prepare more nurses for state licensure than any other school in California, and probably most of the nation, which is quite an accomplishment. Our graduates are competent and highly sought after. That translates to healthcare for people across the state and nation and some distant posts overseas. The same is true in the other programs as well.

You've been here for a third of the University's history.

Yes, I came as a faculty member. The only other one of us remaining is Dr. Audrey Berman who now is the Dean of the School of Nursing.



The first graduating class (1915) of the College of Chiropody.



CSPM class of 2012 students at the 13th annual White Coat Ceremony. Photo courtesy of Nhu Do.

What happened to all the other nursing schools in the Bay Area?

Highland and Kaiser in the East Bay, St. Luke's, St. Francis, Presbyterian in San Francisco, and O'Connor Hospital in San Jose all had their own schools. Most closed in the 1950s when the preparation of nurses transitioned from an apprenticeship model to one based in institutions of higher learning.

What changed?

A number of factors have influenced the education of health professionals. One is the speed of change in the science and technology of healthcare itself. Today you have to prepare students to think critically and to keep learning, because the day they graduate, probably 20 percent of what they learned may be significantly changed, or even out of date.

Second, the consolidation of hospitals and physician practices has reduced the number of clinical placements available. On "Pill Hill" in Oakland, we've gone from three hospitals to one, and patients who are in acute care hospitals are exceedingly sick. We've had to adapt the teaching to provide experiences that prepare graduates to work in this new environment.

Is SMU unique in surviving and thriving?

Well, we were the first school in the country to evolve from a hospital school to award the baccalaureate degree, and then, to go from a

school to a university that has bachelor and graduate and extended programs. I don't think any other school has managed that.

How did you do it?

When I started in '73, we weren't intimidated by the growing national trend to close diploma schools. We were determined to evolve. We looked at forming partnerships, went through ten years of slow-moving progress and ten or eleven accreditation reports. You had to be authorized by the state, and then approved. It never seemed to stop.

In 1984, we became the first school to become fully accredited by the Western Association of Schools and Colleges without benefit of candidacy. We had a solid educational program, and we met all the governance and regional requirements. One of the reviewers was horrified at the notion of a hospital school becoming a college, but she was outvoted. There was a lot of prejudice about what we were doing, but we did it.

Was it a smooth transition?

No! In 1989, enrollment hit a new low and we lost a million dollars. The medical center was having financial problems too. We were facing extinction, so we said, "Time to do something different." We had already become a baccalaureate program, and then started admitting transfer students and growing enrollment. Closure was unthinkable to me.



Nursing faculty member, Sharon Diaz (R) with a nursing student in 1970s.



L to R: Kathy Dempsey Cargo, Edith Nelson Rasmussen '17 and Sharon Diaz at an annual Alumni Holiday Dinner.

After all we'd accomplished, we were not going down without a fight.

So what came next?

First, we started offering much more flexibility to transfer students. Instead of going through a program lock step with a group, they could enter after completing science prerequisites elsewhere. We started admitting twice a year instead of the usual once a year. Next, we decided to add another discipline, Physical Therapy, and then a couple of graduate programs in Nursing, Family Nurse Practitioner and Nurse Anesthesia.

The first phase was additional disciplines. The second was growth in existing disciplines. Next came another discipline, Occupational Therapy.

After that came Physician Assistants (PA), using a medical model. Family Nurse Practitioners follow a more holistic nursing model, but to do both in a college, in a shared governance environment, we needed to work through a lot of changes.

By this time, we had exhausted the new disciplines we wished to offer. A merger seemed like the only real possibility for our next growth step—and to retain a balanced budget you have to grow, either through enrollment and price increases (tuition) or endowment.

Why was the merger with the California College of Podiatric Medicine (CCPM) an important step?

If they had closed, there would have been no school of podiatric medicine on the West Coast. They had had five presidents in four years, so they had been through a very turbulent time. They brought in an external person with business experience to lead the transition. They entered negotiations with us and another school, and within a couple months we were selected. The entire merger took seven months. It was another one of those challenging, stimulating, and very worthwhile things to do. For one thing, it allowed us to enrich our basic science curriculum substantially, with the notion of one day starting a school of pharmacy.

Is that next in terms of expanding academic programs?

Yes, there is a huge shortage of pharmacists. And we are methodically moving through the approval process. If all goes as planned, we will enroll our first class in 2011.

Will SMU ever add a medical school?

We have been approached to, but as of now, we don't have the research capacity. Our faculty has a healthy involvement in research, but not what a medical school would have, and we don't want to be a second-tier school. Would I be surprised if someday that becomes a reality? No, but probably not in my tenure.

Has SMU achieved a national reputation?

It varies by program. Clearly we're known nationally in podiatric medicine. Nurse Anesthesia draws students from around the West and to some degree nationally. The Physician Assistants program is known regionally. For Occupational and Physical Therapy, we attract students from the western states.

In nursing education, the market is typically local. Students are attracted to our campuses in San Francisco, San Mateo, and Sacramento, but they are still largely from California and a little beyond. Graduate nursing reaches beyond the region. When my son broke his femur at Lake Tahoe, I met four graduates at Tahoe Forest Hospital. That was gratifying.

Linda Henderson Chapman, DNSc, RN, wasn't at all surprised to learn that Samuel Merritt College was becoming Samuel Merritt University. She knows the school is always changing.

"A lot of the early leaders had that vision," Linda says. "This is an institution that wants to grow, not be stagnant."

A 1970 graduate of Samuel Merritt Hospital School of Nursing and a member of the nursing faculty for 30 years, Linda remembers when mini-skirts replaced pinafores on students and when wash-and-wear pantsuits came along. She remembers when all faculty and staff offices could fit on the first floor of Bechtel Hall. She even remembers when students had to remain single and live on campus. But, what she remembers most is the positive thinking that always prevailed, through every decade.

"It was contagious," she says. "When I first joined the faculty, we were almost all young risk takers. We didn't even think of the potential of a flop. The highlight of the 1970s was the big move to the baccalaureate program. There was a lot of work on curricular design; it wasn't just about adding a few



courses. Once that was in place for nursing, it was, 'OK, now let's begin to introduce other health professions.' Samuel Merritt just seemed to attract people who had that kind of energy."

In 2004, Linda moved to Tucson, where she serves on the faculty of the University of Arizona College of Nursing and coordinates the accelerated second degree program. She is also co-authoring (with Dr. Roberta Durham, Professor Alumnus) a new maternity textbook that will be published late in 2009 by F. A. Davis Company.

"When I was visiting the Samuel Merritt campus in December, I could tell that things haven't changed... I'm not the visionary, but I can see the school continuing to grow, continuing to play a significant role in California healthcare — and still being here in another 100 years."

What is the biggest development you've seen in health education?

Oh, simulation, absolutely—it's staggering: the power of having people watch you perform and then analyzing your performance with your peers. When I graduated 40 years ago, there were things you simply could not learn to do until you were out in the field. Often, you graduated without ever having truly performed in a real emergency. The tradition of hands-on clinical exposure and

experience for which SMU has been known continues to this day, enriched by new technology.

What does SMU's diversification beyond nursing say about healthcare itself?

To some degree, it reflects the specialization in the health professions overall, which is largely a result of the growth in knowledge. It's no longer possible for one person to develop all the necessary expertise



Across 30-plus years, Professor **Emeritus Abby Heydman, PhD, RN**, held a succession of administrative positions at Samuel Merritt University that put her in the director's chair for what she calls "the three quantum leaps:"

- ☞ **SMU's transformation from a hospital nursing school to a college;**
- ☞ **the curriculum's diversification into other health sciences;**
- ☞ **the introduction of doctoral programs, including the California School of Podiatry.**

Together, these transitions have brought SMU to the verge of national stature.

"Each move took us to another level," Abby says. "Along the way, we have improved our capacity for scholarship and attracted students from a wider geographic range."

She credits the gradual professionalization and regulation of nursing in the mid 20th century with SMU's transition to an academic institution. She credits the dangers of having "all eggs in one basket (nursing)" as the driving force behind the addition of other disciplines. And, she sees the evolution of the disciplines themselves as requiring doctoral preparation.

"We started the Physical Therapy Program in 1989 as a master's degree, but that profession began moving quickly in the 90s, so we went to a doctoral degree. Originally, we weren't thinking of a university. That came later as the professions moved to higher levels of education."

Whatever the next leap, Abby believes it will depend on philanthropy.

"The cost of this kind of education is getting so high that tuition alone can no longer sustain it," she says. "It's already beyond the reach of many students. Moving forward we will be turning more and more to people who want to make a difference."



President Sharon Diaz presides over SMU's Founder's Day, along with the Board of Regents, faculty members and special guests.

for every role in healthcare. When I started to practice in the late 60s, there weren't any nurse practitioners or physician assistants. There were some respiratory therapists and maybe some early physical therapists, but over time, all of those disciplines have grown. It's a challenge for the industry, but the expertise improves the quality of care. Now does it mean more overhead? Absolutely, but if I have a health problem, I want my care and rehabilitation coordinated by an expert. It's a trend I think will continue.

How has healthcare itself changed since you were in practice?

The technology, of course, but also there are many more safeguards now, for example, in the way medications are dispensed. When I started, you read the doctor's order and went into the next room and picked out the drug yourself. There were rules, but still the possibility of human error was much greater. Today, more commonly, the exact dose labeled with the clients' name is delivered to the nursing unit.

What keeps you here and what keeps you going?

The learning—my own learning. There's always something new. Also, the feeling that what we do is important.

How would you describe your management style?

Rarely does anyone see me riled. It's my job to stimulate others to do their best. I believe it's essential that people feel okay to say, 'I made a mistake' or 'I don't know'.

Any predictions for the next 100 years?

I believe we'll see more simulation scenarios. They are expensive to develop and run, but the results are phenomenal and once a scenario is ready, it's efficient and cost-effective.

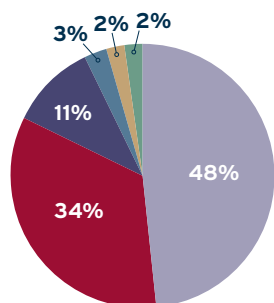
What do you hope for your own legacy?

I guess it would be having the vision, the determination, and the help to put the University "on the map" and keep it there. The number of diploma schools that have closed—to go from that to developing a national reputation and financial strength, it's been a great ride.

2008 financial review

DISTRIBUTION OF FUNDS RAISED

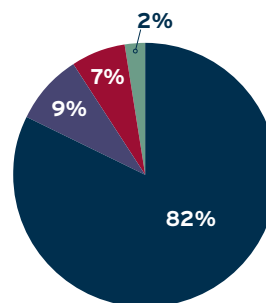
for Calendar Year 2008 (January 1–December 31)



Endowed Funds / Other	\$ 52,500
Endowed Scholarship Funds	\$ 42,201
Projects/Other	\$ 678,342
Miscellaneous Funds	\$ 45,829
Scholarship/Loan Funds	\$ 211,401
Special Purpose Funds	\$ 965,912
Total	\$ 1,996,185

RECEIVED BY FUNDRAISING VEHICLE

for Calendar Year 2008 (January 1–December 31)



In-Kind Gifts	\$ 45,324
Individual Gifts under \$5k	\$ 170,968
Individual Major Gifts of \$5k or greater	\$ 134,970
Foundations, Corporations and Organizations	\$ 1,644,923
Total	\$ 1,996,185

FINANCIAL INFORMATION AS OF DECEMBER 31, 2008

Revenue and Support

Tuition and fees	\$ 37,860,585	
Less: SMU funded scholarships	(3,484,383)	
Net tuition and fees	34,376,202	125.2%
Investment Income and gains	(15,031,138)	-54.7%
Increase/(Decrease) in net present value of trusts	(150,700)	-0.5%
Private gifts, grants, and bequests	2,040,534	7.4%
Government grants	233,963	0.9%
Auxiliary enterprises	612,815	2.2%
Affiliate contributions	4,131,611	15.0%
Other sources	1,242,227	4.5%
NET REVENUE AND SUPPORT	\$ 27,455,514	100.0%

Expenses

Education and general		
Instruction	\$ 24,153,325	58.8%
Academic support	4,417,567	10.8%
Student services	3,548,281	8.6%
Institutional support	6,687,684	16.3%
Auxiliary enterprises	956,471	2.3%
Capital Equipment and Facilities Improvement	1,317,827	3.2%
TOTAL EXPENSES	\$ 41,081,155	100.0%

Beginning in 2008, accounting rules required that gains and losses on investments be included in the Statement of Activities. Because of SMU's strong liquidity status, the University is not dependent on investment income to pay for annual expenses.

HONOR ROLL OF donors

This report reflects gifts to Samuel Merritt University
received between January 1, 2008 and December 31, 2008

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MEMBERS OF THE UNIVERSALIS CENTRALIS CIRCLE
(\$1,000 OR MORE)

ADVISOR'S VISITATION PROGRAM

American Podiatric Medical Student's
Association, Inc.

THE ALAMEDA-CONTRA COSTA MEDICAL ASSOCIATION AUXILIARY, DISTRICT I ENDOWED NURSING SCHOLARSHIP FUND

**Alameda-Contra Costa Medical Association
Auxiliary, District I**

Roberta T. Immel

In memory of Dr. Clarence Avery

In memory of Dr. Robert Beallo

In memory of Dr. Charles Coleman

In memory of Dr. Franklyn Hill, Jr.

In memory of Dr. Lyle N. Yates

ALUMNI SCHOLARSHIP FUND

Kathleen Dempsey Cargo '64

In honor of Kay Bodutch

In memory of Elizabeth "Betty" Coffey Majors '47

Ann Larson Ceasri '62

Kathryn Door Cleberg '71

Diane Elaine Delio '99

Gale Barnes DeVetter '60

In memory of Monica Savelli Duncan '60

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(Mary) Carol Gordon Falgout '44

In memory of Bonifield Wolfe Payne '45

Susan Holland Flatt '64

In memory of Doreen Frauen Fermaglich '64

David Heagerty

Joan DeProse Jacques '60

Patricia McGoon '96

Janet Rowland

Florence Lavoie Hunt Segal '56

In memory of Dorothy Drobny Tyler '56

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In memory of Sharon Richmond Metz '66

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Marjorie M. Snyder Way '48

In memory of Barbara Rhinehart

BURKHART BROSUIS SCHOLARSHIP FUND

Gretchen Brosuis

VELORA BUSCHER MEMORIAL SCHOLARSHIP FUND

Mrs. Robert Trares

CALIFORNIA SCHOOL OF PODIATRIC MEDICINE ALUMNI & ASSOCIATES ENDOWED SCHOLARSHIP FUND

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Dr. Diane Barry '85

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Dr. Timothy W. Bernard '78

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Dr. David R. Brace '76

Dr. Steven M. Brandwene '83

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Dr. Jeffery L. Chandler '74

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 Dr. Hsiao-ch'un Yu '86



L to R: Teresa Picchi, RN, MSN '96, Dr. Arthur Klatsky, 2008 Picchi Lecture Keynote Speaker.

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 Dr. S. Frank Ducato '57
 Dr. Duane U. Dyer '54
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L to R: Grace Galway Murphy '48, Marjorie Snyder Way '48, Florence Cuddeback Bywater '48, and Lynn Abrahamson Newacheck '48 at the Alumni Reunion Luncheon.



L to R: Mary Howard, Carolyn Nelson, Karen Kneisly Barry '70, and Carol Lucchesi Anderson '57 at the Alumni Holiday Diner.

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L to R: Classmates, Annette Silva '83, Debra Rae Krieger '83, Sam Roura Lippert '83, Marlene Miller Muir '82, Lorene Kreutzer-Eggett '83 spent the night at Bechtel Hall reliving old memories following the June Alumni Reunion.

Anna C. Picchi
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L to R: Dr. Ron Jensen '84, Cabell Adams, CSPM Class of 2009, Dr. Chris Robertozzi '81, and Dr. Ross Taubman '81 enjoy a sunset cruise at the CSPM/CCPM Alumni Reunion in Hawaii.



Lillian Harvin, Director of Facilities, seated left, and her family enjoy the "Day at the Ballpark" event.



Dr. Ollie Foster and Dr. Jan Tepper '77 enjoy the CCPM/CSPM Alumni Reunion in Hawaii.

- 🌿 Chris & Carla Ross
- Dr. & Mrs. Joseph Ross
- The Ross Family
- John A. Sabatte
- Dr. Mervyn A. Sahud
- Joseph & Norma Satten
- Dr. Lionel Schour
- Ruth Yih Shaps
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- In memory Mary Gomes Continente P'52*
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- Anita J. Haigh P'47
- Donna Rucker Healy P'58
- Jovine Fifer Hankins P'53
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L to R: Nancy McFarland '61, Lynne Kruse '61, and Kitty Perot '61 at the Alumni Holiday Dinner.



Nursing students Bethany Flakes and Douglas Frey received scholarship awards at the SMU Alumni Holiday Dinner.



Adelina Gage-Kelly, Simulation Coordinator, instructs a middle school student who participated in the third annual "Youth in Medicine" event.

- Dr. Bruce Richardson
- Chris Robertson
- ☛ Chris & Carla Ross
- Dr. Reed A. Rowan
- ☛ Dr. Thomas Sgarlato '63
- Janice K. Stamos
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