



A SPACE TO HEAL

*More than bricks and mortar,
Golisano Children's Hospital reflects
a new model for pediatric care.*

*By Karen McCally '02 (PhD)
Photographs by Adam Fenster*

Since construction workers broke ground on Golisano Children's Hospital in September 2012, the Greater Rochester pediatrics community, and hundreds of families with children living with complex medical conditions, have been awaiting and anticipating the new facility as though it were a baby in gestation.

The largest capital project in the University's history, the hospital officially opened its doors in July, completing phase one of a two-phase project. While phase two, which is under way, includes construction of a new pediatric intensive care unit and operating suite, phase one has already lifted the Medical Center into the forefront of pediatric care.

There's been a building boom nationally in children's hospitals. Universities with stellar teaching hospitals, such as Johns Hopkins and the University of Michigan, like Rochester, boast new, stand-alone children's hospitals. There's much more at stake than bragging rights.



PEDIATRICIAN-IN-CHIEF: Nina Schor, the William H. Ellinger Chair of Pediatrics, presides over the eight-story, stand-alone Golisano Children's Hospital. Teagan Wagner, 8, of Honeoye Falls, New York, admitted for hip surgery in July, was among the first patients in the new hospital (opposite).

Nina Schor, the William H. Eilinger Chair of Pediatrics and pediatrician-in-chief of the hospital, says the trend is taking place because “in some ways, we are victims of our own success.”

“Children who not that many years ago would have succumbed to chronic illness long before they reached adulthood are not only surviving, but in many cases thriving,” she says. “But they need episodic help when they have an exacerbation of their illness, or they may need technology to keep them healthy and functioning.”

It’s also the case that the entire approach to caring for children in the hospital has changed.

A generation ago, it was standard procedure to keep parents out of the room when doctors or nurses drew blood from a child, started an IV, or performed a spinal tap, for example. In recent years, the thinking has changed dramatically. Parents are welcomed as part of the health care team as never before. They’re not only a source of comfort to their child, but they hold important information that medical professionals might not be able to elicit from the child on their own. And when the child is released, it’s helpful for parents to know as much as possible about the treatments their child has endured, and how to care for the patient at home.

“The whole mind-set has changed 180 degrees,” says Schor. “But this requires a very different physical plant.”

The centerpiece of the Medical Center’s *(Continued on page 34)*



NAMESAKE: “The only wealth that you get to keep is that which you give away,” said Golisano, the hospital’s lead benefactor, at a dedication ceremony in May.

A Dedication to Pediatric Care

It was B. Thomas Golisano’s \$20 million lead gift in 2011 that set plans in motion to build the new hospital. A longtime generous donor to the University, Golisano had already given \$14 million in 2002 to what was then the Strong Children’s Hospital for upgrades to laboratories, medical technology, and the recruitment of a significant number of additional clinical experts and faculty members. But as Golisano observed in his 2011 announcement, “A new facility is necessary to keep pace with medical and technological advancements and meet the modern standards of a children’s hospital.”

A native of Irondequoit, just outside Rochester, Golisano is the founder of Paychex, which is among the nation’s leading payroll processing firms. Since 1985, he has given nearly \$150 million to various institutions, with a focus on health care, education, and services and opportunities for people with intellectual disabilities. In addition to his two gifts to the hospital totaling \$34 million, Golisano’s foundation has given more than \$2 million to establish a partnership with the University, the Institute for Innovative Transition, serving young adults with developmental disabilities as they make their way to further education or the workforce, and to support initiatives to improve oral health care for individuals with intellectual and developmental disabilities.

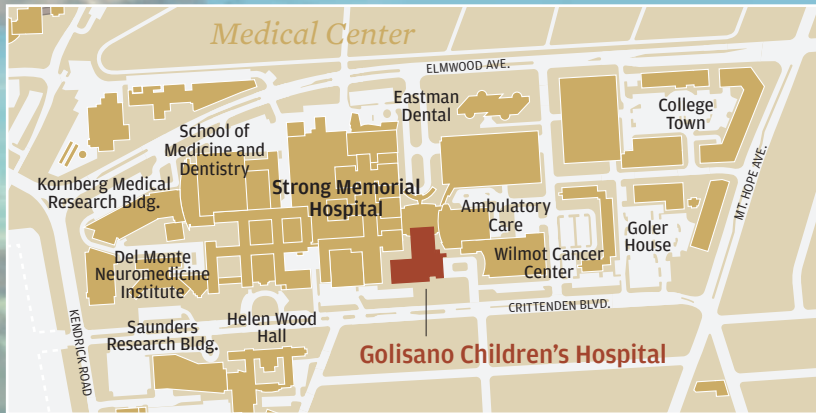


A PLAYFUL DESIGN: The seventh-floor Christie Simonetti Playdeck offers a space to accommodate siblings and patients, and a scenic view, connecting patients to the world outside the hospital walls.



Golisano Children's Hospital

The largest capital project in the University's history, the eight-story, 245,000-square-foot, \$145 million Golisano Children's Hospital opened its doors in July. A second phase of the project, slated for completion in 2017, will bring a new pediatric intensive care unit and a suite of operating rooms, among other improvements.



- 8 Eighth Floor
- 7 Seventh Floor
- 6 Sixth Floor
- 5 Fifth Floor
- 4 Fourth Floor
- 3 Third Floor
- 1 First Floor
- G Ground Floor

A project made possible by widespread community support, Golisano Children's Hospital features state-of-the-art facilities and technology in an environment designed to help children heal. Here's a look at a sample of those spaces.

G Ground Floor

With a lake theme, the floor has a two-story atrium, facilities for MRI, CT, PET, and other imaging technologies, and a dedicated waiting area for children with appointments at the diagnostic center.

Bradford C. Berk Imaging Lobby

A waiting and reception area for the diagnostics center, the space is designed with playful architectural features.

Ganatra Family Atrium

The two-story atrium provides access to the ground- and first-floor lobby areas, as well as to Strong Memorial Hospital.

B&L Wholesale Supply Inc. MRI/PET-MRI Suite The hospital is the first in upstate New York and the first children's hospital in the nation to have a PET-MRI, a device that integrates two imaging technologies.

1 First Floor

The main entry for the hospital, the floor features pediatric support services, including patient arrival, nursing and residency administration, a conference center, and family hospitality facilities.

Mark Daniel Siewert Pediatric Conference Center

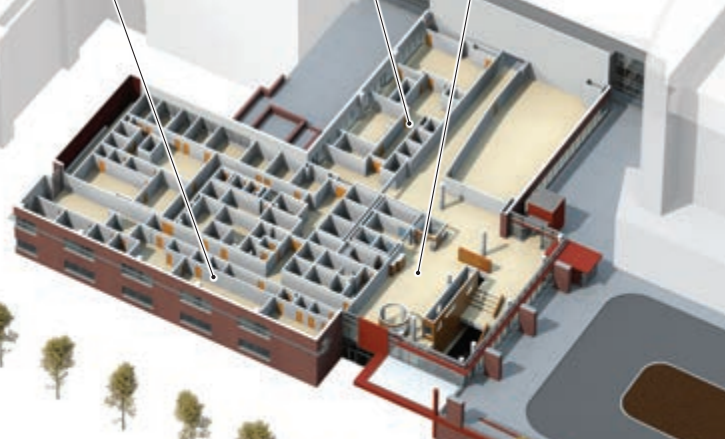
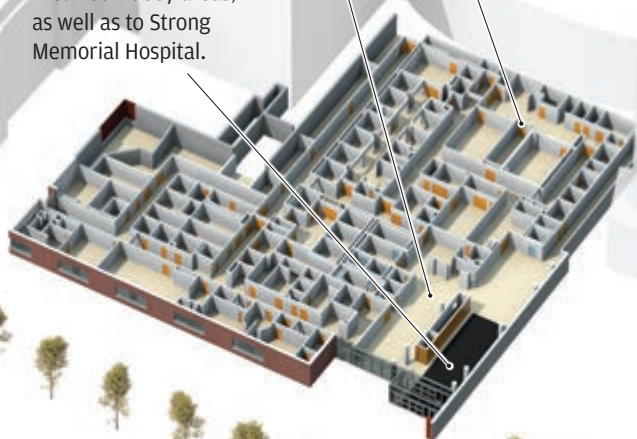
With several conference rooms and ample breakout space, the new center provides much-needed meeting space for the hospital.

Ronald McDonald House Family Room

With a fireplace and colorful, comfortable furniture, the room offers families a place to take breaks during visits.

Walmart and Sam's Club Pediatric Lobby

Designed to help put children and their families at ease, the lobby is the main entryway to the hospital.





3 Third Floor

Home to the Gosnell Family Neonatal Intensive Care Unit and the Wegmans Nursery, the floor has a meadow theme and features 44 private patient rooms.

Marshall Family Bridge

The bridge serves as an important connection between Golisano Children's Hospital and NICU facilities in Strong Memorial Hospital.

Frederick B. Kilmer Foundation Patient Suite

The largest of the NICU patient suites, the suite includes 25 private patient rooms.

iHeartRadio Patient Suite

One of two smaller patient suites, the area includes 10 private rooms.

7 8 Seventh and Eighth Floors

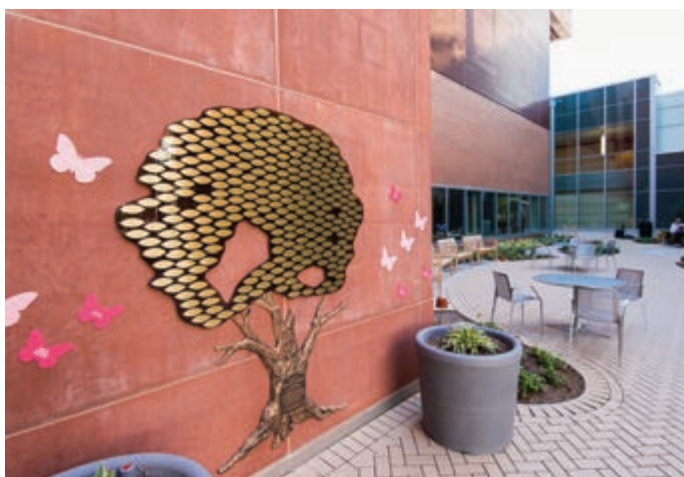
Almost identical in design, the seventh and eighth floors feature a park and city theme, respectively, and include private patient rooms, play spaces, and areas designed for families and teens.

Christie Simonetti Playdeck

The enclosed two-story play area provides a chance for patients to run around and have fun.

Wegmans Teen Lounge

The lounge offers teenage patients a space to relax and engage in activities suited to their interests and needs.



(Continued from page 30) component of *The Meliora Challenge*: The Campaign for the University of Rochester, the eight-story, 245,000-square-foot hospital is named for Paychex founder and philanthropist B. Thomas Golisano, who provided the lead gift of \$20 million. The new hospital includes 52 private patient rooms, spacious enough for parents to stay comfortably with their child. It also houses conference rooms that provide a quiet setting for parents to meet with their child's health care team. Computer terminals, as well as a professional liaison librarian, are available to help family members who often want to learn as much as they can about their child's illness. The hospital also includes meeting places large enough for families to interact. "You need a space big enough for families to meet with one another so that the families more experienced with a particular illness can talk to the families with a child who's newly diagnosed," says Schor.

The new building allows for major improvements in the care of premature or sick infants, who make up a sizeable portion of the patient population. As in the rest of the hospital, parents can stay with their child in the 68-bed Gosnell Family Neonatal Intensive Care Unit.

"Parents are soothing to the children," says Tim Stevens '87M (MD), '05 (MPH), medical director of the NICU and clinical director of the hospital. "They promote the healing environment. And premature babies, sick babies, as they get older, start working on their feeding skills. To have mom near them for breastfeeding is obviously critical."

There are smaller details as well, that nonetheless have a sizeable

FAMILY-CENTERED: Chief clinical officer Tim Stevens consults with members of the Williams family—parents Terrence and Michelle and daughter Rusheen—about son Roshane, 15, a dialysis patient, in the Walmart and Sam's Club Pediatric Lobby; the Ganatra Family Atrium (middle) and Grace's Garden (bottom), named in honor of Grace Esposito, contribute to a welcoming environment, as does a second garden, Laura's Garden, named in honor of Laura Olander.




impact: healing gardens, play areas designed for both patients and their siblings, and bright murals featuring landscapes and cityscapes of western New York.

Schor emphasizes that the project is not yet finished. In a second phase, expected to be complete by 2017, the hospital will develop a pediatric heart transplant program, building on the skills and reputation of George Alfieris, an internationally recognized pediatric cardiologist and the only pediatric cardiac surgeon in the region.

The hospital will also construct a new pediatric intensive care unit and six pediatric operating rooms, capitalizing on the talents of Walter Pegoli, whom colleagues credit with building a first-rate surgical program in his role as chief of pediatric surgery and the Joseph M. Lobozzo II Professor in Pediatric Surgery.

Hospitals are, by their very nature, intense, emotional places. An important part of helping families make their way through the experience belongs to the Wegmans Child Life Program, whose specialists work with families to help bring some normalcy to their time in the hospital. But creating a hospital that offers peace, respite, and as much levity and play as patients can take on, is no easy task. On move-in day, for example, patients weren't just rolled from the old facility into the new. They were treated to a scavenger hunt along the way.

"We prepared for any medical emergencies along the route and made sure that necessary equipment and monitoring were in place," says Denise Clough, pediatric nurse manager. "The logistics and responsibility of transferring our patients was pretty intense, but we knew it was also important to have some fun along the way. After all, this is a pediatric hospital and we are all about the kids." 

HEALING TOUCH: Danielle Scarborough, of Elba, New York, holds the hand of her son, Hudson, born by emergency C-section in July (top); the eighth-floor elevator lobby introduces the geographic theme of that floor (middle); the Bradford C. Berk Imaging Lobby (bottom) brings light and space to the hospital's ground floor.





A Vaccine Was Born

A Rochester innovation transformed pediatric medicine over the past quarter century.

By Scott Hauser

Nina Schor remembers the sharp demarcation between the prevaccine and postvaccine eras in the pediatric history of *Haemophilus influenzae* type b, an infectious bacterium better known by its initials, Hib.

There were the little details, like the smell. As a resident at Boston Children's Hospital in the 1980s, Schor remembers the infant and toddler ward filled with children being treated with the antibiotic ampicillin to fight off the infections caused by Hib. At the worst, those include not only meningitis, but also pneumonia, arthritis, and epiglottitis—a life-threatening infection of the throat.

The diapers on the ward would take on a readily recognizable odor as the kids excreted ampicillin in their urine.

"We used to joke that as you got off the elevator on Division 26 of Boston Children's, you could smell the ampicillin in the air," says Schor, now the pediatrician-in-chief at Golisano Children's Hospital and the William H. Eilinger Chair of Pediatrics. "I mean, the whole ward smelled from the diapers of these babies."

By 1994, when she was an associate professor of child neurology at the University of Pittsburgh, the infections were so rare that a single case of a six-month-old admitted with meningitis caused by Hib became an important teaching moment for medical students and residents at the pediatric intensive care unit at Children's Hospital of Pittsburgh.

"Before the cultures came back and the gram stain was done, we—the intensivist, the general pediatrician, and I—had made the diagnosis because the kid clearly had meningitis and was anemic,"

Schor says. "And so we said, 'Gee, we haven't seen this in half a dozen years, but this looks like *Haemophilus influenzae*.' And sure enough, that's what it was.

"And the next thing we knew, it seemed like a hundred students and residents who had never in their lives seen a case of *Haemophilus meningitis* came down to the PICU to see this very unusual baby."

"It seemed like overnight that it went from seeing this as the predominant disease on the infant and toddler ward to not seeing it at all," Schor says. "I'm sure there was a middle zone in which it transitioned, but it just seemed to me to happen very rapidly."

A key point in that history can be traced to a makeshift lab in the School of Medicine and Dentistry. There, at the time when Schor was a resident on the wards of Boston Children's Hospital, a Medical Center team was refining an approach to vaccine technology that helped launch a new era in pediatric medicine.

Led by the pediatrician David Smith, a team including chemist Porter Anderson, now professor emeritus of pediatrics, and former Medical Center pediatric immunologist Richard Insel developed their version of "conjugate vaccine technology," an approach to boosting the immunity-inducing power of

vaccines that's credited with nearly eradicating a once widely feared childhood infection.

The U.S. Food and Drug Administration approved the Rochester vaccine for use in infants in the fall of 1990. (A different version, based on the work of NIH scientists Rachel Schneerson and John Robbins, had already been approved for toddlers.)

Steven Cochi, a senior advisor to the director of the Global

AIMING HIGH: "We were really aiming at something that American pediatricians were looking for," says Porter Anderson (opposite), a Rochester biochemist who helped develop the first vaccine for toddlers and infants that was effective against a form of bacterial meningitis.



1993

Hib Vaccine Global Coverage

World Health Organization coverage estimates, by region from 1993 through 2013, of the share of population receiving the third dose of *Haemophilus influenzae* type b vaccine.

- Not introduced/Data not available
- 1-20 percent
- 21-40 percent
- 41-60 percent
- 61-80 percent
- 81-100 percent

A Global Effort

The introduction of effective Hib vaccines has been a “shining example of the power of vaccines,” says Steven Cochi, a senior advisor to the director of the Global Immunization Division at the Centers for Disease Control and Prevention. Since conjugate vaccine technology was first developed at Rochester and approved for use in toddlers and infants 25 years ago this fall, the widespread use of Hib vaccines has become common in many parts of the world. The result has been a dramatic reduction in the incidence of invasive infections caused by *Haemophilus influenzae* type b in the United States as well as globally.



1998



2003



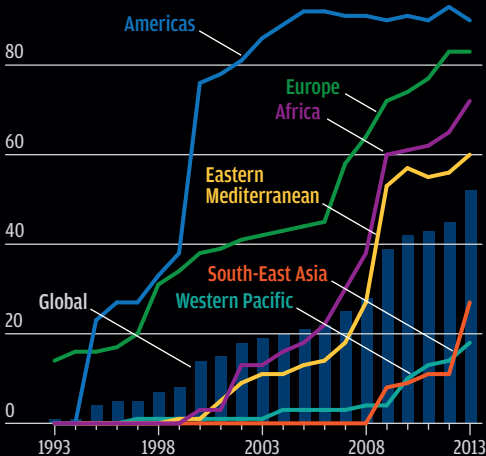
2008



2013

Coverage by WHO Region

100 percent of Hib vaccine coverage



Immunization Division at the Centers for Disease Control and Prevention, says the Rochester work was a “big game changer.”

“The disease virtually disappeared because the vaccine worked,” says Cochi, himself a pediatrician who has tracked the incidence of Hib infections for more than 30 years. “And that’s the message here: vaccines work, and we need to use them.”

According to CDC figures, before the advent of an effective vaccine, there were roughly 20,000 Hib infections annually in the United States, primarily among children younger than five. By 2011, only 14 Hib infections in children younger than five were reported in the country. “It has become a rare disease in the United States,” says Cochi.

While the original Rochester vaccine was eventually superseded, the technology behind it was licensed for what became a highly effective vaccine against pneumococcal meningitis, an equally dangerous childhood infection that has also become rare in the United States. Far and away the most lucrative in Rochester’s history, the agreement has accounted for more than \$150 million in licensing revenue.

Anderson, who received an honorary doctor of science degree at the School of Medicine and Dentistry’s commencement ceremony last spring, says he was drawn to solving a complicated biochemical question when Smith approached him about working on a vaccine. The two originally had met at Boston Children’s Hospital, where Smith’s training as a physician had prompted the idea of developing a Hib vaccine.

Lacking a background in chemistry, Smith turned to Anderson. When Smith joined the Rochester faculty, he recruited Anderson to join his small team.

“We were really aiming at something that American pediatricians were looking for, or hoping for, and that they needed,” Anderson says. “Such was state-of-the-art pediatric care in the U.S. that *Haemophilus meningitis* was something that scared the heck out of pediatricians. I learned about this through David Smith.”

Throughout his career, Anderson has described himself as a “Yankee engineer”—“I like solving problems with the materials at hand more than framing hypotheses,” he has written. He credits the entrepreneurial spirit of the Medical Center with fostering an atmosphere in which a small group of physicians and research scientists could work collaboratively on a problem. That wasn’t always the case in medical research at the time, he says.

Setting up a lab in the Medical Center, the team worked through iterations of the vaccine, developing an initial version that used a surface carbohydrate molecule from Hib bacteria to effectively induce immunity in toddlers.

But that early version was not as effective in infants, the most at-risk population. When Smith found that he couldn’t interest a pharmaceutical company in commercializing their research, the three established their own start-up, Praxis Biologics.

Working from a small “clean room” in what is now the Larry and Cindy Bloch Alumni and Advancement Center, Praxis began making the plain carbohydrate vaccine for toddlers in 25-microgram doses for shipment across the country.

The income from those sales funded continued research, particularly the work on a vaccine that would be effective in infants. The breakthrough came when the team combined the plain carbohydrate molecule with a protein from a different bacterium. The result was an antigen that boosted immunity in children younger than two.

“The pediatric infectious diseases chief, Keith Powell, used the vaccine in his infant daughter, whose name is Lindsey, and he took the blood samples,” Anderson says. “With that set of before-and-after blood samples, the rise in antibody was so dramatic that I knew it was going to work.”

Anderson later endowed a professorship in recognition of Lindsey

Powell, the Lindsey Distinguished Professorship for Pediatric Research, a position currently held by Francis Gigliotti.

Another physician, Michael Pichichero, who was on the faculty at the time but is now in private practice, also was instrumental in testing the early iterations of the vaccine. “And that sort of helped refine the chemistry of it,” Anderson says, “to optimize how to put the vaccine together.”

By the time that Praxis demonstrated the effectiveness of the technology, commercial companies had made considerable progress on their own versions of a Hib conjugate vaccine. “All of a sudden, there were three or four Hib conjugates,” Anderson says, including versions that induced immunity against diphtheria, tetanus, pertussis, and hepatitis. Praxis was in danger of being left behind, but the team members turned their attention to whether the technology would work as a way to combat *Streptococcus pneumoniae*, a family of bacteria that also causes meningitis and other invasive diseases. A bacterium from that family was, at the time, the cause of millions of ear infections annually in children. Led by chemist Ronald Eby, the Praxis lab developed a pneumococcal conjugate, leading to vaccine technology that would be licensed to Wyeth Pharmaceuticals, now a subsidiary of Pfizer, and that would be marketed as the Prevnar vaccine. Members of the Wyeth team, including Dace Viceps Madore ’69, Maya Koster ’83, Eby, and Velupillai Puvaneserajah, received the National Medal of Technology from President George W. Bush in 2007 for their work to develop Prevnar.

For his pioneering work, Anderson—along with Smith, who died in 1999, and Schneerson and Robbins—received the 1996 Albert Lasker Clinical Medical Research Award, one of the highest honors in medical science. Anderson was inducted into the National Academy of Sciences in 2010 and was appointed as a fellow of the American Academy of Microbiology in 2011. After he retired from the University in 1994, Anderson came out of retirement in 1996 to work on a new vaccine project with colleagues at Boston Children’s Hospital, where he and Smith first met nearly 30 years earlier. The goal is to develop an inexpensive vaccine against pneumococcus that can be applied nasally or orally in children, a delivery technique that would be cheaper and easier to implement in parts of the developing world.

“Even before [the Praxis technology] was licensed, it was understood that it would be so expensive that it couldn’t be afforded in the Third World, where the burden of pneumococcal disease is highest,” Anderson says. “People in the World Health Organization realized this and were wondering about what to do. I was part of the thinking about that, and I envisioned a very cheap way to make a vaccine that would prevent all the types of pneumococcal infection.

“I’ve been at that ever since. My motivation was that I knew the pneumococcal conjugate vaccine called Prevnar was going to be a financial success and a partial success for pneumococcal disease in the industrial world. And I thought, ‘Well, just for fun, I’ll try and do something that’s kind of a competitor of that,’ and so I did.”

Schor says she only learned the story of Rochester’s conjugate vaccine technology after taking the position as chair of pediatrics in 2006. The more she learned, the more she realized that the work represented an early example of what today is known as translational medicine—the idea that scientists can move a discovery into a viable, effective treatment more quickly when they are organized to bring their talents together.

“Now more than ever, the dialogue between the bench and the clinic is critically important,” she says. The academic background, training, and skills of several perspectives can be a powerful combination, especially when brought together as a team.

“The power really is in the partnership between the scientist and the clinician.” 



A Towering Reunion



Fifty years ago, members of the Class of 1965 were among the first Rochester students to live in a coed hall, one of many signs that social and cultural changes were afoot—on campus and in the world around them.



By Scott Hauser

For the first two years of her life as a Rochester undergraduate, Gwen (Meltzer) Greene '65 joined other women students late in the afternoon to wait for dinner in the Women's Residence Halls. At the appointed time, the women took their seats for meals that were served family style. After dinner, the time was their own, but the women—and only the women—had to be back in their dorm by 11 p.m. on weeknights and by 1 a.m. on weekends.

When Greene and her classmates returned to campus for their junior year in September 1963, the residential world of the River Campus was noticeably different. Greene moved into "the Towers," a pair of high-rise residence halls that had opened that summer. Restricted to upperclassmen in the Classes of 1964 and 1965, the dormitories represented an experiment in campus living that was new in American college life—men and women were assigned to live on different floors in the same building.

Gone were the curfews and other parietal rules for the women in the Towers (although they remained in effect for the Women's Residence Halls), gone were many of the dinner rituals (the Towers complex would include a new cafeteria-style dining hall), and disappearing quickly was the notion that young

CLASS TRADITIONS: When members of the Class of 1965 returned for their sophomore year (above), they were expected to inculcate the incoming freshman class in the ways of campus life, such as the proper etiquette for wearing beanies, and other traditions.

NATIONAL EVENTS appear above the timeline

1961

1962

U.S. announces embargo against Cuba.

Astronaut John Glenn becomes the first American to orbit the Earth.

Bob Dylan releases his debut album, *Bob Dylan*.

The U.S. Supreme Court rules that it is unconstitutional to require prayer in public schools.

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
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More than **660 freshmen** arrive for Frosh Camp.

The freshman Class of 1965 loses the **annual flag rush competition** to the sophomore Class of 1964.

Construction begins on the **Hopeman Building** to accommodate growth in engineering programs. The building would be finished in 1963.

CAMPUS KEEPSAKES: Sharon Cornell Rose '65 has kept her freshman beanie (page 40), as well as a stuffed "U of R" dachshund, and other mementos of campus life.



The **Eastman Philharmonia** returns in March from a tour of Europe, the Middle East, and the Soviet Union, a cultural exchange organized by the State Department.

people—and young women in particular—could not be empowered to take a greater role in supervising themselves.

“Moving into the Towers, that was the defining thing for our class,” Greene says as she prepares for her 50th reunion this fall.

Now a member of the University’s Board of Trustees, Greene says it’s hard to describe the excitement that many students felt about being part of such a moment. “It was defining for the whole country. It helped changed the whole residence hall structure of college.”

Such memories are on the minds of many members of the Class of 1965 as they look forward to returning to campus for reunion and other activities during Meliora Weekend, October 8 to 11. As part of a 50th reunion tradition, the reunion’s organizing committee asked each member of the class to contribute brief summaries of their lives since graduation as well as short accounts of their fondest campus memories.

Celebrate Meliora Weekend

In addition to reunion celebrations for classes ending in '0's and '5's, Meliora Weekend, October 8 to 11, features homecoming, parents weekend, and a program of presentations, talks, and activities for alumni, students, faculty, parents, and friends. Learn more at the website, Rochester.edu/melioraweekend.

According to some of those memories, the transition to coed living made a deep impression, but for most, being on the River Campus from the fall of 1961 to the spring of 1965 was excitement enough: it was a time of making strong friendships, of immersion in often-rigorous academic opportunities, and of enjoying the camaraderie of being among a group of smart and energetic young people.

There are memories of panty raids and beer blasts, fraternity parties and Dandelion Day; there was Frosh Camp and Flag Rush. The freshmen wore beanies and proudly put to memory a handful of Rochester spirit songs.

But seeping into that narrative are inklings of political, social, and cultural change in the world around them.

Some note the deepening cold war, prompted by the Bay of Pigs invasion and the Cuban Missile Crisis. They remember the pall cast over campus when John F. Kennedy was assassinated.

As the class members returned for senior year, they had witnessed Freedom Summer, as well as violent race riots in Rochester, Los Angeles, and elsewhere. And by the spring of 1965 some faculty and students were organizing “teach-ins” and taking part in national marches against the escalating war in Vietnam.

Campus life mirrored some of those tensions as well.

Some who were in NROTC write that they forged close friendships and found support for their studies—but also recall increasing

Marilyn Monroe is found dead at age 36.

Rachel Carson's *Silent Spring* is published.

The Cuban Missile Crisis threatens to develop into a nuclear confrontation between the U.S. and the Soviet Union.

Betty Friedan's *The Feminine Mystique* is published.

NAACP field secretary Medgar Evers is assassinated at his home in Mississippi.

1963

AUG

SEP

OCT

NOV

DEC

JAN

FEB

MAR

APR

MAY

JUN

JUL

William Riker joins the faculty to lead the Department of Political Science, and **Hayden White** is named chair of the Department of History.

An **IBM 7070**—a “high-speed computer system”—is formally dedicated. Rochester is one of only five universities in the United States to have the state-of-the-art computer.

Co-Kast production of *Bye-Bye Birdie* includes **Robert Foster** '64 as an extra. Foster would later change his name to Forster and become an Oscar-nominated film and television actor.



A Rochester team, including members of the Class of 1965, participates in finals of the **College Bowl** quiz show.



W. Allen Wallis is inaugurated as Rochester's sixth president. Former president and U.S. Army General **Dwight Eisenhower** received an honorary degree.



The **Yellowjackets** a cappella group tours Europe on a trip sponsored by the USO.

antiwar sentiment making their experience at Rochester “caustic” and “unpleasant.”

The class also includes Bonnie Thornton Dill, one of the first African-American women to live in a Rochester dorm. When Dill was admitted, the administration sent letters to some of her women classmates, asking if they would be comfortable rooming with an African American. Dill, now the dean of the College of Arts and Sciences at the University of Maryland, notes that she made good friends at Rochester and received a good education, but that being the only African-American woman “was not something I’d recommend to my children or grandchildren nor is it something I would do again.”

“I think what all of it meant was that there was change in the air, and people were just beginning to cope with it,” says Barbara Baer '65, who transferred to Rochester as a junior and moved into the Towers, where she was elected to the first council that represented students there.

“Something was going on that was much deeper than just the day-to-day of going to class,” says Baer, who majored in political science before embarking on a career as a political strategist in New York City. “It was really the beginning of the real revolution in the way we think, act, and behave.”

By the early 1960s, colleges across the country were beginning to recognize some of those changing dynamics. Indiana University is believed to have opened the first coeducational dorm in 1956, according

to the *Chicago Tribune*, but at a time when many elite universities had not yet become coeducational, the concept of men and women living in a single building was slow to catch on.

At Rochester, administrators credited students with being “intelligent young people, capable of mature judgment” who could handle the new arrangement but were careful to assure alumni and parents that the University was moving cautiously.

“It is only the confidence and pride in the judgment of Rochester men and women that has permitted us to embark on this program,” wrote Joseph Cole, dean of student affairs, in the September-October 1963 issue of *Rochester Review*.

“We recognize the Towers as experimental and we expect it will be necessary to evaluate the program on the basis of experience. Not all of the upperclass students can be accommodated in the Towers; this insures the opportunity of choice for those students (and parents) who feel that the Towers do not provide a living unit appropriate for the needs of a given student.”

Today, the Towers are Anderson and Wilder Halls, the original complex’s dining center is now the Sage Art Center, and a newly opened dorm, O’Brien Hall, completes what is known as Jackson Court. The Women’s Residence Halls is the coed Susan B. Anthony Hall. And the idea of being assigned to live in a building based on sex or of having a curfew would be as puzzling to students as the idea that

Martin Luther King Jr. delivers his “I Have a Dream” speech during the March on Washington for Jobs and Freedom.

Church bombing in Birmingham, Alabama, kills four and injures 22.

President John F. Kennedy is assassinated in Dallas.

U.S. Surgeon General reports that smoking may be a health risk.

The Beatles make their U.S. television debut on the *Ed Sullivan Show*.

Rochester becomes one of many U.S. cities wracked by race riots during the “long, hot summer” of 1964.

President Lyndon Johnson signs the Civil Rights Act of 1964.

1963

1964

- AUG
- SEP
- OCT
- NOV
- DEC
- JAN
- FEB
- MAR
- APR
- MAY
- JUN
- JUL

Center for Visual Science is established as an interdisciplinary program bringing together researchers from physics, optics, psychology, engineering, and other fields.

Diploma ceremonies are introduced as part of commencement exercises. Designed as a complement to the main ceremony, diploma ceremonies allow each department to recognize graduates.

Arthur May, professor of history and University historian, retires. (“The incredible notion that this year the First of June would indeed be the Last of May,” noted *Review*.)



Towers residence halls open as one of the first coed dorms in the country. The buildings are designed so that groups of four to six students live together in suites. Each floor is designated for men or for women. Residence is limited to upperclassmen, and women living there no longer have to follow the parietal rules enforced in the Women’s Residence Halls (now Susan B. Anthony Hall).



Ray Charles performs at the Palestra as part of Fall Weekend.

students once had to wait in a common area to use a single phone.

Former Yellowjacket quarterback and Hall of Fame inductee David Wormuth ’65 has watched campus change over several decades, first as a member of the Class of 1965 who relinquished a scholarship to play football at Syracuse in order to transfer to Rochester, and later as associate director of admissions. Rochester always had high expectations for its students, he says. “Rochester was quite unique in being small, selective, and coed,” he says. Although thought

to be slow to change, the University had a willingness to experiment, as the transition to the Towers can attest. “I marvel at that. I thought Rochester was a fairly conservative school at the time.”

Dick Rice ’65 says that regardless of the impending social and political changes facing students, there was an excitement about being at Rochester during the early 1960s.

“When you walked across campus, you looked someone in the eye because you knew they were your friend,” says Rice, who in a career as a

Who’s Who on the Cover?

When members of the Class of 1965 take part in reunion this fall, they will see a lot of historical photos, including their original senior class photos that appeared in the *Interpres*. The cover features a small snapshot of the class.

1	2	3	4	5	6
7	8	9	10	11	12
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25	26	27	28	29	30
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|---------------------------|--------------------------|---------------------------|----------------------------|
| 1. Richard Alrutz | 10. Andrea Lazar Schloss | 19. Barbara Baer | 28. Paul Frommer |
| 2. Marcia Wick Fishbach | 11. Chris Wyser-Pratte | 20. Tom Sloan | 29. Tina Scott |
| 3. Thomas Witmer | 12. James Schloss | 21. Bonnie Thornton Dill | 30. Barbara Schultz Fowler |
| 4. Marsha Levinson Harris | 13. Gretchen Goeckel | 22. Dave Wormuth | 31. Robert Wayland-Smith |
| 5. Richard Mengel | 14. Tim Londergan | 23. Penelope Dyk Carter | 32. Sydne Weiner |
| 6. Dennis Bowler | 15. Gwen Meltzer Greene | 24. Gretchen Ging Babcock | 33. Rodney Burdette |
| 7. Fred Meyer | 16. Richard Rice | 25. Timothy Butts | 34. Melanie Lenard |
| 8. Robert Kosakoski | 17. Sharon Cornell Rose | 26. Sheila Blumstein | 35. Thomas Lehrer |
| 9. George Ward | 18. Jay Plotkin | 27. Nancy Ehrich Martin | 36. James Mullen |

Lyndon Johnson defeats Barry Goldwater in the 1964 presidential election.

Gulf of Tonkin Resolution authorizes use of military force in Vietnam.

Martin Luther King Jr. is awarded the Nobel Peace Prize.

Malcolm X is assassinated in Harlem, New York.

Use of tear gas and police dogs against civil rights marchers in Selma, Alabama, draws national outrage.

More than 25,000 protesters demonstrate in Washington, D.C., against the Vietnam War.

Social Security Amendments of 1965 are signed into law, establishing Medicaid and Medicare.

1965

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Ground is broken for the **Nuclear Structure Laboratory** on what is now the South Campus.



New York senate candidate **Robert Kennedy** visits campus. He and President Lyndon Johnson also make a campaign stop in Rochester in October. Former Vice President Richard Nixon visits campus that fall as well.

C. E. K. Mees Observatory in the Bristol Hills is dedicated. The facility is administered by the Department of Physics and Astronomy.

Tim Londergan '65 is named a Rhodes Scholar. The physics major from Wilmington, Delaware, was also captain of the squash and tennis teams.



Howard Hanson retires as director of the Eastman School of Music, ending a 40-year tenure.



Commencement ceremonies are held in Fauver Stadium. James Perkins, president of Cornell, addresses the graduates.

consulting engineer worked on many of the buildings that have sprung up on campus since 1965. "It reminds me of why the U of R is special."

In many ways, the practicalities of the era—no cellphones, no laptops, few cars—helped bring classmates together, he says. "We recognized the importance of education, and we didn't have the distractions that pull people away."

Some of the class statistics attest to a focus on academics—the class included Rhodes Scholar-winning physics student Tim Londergan—as well as time for social engagement, personal friendships, and a commitment to their alma mater.

Several have had prominent careers in academia, business, and other fields. Of the more than 600 or so in the class, 32 married another Rochester graduate. At least 26 children of the class eventually enrolled at Rochester.

In addition to Greene, two others—Tom Sloan and Sheila Blumstein—have served as current or former trustees.

Members of the class raised families—and are proud parents and grandparents—served in the military, and volunteered in social, cultural, and community organizations.

A French major, Greene moved to New York City after graduation and eventually became a financial advisor for JP Morgan Securities. On campus, she tried to take advantage of as many opportunities as she could, volunteering to write the constitution for the Towers,

helping teach inner-city school children, and serving as an usher at W. Allen Wallis's inauguration as University president.

The society of the early 1960s put less pressure on students, she says, giving them more time and space to explore. Since graduation, she has mentored students interested in working on Wall Street and has counseled students who were recipients of scholarships that she has established. She has noticed that current students seem to be much more aware of how to move ahead in their careers.

"For me, college was a time to learn who I was and get a greater sense of self-confidence, and know that I was with a lot of smart people," she says. "It never would have occurred to me that I was building a résumé."

Baer says the sense of developing maturity and growing independence are important aspects of college life, then as now. Learning to navigate the social and administrative nuances of a coed dormitory was part of that, but so was finding the time to discover what you wanted out of life.

"The U of R really changed my life," she says. "It's important to do well academically, and to find your passion. But the people you meet, if you're lucky, can really shape part of what the rest of your life will be. That kind of opportunity to exchange ideas, to talk, to think, it doesn't come often in the rest of your life. College is the one time when you can really start to understand what the world is like. I think the U of R did that for me."