HISTORY
In May 2000, the Massachusetts Medical Society (MMS) House of Delegates established the MMS and Alliance Charitable Foundation as a supporting organization of the MMS. The Foundation, a not-for-profit 501(c)(3) organization, is a mechanism for consolidating the MMS’s charitable giving to the community into one entity, building on the activities of the former MMS Committee on Community Action and the MMS Alliance Charitable and Educational Fund.

MISSION
The mission of the Foundation is to support the charitable and educational activities of the MMS and the MMS Alliance, including, but not limited to, developing and nurturing cooperation between individuals, professions, institutions, and the community to creatively address issues that affect the health, benefit, and welfare of the community.

MESSAGE FROM THE CHAIR
Dear Colleague:
The Massachusetts Medical Society and Alliance Charitable Foundation works on behalf of physicians and their families to improve the health and well-being of people across Massachusetts. We are your Foundation.

The Foundation is proud to support physician-led volunteer initiatives that provide free care to uninsured patients and increased access to care for the medically underserved, as well as supporting essential health and wellness programs in Massachusetts communities. Funding from the Foundation allows many clinics and community organizations to fill a major gap in care and services for our most vulnerable citizens.

While we remain committed to advancing the availability of accessible, quality health care and furthering the health and wellness of our communities, we cannot do it alone! On average, the Foundation can only support 10–15 organizations per year with our limited budget. We continue to see increased need; yet, there are fewer dollars available to organizations and programs that serve our most vulnerable citizens.

As the charitable voice of physicians, we have the unique ability to address these problems with a medical perspective and a commitment to a healthy community. Please join the Foundation in its mission to improve the health and well-being of our communities. Your tax-deductible contribution will allow us to continue to work on your behalf and will directly support the organizations we fund, and will never be used to fund our overhead or administrative expenses.

Thank you for your generosity and support. Together, I know we will continue to better the health and lives of people throughout the Commonwealth.

— Corey E. Collins, DO, FAAP

As physicians working at the community level, you are keenly aware of the needs that exist where you live and practice. You are encouraged to direct agencies to contact us or visit our website at www.mmsfoundation.org for information on our funding priorities and criteria.
Partnership

At its Annual Meeting in May 2000, the MMS House of Delegates adopted a policy that established an educational and service partnership between the MMS and the Albert Schweitzer Fellowship (ASF). Since 2002 the Foundation has been responsible for managing a $25,000 directed donation for the partnership. Each June, the ASF submits a grant application to the Foundation, and the directors conduct an independent review and evaluation of the proposal.

The Albert Schweitzer Fellowship, Boston Chapter received $21,000 in October 2015 from the Massachusetts Medical Society and Alliance Charitable Foundation to help support medical student fellows in the 2015–2016 Boston Schweitzer Fellows Program. Fellows create and implement 200-hour health-related community service projects to address unmet health needs in local, underserved communities. In addition to their service projects with local community-based agencies, fellows participate in structured leadership development activities throughout the year.

The 2015–2016 Boston Schweitzer fellows submitted their final reports in May. Among the 16 fellows who successfully completed the fellowship, five were supported by the Massachusetts Medical Society and Alliance Charitable Foundation. A summary of their outcomes and achievements follows.

Joshua Kolikof, University of Massachusetts Medical School
Community Site: The Hector Reyes House, Worcester
Kolikof addressed tobacco use in Worcester County by establishing a tobacco treatment program for Latino men who are recovering from substance abuse. In addition to providing direct person to person counseling, the program incorporated group educational discussions about the health risks associated with tobacco use. The overarching goal of his project was to provide access to tobacco cessation counseling, nicotine replacement therapy and one-on-one counseling. Overall, 86% reduced the quantity of cigarettes they consumed per day, 10% made a quit attempt and 5% were successful in quitting smoking.

Blair Robinson, University of Massachusetts Medical School
Community Site: Family Health Center of Worcester
Robinson addressed food insecurity in a Worcester family health clinic by increasing patient access to healthy vegetables through a summer farm-stand distribution at the clinic. The ultimate goal of the project was to encourage provider-patient conversations about food status and increase patient access to year-round healthy food resources. The project was successful in meeting its objectives to increase patient access to healthy food. A total of 11,466 pounds of vegetables were distributed to 239 households. Of the 94 participants responding to an end-of-season survey, 72% tried a new vegetable and 65.8% learned a new recipe. Importantly, 93.5% of participants reported satisfaction with the program and 38% learned about a new food resource.

Aline Souza, Boston University School of Medicine
Community Site: Boston Healthcare for the Homeless, Boston
Souza implemented the “Corazones Sanos” program at Casa Esperanza in Roxbury, MA. The goals of her project were to increase awareness about hypertension and hypercholesterolemia, improve medication compliance, and allow individuals from an underserved community to come together and take ownership of their health. Participants improved their health literacy and learned techniques to make therapeutic lifestyle changes when faced with the obstacles of homelessness. Participants also gained a better knowledge of cardiovascular disease risk factors after participating in education sessions. About 93% of participants completed a follow-up individual education session.

Gianna Wilkie, University of Massachusetts Medical School
Community Site: Florence House, You Inc. Sites, Worcester
Wilkie worked with adolescent mothers who are residents at the Florence House and You Inc. sites in Worcester, Massachusetts. The Florence House is a residential program that provides housing and support for teenagers mothers as they adjust to their new lives as parents. The program encompassed a weekly curriculum focusing on important health topics like contraception, sexually transmitted infections, and healthy relationships. In addition to health topics, important parenting topics like conflict resolution, discipline, limit setting, and infant safety were also covered. Through the series of twelve health and parenting-related workshops shown to be effective in improving both content knowledge and positive behavioral changes, adolescent mothers became empowered to make safe decisions about their bodies and their parenting styles.

Matthew H. H. Young, Harvard Medical School & Harvard Law School
Community Site: Greater Boston Legal Services, Boston
Young addressed the health and economic security of persons with disabilities in Greater Boston by providing medical evidence preparation and legal representation for those with complex medical and mental health problems who qualify for but are facing a denial or termination of their Supplemental Security Income or Social Security Disability Insurance claim for disability benefits. Drawing upon his medical and legal training to help clients overcome multiple system barriers, including documentation from medical providers and a lack of representation during the hearings, Matthew helped secure financial stability and access to health care. He recruited medical students from Harvard and the University of Massachusetts, creating a partnership between medical students and legal aid attorneys. The partnership resulted in stronger preparation of medical evidence, the cornerstone of effective Social Security disability advocacy.

Since 1992, nearly 500 Schweitzer Fellows have provided over 90,000 hours of service to Boston and Worcester’s most vulnerable communities. Partnering with area community-based organizations, these fellows have addressed a wide variety of unmet health needs by creating and carrying out sustainable community service projects addressing chronic health issues, as well as the underlying causes of health inequities such as poverty, the environment, and education.

* The fellowship encouraged me to dive deeper into racial health disparities and attend conferences and discussions outside of the fellowship on this topic. Racial injustices in the health care system are something that have been on my mind for years, but I hadn’t taken the time to learn the facts and uncover the underbelly of these systemic injustices.
  — Blair Robinson

* Through this year, I have learned how to become a more culturally competent provider who will feel comfortable conducting health education for Spanish-speaking patients. Every monthly meeting was an opportunity to grow and learn from other fellows or visitors about how to become a leader on the journey for social justice. Service has and will always be a significant part of my career and I hope to continue to work alongside this community to decrease the health disparities gap that currently exists." — Aline Souza

* I believe that taking part in this fellowship also helped me to be a better medical provider. I was able to identify my own biases that may have previously impacted my thoughts on why patients were not able to engage with medical providers or follow medical instructions. Their living environment and the barriers they faced in order to receive healthcare were the main reasons behind patient non-compliance. After seeing numerous examples of healthcare disparities, I was able to be a better physician to my patients with difficult or complex social situations." — Gianna Wilkie

* The fellowship and this project strongly reinforced my desire to use my medical and legal training to help those who are the worst off in our society. The project overall broadened my horizons and opened my eyes to how it is difficult and sometimes impossible to navigate our social safety net. There are so many individuals with tough cases in need of advocacy and legal representation. Without help, they don’t stand a chance." — Matthew H. H. Young

* "In everyone there are all sorts of good ideas, ready like tinder. But much of this tinder catches fire only when it meets some flame or spark from outside, from some other person." — Albert Schweitzer (1875-1965)
The Foundation currently administers the following grant programs:

**Community Action**, which funds programs that creatively address issues that affect the health and well-being of the community

**Care for the Medically Uninsured**, which supports physician-led volunteer initiatives to provide free care to uninsured patients and increase treatment access for the medically underserved

**International Health Studies**, which provides funding for medical students and resident physician members of the MMS to pursue international education that focuses on underserved populations

**Amherst Survival Center** — $12,000 to support the Free Health Clinic, which provides high-quality medical care to any individual on a walk-in basis for no cost. The clinic operates two sessions each week (Mondays 12:30–1:30 p.m. and Thursdays 4:30–5:30 p.m.) and sees all patients. More specifically, this grant will support the clinic coordinator who will continue to operate the free health clinic and oversee the Health Needs Fund and its new Project HungryRx initiative, which works with local medical providers to support them to assess patients for food insecurity and makes referrals to the center’s food and nutrition program.

**Boston Health Care for the Homeless Program** — $35,000 to expand the hours and services provided at the Southampton Street Shelter to ensure that patients are able to receive an accessible, trusted, and consistent source of high-quality health care that addresses both their urgent health concerns and preventive needs to avoid late-stage diagnoses and preventable health crises.

**Boys & Girls Clubs of MetroWest** — $7,500 to support the Triple Play program at the Framingham Clubhouse. The program demonstrates how eating right, keeping fit, and forming positive relations add up to a healthy lifestyle for club members.

**Boston University School of Medicine** — Bridging Gaps in Care — $5,000 to support medical students and their physician mentors bringing preventive screenings, health education, and social supports to low-income, medically underserved residents of subsidized elderly housing in Boston.

**Boston Health Care for the Homeless Program** — $20,000 to support year one of the Bridges to Moms pilot program, which seeks to improve health outcomes and maternal bonding among homeless pregnant and postpartum women receiving care at Brigham and Women’s Hospital.

**Community Action** — $10,000 to support the Enrollment Assistance Support and Information (EASI) project at the South Boston District Court and expansion to the Dorchester Municipal Court. The EASI project helps clients and their family members through the barriers of starting treatment for substance abuse.

“I came to the Gavin Foundation’s Center for Recovery Services (CRS) through the South Boston Court. I was using heroin and had outstanding cases in the Quincy, Brockton, and South Boston courts. My Gavin Foundation caseworker helped me through the Total Immersion Program with my open cases and got me into outpatient treatment at CRS, even though I didn’t have insurance yet. I am on vivitrol and am now drug free and working full time. I couldn’t have done it without them.” — Jamie, age 28

**Health Care Without Walls** — $50,000 to support year one of the Bridges to Moms pilot program, which seeks to improve health outcomes and maternal bonding among homeless pregnant and postpartum women receiving care at Brigham and Women’s Hospital.

**Latino Health Insurance Program** — $12,500 to support the Lung and Heart Improvement Project. This includes hypertension screening and individualized cardiac risk assessment, smoking cessation, and culturally competent health education and behavioral health improvement strategies for uninsured and underinsured low income Latinos in MetroWest.

**MetroWest Free Medical Program** — $10,000 to support a pilot medical-legal partnership, which will systematically screen for and address the social-economic needs of patients and optimize their eligibility and utilization of community and health resources to improve health.

**RESPOND, Inc.** — $15,000 to support the Teen Dating Violence Program, a preventive program providing students in middle and high school with access to the knowledge, skills, and resources needed to advocate for safer relationships and seek help when necessary.

**Shamrock Project** — $10,000 to support this student-run free health care clinic in Malden that provides free urgent care services to medically underserved people and families.

**Sociedad Latina** — $12,500 to support the Health Educators in Action program and help to expand the Take Care of Yourself sexually transmitted infection education and prevention activities for low-income Latino youth ages 14–24.

**VIM Berkshires** — $25,000 to support the Non-Opioid Pain Management Program, a program that uses acupuncture, therapeutic massage, behavioral health therapy, and nutrition counseling to address chronic and episodic pain and prevent the use of opioids.
In addition to Community Action and Care for the Medically Uninsured, the Foundation also administers grants for International Health Studies, which provides funding for medical students and resident physician members of the MMS to pursue international education that focuses on underserved populations.

Marguerite Basilico — Harvard Medical School Ms. Basilico spent the month of July 2015 in Malawi on an international rotation with the Baylor International Pediatric AIDS Initiative. She spent two weeks of the elective in the outpatient clinic and two weeks in the inpatient ward of Kamuzu Central Hospital, the second-largest public hospital in Malawi. In both settings, alongside clinicians she cared for children who were either living with HIV or born to mothers living with HIV (deemed “exposed infants”). In the outpatient clinic, she was paired with different staff clinicians, including Malawian clinical officers and American pediatricians and residents, where they saw 10–20 patients per day. Most were follow-up visits with kids who had been receiving antiretroviral therapy for little as a few months or as long as 10 years.

“Health workers in settings like Malawi are extraordinarily resilient. The four weeks I spent in Malawi were some of the most emotionally difficult of my time in medical school; in addition to the physical suffering of the children encountered, including the death of three patients, I witnessed tremendous social suffering as well, bearing stories of orphanhood, neglect, and extreme poverty. I sometimes have difficulty describing my elective in Malawi, especially to nonmedical friends and family, because it is hard to separate the incredible learning opportunity from the deeply challenging emotional experience I had.”

Rebecca Lumsden — UMASS Medical School Ms. Lumsden spent the months of March and April 2016, in Eldoret, Kenya, working in the inpatient wards of Moi Teaching and Referral Hospital, a 100-bed hospital with an average daily census of over 800 patients and many of the beds are occupied by two, if not more, patients. As one of two referral hospitals in the country, patients come from all over Western Kenya for care here and often present severely ill.

Ms. Lumsden learned that while leadership is an important skill in all of medicine, the ability to manage and lead a team is most critical in a limited-resource setting where each person’s efforts need to be leveraged, each step of a diagnostic process needs to be followed, and each failure needs to be confronted instead of accepted.

“I could fill an entire journal with the patient stories, medical lessons, and a confusing mix of hopeful, frustrated, inspirational interpretations of the Kenyan medical system. But the greatest insights that I have gained into the necessity of leadership in a developing health care system will likely shape my priorities as I plan for my future career in global health.”

Laura Santoso — UMASS Medical School Ms. Santoso spent six weeks in June and July 2015, in Santo Domingo, Dominican Republic, working at the clinic Instituto Dominicano de Estudios Virologicos (IDEV), or the Dominican Institute of Virologic Studies. This clinic provides infectious disease care to over 300 HIV patients a week, conducts clinical research, and does community outreach to bring people in for regular care. Part of Laura’s rotation involved conducting a general interview, cognition screen, HIV dementia screen, and depression screens with HIV patients. She conducted more than 350 interviews, assisted with outreach studies with high-risk populations (sex workers and the LGBT community), volunteered with homeless populations, shadowed in the clinic, and followed a case of severe HIV dementia complicated with social factors.

“Despite working with limited resources, the care I observed at IDEV inspired and sometimes reminded me to have faith in medicine. In the… One particular aspect that impressed me was how well the clinic connected home care to the clinic. … The entire medical team was traveling to high-risk areas to improve care and was intimately familiar with the culture and environment that their patients were part of. The team was doing everything they could to bring down barriers to care…”

Hisham Yousif — Harvard Medical School Hisham spent the month of February working in the emergency department at Al-Makkassed Hospital in Jerusalem. He saw many patients throughout the day, asking appropriate questions to complete a medical history and physical exam. He showed interest in learning about the causes of their diseases, as well as getting to understand them as people, in terms of their cultural and religious backgrounds. Hisham gained a better understanding about how health care delivery in developing settings, as well as cultural differences, medical literacy, and differing professional cultures. In addition, Hisham had first-hand experience with the movement restrictions between Jerusalem and the rest of the West Bank, which impacted access to care and in some cases patients deteriorating and even passing away while stalled at security checkpoints.

Kristin Alves, MD — Harvard Orthopedic Surgery Dr. Alves will travel to Uganda and will work throughout the month of January 2017 at three hospitals including Kumi Hospital, CoRSU (Comprehensive Rehabilitation Services in Uganda), and Mbarara Regional Referral Hospital, Uganda. Each hospital is set in a separate district in Uganda with different populations, socioeconomic backgrounds, and resources. She will work in both the clinics and ORs to assess the prevalence as well as clinical and surgical treatment of gluteal fibrosis and post-injection paralysis and help to educate and improve quality of surgery and rehabilitation.

Edward Clune, MD — UMASS Medical Center Anesthesiology Dr. Clune spent the month of February 2016 teaching anesthesia principles and practice to providers at the Queen Elizabeth Referral Hospital in Blantyre, Malawi. His one month of teaching focused on the physiology and pharmacology involved in providing anesthesia and was a component of an 18-month curriculum that anesthesia providers must go through in Malawi to become certified. Dr. Clune had the opportunity to travel to many different sites, learning the culture and environments in which the providers would eventually be practicing. By doing so, Dr. Clune was able to tailor the curriculum to fit the environment, culture, resources, and burden of disease present at these sites.

“This experience has solidified my continuing interest in global health and anesthesia. I have been recruiting my fellow residents to consider such opportunities abroad and leading the benefits of participating in health care outside of what we experience here in the U.S.”

Edward Clune, seen at right, with the newest class of Malawi’s Orthopaedic Residents (IDRs) at the beginning of their 18-month curriculum. Edward taught one month of that curriculum as a visiting anesthesiology resident.

Cindy Vargas Cruz, MD — UMASS Medical Center Psychiatry Dr. Cruz spent the month of April 2016 providing health care training and education in Palmares, Costa Rica, under the guidance of the Central Clinic of Palmares. The clinic is in charge of the community’s health care, including the area high schools. Many of the 320 students at the Esquipulas high school struggle with mental illness, behavioral problems, socioeconomic problems, substance abuse and early pregnancy, among other ailments. Dr. Cruz used the “Typical or Troubled” curriculum, created by the American Psychiatric Foundation, to provide workshops for parents and teachers about the following: mental illness, how to communicate with adolescents, abnormal behaviors, the role of specialists, possible treatments, and the importance of seeking help. She also trained medical interns and clinic personnel in screening tools to help diagnose high-risk adolescents.

“In a future child psychiatrist this was a fulfilling learning experience. Projects like this bring hope to small communities and to young children, who, like I did once, dream of becoming more than what their society can provide.”

“Typical or Troubled” program implementation to students

Dr. Owusu with class of medical students

Micaela Owusu, MD — MGH/McLean Psychiatry For three weeks in November 2015, Dr. Owusu taught psychiatry didactics to medical students at University of Cape Coast School of Medical Sciences (UCC) in Ghana. Teaching topics included depressive mood disorders, anxiety disorders, and personality disorders — with as many Ghana-specific statistics, treatment reviews, and case presentations incorporated. Dr. Owusu was exposed to the issues of reduced access to care and treatment options, differences in disease presentations, stigma, and societal interpretation of mental illness. Additionally, Dr. Owusu rounded with the residents on the 12-bed inpatient unit at Komfo Anokye Teaching Hospital in Kumasi, observed consultations in the general hospital, assisted with ECT, listened to new evaluations in the emergency room, and assisted in the outpatient department.

“The experience reinforced my interest in teaching and reminded me both why it is important and tricky to consider mental health in the context of a global landscape.”

Dr. Owusu with class of medical students

2015–2016 Grants — International
Thank you for your support of the Foundation through your philanthropic gifts from June 1, 2015, to May 31, 2016.

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We have made every effort to properly recognize our generous donors. If we have made an error, we apologize. Please contact us so we can correct our records.
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- Huntington Theatre Company
- Institute of Contemporary Art/Boston
- Isabella Stewart Gardner Museum
- Mass Audubon
- Massachusetts Medical Society
- MIT Museum
- New England Aquarium
- Norman Rockwell Museum
- Seaport Hotel
- Worcester Art Museum
- Zoo New England

Thank you to the following winning bidders for their generous support of the work of the Foundation:

- Janet Abrahamian, MD
- Carole Allen, MD
- Ronald Arky, MD
- Todd Ashford
- Kate Akinsson, MD
- Sanjay Aurora, MD
- Joe Bergeron, MD
- Ted Callaounos, MD
- Joyce Cariglia
- Gladys Chan
- Uma Dhanabal, MD
- Sheila Evjy
- David Gouveia, MD
- Janet Jankowiak, MD
- Anna Manatis, MD
- Yael Miller
- Linda Monchik
- Sheila Morehouse, MD
- Katherine Murray-Leisure, MD
- Lia Nagy, MD
- Laura Newstein
- Steve Phelan
- Tinka Pritchett
- David Rosman, MD, MBA
- Theresa Sciarappa
- Robert Sorrenti, MD
- Hugh Taylor, MD
- Sarah Taylor, MD
- Art Wilschek
- Alan Woodward, MD
- Lynda Young, MD

**Financials**

Massachusetts Medical Society and Alliance Charitable Foundation
Statement of revenues and expenses and changes in net assets for Fiscal Year ended May 31, 2016

**STATEMENT OF ACTIVITIES**
June 1, 2015, to May 31, 2016

**REVENUE**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>Community Action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care for Medically Uninsured</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>International Health Studies</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Other Unrestricted</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>Endowment</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Management and General</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total Contributions</td>
<td>205</td>
<td>205</td>
</tr>
</tbody>
</table>

**OTHER REVENUE**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted Investment Activity</td>
<td>33</td>
<td>(11)</td>
</tr>
<tr>
<td>Endowment Investment Activity</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>344</td>
<td>281</td>
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</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Action Grants</td>
<td>123</td>
<td>96</td>
</tr>
<tr>
<td>Care for Medically Uninsured</td>
<td>111</td>
<td>111</td>
</tr>
<tr>
<td>International Health Studies</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Other Unrestricted</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Management and General</td>
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<td>6</td>
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<tr>
<td>Total Expenses</td>
<td>276</td>
<td>258</td>
</tr>
<tr>
<td>Excess of Revenues over Expenses</td>
<td>68</td>
<td>25</td>
</tr>
<tr>
<td>Net Assets, Beginning of Year</td>
<td>1,641</td>
<td>1,710</td>
</tr>
<tr>
<td>Net Assets, End of Year</td>
<td>1,709</td>
<td>1,733</td>
</tr>
</tbody>
</table>

*In thousands of dollars

Because of the extraordinary support the Foundation receives from the Massachusetts Medical Society, we are able to keep our overhead expenses extremely low. As a result, those who give to the Foundation can be assured that 100 percent of their contribution goes where it is needed most — to address issues that affect the health and well-being of the community.