

PRESERVING POTENTIAL

How the Maritime Brain Tissue Bank
Advances Global Research Through
Local Partnership

THE HEART OF EMPOWERMENT

The PC-PEP Program

THE PULSE OF INNOVATION

Why Atlantic Canada Needs
the BioMed Hub

RE ME DY

M A G A Z I N E

OPENING DOORS IN MEDICINE

A New Fund for Med Students
with Disabilities



DALHOUSIE
UNIVERSITY

FACULTY OF MEDICINE

molly appeal
FOR HEALTH RESEARCH

RE ME DY

M A G A Z I N E

FALL 2025

Dalhousie University operates in the unceded territories of the Mi'kmaw, Wolastoqey, and Peskotomuhkati Peoples. These sovereign nations hold inherent rights as the original peoples of these lands, and we each carry collective obligations under the Peace and Friendship Treaties. Section 35 of the Constitution Act, 1982 recognizes and affirms Aboriginal and Treaty rights in Canada.

We recognize that African Nova Scotians are a distinct people whose histories, legacies and contributions have enriched that part of Mi'kma'ki known as Nova Scotia for over 400 years.

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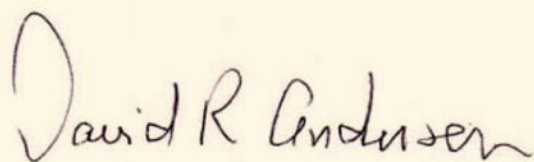
A MESSAGE FROM THE DEAN

As we welcome the fall season, I'm proud to introduce this latest edition of REMEDY Magazine—a celebration of the people, programs, and partnerships that continue to shape the future of healthcare in Atlantic Canada and beyond. This issue showcases the remarkable breadth of the Faculty of Medicine's work, from the opening of our newest campus in Cape Breton and the Rising Tides Ceremony, to the expansion of our research infrastructure through the visionary Pulse BioMed Hub. These milestones reflect our commitment to accessible, community-driven care and the power of innovation to reach patients where they are.

You'll also read about the inspiring individuals behind our progress: researchers like Dr. Alexa Yakubovich and Dr. Ejemai Eboeime, whose work is transforming public health; alumni like Dr. John Embil, whose generosity continues to open doors for future physicians; and donors whose support is helping students and researchers thrive. We are especially proud to highlight stories that speak to resilience and inclusion: the Accessibility and Accommodations Fund, the stewardship of the Maritime Brain Tissue Bank, and the journey of a PC-PEP patient who has become a program ambassador. These narratives remind us that healthcare is both about science and systems, as well as about people and possibility.

Each story in this issue is a testament to the impact of philanthropy and the strength of our community. Your support enables us to pursue bold ideas, nurture future leaders, and deliver care that is compassionate, innovative, and inclusive. Thank you for being part of this journey. Together, we are building a healthier, more hopeful future.

Warm regards,



DR. DAVID ANDERSON

Dean, Faculty of Medicine



MESSAGE FROM DR. EILEEN DENOVAN-WRIGHT

As autumn settles in and our campuses come alive with new energy, I'm pleased to welcome you to the fall issue of REMEDY Magazine, a showcase of the inspiring research and innovation taking place across the Faculty of Medicine.

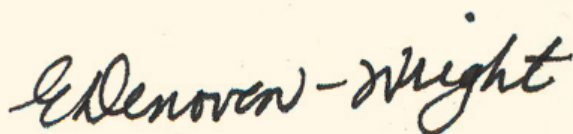
This issue highlights the incredible momentum within our research community. We proudly celebrate the 2025 Research Excellence Award Winners from the faculty, whose work exemplifies the impact and excellence we strive for.

You'll also find a feature on our Breakthrough Breakfast events. Our next iteration will be hosted for the first time at Dalhousie Medicine's New Brunswick campus. This is a milestone event that will bring together researchers, partners, and community leaders to celebrate research excellence in the province.

These stories, and many others in this issue, reflect the dedication and creativity of our researchers, trainees, and staff. Whether advancing discoveries in the lab, engaging with communities, or mentoring the next generation, their contributions are shaping the future of health—all made possible by philanthropic giving from people like you. Thank you for being part of this vibrant and growing research community.

I hope you enjoy this issue and find inspiration in the work we share.

Warm regards,

A handwritten signature in black ink that reads "E. Denovan-Wright". The signature is written in a cursive, flowing style.

DR. EILEEN DENOVAN-WRIGHT

Associate Dean Research, Faculty of Medicine



CELEBRATING INNOVATION & IMPACT

MEET THE RESEARCH EXCELLENCE AWARD WINNERS

By Dayna Park

Each year, the Research Excellence Awards recognize outstanding scholars whose work is transforming lives, advancing knowledge, and strengthening communities.

These awards celebrate researchers who demonstrate exceptional creativity, leadership, and impact in their fields, whether through groundbreaking discoveries, community-engaged scholarship, or policy-shaping insights.

The recipients of this year's awards exemplify the spirit of innovation and dedication that defines Dalhousie's research community. Their work spans disciplines and borders, tackling some of the most pressing challenges in health, equity, and society. Through their commitment to collaboration, mentorship, and meaningful change, they are not only advancing their fields—they are shaping a healthier, more just future.

CHAMPIONING HEALTH EQUITY THROUGH VIOLENCE PREVENTION

**DR. ALEXA YAKUBOVICH – RESEARCH
EXCELLENCE AWARD WINNER**

Dr. Alexa Yakubovich's research sits at the powerful intersection of health, social justice, and community engagement. As a leading scholar in violence prevention, her work focuses on uncovering the causes of violence—particularly gender-based violence—and identifying strategies to prevent its devastating health impacts.

Driven by a lifelong commitment to social justice, Dr. Yakubovich's academic journey led her to explore how structural and social conditions shape health outcomes. "Violence is one of the greatest determinants of women's health and wellbeing," she explains, "and living a life free from violence is a recognized human right."



Her research is deeply community-engaged and survivor-centered. By partnering with women with lived experience, service providers, and advocates, Dr. Yakubovich ensures that survivor voices guide every stage of her work. This approach has not only shaped her studies but also influenced policy across Canada, the U.S., and the U.K.—from gun safety advocacy to national health equity initiatives.

Receiving the Research Excellence Award is a meaningful affirmation of her partnership-based approach. “It shows that the university values the transformative aims of my research,” she says, “and supports investing time in building a meaningful program of work.”

At Dalhousie, Dr. Yakubovich has found a supportive environment to pursue health equity research tailored to regional needs. Her advice to early-career researchers? “Find the question or cause that motivates you most, and make sure your work continues to fulfill you.” Through her work, Dr. Yakubovich is not only advancing knowledge, she’s reshaping systems to better support survivors and promote lasting change.

FIGHTING FOR INCLUSIVE MENTAL HEALTH CARE

DR. EJEMAI EBOREIME – RESEARCH EXCELLENCE AWARD WINNER

Dr. Ejemai Eboime’s research is rooted in a powerful question: How can we ensure that evidence-based healthcare reaches those who need it most?

A physician and implementation scientist, Dr. Eboime’s work spans continents and communities, from internally displaced persons (IDPs) in Nigeria to African Nova Scotians navigating systemic barriers to mental health care.

His flagship project, Rebuilding Emotional Stability and Strength Through Therapeutic and Life-Skills Education for Internally Displaced Persons in Nigeria (RESETTLE-IDPs), adapts UNICEF’s life skills education framework

to support the psychosocial reintegration of displaced populations. Delivered both in-person and via WhatsApp, the program is now evolving into RESETTLE-AI, a cutting-edge initiative that uses artificial intelligence to scale culturally tailored mental health support.

In Nova Scotia, Dr. Eboime leads the EMBRACE series, which investigates multifactorial barriers to mental health care for marginalized groups. His work doesn’t stop at identifying gaps—it actively co-designs solutions with communities, ensuring interventions are not only effective but culturally and situationally respectful.

A recent recipient of the Dalhousie Research Excellence Award, Dr. Eboime is quick to credit his team and the university’s support systems. “I don’t think I won an award,” he says. “I was supported to win this award.”



We don’t have hard-to-reach groups. What we have are services that are hard to reach. It’s our responsibility as providers to ensure care gets to those who need it.



THE PULSE OF INNOVATION

WHY ATLANTIC CANADA NEEDS THE PULSE BIOMED HUB

By Christena Copeland & Dayna Park

Picture this: a Halifax lab discovers a breakthrough material that could promote healing after surgery or make cancer treatments safer. The science is solid. The team is brilliant. The potential is life-changing.

And then...it stalls.

Not because the idea wasn't good enough. Not because the need wasn't urgent. But because there was no access to the specialized lab environments needed to propel the research into a prototype ready for testing, clinical trials, and regulatory approvals. No clear next step.

This is the reality for too many biomedical innovations in Atlantic Canada. Despite world-class research and a growing life sciences sector, the region lacks ISO-compliant wet labs—the critical infrastructure that turns ideas into impact. Promising therapies are delayed. Startups relocate. Talented student ventures vanish before they begin; and our promising young researchers disappear too, moving on to regions with more opportunity and infrastructure.





Dalhousie researchers conducting biomaterials research and development work.

A SECTOR POISED FOR GROWTH

Nova Scotia has set an ambitious goal: grow the life sciences sector to \$1 billion by 2032. Already, over 100 companies generate \$300 million in exports annually, and Dalhousie researchers are tackling everything from infection control to cancer therapies. But without the right lab space, progress is stalled.

Enter the Pulse BioMed Hub—a bold new initiative housed in Dalhousie’s Life Sciences Research Institute (LSRI). This shared space will give researchers, clinicians, and entrepreneurs the infrastructure to move ideas from concept to clinic. They’re not just labs. They’re launchpads.

A DIFFERENT FUTURE

Imagine a future where both our brilliant researchers and students alike launch companies before graduation. Where startups find the lab support they need to attract investment. Where therapies are tested, validated, and prepared for patients—right here in Atlantic Canada.

For innovators like Coloursmith founder Gabrielle Masone, access to lab space and early-stage funding was the difference between a promising idea and a market-ready product.

While studying chemistry at Dalhousie, Masone envisioned a contact lens that could help people with colour vision deficiencies, and through extensive research and development, was able to commercialize her product.

“Shared wet lab spaces are critical to innovation,” she says. “The Pulse Biomed Hub would have addressed two major barriers: access and cost.”

Coloursmith now collaborates with global vision care companies and is building a product pipeline with plans to manufacture in Nova Scotia. Her story underscores why infrastructure like the Pulse BioMed Hub is essential: it gives researchers the tools, space, and support to turn ideas into impact.

INNOVATION IN ACTION: DR. YUNYUN WU’S VISION FOR SMART ORAL HEALTH MONITORING

Dr. YunYun Wu, Assistant Professor in Biomaterials & Applied Oral Sciences, cross appointed in Biomedical

Engineering at Dalhousie University, is investigating the potential of a miniaturized biosensor embedded in dental prosthetics to monitor salivary pH levels in oral cancer patients—a group often left vulnerable to severe oral complications after radiation therapy.

“Saliva is important for buffering the pH of your mouth, and low pH means a high risk of developing cavities and needing tooth extractions,” she explains. “But nowadays, patients don’t have a very good tool to monitor their pH at home.”

Wu’s innovation isn’t limited to cancer survivors. She sees potential applications for elderly patients with dentures and broader wearable health technologies.

“Denture oral health is just a platform. The sensor could be implanted in your body, worn on your clothes, or in your shoes. It’s about wearable platforms that don’t interfere with daily life but give useful data about your health status.”

But translating this vision into reality requires infrastructure.

“The mouth is a dynamic environment—eating, drinking, bacteria, inflammation. Embedding sensitive electronics into a denture that’s comfortable and wire-free is a huge challenge.”

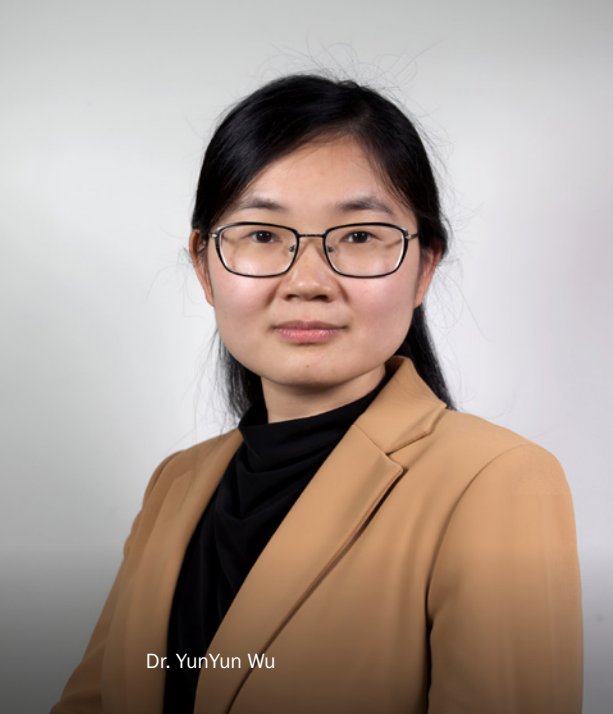
For Dr. Wu, the Pulse BioMed Hub is a bridge between concept and clinic.

“It’s where systematic testing, prototyping, and validation happen. It gives confidence in your work and motivates students. What’s the point if it doesn’t leave the lab?”

FROM BENCH TO BREAKTHROUGH: DR. VAHID ADIBNIA’S TRANSLATIONAL MISSION

Dr. Vahid Adibnia, Assistant Professor in Biomaterials & Applied Oral Science with a cross appointment in Biomedical Engineering and Canada Research Chair in Functional Polymeric Biomaterials, is focused on getting solutions into the hands of patients.

“We target long-lasting medical problems—like osteoarthritis and traumatic bleeding—and try to come up with innovative solutions that can be translated into real-life products.”



Dr. YunYun Wu



Dr. Vahid Adibnia

His lab develops soft, gel-like biomaterials with therapeutic applications. One project involves injectable hydrogels that reduce pain and protect joints in osteoarthritis patients, potentially delaying the need for knee replacement surgery.

Another focuses on hemostatic sponges that rapidly stop bleeding in emergencies—from car accidents to military conflict—especially in remote areas where access to medical intervention isn't available as quickly as necessary. “We’ve developed a product that stops bleeding much faster than what’s currently available. This can save lives.”

But the path from lab to life-saving product is steep—and a lack of infrastructure is a major barrier.

“We need controlled environments that meet standards like ISO or GMP,” Dr. Adibnia says. “That’s where trainees can learn what it really takes to turn a material into a product.” He sees the Pulse BioMed Hub as a potential incubator for startups, helping retain talent and grow the region’s biomedical economy.

“If we can bring all the research groups under the same umbrella and support startups coming out of the Hub, it could make Dalhousie a national leader in biomaterials innovation.”

WHY IT MATTERS

The Pulse BioMed Hub will have far-reaching impacts. It has the potential to transform health outcomes by

accelerating access to treatments for diseases like cancer, arthritis, trauma, and more.

It will also drive economic growth by strengthening the startup pipeline, attracting venture investment, and creating high-value jobs in the region. For students, the Hub offers hands-on innovation experience that not only enhances their training but also encourages them to stay and build their careers in Atlantic Canada.

“The people who live here, love this region. What better way to grow Atlantic Canada than by supporting the incredible trainees we have here?” says Dr. Adibnia. “Their ideas can create jobs, companies, and real impact—but they need support to stay.” Ultimately, the Hub positions the region as a national leader in biomedical innovation, fostering systemic change that benefits both the healthcare system and the economy.

INNOVATION STARTS HERE

Dalhousie has engaged leading biomedical innovators and is looking to partner with government, industry, and private donors to make this vision a reality. With the Pulse BioMed Hub, Atlantic Canada has a chance to build a sustainable health innovation engine. Innovation starts here. With the right support, it can flourish here too.



To learn more about Pulse BioMed Hub and how you can support the project, contact us at medadvancement@dal.ca

PRESERVING POTENTIAL

HOW THE MARITIME BRAIN
TISSUE BANK ADVANCES
GLOBAL RESEARCH
THROUGH LOCAL
PARTNERSHIP

By Kate Rogers



In a quiet lab tucked within the Tupper Medical Building at Dalhousie University, a powerful collaboration has been shaping neurological research since the 1990s.

The Maritime Brain Tissue Bank (MBTB), led by Dr. Sultan Darvesh, the Irene Macdonald Sobey Endowed Chair in Curative Approaches to Alzheimer's Disease, is a vital resource that provides researchers around the world with access to high-quality brain tissue samples, fueling discoveries in Alzheimer's disease, dementia, multiple sclerosis (MS), and other neurodegenerative conditions.

Supported annually by the Alzheimer Society of Nova Scotia (ASNS), the MBTB is a tangible example of how donor-directed funding can drive meaningful impact. ASNS's commitment, which has been sustained by ongoing donor contributions, ensures the MBTB's operating costs are covered, allowing scientists to focus on what matters most: advancing knowledge and improving lives.

Dr. Darvesh, whose passion and dedication to his work is evident to anyone who has the pleasure of visiting the MBTB, pushed for the development of the brain tissue bank not long after arriving at Dalhousie in 1992. His collaboration and a serendipitous moment with international frailty expert Dr. Ken Rockwood played a key role in this effort.

"I was seeing a patient, and Dr. Rockwood was seeing another patient on the same ward," recalls Dr. Darvesh. "On the patient's chart it said at the top: When this patient dies, they request the brain to go to the brain bank in Toronto. I said, wait a minute—what's wrong with us? We want to do research; we want to establish a brain bank here."

And so, by 1993 the Maritime Brain Tissue Bank was established with help from the ASNS, Dalhousie University, and Nova Scotia Health.

The first in Atlantic Canada, and only the third in the country, since its inception the MBTB has received nearly 1,600 tissue donations and sent over 2,200 tissue samples to researchers worldwide. Their work is a testament to the power of collaboration and the irreplaceable value of human donation in advancing medical science.

"I think people need to know that to advance Alzheimer's care and to advance dementia care, you have to look at the brain," Dr. Darvesh emphasizes. "You can't look at a mouse brain. You have to look at the human brain."

Among the MBTB's long list of scientific contributions is its role in advancing research on multiple sclerosis (MS). Recently, a major breakthrough was achieved when researchers at Stanford University in the United States confirmed a long-suspected link between MS and the Epstein-Barr virus (EBV). Using MS brain tissues from the MBTB, they were able to show clearly that there are EB virus particles in MS lesions. This discovery, made possible by the availability of high-quality human brain tissue from the MBTB, has helped shift the global scientific conversation about MS and opened new avenues for research and treatment.

These breakthroughs are only possible because of a unique partnership and sustained donor support.

"Over the last 30 years, most of the operations of the Brain Bank have been made possible through gifts to Dalhousie from the Alzheimer's Society," says Dr. Darvesh. "They have been giving since we started."

ASNS's annual support is a key component of its research commitment, advancing the shared mission of understanding the causes of dementia to develop effective clinical interventions.

ASNS's involvement extends beyond funding, with staff tours, educational outreach, and collaborative branding efforts that have helped sustain and grow MBTB's operations and visibility.

"The Alzheimer's Society of Nova Scotia remains a proud and committed annual funding partner to Maritime Brain Tissue Bank," says Rosanne Burke, manager of advocacy for ASNS. "We are privileged to have such an innovative, world-class research initiative right here in Nova Scotia."

SUPPORTING COMPARATIVE ANALYSIS

The partnership with ASNS is not the only collaboration advancing research into neurodegenerative diseases. For more than a decade, the MBTB has been working with Dalhousie's Human Body Donation Program, which has become an essential source of healthy brain tissue, providing researchers with the comparative data needed to distinguish between normal and pathological changes in the brain.

"The strength of a brain bank is how many normal brains we have," says Dr. Darvesh. "People probably don't think as often, '*OK, I have a normal brain. I'm going to donate it to the brain bank.*'"

These donations help ensure that the MBTB's collection remains balanced and scientifically robust, supporting a wide range of studies from early detection to disease prevention.

GETTING THE WORD OUT

The MBTB's reach extends beyond the lab and into communities across the region, thanks in large part to Dr. Darvesh's tireless public engagement. Over the years he has given hundreds of talks to raise awareness about brain donation and the importance of neurological research.

With an incredible desire to share his knowledge and willingness to travel, these talks have taken Dr. Darvesh across the Maritimes and everywhere from nursing homes and community centres to radio studios and church halls.

"It doesn't matter how many times you talk, people will always say, oh, really? I didn't know about that," Dr. Darvesh says. "The message has to be simple, and it has to be repeated often; otherwise, it will fade."

The impact of these conversations is profound. In one case, after speaking at an event in Amherst, Nova Scotia, he received a significant donation to the Brain Bank from an attendee, reflecting the deep public investment in the future of neurological health.

FUNDING THE FUTURE

The human stories behind the MBTB are as powerful as its scientific achievements. Families who have donated loved ones' brains often find comfort and meaning in their decision.

Sheila Blair-Reid's mother lived with Alzheimer's for 17 years, maintaining her joyful spirit and deep love for family throughout. As she passed, Sheila's father, a retired Dalhousie medical professor, was diagnosed with vascular dementia. Sheila and her family have established a fund to support Alzheimer and dementia research conducted by graduate students.

"Our hope is that this gift will help to ease the disruption to people's lives living with these diseases, and that hopefully, one day there will be preventions and cures," she says. "We are grateful to family and friends who are contributing to this gift to enable more substantive support and therefore greater impact, and to those who dedicate their careers and lives to this research."

In addition to funds, Sheila's mother donated her brain to the MBTB for study.

"In many ways, that was the most meaningful act," she says. "It is deeply important to us to know that there are talented people dedicated to tackling the challenges associated with dementias, aiming to ease the suffering of those with the disease and their loved ones through medical research."

SPIRIT OF GIVING

As the MBTB looks to the future, its leaders hope that this spirit of giving and partnership will endure.

"Our hope is to continue this philanthropy," says Dr. Darvesh. "We are hoping that this will remain in perpetuity, because if it does not, then we would have not done our job."

The Maritime Brain Tissue Bank is located in the Sir Charles Tupper Medical Building at Dalhousie's Faculty of Medicine.

It was established in 1993 with help from the Alzheimer Society of Nova Scotia, Dalhousie University, and Nova Scotia Health.



To learn more about the Maritime Brain Tissue Bank, or to give, Visit **www.mbtb.ca**

Stay inforMED!

Keep up to date with the latest in medical research and education innovations happening at Dalhousie's Faculty of Medicine.

Sign up for our monthly newsletter today!
Visit **medadvancement@dal.ca**

THE HEART OF EMPOWERMENT

THE PC-PEP PROGRAM

By Dayna Park

When Mike Hull was diagnosed with prostate cancer, he and his wife Barb found themselves in unfamiliar territory.

“We didn’t know what to do, where to go, or how to help ourselves,” Barb recalls. “We were looking for something—anything—that could give us a sense of control.”

While searching for support online, Barb discovered the Prostate Cancer Patient Empowerment Program (PC-PEP)—a resource that she and her husband came to describe as a lifeline during a time filled with uncertainty.

Developed by Drs. Gabriela Ilie and Rob Rutledge at Dalhousie University, PC-PEP is a six-month, science-based, daily intervention program designed to empower patients with prostate cancer to take charge of their health and well-being.

But it’s more than a program—it’s a movement.



PC-PEP participant and advocate Mike Hull and his wife, Barb highly recommend the program.



To support PC-PEP, visit
giving.dal.ca/PEP



Drs. Rob Rutledge and Gabriela Ilie

SCIENCE-BASED, HUMAN-FOCUSED

PC-PEP is the result of nearly a decade of research and refinement. It began in 2016 with a simple but powerful idea: that patients need more than pamphlets in waiting rooms—they need tools, education, and community.

The program delivers 182 daily emails and video modules featuring Dr. Ilie, the Endowed Soillse Research Scientist in Prostate Cancer Quality of Life Research, and Dr. Rutledge, a radiation oncologist. These videos cover everything from nutrition and exercise to mental health and stress management. But what makes PC-PEP unique is its personal touch.

“We don’t just prescribe—we demonstrate,” says Dr. Ilie. “We do the program alongside our patients. We show up from our own kitchen, in our patient’s kitchens, in their living rooms, and in their lives.” This immersive, human-centered approach is backed by rigorous science. Participants report improved sleep, better diets, increased physical activity, and enhanced mental health.

“We are activating the role of the patient in their own care,” says Dr. Ilie. “That’s the heart of empowerment.”

A LIFELINE FOR PATIENTS AND FAMILIES

For Mike and Barb, PC-PEP didn’t just improve Mike’s health—it strengthened their relationship and gave them a renewed sense of purpose.

“It’s been life-changing,” Barb says. “We watched the videos together every day. It gave us something we could do, something within our control.”

Mike adds, “It’s a safe space. You meet people across Canada and beyond, and you share things you wouldn’t share anywhere else. It’s powerful.”

The Hulls are now advocates of the program, attending monthly video conferences and supporting others who are just beginning their journey.

“We tell people: you’re not alone,” says Barb. “This program saved us.”

DESIGNED FOR REAL LIFE

Brought to life through generous donations to support medical research at Dalhousie University—and the Soillse Research Fund Endowment, PC-PEP is designed to be accessible and adaptable.

Participants can engage from anywhere, at any time, and tailor the program to their own pace and needs. Whether it’s walking instead of running, incorporating more home cooking instead of following a strict diet plan, or simply watching the videos with a loved one, the program meets people where they are.

“You take what you need from it,” says Dr. Ilie.

And it’s not just for patients. Partners are encouraged to participate, creating a shared experience that strengthens relationships and builds resilience.

“It’s not just about the person with cancer,” says Barb. “It’s about both of us. We’re in this together and Rob and Gabriela are in it with us.”

EXPANDING THE VISION

PC-PEP has grown beyond prostate cancer. It’s been adapted for other types of cancer and has been tested and proven in other chronic illnesses, with trials underway across Canada and in New Zealand, and sites in countries around the world. The evolution into CancerPEP—a comprehensive initiative designed to support individuals facing all types of cancer—recognizes that the emotional, physical, and social challenges of cancer are not limited to a singular diagnosis.

New modules, expanded in scope to include breast, colorectal, and other cancers, incorporate specialized physiotherapy, nutrition, and mental health strategies

while maintaining the core PC-PEP philosophy: daily engagement, evidence-based guidance, and compassionate mentorship.

“We’re building a platform that truly makes a difference,” says Dr. Ilie. “Knowledge is power, and we want to empower people.”

Thanks to the recent \$500,000 Movember Health Equity Grant, the program is also being tailored for underserved communities, including men in rural areas, Indigenous populations, and LGBTQ+ individuals. Mike, who sits on the Board of Directors for the Native Council of Nova Scotia (NCNS), has been instrumental in sharing the program with Indigenous communities across the province.

“Reaching people everywhere—regardless of geography or status—is essential,” he says. “Everyone deserves access to this kind of support.”

With translations in French, Spanish, Dutch, Romanian, and many more languages, PC-PEP is becoming a global movement. “We’re building communities of empowerment,” says Dr. Ilie. “People become mentors, advocates, and leaders.”

The program’s cost-effectiveness is also compelling. A published analysis showed that for every 10,000 patients, the healthcare system saves approximately \$6.6 million annually. And that doesn’t include the personal savings for patients and families.

HOW YOU CAN HELP

Nova Scotia has some of the highest cancer rates in the country, a stark reality that many of us face in our own families, friendships, and communities. Prevalence in the province is partially due to a combination of modifiable lifestyle factors, environmental exposures, and socioeconomic disparities that vary across regions.

Avoidable factors like smoking and alcohol use, poor diet, and lack of physical activity are topics covered in the PC-PEP program. The modules inspire change through cooking videos, exercise techniques, mindfulness, and more. The research behind PC-PEP is donor-funded, and donations help expand the scientific evidence that helps the program evolve and deliver impact. Currently the research team is running a breast cancer PEP research trial, which needs

additional funding. “This program improves health, reduces strain on the system, and gives people hope,” says Barb.

Mike adds, “There’s science behind it. It works. And it could be someone in your own family who needs it.”

With one half of Nova Scotians expected to be diagnosed with cancer in their lifetimes, and one in three succumbing to the disease, the chances of cancer touching a loved one are great.

As the program continues to grow, the vision of Dr. Ilie and Dr. Rutledge is clear: make PC-PEP the standard of care for cancer and chronic disease patients, and to help as many people as possible.



EMPOWER

**What does it mean to truly live,
even when life feels uncertain?**

Finalist at the **Mosaic International
Film Festival** and Official

Selection at **CineHealth Film
Festival**, Empower is a moving
documentary that follows four cancer
survivors and the creators of the
Patient Empowerment Program (PEP).

More than a film, it’s a story of
resilience, humanity, and community—
showing how simple daily practices like
movement, nutrition, mindfulness, and
connection can transform lives.

Empower premiered at Dalhousie
University, May 4, 2025, Joseph Strung
Concert Hall, Halifax, Nova Scotia.

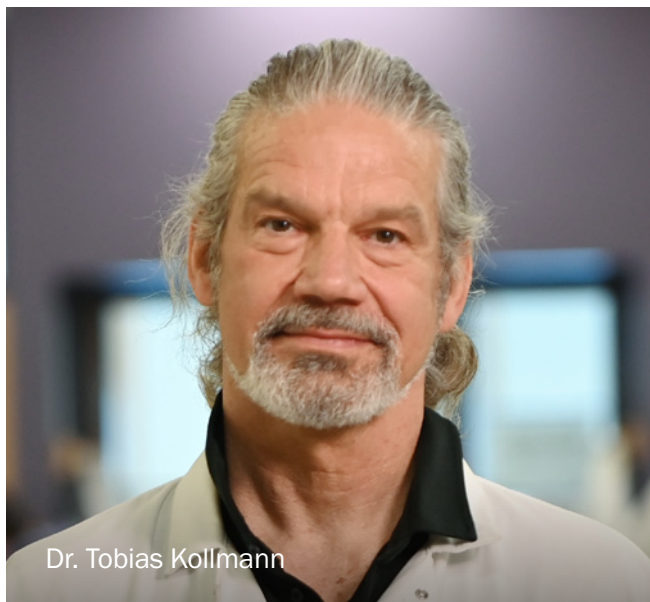
**Visit www.pcpep.org to watch
the documentary and learn more.**

WE CAN AND SHOULD BE DOING BETTER

2025 PICCHIONE SYMPOSIUM CONFRONTS THE CRISIS IN MATERNAL AND INFANT HEALTH

By Dayna Park

The 2025 Picchione Symposium: Adverse Pregnancy Outcomes, hosted by the Canadian Center for Vaccinology (CCfV), Dalhousie University, the Infection, Immunity, Inflammation and Vaccinology (I3V) research team, and IWK Health took place July 2, 2025.



Dr. Tobias Kollmann

In a room filled with distinguished scientists, physicians, and politicians, numbers flashed silently on the screen; 1, 2, 3...all the way to 16. These 16 seconds marked a stillbirth somewhere in the world. Almost four babies every minute.

A stark statistic followed by two more; every two minutes, a mother dies from complications related to pregnancy or childbirth and every two seconds, a child is born prematurely.

This sobering data opened the 2025 Picchione Symposium: Adverse Pregnancy Outcomes, hosted by

the Canadian Center for Vaccinology (CCfV), Dalhousie University, the Infection, Immunity, Inflammation and Vaccinology (I3V) research team, and IWK Health, setting the tone for a day of urgent consideration and bold ideas.

Dr. Krista Jangaard, President and CEO of IWK Health, welcomed attendees with a call to action: to confront the persistent and preventable tragedies in maternal and infant health with innovation and collaboration.

The day's organizer, Dr. Tobias Kollmann, a pediatric infectious disease expert at Dalhousie University, delivered the opening keynote with a powerful reminder: preterm birth remains the leading cause of infant death and disability—a crisis that demands urgent attention. But Dr. Kollmann's message was not one of despair.

"Scientific insight and determination can bring change," he emphasized, laying the groundwork for a day focused not only on the crisis but on the solutions within reach.

THE LEGACY OF THE PICCHIONE VISITING PROFESSOR PROGRAM

The symposium is part of the Picchione Visiting Professor Program, a long-standing initiative made possible through the generosity of Dr. Pasquale

(Vincent) and Susan Picchione. Established in 1988 and now endowed within Dalhousie's Faculty of Medicine, the program brings distinguished scholars to campus for extended visits, fostering meaningful engagement with students, faculty, and the broader medical community.

For the region's medical community, the Picchione Program is more than a prestigious lecture; it's a testament to the enduring impact of philanthropy on medical education and research.

The 2025 Picchione Symposium was designed to catalyze change, and Dr. Kollmann believes it will do just that.

"We've gathered the world's leading experts to showcase that if we were to combine the early identification of risk factors via innovative technologies, followed by targeted interventions, we could save 90 per cent of healthcare costs related to preterm birth and, more importantly, 78 per cent of lives lost," Dr. Kollmann says.

"This network of global leaders has now partnered with local experts from Indigenous and rural Atlantic Canadian communities to usher in an end to the longest-standing, deadliest pandemic we've ever faced."

THE COST OF CULTURAL ERASURE

Among the most moving moments of the day came from Elizabeth (Liz) LaSaga, former Chief of the Flat Bay Band in rural Newfoundland. She shared the story of her grandmother, who gave birth to 14 children at home using traditional Mi'kmaw birthing and midwifery practices. Her 15th child was born in a hospital, where both she and the baby tragically died. While the circumstances of their passing remain complex, the story underscores how the erosion of cultural practices can intersect with systemic inequities in healthcare.

LaSaga's husband, Dr. Stew MacNeil, originally from Stephenville Crossing, also spoke about his early career in hospitals in Edmonton. As an Indigenous man who passes as Caucasian, he witnessed firsthand the mistreatment of Indigenous patients, particularly pregnant and birthing women.

"Birth is not just a medical event—it's a natural, cultural, and human experience," he said, challenging the purely clinical lens often applied to maternal care.

Together with Dr. Tobias Kollmann, a pediatric infectious disease expert at Dalhousie University and the lead principal investigator, LaSaga and MacNeil are co-leading a research initiative aimed at transforming pregnancy care for rural and Indigenous communities in Atlantic Canada.

The project, "Empowering the Disempowered: Remote Pregnancy Monitoring to Reduce Adverse Pregnancy Outcomes in Rural and Indigenous Populations of Atlantic Canada" is generously supported over three years by a River Philip Transformational Research Grant.

The study focuses on early, non-invasive pregnancy monitoring using wearable technologies like smartwatches. These tools aim to detect risk factors before complications arise, enabling timely interventions and shifting care from crisis response to prevention.

The project is being co-developed with Indigenous communities across Nova Scotia and Newfoundland ensuring that implementation is community-led and culturally respectful.

"This is about co-creating solutions with the communities most affected," says Dr. Kollmann. "We're blending traditional knowledge with cutting-edge science to build trust and empower change."

PREVENTABLE LOSSES, PROVEN SOLUTIONS

Dr. Heather Scott, a maternal health consultant with the World Health Organization and Dalhousie faculty member, brought a global perspective. She noted that in 2023, 700 women died every day from preventable causes during childbirth. Nearly 40 per cent of infant deaths occur during labour—most of them avoidable.

She outlined both the adverse outcomes—like eclampsia, hemorrhage, sepsis, infection—and the evidence-based interventions that can reduce risk, such as iron and folic acid supplementation, early detection of hypertension, group prenatal care, and culturally respectful practices. But poverty, limited access to care, geographic isolation, and systemic inequities remain barriers to many. "Progress has been great," she said, "but it hasn't been enough."

INNOVATION AT THE INTERSECTION OF BIOLOGY AND TECHNOLOGY

Dr. SingSing Way, pediatrician and immunologist at Cincinnati Children's Hospital Medical Center in Ohio, explores how pregnancy reshapes the immune system. Dr. Way's research suggests that the body "remembers" previous pregnancies in ways similar to how it responds to vaccines—offering a potential path to reducing complications in first-time pregnancies.

"Every single mother was once a daughter," he said. "And during pregnancy, cells are exchanged between mother and baby. One in a million cells in a woman's body after pregnancy are from her child—and vice versa. This biological connection could hold the key to understanding and preventing complications."

Dr. Nima Aghaeepour, a leader in health data analysis using advanced computing and artificial intelligence and machine learning, followed with a provocative hypothesis. Can we tell if a 50-year-old was born prematurely? His research suggests that we can—and that this insight could lead to early interventions that improve lifelong health outcomes.

Premature birth, he noted, is linked to increased risk of diabetes, Chronic Obstructive Pulmonary Disease (COPD), and hypertension later in life. Artificial intelligence (AI), he argued, can bridge the gap between biological data and clinical decision-making. From predictive models to telemedicine tools, AI offers a powerful new frontier in maternal and infant health.

A PATH FORWARD

The crisis of adverse maternal and infant outcomes is vast, touching every corner of the globe and disproportionately affecting marginalized communities. Yet, there are proven interventions that can significantly reduce risks.

The challenge now lies not in finding solutions, but in ensuring that current insights are implemented equitably, effectively, and urgently.

"We will make a difference," says Dr. Kollmann. "And it will start at Dalhousie."

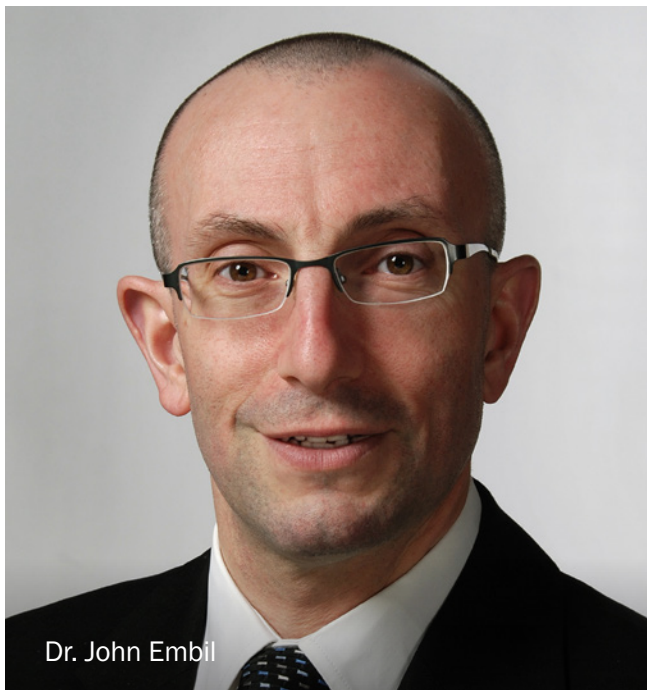


PAYING IT FORWARD, ONE STUDENT AT A TIME

THE EMBIL FAMILY LEGACY

By Dayna Park

Dr. John Embil (MD '89) grew up in a Halifax household steeped in science and service. His father, a Cuban immigrant, Dalhousie faculty member, infectious diseases consultant, and virologist, laid the foundation for a life devoted to infectious diseases.



Dr. John Embil

"I had no imagination," Dr. Embil jokes. "I followed in his footsteps."

After earning his medical degree from Dalhousie in 1989 and completing a rotating internship in 1990, Dr. Embil moved west to pursue postgraduate training in internal medicine and infectious diseases at the University of Manitoba.

He then built a thriving career in Winnipeg, where he remains today—a clinician, researcher, educator,

administrator, husband, father, and passionate advocate for medical students.

A LEGACY OF GIVING

Over the past three decades, the Embil family has established eight funds at Dalhousie's Faculty of Medicine to support medical research and education. Each fund reflects a deeply personal story: one honours his mother's experience with cardiac disease; another celebrates his father's legacy in infectious diseases. The latest fund is inspired by another meaningful force in Dr. Embil's life—parenthood.

This new bursary is earmarked for medical students with children, particularly single parents, who are navigating four demanding years of study with little or no income.

He's seen the demographics of medical students shift dramatically over the years.

"It used to be mostly young, unmarried people. Now we're seeing older, mature students—some in their 40s—who have fewer years in the workforce to recoup the financial loss. Studying medicine is a full-time job. How can we lessen the burden on someone trying to succeed?"

For Dr. Embil, giving back is a way to honour the institution that shaped his career and the community that supported his journey.

“My family and I are now in a position to give back the same way people gave to us. It’s a commitment to supporting medicine at Dalhousie.”

GRATITUDE AND OPPORTUNITY

The impact of these funds goes beyond academic excellence; it’s about mental and physical well-being and the ability to succeed.

“Everything is interconnected,” he explains. “If you don’t have to work a part-time job, you can be fresh and focused. Studying medicine is hard work, and you can’t miss a chapter. If you’re bartending until two in the morning to make ends meet, you aren’t going to be at your best the next morning to hit the books.”

Legacy, for Dr. Embil, is rooted in gratitude and opportunity.

“To be accepted to medical school is a privilege. To graduate is a privilege. Practicing medicine is a privilege. I still don’t believe I made it—I had imposter syndrome! But I’m grateful for every opportunity I had, and now we can pay it forward.”

He recalls a classmate in 1988 who graduated with \$110,000 in debt—a staggering amount at the time, simply a drop in the bucket these days. According to the Association of Faculties of Medicine Canada, Canadian medical graduates reported an average debt of \$84,172 for medical school expenses (student loans) and \$80,516 of non-education related debt (lines of credit, credit cards) totaling an average graduating debt of \$164,688.

“Halifax is an expensive city in which to live. Rent, tuition, food, books, clothing, car, gas, insurance—it adds up fast. If we can help someone fulfill a dream that gives back to society, bring it on.”

PHILANTHROPY AND THE FUTURE OF MEDICINE

Dr. Embil believes philanthropy is essential to the future of medical education in Canada.

“We’re blessed to have excellent, government-subsidized education, but it’s still a struggle for many. With changing demographics—new Canadians, rural, and low-income students—we need to support the best and the brightest who deserve the chance to study

medicine. They are the foundation of this country and of the practice of medicine.”

Targeted funds, like the one the Embil family has created for parents, are part of an important movement towards student diversity in medical schools which will ultimately lead to better patient outcomes, more culturally competent physicians, and research that addresses systemic health disparities, making healthcare more accessible and effective for everyone.

“We’re supporting the infrastructure of the future,” says Dr. Embil. “With societal changes, people who wouldn’t have had the opportunity now do.”

His advice to students facing personal and financial challenges is simple: “Reach out. Use every resource available—Doctors NS, community programs, the Faculty of Medicine. Find a bank with the best rates,” he laughs. “Never lose the dream. Keep focused and keep going.”

The most rewarding part of his journey as a donor? Seeing students succeed.

“Seeing students get the support they need to move to the next phase of their career—that’s priceless.”

Education, he says, is a lifelong gift.



You can’t take it away. If we help fulfill a dream that gives back to society, that’s the goal. Help others the way we were helped. Give them a chance.

- DR. JOHN EMBIL

OPENING DOORS IN MEDICINE

A NEW FUND FOR MED STUDENTS WITH DISABILITIES

By Dayna Park

At Dalhousie's Faculty of Medicine, the future of healthcare is being shaped by students who bring not only academic excellence but lived experience, resilience, and a deep understanding of what it means to navigate the world differently. Now, a new initiative is making sure those students don't have to do it alone.

The Accessibility & Accommodations Fund, launched with a goal of raising \$250,000, is designed to support medical students with disabilities by helping cover the costs of essential tools and services—everything from assistive technology and adaptive equipment to environmental modifications and specialized supports. It's a fund built on the belief that medical education should be accessible to all deserving students.

THE NEED IS REAL—AND GROWING

A recent admissions survey revealed that 70 incoming medical students between 2012 and 2024 reported having a limitation that impacts daily life. Conditions ranged from mental health and mobility impairments to chronic illnesses and learning disabilities. Yet not all these students seek accommodations—some due to stigma, others due to cost.

Without support, students may delay their training, take on crushing debt, or leave medicine altogether. And when we lose them, we lose future physicians who deeply understand the patients who need them. We lose compassion, perspective, and representation.

KENDRA'S STORY

For Kendra Hebert, a fourth-year student at Dalhousie Medicine New Brunswick, the fund represents more than financial support—it's a lifeline.

"To my knowledge, I am the first student at this site to navigate medical training with a disability like mine," says Kendra, who uses a manual wheelchair, forearm crutches, and leg braces for mobility. "Medicine has been my lifelong goal."

Growing up in Garnett Settlement, a small rural community outside Saint John, Kendra had no physicians in her family—but she had determination. After earning degrees in Biology and Psychology, and later a Master's in Experimental Psychology, she was diagnosed with a rare, non-progressive disorder. With the right care team and mobility devices, she finally applied to medical school.

"One of the biggest barriers was my own fear that I wouldn't be able to do it," she shares. "But I had a lot of support—especially from my twin sister, Courtney, who shared my dream. She passed away four months before I began medical school, but her memory continues to drive me each day."

Kendra's transition into clinical rotations brought new challenges. She now relies primarily on her wheelchair, and while it improves her independence, accessibility in clinical environments remains a daily concern.

"Policies, rotations, and physical spaces are rarely designed with someone like me in mind," she explains. "This creates a constant extra layer of planning and stress. My peers don't face this invisible burden."

Despite these challenges, Kendra's disability has shaped her into a compassionate, empathetic future physician.

"During a pediatrics rotation, a young girl who used similar mobility aids lit up when she saw me. Her parents told me that seeing me in medicine showed her what was possible."

A FUND THAT SAYS YES

Medical school is expensive. Living with a disability is also expensive. Kendra's story highlights the financial strain students face when insurance and grants don't cover essential equipment.

"Last year, I needed a SmartDrive—a power assist device for my wheelchair. It wasn't covered by insurance or grants. The Accessibility & Accommodations Fund didn't exist yet, so I had to request direct financial assistance from the Faculty. I was fortunate to receive it, but had such a fund existed from the beginning, it would have removed a great deal of stress."

The Accessibility & Accommodations Fund is about saying yes—faster, and more often. It's about ensuring students like Kendra have what they need to thrive.

And it's about recognizing that a disability isn't a deficit—it's a perspective that enriches medicine and strengthens care.

JOIN THE MOVEMENT

This fund is part of a broader commitment to equity, inclusion, and accessibility at Dalhousie. It's a chance to build a future where every student can succeed, and every patient can see themselves reflected in their care.


"My hope is that by being visible, I can encourage others with disabilities to pursue medicine and remind the system that accessibility and inclusion strengthen the profession for everyone," says Kendra.



SUPPORT THE ACCESSIBILITY & ACCOMMODATIONS FUND

Be the reason a student stays in school, scrubs into surgery, and becomes the physician they were meant to be.

To learn more, contact
medadvancement@dal.ca

A person with a prosthetic leg is standing on a metal railing. The railing is made of vertical bars and a horizontal top rail. The person's leg is visible on the right side of the frame, wearing a black prosthetic leg with a yellow strap and a black shoe. The background is a blurred outdoor scene with green trees and a clear blue sky. The lighting is bright, suggesting it is daytime.

“My hope is that by being visible, I can encourage others with disabilities to pursue medicine and remind the system that accessibility and inclusion strengthen the profession for everyone”

- KENDRA HEBERT



A RISING TIDE LIFTS ALL BOATS

A NEW WAVE OF FUTURE PHYSICIANS IN CAPE BRETON

By Debbie Hendricksen

In a heartfelt celebration at Cape Breton University's Boardmore Theatre on August 22, 2025, the inaugural class of the Cape Breton Medical Campus (CBMC) was honoured in a ceremony titled Rising Tide, or El~mpa'q in Mi'kmaq.

The celebration marked the beginning of a transformative journey for 30 future physicians, surrounded by family, friends, and community leaders.

Emceed by Dr. Annalee Coakley, CBMC's Assistant Dean of Student and Resident Affairs, the ceremony reflected the values of compassion, service, and lifelong learning. Dr. Coakley extended special thanks to Doctors Nova Scotia President Dr. Shelly McNeil and Eastern Zone Physician Advisor Ryan Brown, who gifted each student a stethoscope—a symbolic welcome to the field of medicine.

Local business owners Steve and Katherine van Nostrand also contributed, donating lab coats embroidered with the CBMC logo.

"The rising tide represents the collective strength, resilience and momentum of you, our future doctors," Dr. Coakley shared. "As the tide rises, it lifts all boats. And so too, must we rise together, committed to building a health system that is accessible for all."

A LIGHTHOUSE CARVED FROM RESILIENCE

A striking sculpture by Nova Scotia artisan Liam Tromans served as the ceremony's focal point. Carved from trees felled by Hurricane Fiona in 2022, the lighthouse stands as a beacon of hope and guidance for the students as they embark on their medical studies.

The ceremony also featured words of encouragement from Dr. Jennifer Hall, Senior Associate Dean of CBMC; Dr. David Anderson, Dean of Dalhousie's Faculty of Medicine; and CBU President and Vice-Chancellor David C. Dingwall. Each speaker emphasized the importance of community, equity, and the transformative power of education.

The event concluded with a stirring performance of Rise Again by Lucy MacNeil and her brother Stuart of the beloved Barra MacNeils. Written by Leon Dubinsky, the song—often called Cape Breton's unofficial anthem—captured the spirit of resilience and renewal that defines both the region and its newest medical students.

A VISION FOR RURAL HEALTHCARE

The Cape Breton Medical Campus is more than a new academic institution—it's a bold step toward addressing healthcare gaps across Nova Scotia. A partnership between Cape Breton University and Dalhousie's Faculty of Medicine, with support from the Province, CBMC will welcome 30 new students each year, with graduates poised to serve as family doctors in rural communities across the province.

RISING TIDE

A Cape Breton Medical Campus Ceremony



CAPE BRETON MEDICAL CAMPUS



A new CMBC student receives her lab coat and stethoscope, welcoming students to the program.



FORWARD TOGETHER

NEW ASSOCIATE DEAN, UGME, DR. IAN EPSTEIN'S
VISION FOR MEDICAL EDUCATION

By Kate Rogers

When Dr. Ian Epstein reflects on his professional journey, beginning as a medical student at Dalhousie and now stepping into the role of associate dean of undergraduate medical education (UGME), he speaks often about togetherness.



It's not just a passing thought. It's a philosophy.

"We live in a time where external forces like social media, algorithms, and politics often try to divide us," he says. "Our work must resist that. It should bring people together."

Dr. Epstein, who completed both his undergraduate and postgraduate training at Dalhousie Medical School, began his tenure as associate dean on July 1, 2025. It's a role he says means a lot both personally and professionally.

"Becoming a doctor shapes your entire life; it's more than just a profession. So, returning to serve in this capacity, in a program that shaped me, feels like an extraordinary opportunity."

Dr. Epstein sees this new chapter not as a departure, but as a natural extension of his work as assistant dean of the Office of Professional Affairs (OPA), a position he has held since the office was established in 2022. He worked closely alongside the assistant dean, OPA for DMNB, Dr. Samatha Gray, and leadership to build the OPA from the ground up. The office works closely with both undergraduate and postgraduate medical education (PGME) on sensitive student issues. This meant Dr. Epstein had engagement with students, unit heads, clinical instructors and many others deeply entrenched in the UGME world, significantly impacting his approach to his new role. His biggest takeaway: ensuring students have the best possible learning environment must be central to the work of the Faculty.

"It's not about perfection. It's about being kind, supporting each other, and making hard work less difficult by treating one another with respect," he says. "Let's give it a bit of a family vibe. Things aren't perfect in families, but there's support and kindness and that's the kind of culture I want to nurture."

This attitude extends to how he hopes the UGME office functions internally and in partnership with others.

"I want students to feel like UGME, student affairs, OPA, CPDME, and PGME are all part of the same team. In fact, I wouldn't mind if students didn't even know which office does what, just that they have support no matter where they turn."

TRANSFORMATIVE MEDICAL EDUCATION

Dr. Epstein approaches his new role with both excitement and trepidation.

"It's a big role," he says. "It involves overseeing hundreds of students across three campuses and distributed clinical sites in three provinces. That's a lot of responsibility, but it also means having a wide-reaching impact."

During his tenure as internal medicine PGME program director, Dr. Epstein oversaw approximately 200 residents for over a decade. Watching them grow, graduate, and go on to care for patients was profoundly fulfilling. In his new role, he sees an opportunity to amplify that influence, supporting even more learners as they begin their journeys in medicine.

And as he begins his own journey as associate dean, he has outlined four broad priorities that align with his collaborative approach—priorities he says are well-established thanks to the excellent work of outgoing associate dean, UGME, Dr. Evelyn Sutton, her predecessors, and the other associate and assistant deans in the Faculty of Medicine.

With the recent UGME accreditation process behind the Faculty, Dr. Epstein's first focus is to closely review the results when they are received in the fall and lead a coordinated response to areas for continued growth.

His second priority is accessibility and equity-related initiatives, for which he remarks on the progress made, but the extensive work that still needs to be done.

"The learning environment reflects centuries of societal baggage and while we've made steps toward reconciliation and inclusivity, with admissions pathways, PLANS (Promoting Leadership in health for African Nova Scotians), and KW (Keknu'tmasiek Ta'n Tel Welo'Itimk), those are just beginnings. We need to go further. We must talk about this openly and often, even when it's uncomfortable. It can't be a one-and-done initiative. We must maintain momentum."

He's particularly committed to working more closely with Dalhousie's community-facing units, including PLANS, KW, and associate dean of serving and engaging society, Dr. Gaynor Watson-Creed's office, and ensuring diverse voices guide ongoing reforms.

Dr. Epstein's third priority, and one that, as mentioned, encompasses his whole philosophy and also overlaps the first two priorities, is improving the learning environment.

"How was the learning environment evaluated by students during accreditation, and how does our entire community feel about it," he asks. "The goal is to continuously improve the learning environment and create the best educational environment in Canada, and potentially the world."

Dr. Epstein's final priority—assessment innovation—will be an ongoing focus, recognizing that educational practices and assessment strategies are continually evolving. With entrustable professional activities (EPAs) and competency-based education recently introduced in clerkship, his goal is to continue modernizing and advancing the assessment system to better support student learning. While he is proud of Dalhousie Medical School's strong performance, including high Medical Council of Canada Qualifying Examination results and well-prepared graduates, he is committed to ongoing improvement and staying at the forefront of assessment science, particularly as tools like AI become more integrated into medical education.

He also acknowledges some of the big challenges ahead such as expanding clinical capacity across multiple provinces, faculty development, and maintaining excellence across a growing, distributed program, will require focus, alignment, and a shared sense of purpose.

"We must keep moving forward, listening to our communities, staying open to feedback and being ready to change are all vital," he says. "This includes acknowledging mistakes, embracing new ideas, and staying humble. We don't have all the answers."

A CULTURE OF SUPPORT AND EXCELLENCE

As he begins this new chapter, Dr. Epstein brings a rare combination of vision, humility, and deeply held values. His energy is infectious. His intentions are clear.

"I want us to be known as the friendliest, most supportive medical school in Canada. A place where the learning environment is a point of pride, and where we take care of our students, our patients, and each other."



TRANSFORMING GYNECOLOGICAL CANCER CARE IN CAPE BRETON

TEAL TO HEAL'S GENEROSITY FUELS
DALHOUSIE GYNECOLOGICAL CANCER
RESEARCH

By Kate Rogers

This year, a generous gift from the Teal to Heal campaign is directly funding groundbreaking gynecological cancer research at Dalhousie University's Beatrice Hunter Cancer Research Institute (BHCRI).





Dena Edwards Wadden shows her appreciation to a volunteer at the annual Teal to Heal event.
(Sherri Poirier Photography).



Participants run in the Teal to Heal walk/run, part of the annual event.

For the first time, two research grants have been awarded to individuals working in gynecological health, with the goal of advancing earlier diagnoses and developing effective screening tools for ovarian cancer. These grants, are named in honour of two courageous women who lost their lives to ovarian cancer, Kelsey Pike and Madonna Jackson.

The impact of Teal to Heal's generosity extends far beyond financial support. By enabling researchers to pursue innovative projects, the campaign is helping to reshape the future of women's health in Nova Scotia and beyond.

COMPASSION AND ADVOCACY

The story behind Teal to Heal is one of personal resilience and community action.

In September 2021, after more than a decade of caring for others as a nurse and nurse practitioner in Cape Breton, Dena Edwards Wadden experienced a profound shift when she became the patient.

Troubled by persistent, unexplained lower abdominal discomfort, she pushed for an emergent ultrasound as her symptoms worsened.

"I really advocated for myself because I felt that there was something wrong," she recalls. "I ended up in emergency surgery that evening to remove a tumor, thought to be benign."

Five and a half weeks later she received a phone call that would change her life. Pathology results had returned.

It was ovarian cancer. She was just 33 years old.

"My daughter had turned two four days prior—my world was shook," she says. "I knew from what I did for a living that ovarian cancer often carries a very poor prognosis."

Known as the 'silent killer,' ovarian cancer is usually diagnosed late stage, with poor survival rates. Thanks to Dena's medical knowledge, she recognized the



A child shows support for her family at the annual Teal to Heal event (Sherri Poirier Photography).

subtle signs and was diagnosed at stage one, a rarity for the disease.

Dena then didn't just face her diagnosis; she reshaped the landscape of gynecological cancer care in Cape Breton.

Drawing on her experience as a nurse practitioner and her deep belief in preventative health and patient empowerment, she founded the Teal to Heal campaign and the Teal at Home Fund through the Cape Breton Regional Hospital Foundation in 2022. What began as a personal response to systemic gaps in care has grown into a community-wide movement rooted in compassion, advocacy, and generosity.

"Dena and Teal to Heal have taken our community by storm," says Paula MacNeil, CEO, Cape Breton Regional Hospital Foundation. "It is because of Dena, her group of volunteers, and the generosity of our community, that we can provide support for others facing new diagnoses, cover costs related to medical appointments, purchase vital equipment and, more

recently, fund research to advance care. For that, we are extremely grateful."

CONFRONTING BARRIERS

The experience of navigating her own diagnosis revealed the barriers faced by many patients in Cape Breton.

"We have no gynecological oncologists in Sydney," says Dena. "The team in Halifax is incredible and travel to Cape Breton for a day and a half each month to see patients, but they don't have all the equipment they need and there's a lot that requires people to be in Halifax."

The financial strain also became clear with travel, accommodation, and medication costs quickly ballooning.

The unfortunate reality, Dena would learn, is that for many patients, this meant they just weren't getting the care they needed.

Moved by these gaps, Dena decided to take action. Off work for recovery, she saw the need to raise awareness. With World Ovarian Cancer Day falling on Mother's Day that year, she began planning what would become the first Teal to Heal event. Her vision included three goals. The first—to raise funds to better support her community.

"When I realized the need, I wanted to eliminate as many barriers as I could to allow these people to receive optimal care," she explains.

The annual event's impact is tangible. Since its inception, Teal to Heal has raised more than \$800,000, with half of the funds coming from generous local businesses and the other half from individuals and teams who participate in the annual event.

Dena's second goal was to raise awareness about ovarian cancer. Believing her healthcare background played a key role in her early diagnosis, she became committed to helping others understand their own health. Her guiding principle: when we know better, we do better.

"If we can prevent something from happening, or if we can catch something early, then people are going

to have much better outcomes,” she says. “When patients understand available screening practices, or their diagnosis and plan of care, they are empowered to advocate for themselves. This kind of proactive education is so important—it not only helps people recognize concerning symptoms but also equips them with the knowledge of accessing the right pathways to receive timely and appropriate care.”

POWER OF GIVING

At the heart of Teal to Heal is a belief in the power of giving. Local businesses, families, and volunteers rally together each year for a walk/run, wellness expo, silent auction, and live entertainment. Dena is proud that the event is free to attend, ensuring accessibility for all.

The fund supports cancer patients by providing care packages with grocery gift cards, toiletries, and messages of hope, while also helping cover travel, accommodation, and medication costs. It extends aid to families in palliative care through transportation costs, home maintenance support, and offers childcare assistance and mental health support for those undergoing treatment or facing genetic risk of cancer. It has also funded essential medical equipment like colposcopy machines and vein finders to ensure care remains accessible close to home.

“We can’t change the diagnosis,” says Dena. “But we can ease the burdens that come with it.”

RESEARCH IMPACT

Dena’s third and final goal was to improve research on women’s health, and with the launch of new research grants at Dalhousie University’s Beatrice Hunter Cancer Research Institute, this vision is now a reality.

Teal to Heal’s commitment is setting a new standard for community-driven impact in gynecological cancer care. The campaign’s support for research is not just a milestone, it’s a promise for the future.

Dena’s long-term vision is to see earlier diagnoses and the development of effective screening tools for ovarian cancer, recognizing the complexity and diversity of the disease. Thanks to Teal to Heal, more people are now working toward these goals, and if the initiative proves successful, Dena hopes to support additional research positions in the future.

RAISING AWARENESS

Ultimately, Teal to Heal is about far more than funding.

“It’s all about conversations and awareness. The money is great. The money helps people. But for me, the awareness is really the big piece. It’s creating conversations,” Dena reflects. “Sharing my story has opened up important conversations in our community, and if doing so helps others recognize symptoms earlier or simply feel less alone, then it brings me comfort. Turning something so difficult into an opportunity to raise awareness and support others has been deeply healing for me.”



**Learn more about the Beatrice Hunter
Cancer Research Institute and how you
can help at www.BCHRI.ca**



Dena Edwards Wadden and her daughter Myka Wadden, 5, participating in the annual Teal to Heal event.
(Photo: Diane Nordine).

CELEBRATING INNOVATION



DALHOUSIE'S BREAKTHROUGH BREAKFAST SERIES

By Dayna Park

Dalhousie University's Faculty of Medicine has been serving up more than just coffee and conversation at its Breakthrough Breakfast Series—it's been dishing out cutting-edge research, community engagement, and a celebration of medical innovation across the Maritimes.

Providing a spotlight on transformative research and the brilliant minds behind it, the series brings together faculty, students, donors, and community members for early morning events that highlight the latest breakthroughs in medical research. Each breakfast features a different theme, with presentations from leading researchers and clinicians whose discoveries are shaping the future of healthcare.

Each event includes voices from across the research ecosystem—faculty, graduate students, patients, and community partners—highlighting the collaborative nature of medical advancement.

A MENU OF MEDICAL DISCOVERY

The topics covered in the series reflect the breadth and depth of Dalhousie's medical research. Past breakfasts have explored:



HARNESSING THE POWER OF THE HUMAN IMMUNE SYSTEM

Showcasing advances in immunology and vaccine development.



IMPROVING FAMILY MEDICINE THROUGH RESEARCH

Exploring research that addresses challenges in primary care access and delivery.



PIONEERING POSSIBILITIES IN CANCER RESEARCH

Highlighting collaborative efforts to improve detection and treatment.



INNOVATIONS IN NEUROLOGICAL RESEARCH

The latest discoveries for neurological disorders such as epilepsy, multiple sclerosis, and Alzheimer's Disease.



HEALTHY AGING AND FRAILITY

Examining strategies to support aging populations.



EARLY INTERVENTIONS FOR YOUTH MENTAL HEALTH

Exploring proactive approaches to support young people.

SPOTLIGHT: RESEARCH EXCELLENCE AT DALHOUSIE MEDICINE NEW BRUNSWICK

The next installment will be held on December 2nd at Dalhousie Medicine New Brunswick (DMNB) in Saint John, celebrating research excellence at the campus.

This breakfast will showcase the unique contributions of DMNB researchers to the broader Dalhousie medical community. Topics include innovations in neuroscience, population health, and rural medicine, areas where DMNB is making significant strides.

Attendees will hear from faculty whose work is improving health outcomes in New Brunswick and beyond, reinforcing the importance of regional research hubs in national healthcare conversations.

FEATURED SPEAKERS



DR. PAUL ATKINSON

Assistant Dean, Research, DMNB: presenting his latest Compassion in Medicine: The Science of Caring.



DR. KEITH BRUNT

Associate Professor, Pharmacology: presenting their latest research to help us live healthy and happy to 100 by understanding the building blocks of aging well & translating innovation to practices that transform the patient experience.



DR. DUNCAN WEBSTER

Associate Professor, Infectious Diseases: presents his clinical and research interests in harm reduction, chronic viral infections and tuberculosis, he successfully synthesizes varying aspects of research, including a deeper understanding of glycobiology to inform his quest for improved diagnostics and therapeutics in the realm of mycobacteria and tuberculosis.



TORI NELSON

PhD Candidate, Department of Pharmacology: presenting her research focused on advancing our understanding of heart failure progression and the protective mechanisms of guideline-directed medical therapies, ultimately informing the development of novel strategies to prevent and delay the onset of cardiac disease.



From left to right: Dr. Jeanette Boudreau, Dr. Robin Urquhart, and Dr. Mahmoud Elsayw speaking at the 2024 Breakthrough Breakfast: Pioneering Possibilities in Cancer Research.



LOOKING AHEAD

As the Breakthrough Breakfast Series continues, it remains a vital platform for sharing knowledge, fostering connections, and inspiring the next generation of medical leaders.

Whether you're a researcher, student, donor, or community member, these events offer a front-row seat to the future of medicine—served with a side of inspiration.



CREATING SPACE FOR CARE

DAL RESEARCHER FUNDED TO STUDY MENTAL HEALTH SUPPORT FOR BLACK WOMEN IN NOVA SCOTIA

By Andrew Riley

When Dr. Keisha Jefferies describes the goal of her latest research project, she starts with the women who inspired the work. Women who feel they can't show vulnerability. Women who often take on the emotional weight of their families and communities with little thought for their own wellbeing

"I see it in many areas, even my own experiences, or those of friends and family," she says. "The 'strong Black woman' construct is very common. I've written about it—in relation to nursing—and it absolutely resonates in my own life."

With new funding from the Province of Nova Scotia announced on June 5, the researcher from Dal's School of Nursing is leading a community-focused qualitative study examining the mental health perceptions and experiences of Black women across the province.

Supported for two years by Research Nova Scotia's New Investigator in Addictions and Mental Health program, the project will engage women from Ancestral Black African Nova Scotian and Black immigrant communities to gather insight into how Black women experience, interpret, and respond to mental health challenges.

In addition to developing culturally relevant mental health materials to support Black women and guide health providers, the study will also help lay the foundation for a Black health data research repository. Dr. Jefferies says such a resource is long overdue and is "necessary not just for researchers,

but also for policymakers or anyone who's interested in understanding and advancing Black health outcomes."

DRAWING ON EXPERIENCE

The new project builds on Dr. Jefferies's previous studies, including research on uterine fibroids and her PhD dissertation focused on the experiences of Ancestral Black Nova Scotian nurses. Both projects consistently surfaced mental health and wellbeing as a critical concern. In addition to her academic work, Dr. Jefferies says her personal identification with the communities with whom she studies helps her approach the research with empathy and a spirit of collaboration.

If you're engaged in more community-oriented work, being present, visible, and having roots in community helps you to collaborate in a meaningful way

"You can, as the researcher, use yourself as a tool for research. To use your experiences to tease out nuance, to ask more critical or possibly more relevant questions," she says. "And, if you're engaged in more community-oriented work, being present, visible, and having roots in community helps you to collaborate in a meaningful way. They know you and you know them."

ADVANCING HEALTH EQUITY IN NOVA SCOTIA

Dr. Jefferies's project is part of a broader provincial government effort to build universal access to mental health and addictions care—an objective embedded in the province's Action for Health plan. Dalhousie has also received provincial funding for its Centre for Psychological Health which offers free care to low-income Nova Scotians while training clinical psychology PhD students to help meet the growing demand in the province.

"This is one more way we're building universal access to mental healthcare in our province—listening closely to communities to understand diverse addiction and mental health experiences is essential to creating supports and services that meet the needs of Nova Scotians," said Brian Comer, Minister of Addictions and Mental Health.

Carrying that effort forward, Dr. Jefferies emphasizes that the impact of her work is intended to reach across Nova Scotia, saying, "So often, the focus is only on the Halifax Regional Municipality. However, Black women live throughout Nova Scotia. They all deserve timely access to care and culturally appropriate supports. We're being very intentional about reaching rural areas as part of this work."

FOCUSED ON COMMUNITY

To ensure the project is grounded in community needs, Dr. Jefferies is taking time to build relationships with local partners before the research officially begins. That includes meeting with organizations to walk through the proposal, inviting feedback, and co-creating aspects of the project.

As she looks ahead to launching the project, Dr. Jefferies remains focused on the women at the heart of the work. She's thinking about the women she's interviewed before who felt overwhelmed, invisible, and uncertain about whether their distress counted as a mental health issue.

"I would love for people to feel as though there's a space where they can go to share their experiences, where they can share with others who may have similar experiences, and importantly where they can share without judgment," she says.



Interested in supporting mental health and addictions research at Dalhousie? Reach out to medadvancement@dal.ca



Dr. Jefferies, right, participates in an orientation event for Black nursing students last August.

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