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NEW YORK MEDICAL COLLEGE

CHIRONIAN

FALL / WINTER 2013

"THE GRADUATE SCHOOL OF BASIC
MEDICAL SCIENCES TURNS 50"



{EARLY GRADUATE SCHOOL STUDENTS}

CHIRONIAN

New York Medical College
A Member of the Touro College and University System

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ON THE COVER:

Hairstyles and fashion may have changed but students in the Graduate School of Basic Medical Sciences still display keen intellectual curiosity, integrity, motivation and communication skills with the promise of becoming outstanding educators, researchers and practitioners of science.

BY EDWARD C. HALPERIN, M.D., M.A.

A CHANCELLOR PRACTICING MEDICINE

The standard teaching in academics is that a physician in a leadership position—for example, the dean of a School of Medicine, or a college or university chancellor or president—should not attempt to practice clinical medicine. Some extend this advice to clinical department chairs. The argument is buttressed by the demands on time (“How can you possibly practice medicine and, at the same time, go to all of those administrative meetings?”); uncertainty (“How can you possibly practice medicine and, at the same time, be responsive to dealing with administrative crises and the incessant need to travel out-of-town?”); and money (“How can you possibly practice medicine and, at the same time, do the administrative job that the board of trustees is paying you to do?”).

I was advised to cease practicing medicine at three discrete moments in time: when I became a department chair at Duke, a dean at the University of Louisville, and chancellor of New York Medical College (NYMC). I have never taken this advice.

As a pediatric radiation oncologist, I see patients at Maria Fareri Children's Hospital at Westchester Medical Center. I will soon begin seeing patients at Metropolitan Hospital Center in Manhattan. Pediatric radiation oncology is one of the more rarefied medical specialties. Some people characterize it as the specialty of caring for those diseases they told you about in second-year pathology class in medical school and then told you that you would probably never see a case. My particular clinical interest



focuses on tumors of childhood, brain tumors and ophthalmic tumors. In the last few weeks I have consulted on cases of a malignant renal rhabdoid tumor in an infant, rhabdomyosarcoma of the prostate in a child, and medulloblastoma of the cerebellum in a young adult.

In my opinion there are several compelling reasons for people with jobs like mine to continue to practice clinical medicine and/or do research. First, it reminds you of what business NYMC is really in. Second, if you really want to know what is going on in the experience of patients, students, house staff and faculty physicians on the wards, there is no better way to do so than by being there yourself. Third, when people present you with administrative problems related to the clinics, you will have first hand knowledge of them. Fourth, you get to enjoy teaching students and house staff on the wards. You will find

you are a better clinician because of the improved quality of clinical care that you are able to provide when practicing with students and house staff. Finally, a wise man once told me that the definition of a spayed college administrator is one who is neither willing to quit nor be fired over a matter of principle. That is the type of person who doesn't know how to make a living other than by being an administrator and is susceptible to compromising on matters of principle because s/he fears losing her/his job. A physician who maintains her/his clinical and/or research skills never will be in that position. If s/he ever had to be fired or quit over a matter of principle, s/he could return full time to the clinic or laboratory.

I look forward to another great year at NYMC as your clinician-chancellor. ■

When the CDC awarded a grant to study health effects of Hurricane Sandy, the Center for Disaster Medicine rose to the occasion—and in the process, burnished its well-earned reputation as a resource for disaster training and data collection.



A PROBLEM IN OUR OWN BACK

BY ANDREA KOTT, M.P.H.

They were do-it-yourselfers, the ad-hoc group of New York City homeowners and volunteers who, with neither safety training nor equipment, gutted mold- and sewage-infested homes in the wake of flooding from Hurricane Sandy. In an effort to protect these lay workers from illness and injury, the New York City Department of Health and Mental Hygiene (DOHMH), in partnership with Hunter College and Rutgers University, launched a worker safety training program to show them how to handle contaminated debris. Now, the health of these do-it-yourselfers—and the effectiveness of the worker safety training—are the focus of a landmark two-year study by the College's Center for Disaster Medicine (CDM).

With more than \$560,000 from the Centers for Disease Control and Prevention—the largest research grant the Center has ever received—the CDM will study the health effects of exposure to mold and other environmental contaminants, and evaluate the effectiveness of the health department's public health intervention to minimize subsequent illness and injury.

The Center for Disaster Medicine, part of the Institute of Public Health in the School of Health Sciences and Practice (SHSP), was established in 2005, to improve the region's



YARD

track record for responding to a range of disasters, including bioterrorism and local public health emergencies. The Center conducts interdisciplinary research, training, technical assistance and educational activities related to emergency preparedness, with a special focus on children and other vulnerable populations.

For Michael J. Reilly, Dr.P.H. '10, M.P.H., the Center's director and the study's principal investigator, it is important to know what, if any, kinds of interventions can safeguard the public's health, especially in this age of climate change, when "super-storms" and other environmental crises are becoming increasingly—and alarmingly—common. "Little is known about the effectiveness of such education programs for lay recovery workers following a disaster," says Reilly, who is an assistant professor of environmental health sciences. "What we're trying to show is whether the training made a difference in the health of individuals doing response work."

Hurricane Sandy tore through the East Coast during the final balmy autumn days of 2012, devastating swaths of Manhattan, Brooklyn, Queens and Staten Island. As floodwaters receded, temperatures began dropping. Desperate to restore water, heat and electricity to storm-ravaged homes before winter set in, many residents—with little or no experience working with environmental hazards—took it upon themselves to remove dry wall, rugs and furniture from their homes or the homes of neighbors, homes that most likely were infested with mold, asbestos, sewage, and other contaminants. "These were not skilled professionals, experienced with remediating homes with storm-related damage. Homeowners and well-intentioned volunteers were exposing themselves to various environmental contaminants, particularly mold," Reilly says.

In this spontaneous group clean-up effort, DOHMH officials saw an immediate need to educate recovery workers in the



▲ GROWING ROOM:

In November, Michael J. Reilly, Dr.P.H. '10, M.P.H., inspected the construction of new quarters at the College's Dana Road facility with Jennifer Koestler, M.D., senior associate dean for medical education. Watch for the grand opening of the New York Medical College Center for Clinical Skills and Disaster Medicine in the spring of 2014.

safe handling of contaminated debris. Health department officials distributed protective equipment, such as respirators, and conducted more than 70 trainings among more than 1,000 lay workers throughout New York's five boroughs. The trainings lasted from one to three hours, and covered basic yet critical safety practices, including when and how to use safety equipment, and the proper handling of potentially contaminated materials. "What we don't know is whether these trained homeowners and disaster volunteers were actually exposed to hazardous contaminants, or if they experienced any storm-related illnesses," Reilly said.

Starting this fall, the CDM, in partnership with DOHMH and the National Center for Disaster Preparedness at Columbia University, began a survey of 400 people who received the safety training, in addition to 400 of their neighbors who did not participate in the training. All had experienced similar storm damage to their homes from the hurricane and possibly some degree of exposure to similar environmental hazards. Investigators will explore and compare a variety of potential determinants of health impacts, including health and mental health status, any use of personal protective equipment, and any symptoms or diagnoses of physical or mental illnesses within the past year.

"It's important to be able to describe the health impacts of Superstorm Sandy on New Yorkers, so we can educate health departments across the country on the potential health outcomes of disasters in their communities," Reilly says. He added

that it is just as important to the science of public and environmental health to understand how the DOHMH training could be replicated nationally as a just-in-time strategy to prevent occupational illness following a disaster. "It is crucial for health departments to know what health interventions in times of crisis actually work to meaningfully reduce rates of illness," he says.

Reilly acknowledged that the pervasiveness of mold in the environment may make it difficult to determine whether mold-related symptoms or illnesses reflect post-hurricane contact or long-term environmental exposure. "Mold is everywhere," he says, noting that undisturbed mold poses little health threat to healthy adults. Moreover, there are no national standards for "safe" levels of exposure to mold in an indoor environment.

"There is no concrete data showing an increase in negative health effects due to mold following hurricanes or coastal storms," he says. For example, studies that looked at the health effects of mold after Hurricane Katrina did not find excessively high rates of illness directly related to exposure. "However," he adds, "we've heard anecdotally of people in Sandy-affected areas who are coughing, and who have found black mold growing on their dry wall in areas that were flooded."

Typically, people who develop mold-related illness are those who are allergic to it, or have an underlying susceptibility, like asthma or a compromised immune system, Reilly explains. "Generally speaking, if you are adequately protected and you're healthy enough to pull dry wall, you're probably

“ [While] undisturbed mold poses little health threat to healthy adults...there are no national standards for “safe” levels of exposure to mold in an indoor environment. ”

healthy enough that you're not going to get sick from mold, with few exceptions.”

The current lack of data on the health effects of environmental-related illness following disasters makes the center's study particularly timely and important. “The CDC has given us more than half a million dollars to study a problem that's in our own backyard,” Reilly says.

The study may not show increases in health problems among lay workers who had been exposed to mold or other environmental contaminants. However, it is the comparative data—incidences of illness among workers who had *not* received safety training—that the investigators hope will suggest whether the health department's training intervention was effective in reducing rates of disease.

Reilly plans to publish the study's findings in peer-review journals, and to present them at national conferences, including the 2014 annual meeting of the American Public Health Association. “The study will make health departments aware of the potential environmental health consequences of natural disasters so they can better prepare to deal with the outcomes,” he says.

He anticipates the study's findings will help national and even international health officials develop occupational health interventions for untrained recovery workers who are remediating homes or other properties following a variety of natural disasters. He hopes to standardize and package these findings as

educational programs that health departments nationwide can use in response to a sudden disaster.

“The DOHMH, along with their partners at Hunter and Rutgers, did something pretty novel. They had enough foresight to devote time and effort to worker-safety training in the immediate period of time after the disaster,” he says. “If we can show that the intervention was effective, then we can attempt to replicate it in the rest of the country.”

As this issue of *Chironian* was being readied for press, the College had begun fitting out its newly renovated facility at 7 Dana Road to meet expanding needs. Reilly and his staff will relocate to the Dana Road building in February, and will share space with the medical school's clinical skills training center. The new facility, which will be known as the New York Medical College Center for Clinical Skills and Disaster Medicine, will house both the medical school's clinical skills center as well as the Center for Disaster Medicine. “The new space will allow us to train both students and practicing physicians, as well as other health care providers, in various aspects of clinical disaster medicine,” says Reilly. He anticipates the new facility will foster partnerships with the College's clinical departments, and will result in new programmatic offerings and expanded resources. ■

AT 50,
THE GRADUATE
SCHOOL IS

GOLDEN



THIS YEAR MARKS THE 50TH ANNIVERSARY

of the founding of the Graduate School of Basic Medical Sciences. New York Medical College's "middle sibling" school moves to center stage as it celebrates past accomplishments and a promising future.

BY ROBERT S. BENCHLEY

Looking back, 1963 was a watershed year on many levels: zip codes, tape cassettes, pop tops, touch-tone phones and state lotteries were all introduced, and the Beatles released their first hit single in the U.S., "I Want to Hold Your Hand." Martin Luther King delivered his "I have a dream" speech and President John F. Kennedy was assassinated.

In that same year, the field of medicine saw the introduction of oral polio vaccine, Valium, balloon catheters and portable ultrasound scanners. The first human liver transplant was performed and the first artificial heart was patented.

Change was also in the air in medical education. Medical research, once the sole province of M.D.s, was becoming increasingly complex, requiring an advanced level of basic science knowledge that went beyond an education that emphasized clinical expertise. The Ph.D. was becoming the working degree for research, and the growing need exceeded the number of graduates available in the work force. Master's degrees in the basic sciences were also in demand by those seeking senior level positions in the burgeoning scientific industry.

To help meet that need, the College, which already had a century-old tradition of pioneering leadership in medical education, took the bold step of establishing the Graduate School of Medical Sciences (renamed the Graduate School of Basic Medical Sciences in 1969, and commonly referred to as "the Graduate School"). That fall, as a nation mourned a dead president, New York Medical College's first class of Ph.D. students was already hard at work.

◀ THE FUTURE AND BEYOND:

In October, the entire NYMC community gathered to celebrate the Graduate School's golden anniversary with a scientific symposium. Five distinguished alumni were invited to speak, and later mingled with students, faculty and alumni of the Graduate School. The symposium was capped off by the Inaugural Gabor Kaley, Ph.D. Memorial Lecture, delivered by David G. Harrison, M.D., of Vanderbilt University.

"HALL OF FAME"

GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES



CELL BIOLOGY:

First Chairman and "All-Star"

Johannes A.G. Rhodin, M.D., Ph.D., was considered a pioneer in electron microscopy. His work examined the etiology and histology of Alzheimer's disease, and he successfully captured through imaging the effects of Alzheimer's disease on blood vessels.

BIOCHEMISTRY AND MOLECULAR BIOLOGY:

First Chairman

Israel S. Kleiner, Ph.D., was a biochemist whose work helped lead to the discovery of insulin. In 1919, Kleiner was among the first to demonstrate the hypoglycemic effects of pancreatic extracts on animals.

"All-Star"

W. Ward Pigman, Ph.D., was a leading biochemist and researcher in the field of carbohydrate metabolism. He discovered a water-soluble starch that became commercialized as Niagara laundry starch.

MICROBIOLOGY AND IMMUNOLOGY:

First Chair

Lois C. Lillick, M.D., was the Graduate School's first female department chair, serving from 1960-1962. She discovered a new species of *Spirulina*, a cyanobacterium. In her later career, she moved to California and became a well-respected public health physician and pioneer in the field of home care. The California Association for Health Services at Home honors outstanding contributors to the field with an annual award named after Dr. Lillick.

"All-Star"

Herbert S. Rosenkranz, Ph.D., developed the E. Coli DNA damage and repair test (polA DNA test) for identifying genotoxic chemicals. In collaboration with Gilles Klopman, he developed a computerized method for predicting chemical toxicity using quantitative structure-activity relationships. These techniques contributed to the rapid growth of the field of environmental and chemical mutagenesis.

PATHOLOGY:

First Chair

Francis D. Speer, M.D., was a cancer researcher who published a controversial series of articles proposing that "ultra-radical surgical attempts to cure breast cancer are not consistent with the biology of the disease." This concept went against mainstream thinking, and this era in breast cancer research was later characterized as the "cancer wars." In time Dr. Speer and his collaborator, Dr. Maurice Black (later acting chairman of Pathology) were proven right.

AN IDEA BECOMES REALITY

As far back as 1938, the College had the authority to award graduate degrees in the sciences and public health, but a dedicated school that would provide a graduate program separate from the medical school curriculum was still only an idea. In 1955, a group of faculty that included Ralph E. Snyder, M.D., president and dean; Warner F. Bowers, M.D., professor of clinical surgery; W. Ward Pigman, Ph.D., professor and chair of biochemistry; and David Lehr, Ph.D., professor and chair of pharmacology and physiology, had been developing the concept. On April 9, 1963, the idea became reality when the Graduate School was officially established. In 1964 and again in 1969, further amendments to the certificate of incorporation permitted the awarding of M.S. and Ph.D. degrees in all six basic medical sciences.

“As you might imagine, the initial number of students was quite small,” says Francis L. Belloni, Ph.D., dean of the Graduate School who joined the faculty of the Department of Physiology in 1981. “In fact, only 13 students enrolled that first fall, and there were only 49 students across all six

departments in the first three classes combined. That was seen as an opportunity to create a terminal master’s program for students who did not desire a doctoral degree. The initial target was people who worked for pharmaceutical companies or other companies where deep knowledge of the basic sciences was needed for career advancement.”

Edward J. Messina, Ph.D. '73, professor of physiology, was a member of the Graduate School’s second admitted class. As the school’s anniversary approached, he began assembling a meticulously researched presentation for a symposium to be held as part of the October 3 celebration. Ever the observant researcher, he discovered that the Graduate School also opened up career opportunities for women in the sciences. “Out of the 49 graduate students enrolled in the first three classes, 10 were women,” he says. “That was unusual when you look at the percentage of females on the faculty at that time. Post-graduate education in medical science was something new for women to consider. The Graduate School was a pioneer in this area.”

A TRADITION OF GRADUATE EDUCATION

Archival records document courses and research at NYMC as early as 1910; later, in the 1920s, residents could take graduate courses in surgery and medicine. In 1938, the Certificate of Incorporation was amended to provide for the awarding of graduate degrees in addition to the M.D. The board’s 1963 action to found a graduate school devoted to the study of the basic medical sciences, however, represented a first.

If you go all the way back, to the College’s founding by William Cullen Bryant on April 12, 1860, records show that basic sciences were part of the curriculum, says Messina. “It became more formalized in 1885, when Timothy Field Allen, M.D., chief executive of the College, declared that there needed to be a university affiliation and a formal curriculum of basic sciences,”

he adds. “Nonetheless, it was not until the 1920s that post-graduate courses in surgery and medicine were officially offered. They were called graduate courses because they went beyond the educational experience necessary for the M.D. degree.”

Additional courses and degree programs were introduced

over the next three decades. In 1940, an M.S. in medicine was offered to graduating physicians. In 1949, the Board of Trustees voted to permit granting of a B.S. in medical technology and nursing, an M.S. in medical sciences and a Ph.D. in public health, and again in 1950, to offer a D.D.S. in dentistry.

As courses were added, the College was also migrating northward, from its original home on East 20th Street in 1860, to East 23rd Street in 1863, to East 63rd Street in 1889, to its final Manhattan location, known as New York Medical College/Flower-Fifth Avenue Hospitals, at East 106th Street and Fifth Avenue in 1938. The 1961 construction of the 220,000-square-foot Sophie D. and William W. Cohen Research Building, adjacent to the College and hospital, was a landmark event, says Messina. “Without the Cohen Research Building, it would have been impossible to conduct animal research. This was the beginning of true basic science research at the College.”

“
The M.D. student is trying to understand
how to use knowledge to care for patients.
The Ph.D. student is looking for gaps in our
knowledge and how we can attack them.
”

Despite the new construction, the cramped quarters in Manhattan were holding the College back. When the College moved to its present suburban location in Valhalla, N.Y., in the late 1970s, the state-of-the-art facilities in the Basic Sciences Building and elsewhere on campus included fully equipped research laboratories and procedure rooms; library, information and interactive learning spaces; and meeting and conference rooms. To the Graduate School faculty, it was heaven.

AN IDEAL LEARNING ENVIRONMENT

With more spacious quarters secured, the next agenda item was to review and expand the Graduate School curriculum, a continuous task that is just as relevant today. "The curriculum is designed more for the students to understand how we know what we know and to be able to critically evaluate the basics," says Belloni. "There is a focus on the scientific method. But the advanced courses and lab work provide another dimension of understanding. The M.D. student is trying to understand how to use knowledge to care for patients. The Ph.D. student is looking for gaps in our knowledge and how we can attack them."

What remains much the same is the small size of the Graduate School's student body compared to other institutions—and that's a selling point to prospective students. "One reason we started the master's program was that the Ph.D. program was small," says Belloni. "Having both gives us enough critical mass to offer courses in six departments, but we still have a

very favorable student-faculty ratio. Our students have close contact with one another and with the faculty."

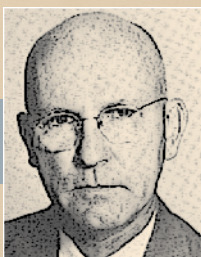
Today's master's students tend to be younger, and many see the program not as a terminal degree but as a stepping stone to an M.D. program. In fact, about 60 percent go on to medical school—so many that the Graduate School now offers an accelerated one-year program in which master's students take courses with the first-year medical students. Other students still see a master's degree as the path to a Ph.D., a senior technical position in industry or academic research, or a business, education or government career requiring graduate-level mastery of basic medical sciences.

The largest institutional change that has occurred was the replacement in 2011 of the Archdiocese of New York with the Touro College and University System as the College's sponsor. Touro offers both financial strength and innovative programs in the medical and health care fields. This, in turn, opens up the possibility of collaborative educational initiatives between Touro and the Graduate School.

"We're sharpening our focus a bit and starting to explore how we can work with other Touro units," says Belloni. "Going forward, we plan to expand and define our educational programs so students are prepared for careers in 21st century science. Touro is a key to that. In a way, this takes us back to our roots. Our mission remains one of research, education and service." ■

A LEGACY OF LEADERSHIP IN THE GRADUATE SCHOOL

1960



Warner F. Bowers, M.D., Ph.D.,
Professor of Clinical Surgery and the school's first Director, 1960–1966



W. Ward Pigman, Ph.D.,
Professor and Chair of Biochemistry and Director, 1966–1968



Edward J. Reith, Ph.D.,
Professor of Anatomy and Director, 1968–1973



Milton Tabachnick, Ph.D.,
Professor of Biochemistry and First Dean, 1973–1980



Johanna Hagedoorn, Ph.D.,
Professor of Anatomy and Acting Dean, 1980

"HALL OF FAME" (continued)



"All-Star"

Bernard M. Wagner, M.D., was a brilliant student who won a Guggenheim scholarship to the University of Pennsylvania and published two papers in the medical literature while still a student at Hahnemann University Medical College. He is revered as a pioneer in the development of the field of toxicologic pathology.

PHARMACOLOGY:

First Chair

David Lehr, M.D., was instrumental, with Drs. Bowers and Pigman in establishing the Graduate School of Basic Medical Sciences and building the Departments of Pharmacology and Physiology. He was world-renowned for his research on the sulfonamide antibacterial drugs. Based on his research, he introduced the concept of administering three of the drugs simultaneously at one third of their effective doses. This proved to be the first instance of multiple drug compounding, which became a widely accepted practice.

"All-Star"

John C. McGiff, M.D., a world-class cardiovascular researcher and hypertension expert, conducted research in neural and hormonal control of circulation and renal function that garnered him a Lifetime Achievement Award in Hypertension from the American Heart Association.

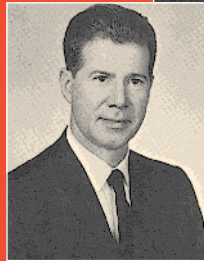
PHYSIOLOGY:

First Chair

Vernon B. Brooks, Ph.D., author of a seminal textbook, *The Neural Basis of Motor Control*, is considered a pioneer and leading researcher in his field. He studied the organization of the motor cortex and demonstrated how the cerebellum modulates the cortical control of movement as well as the neural basis of motor learning.

"All-Star"

Gabor Kaley, Ph.D., was a world-renowned authority on microcirculation, highly decorated and much admired during his 37-year tenure. The story of his life and career was recorded for posterity by the American Physiological Association.

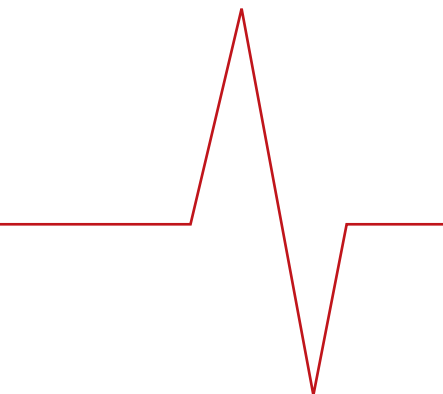


Charles E. Ford, Ed.D.,
Acting Dean of the
Graduate School of Basic
Medical Sciences,
1980–1982
Dean, 1983–1993



Francis L. Belloni, Ph.D.,
Professor of Physiology
and Acting Dean,
1993–1997.
Dean, 1997 to present

2014



ACGME-APPROVED: ►

The Emergency Medicine Residency at SJRMC achieved full marks in its quest for national accreditation, in large part due to the efforts of Program Director Otto F. Sabando, D.O., and Emergency Department Chair Mark Rosenberg, D.O.



BRINGING THE EMERGENCY MEDICINE TEXTBOOK TO LIFE

St. Joseph's Regional Medical Center adds a busy, innovative emergency department to the College's residency program consortium.

BY SCOTT HARRIS

On the banks of the Passaic River in the shadow of the Manhattan skyline sits Paterson, N.J., perhaps one of America's most quietly American cities. Once a formidable industrial hub that drew European immigrants to its massive textile mills, the city is home today to some of the nation's largest Peruvian and Dominican communities. New arrivals increasingly stream into Paterson from nations as far-flung as Turkey and Bangladesh.

According to the 2010 U.S. Census, about a quarter of Paterson's population lives below the poverty line. Health problems like heart disease and drug abuse are omnipresent. Doctors say diseases that are uncommon elsewhere in the U.S., such as tuberculosis and even yellow fever, are not atypical occurrences in Paterson.

For many area residents, the go-to source of health care is St. Joseph's Regional Medical Center, in particular the center's massive emergency department. Hospital statistics show that in 2012, the 88-bed ER saw 140,000 patients, placing it among the most robust in the nation and making it the busiest overall in New Jersey.

With such a staggering volume, it would be understandable for an ER to turn in on itself, focusing solely on immediate problems in the interest of keeping things moving. Not so at St. Joe's. Despite the hectic pace at which it moves, the department is in a constant state of evolution, thanks to a similarly constant state of reflection, learning and refining on the part of its leaders.

As a result, despite the numbers, visitors to St. Joseph's emergency room see a doctor in half the time, on average, as they would in another ER. St. Joseph's also harnesses emerging technologies and practices to tailor special services to children, older patients, and those facing terminal situations.

That dual spirit of service and innovation, of humanity and technology, carries over into the center's emergency medicine residency program. And that spirit now only stands to strengthen and grow—now that the program is sponsored by New York Medical College (NYMC).

News of the program's accreditation from the Accreditation Council for Graduate Medical Education (ACGME), which accredits residency programs for graduates of M.D.-granting medical schools like NYMC, arrived in September, mere months after the College began sponsoring five residency programs at St. Joseph's. Richard McCarrick, M.D., vice dean for GME and the College's designated institutional official was jubilant. "I was particularly pleased by the positive outcome from the Residency Review Committee for Emergency Medicine, as this was the first new program at St. Joseph's for which NYMC serves as

“Patients age 65 and older are consuming most of the medical resources in this country. [We responded with] a streamlined emergency department that helps them back into the community more quickly.”

—Otto F. Sabando, D.O.

the sponsoring institution.” The emergency medicine residency program has for years been accredited by the American Osteopathic Association (AOA), which certifies programs for graduates of D.O.-granting schools.

“It will be a great benefit to our program, and we will be a benefit to them,” says Brian Yokers, D.O., a fourth-year emergency medicine resident and the program’s co-chief resident for this academic year. “Having a partnership with an institution like New York Medical College, with its tradition of research and resources, is a tremendous boon. In return, we have a site that’s very busy and very efficient, making it an ideal teaching site.”

Beyond the sheer patient volume and the pressing need for health care in urban Paterson, several key attributes set the program apart, both for learners and those they serve. One of those is the center’s geriatric emergency room. St. Joseph’s Regional Medical Center is the first hospital in the area to provide a dedicated emergency department for older patients, including beds with thicker mattresses, natural lighting in common areas, and noise-reduction capabilities.

“Patients age 65 and older are consuming most of the medical resources in this country,” says residency program director Otto Sabando, D.O., who is also associate professor of clinical emergency medicine. “It’s a streamlined emergency department that helps older patients get back into the community more quickly. The lighting is different. The colors are soothing. The flooring is built to provide better footing. There are handrails everywhere. And we are able to connect them with services they might need outside the hospital, like physical therapy.”

As the health care system begins to emphasize the overall health of populations, this longitudinal, coordinated approach to care is becoming more common around the country. Third-year resident Matthew Meigh, D.O., says his training in the geriatric ER helped his growth as a doctor, and not just in the context of the aging population.

“Overall it forces you to look a little closer at the patient,” Meigh says. “What will they need after they leave the emergency room? Do they need extra care? Do they need physical therapy after discharge? It teaches you that you can’t look at everyone the same way, and that makes you a better doctor, not just for the geriatric patient—for all patients.”

Another emerging trend—in medicine in general and emergency medicine in particular—is palliative care, which focuses on pain management and other means of helping patients and their families through serious illnesses. The St. Joseph’s emergency department offers support through serious illness or injury, dying, and death with its Palliative Care and Life Sustaining Management and Alternative Services. “Palliative care in the ED is a nascent field,” Sabando says. “But it is becoming more important. It helps patients and families avoid a prolonged or difficult death in the regular medical unit.”

With much scrutiny on medical errors coming from the federal government and other sources, simulators of various kinds are becoming more commonplace. There is widespread evidence that using a computerized mannequin or a manual training device or “task trainer” can significantly reduce errors once residents are on the floor. In addition to regular training, each month St. Joseph’s residents re-create a real-world situation from the ER in the simulation environment.

“Simulation settings are safe environments in which to practice skills—such as lumbar punctures or emergency intubations—on task trainers and mannequins. They not only increase learner self-confidence, they also help prevent medical errors,” says Jennifer L. Koestler, M.D., NYMC’s senior associate dean for medical education.

That commitment to improvement goes far beyond training for lumbar punctures. One such example can be found in the average patient’s waiting time to see a doctor. According to a study released in 2012 by the National Center for Health Statistics, data gathered between 2003 and 2009 showed



▲ **ACGME-APPROVED:**

Dr. Sabando confers with chief resident Brian Yokers, D.O., and resident Alexis Lapietra, D.O., as resident Matthew Meigh, D.O. (foreground, left), examines a patient in the ED's dedicated geriatric section.

that the mean emergency department wait time was approximately 58 minutes. According to Sabando, St. Joseph's average wait time is 25 minutes. In the geriatric ED, the wait time reduces even further, to 17 minutes. The center's pediatric emergency unit has a wait time of 20 minutes.

According to Sabando, those reductions are no accident. "We are constantly working on improvements," he says. "We eliminated the waiting area. Patients go straight to one of those beds and are seen pretty quickly."

A spirit of lifelong learning, service, and leadership permeates the entire department and its residency program. That sense of constant evolution is likely to gain momentum with NYMC on board, Sabando and others say, and the hospital's dual accreditation in both M.D. and D.O. programs shows that innovation is not limited to computer screens or hospital rooms. Though not common, the dual program has its advantages, both for patients and learners, Sabando says. Yokers agrees.

"More M.D. programs are beginning to take a more holistic approach, of treating the whole patient rather than a single problem," Yokers says. "That's always been the D.O. model, and I think we can learn from each other."

Yokers believes the new partnership holds particular potential in the area of research, allowing St. Joseph's doctors to better gather and leverage data gleaned from its massive and diverse patient population and, by extension, help the nation learn more about what works and what doesn't in emergency medicine. Many believe such whole-patient care, which focuses on achieving or preserving health as opposed to simply solving problems, offers a solution to the nation's exorbitant health care costs.

Meigh says the department, the residency program, and the new partnership with NYMC provides a win for all sides. Despite the challenges of living and working in Paterson, Meigh says he detects a hint of envy when he tells residents in other programs of the service he and his fellow residents provide in the community—and the learning opportunities they encounter.

"We get a lot of immigrants, many who have just come into the country," says Meigh. "We get a lot of exotic diseases and trauma. The medical textbook comes to life and walks through the door. We are at the forefront of some very intense cases. We can handle all of it without blinking an eye." ■

BY MELISSA F. PHETERSON

ARCHIVIST AT LARGE:

SINCE HIS DAYS AS A MEDICAL STUDENT, JAY TARTELL, M.D. '82, HAS BEEN QUIETLY RESTORING HISTORICAL ARTIFACTS BELONGING TO THE COLLEGE. HE FOUND AN AVID PARTNER IN THE NEW CHANCELLOR; NOT TOO LONG AGO, THE TWO STRUCK ARCHIVAL "GOLD."

Jay Tartell, M.D. '82, has always been inspired by history, channeling it to create new perspectives on today's world.

His passion for the past moved him to write and direct campus tours while still an undergrad at the University of Pennsylvania. Naturally, when he arrived at New York Medical College as a student in 1978—while his father, Paul Tartell, M.D. '52, was serving as president of the Alumni Association—he sought the storied history behind the institution, dating from its founding in 1860. One problem: the College had just relocated from Manhattan to Valhalla.

"Everyone thinks about moving lab equipment and desks and chairs, but what about portraits, historic documentation and other artifacts?" he says. "I felt that much of what gave the school its identity was left behind in the move." He soon got hold of a copy of the 1967 New York Medical College history, *One Hundred Years of Medical Progress*, by Leonard P. Wershub, M.D., a long-time curator of medical memorabilia for the College. Yet the whereabouts of the historic archives that served as Wershub's source material remained a mystery. The first step in the search was to return to the Manhattan building that once housed Flower-Fifth Avenue Hospital where the institution had operated from 1938 until shortly before its move to Valhalla.

In the hospital's basement, the young medical student found a cache of oil paintings from the late 19th and early 20th centuries, including 20 portraits of esteemed College personages. "I swept my flashlight around the basement and saw mustachioed faces that had not seen daylight for many years," he recalls. Among the portraits was a 19th-century work depicting William Cullen Bryant, founder of the College and a prominent poet, fierce abolitionist, civic leader and editor of the *Evening Post*.

A partner for more than 26 years at Advanced Radiological Imaging in Queens, and the associate director of radiology at Mount Sinai Queens, Tartell has lived in Great Neck since 1994 with his wife Deborah and their three children. He is a collector of art, antiques, and historic recordings, working with museums and publishing on related subjects. He is also an architectural preservationist and a member of the National Historic Trust.

After making his discovery at Flower Hospital, Tartell directed a crew of movers to carefully transport the portraits in their gilded frames back to the Valhalla campus. Of some concern was the fact that many had sustained damage over the years. The paint was flaking, the canvases torn, and the frames chipped. The administration funded the restoration of several of the paintings and frames.



Yet the whereabouts of Wershub's archival materials remained a mystery. Tartell soon located them: photographs, plaques, brochures from the 1800s, hand-written rosters—all had been thrown into cartons in the basement of an old office building on the Valhalla campus, neglected and forgotten. "If I hadn't made the effort to track down these materials, there is a good chance they'd have been damaged or discarded," says Tartell.

With much of the College's annals recovered, the administration allocated funds to organize and preserve them. He purchased the materials needed to properly store and display the artifacts, and spent a semester organizing and cataloging thousands of documents, photos and books. "The effort was worth it," he says. "The College went from having almost no historical artifacts to having a well-organized historical archive."

After graduation, the College retained Tartell as an official archivist and consultant as he began his training as a radiologist. One of his first acts as an alumnus was to collect, and then donate, a series of rare engraved first-edition works by William Cullen Bryant—poetry, history, and translations of ancient Greek Classics—to augment the College's historic holdings.

Fast forward to the present day: with the current leadership retraining the College's focus on history, Jay Tartell has enjoyed a renewed mission and long-awaited closure. In 2012, Chancellor Edward C. Halperin, M.D., M.A., pledged to lead an effort to revisit the breadth of the College's rich historic materials. His intention is to mount a collection of historic artifacts and paintings in the lobbies, hallways and other open areas of the campus in a series of displays known as Heritage Halls.

"The goal of Dr. Halperin's initiative is to recognize and glorify our past through the visual representation that these worthy portraits and artifacts signify. He believes the students and faculty of New York Medical College should be enveloped in the institution's history on a daily basis," says Larissa Reece, M.A., vice president for development and alumni affairs.

And indeed, it appears that Dr. Halperin's passion for reclaiming and restoring historical artifacts matched Tartell's own: he, too, has ferreted out missing pieces of the College's history, including several portraits Tartell had been unable to recover from Flower Hospital in 1981. "Dr. Halperin actually crawled in

basements, alcoves, underground tunnels and attics to retrieve some of these portraits," says Ms. Reece. "History is something he is really passionate about, and with Dr. Tartell's support he is literally saving the College's history."

"[The missing portraits] had been the proverbial pebble in my shoe," says Dr. Tartell, who is working harder than ever to advance the Chancellor's vision. "The passion and understanding that Dr. Halperin has for the College's history has re-energized me and re-kindled my excitement."

Dr. Halperin's commitment to history is readily apparent. "At New York Medical College we have a long and honorable history," he said recently. "That history places our contemporary efforts in education, research and clinical service in context. I intend, in collaboration with partners like Dr. Tartell, to celebrate, honor and display our history. We will recapture this history for the benefit of today's College community."

Funds that accrued from the Paul Tartell, M.D. '52, Memorial Fund after the elder Tartell passed away in 1992 have been used to purchase an additional period portrait of William Cullen Bryant, all to be displayed in Heritage Halls. Jay Tartell and his wife Deborah also donated a bronze bust of the founder by well-known 19th-century sculptor John Quincy Adams Ward. In November, Tartell, accompanied by Ms. Reece and Diana J. Cunningham, M.L.S., M.P.H. '00, the Lillian Hetrick Huber Director of the Health Sciences Library, recovered one last cache from the old Flower Hospital building: a portrait of William Todd Helmuth, M.D., dean of the College from 1893–1902, along with a 19th century painting and sculpture bust of Samuel Hahneman, the "father" of homeopathy whose image once graced the College seal, and three other pieces still waiting to be identified.

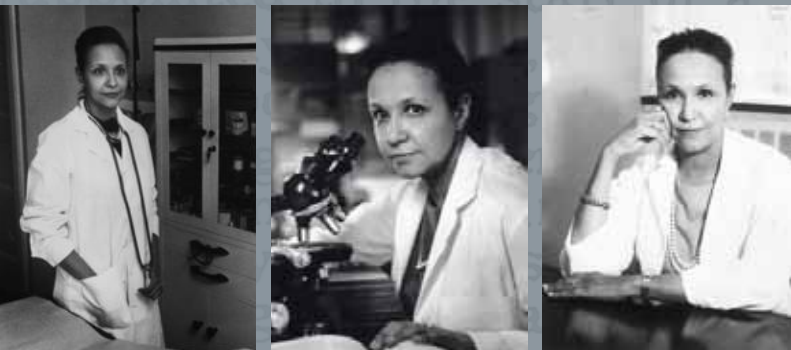
"I truly believe that acknowledging history, and those who came before us, is essential," Tartell says. "Not only does it enrich our surroundings and give our medical school historic perspectives; it also sets the example for future generations to honor and respect our own work and accomplishments. I'm pleased my efforts have secured this history for others to view, to enjoy, and to contemplate." ■

Remembering JANE COOKE WRIGHT, M.D. '45

BY CYNTHIA A. READ

A TRAILBLAZER AND INSPIRATION

A professor emerita, former dean and alumna was a pioneer in far more than her research.



In 1967, at a time when there were only a few hundred African American physicians in the country, New York Medical College appointed Jane Cooke Wright, M.D. '45, associate dean and professor of surgery, making her the first African American woman in the United States to hold such a position and the highest ranked African American woman at a major medical school. But that was only one of many firsts for this pioneering oncologist, academic leader and humanitarian, who died in early 2013 at the age of 93.

FOLLOWING THE FAMILY LEAD

Jane Cooke Wright was born on November 30, 1919, into a family of physicians. Her father, Louis T. Wright, M.D., was one of the first African American graduates of Harvard Medical School. Her mother, the former Corinne Cooke, was a substitute teacher in the New York City schools. When Dr. Wright was appointed clinical assistant at Harlem Hospital in 1919, he became the first African American staff physician at a New York City municipal hospital. Four physicians resigned in protest, but the early racism only gave him further impetus to excel. In 1943, he was appointed director of the Department of Surgery, subsequently establishing the hospital's Cancer Research Center, which he directed until his death in 1952. It is no surprise that his daughter Jane C. Wright followed him into medicine, as did her sister, Barbara Wright Pierce.

After receiving her undergraduate degree from Smith College in 1942, Jane attended New York Medical College on a full scholarship. African American students were rare in those days, but she was elected vice president of her class and president of the Honor Society, graduating with honors in 1945. She completed her residency at Bellevue Hospital and Harlem Hospital and was hired as staff physician for the New York City Public Schools.

Soon, though, Dr. Wright left the school position to join her father in his research at the Harlem Hospital Cancer Research Center. They began testing new chemical therapies for leukemia and cancers of the lymphatic system. He focused on work in the laboratory while she performed patient trials. After her father's death in 1952, she succeeded him as head of the research center. In 1955 she took a position at New York University as associate professor of surgical research and director of Cancer Research. In 1967 she returned to New York Medical College as associate dean and professor of surgery, charged with particular responsibility for developing the College's program on heart disease, cancer and stroke. She remained at the College until she retired in 1987, when she was named professor emerita of surgery.

TRANSFORMING THE TREATMENT OF CANCER

When Dr. Wright began her research in collaboration with her father, chemotherapy was still considered an experimental last resort for people with cancer. Delivery systems were primitive; effective dosages, combinations, and sequences of drugs were uncertain; and laboratory mice rather than human tissue cultures were used in the attempt to understand how various agents might work. Some people call Dr. Wright "the mother of modern chemotherapy" for her role in transforming these methods.

Over her long career, Dr. Wright published more than 100 research papers on cancer chemotherapy, always seeking to better understand the complex relationships among patients and test animals, patients and tissue samples, and between individual patients. Working in the clinic as well as the laboratory, she developed guidelines for treatment that would balance the maximum benefit to patients with a minimum of drug intolerance and side effects. Among her many accomplishments, she was the first to identify methotrexate, now a standard chemotherapy agent, as effective against tumors, and she developed a chemotherapy protocol that increased the lifespan of skin cancer patients by as much as ten years. Speaking at her Smith College 50th reunion in 1992, Dr. Wright commented that the progress in treating cancer she had witnessed during her lifetime "justified [her] faith in chemotherapy as a major weapon against a tough adversary."

Dr. Wright served on many government committees that helped shape cancer research and treatment in the United States. In 1964, President Lyndon B. Johnson appointed her to the President's Commission on Heart Disease, Cancer and Stroke. The cancer subcommittee's recommendations led to the foundation of regional cancer centers throughout the U.S. From 1966 to 1970 she served on the National Cancer Advisory Committee, and between 1966 and 1987 she sat on several other committees for the Department of Health and Human Services. Her public service also extended beyond the U.S. First traveling to Ghana on a medical mission in 1957, she later led delegations of cancer researchers to Africa, China, Eastern Europe and the former Soviet Union.

In 1964, Dr. Wright was the only woman in a group of seven oncologists who recognized the need for a medical society dedicated to the unique issues of treating people with cancer. They founded the American Society for Clinical Oncology (ASCO), and Dr. Wright served as its first secretary/treasurer. She was actively involved in ASCO's leadership throughout her life. In her honor, ASCO and the Conquer Cancer Foundation created the Jane C. Wright Young Investigator Award in 2011 to support promising researchers following in her footsteps. Allen Lichter, M.D., Chief Executive Officer of ASCO, called Dr. Wright "a true trailblazer," and wrote "during her 40-year career, Dr. Wright showed rigor towards scientific investigation with a keen tenderness and focus on patient care, and her contributions to the research of cancer chemotherapy have helped to change the face of medicine. ...[She] will continue to be an inspiration for many generations to come."

Dr. Wright was the first woman elected president of the New York Cancer Society, and she served on the board of directors of the African Research and Medical Foundation and the American Association for Cancer Research (AACR). The AACR Minorities in Cancer Research Jane Cooke Wright Lectureship, first presented in 2006, is intended "to give recognition to an outstanding

scientist who has made meritorious contributions to the field of cancer research and who has, through leadership or by example, furthered the advancement of minority investigators in cancer research"—certainly an apt description of the woman it honors.

"A UNIVERSAL INTEREST, A COMMON GOAL"

Dr. Wright was married to David D. Jones, an attorney and affirmative action advocate. Together they had two daughters: Jane, who followed in the family tradition by becoming a physician, and Alison.

Her many honors and awards include the Mademoiselle Merit Award, the Spirit of Achievement Award from Albert Einstein College of Medicine, the Hadassah Myrtle Wreath Award, the Smith College Medal and Otelia Cromwell Award, the Distinguished Service Award from the National Council of Negro Women, the American Association for Cancer Research Award, and honorary degrees from the Women's Medical College (now the Medical College of Pennsylvania) and Denison University. She was regularly featured in magazines, books, and posters highlighting exceptional achievement by African American women and scientists.

Dr. Wright served on the editorial board of the National Medical Association, the nation's largest and oldest organization representing African American physicians and their patients. In an article for the *Journal of the National Medical Association*, she set forth a vision that readers of *Chironian* undoubtedly share: "Cooperation through international medicine should do more than heal the ravages of disease, the common enemy of all peoples. It can help heal the tensions, misunderstanding, and anxieties of the world. People in medicine speak the same language, have a universal interest, and a common goal."

Those working now to reach that goal benefit from the legacy of this remarkable woman. ■



▲ A LEGEND IN HER OWN TIME:

Dr. Jane C. Wright (center) was honored in 2011 at the American Society of Clinical Oncology (ASCO) Annual Meeting President's Dinner. Seated with her were ASCO Past President Margaret A. Tempero, M.D., left, and ASCO Past President Sandra J. Horning, M.D. (Photo courtesy of ASCO)

HOW I SPENT MY STIMULUS FUNDING



LIBOR VELISEK, M.D., Ph.D.,
PROFESSOR OF CELL BIOLOGY AND ANATOMY,
PEDIATRICS, AND NEUROLOGY

RESEARCH CHALLENGE:

To explore new possibilities in treatment of infantile spasms, a devastating seizure syndrome of infancy, using a novel animal model. The project focused on compounds having similar activity as the currently used hormonal therapy but with fewer side effects. Two additional classes of compounds were also investigated: one related to peptides of the hypothalamo-pituitary circuits and the other evaluated activity of antagonists of N-methyl-D-Aspartate (NMDA) receptors.

WHY IT'S IMPORTANT:

Infantile spasms, which develop in 1 out of 3,000 live births, represent serious challenges of pediatric neurology and a significant burden for the affected families because of devastating developmental delays in more than 85 percent of surviving cases. Current treatment with corticosteroids (adrenocorticotropin-ACTH) have only partial efficacy but display serious side effects including death of the patients.

HOW ARRA FUNDING HELPED:

It enabled Dr. Velisek to establish his laboratory at NYMC, as well as hire additional staff to help carry out key experiments. Because novel treatments of infantile spasms should also improve cognitive outcome, the Behavioral Phenotyping Core Facility for testing behavior and cognition in rodents has been established and is now available for all NYMC investigators. The experiments showed that intervening with specific drugs, melanocortin agonists affecting brain receptor isoforms (MC3 and MC4), such as melanotan II, can suppress development of spasms in the model and improve cognitive impairment resulting from spasms while still keeping peripheral side effects to a minimum.

WHAT'S NEXT?

Dr. Velisek has obtained an award from CURE Infantile Spasms Research Initiative, (a program funded by Citizens United of Research in Epilepsy) to further investigate involvement of the hypothalamus in pathogenesis of infantile spasms and to explore peptides utilized by hypothalamus as a potential therapy for this syndrome. ■

ALUMNI



NEWS



Guy Vallaro, M.S. '89, Ph.D.: SOLVING FORENSIC MYSTERIES

BY MELISSA F. PHETERSON

Guy Vallaro, M.S. '89, Ph.D., says he was drawn to toxicology well before the days of *C.S.I.*—short for *Crime Scene Investigation*, a popular television show in which investigators use physical evidence to solve grisly murders. Now the director of Connecticut's Forensic Science Laboratory, Vallaro talks about his field of expertise: the study of poisons, whose history stretches back to the ancient Greeks and Egyptians. Summarizing a famous quote by the Renaissance physician Paracelsus, he intones: "All things are poison...it's just a matter of the dose."

"Beyond the mystery and intrigue, it's very analytic," he adds. "You use chemistry, biology, physiology—all the basic sciences I studied at New York Medical College." Vallaro had worked in the beverage labs at PepsiCo before entering the Graduate

School of Basic Medical Sciences. He worked for the Westchester County Medical Examiner while in the program, and afterwards received a Ph.D. in pharmaceutical sciences and toxicology from St. John's University.

After moving to Massachusetts, Vallaro held several executive posts with the University of Massachusetts Memorial Medical Center Department of Hospital Laboratories, including vice president of clinical laboratories and vice chairman of hospital laboratories. After rising to director of the state's forensic lab, he was recruited by the State of Connecticut to shore up its lab accreditation, which was withdrawn in 2011. "Dr. Vallaro is the perfect leader to restore our lab to what it once was: the envy of our nation," Connecticut Governor Dannel Malloy told the press last year, confident the renowned forensic expert would build "the best crime lab in the country."

When he took office in January 2013, Vallaro walked into a backlog of 6,000 DNA cases. "It's a burden on many labs across the country, including mine," he says. "As technology and sensitivity of DNA forensics increased, labs like ours have been receiving more evidence without a comparable increase in staffing. The investigators on *C.S.I.* solve every problem in an hour. Unfortunately, we don't." With the help of a bigger staff, Vallaro slashed the backlog to 3,000 in 10 months, cutting waste and tripling productivity. "Our goal is to reduce [the time frame on] DNA cases from two and a half years to less than 60 days."

Although his executive role doesn't grant him as much hands-on lab work as he'd like ("I live vicariously through my 115 employees"), Vallaro oversees a range of disciplines that continues to expand. "Solving computer crime—analyzing hard drives and USBs for images; video enhancement of surveillance footage; lifting fingerprints from a doorknob; testing for accelerants that start fires in arson cases—it's so much more than peering through microscopes to find the blue fibers that match the suspect's blue sweater," he says. "The diversity is just incredible." And his lab is one of the few in the country with the ability to extract mitochondrial DNA from the bones of even decomposed bodies. "Recently we tracked down a suspect that way, finally solving a cold case," he says with pride.

Vallaro and his wife, a forensic scientist in Rhode Island, still live in Massachusetts with their four children. But he's energized by the 90-minute commute. "We have the victim in mind as we work, so we work hard," he says. "We feel a great sense of satisfaction when we provide information that not only leads to closure for victims but also holds potential for exoneration. We're not biased, but we're there to find the truth." ■

MILESTONES

ALUMNI ACHIEVEMENTS

Class Notes should be brief, timely—and legible! Submit items online at www.nymc.edu/alumupdate, or mail them to Alumni Relations, New York Medical College, 40 Sunshine Cottage Road, Valhalla, NY 10595. You can also find us on Facebook (<http://www.facebook.com/nymcofficial>) and Twitter (@NYMC_tweets).

THE 10s

Diana Cassar-Uhl, M.P.H. '13, has accepted a public affairs fellowship in the Office of the Assistant Secretary for Health in the Department of Health and Human Services in Washington, D.C.

Jeremy M. Hugh, M.D. '12, and **Melissa Masaracchia, M.D. '11**, are engaged to be married in the summer of 2014. They met as medical students at NYMC and are currently residents in dermatology at Fletcher Allen Healthcare and in anesthesiology at Dartmouth-Hitchcock Medical Center, respectively.

John Farrelly, M.S. '10, was named associate editor of *Veterinary Radiology and Ultrasound*.

THE 00s

Yan Gao, M.D., M.P.H. '06, was invited to a series of meetings in China last spring to lecture on her international perspective of modern radiology practice. She was a radiologist in the Guangdong province of China for more than a decade before she emigrated to the United States.

Joshua D. Quick, M.D. '06, is in his last year of residency training in anesthesia at Massachusetts General Hospital in Boston. He also matched into an adult cardiothoracic anesthesia fellowship at Tufts University in Boston that he will begin immediately following residency.

Eugene Jacquescoley, M.P.H. '05, a multi-instrumentalist, is featured on the newly released compilation album Volume One by weRwe Records.

Jason Tenzer, M.P.H. '04, received the 2013 American College of Healthcare Executives Early Careerist Award at the annual Healthcare Leaders of New York gala in June.

Timothy McClung, M.P.H. '01, has been appointed as Commissioner to the Healthcare Quality Certification Commission of the National Association for Healthcare Quality. The Commission is dedicated to assuring competencies of professionals practicing in healthcare quality and serves the public by establishing, implementing and enforcing standards and procedures for certification and recertification of healthcare quality professionals.

THE 90s

In August **Scot G. McAfee, M.D. '97**, was appointed interim chairman of the Department of Psychiatry at Maimonides Medical Center in Brooklyn.

Gary Kaml, M.D. '96, was appointed assistant professor of surgery at Yale University School of Medicine. He practices surgery at Yale-New Haven Hospital and lives in Madison, Conn., with his wife and son.

James Januzzi, M.D. '94, was recently promoted to professor of medicine at Harvard Medical School, where he is a cardiologist and director of the cardiac ICU at Massachusetts General Hospital. His research focuses on biomarkers of cardiovascular disease and clinically he focuses on heart failure. Dr. Januzzi lives in Wellesley, Mass., with his wife Roberta, and their two daughters, Caterina, age 16, and Julianne, age 13.



▲ LEAVES ON THE FAMILY TREE:

From left: Robert Small, M.D. '77, Catherine Small, M.D. '77, Alyson Small (Class of 2015), Arnold Turtz, M.D. '48, and his wife Dorothy Turtz.

Catherine B. Small, M.D. '77

CARING FOR PEOPLE WITH HIV

BY ANDREA KOTT, M.P.H.

Catherine B. Small, M.D. '77, has been working on the front lines of the AIDS epidemic for the past 30 years. During that time, in her role as medical director of the HIV Program at Westchester Medical Center (WMC), she has cared for thousands of patients with the disease: *cared for* in the broadest sense. In addition to monitoring their physical health and medication compliance, she helps them locate housing and other social services, counsels them about safe sex and pregnancy, and steers them toward mental health care.

"There is so much more to being a doctor," Small says. "You want to bring the humanistic sides of illness to the practice of medicine."

This humanistic approach to medicine is what drew Small—not to mention four generations of her extended family—to New York Medical College. A 1974 graduate of Syracuse University, and the first in her family to attend college, Small had two dreams growing up: to become a neurosurgeon or a concert pianist. She felt that stage fright would prohibit her from playing the piano in front of large audiences, so instead of pursuing a career in music, she headed for medical school.

Her musical talent was not wasted. Rather, it made her the kind of creative and well-rounded student that the College is known for, she says, noting that husband (Robert Small, M.D. '77) and daughter, M.D./M.P.H. candidate Alyson Small (Class of 2015), were both art history majors. They are also among a dozen family members who claim the College as their alma mater, beginning with Robert Small's grandfather, Charles Turtz, M.D. Class of 1915, and including Arnold Turtz, M.D. '48, Allan Small,

M.D. '48, John Small, M.D. '54, Lisa Turtz, M.D. '85, and Jeff Small, M.D. '87. Her oldest daughter, Jennifer, is an M.D./Ph.D. candidate at Cornell/Rockefeller University, and her son William is currently applying to medical school.

Family legacy is a powerful driver and, had Catherine Small not met her future husband on the first day of medical school, she may never have joined the generations of Turtzes and Smalls whose affection for the College is renowned. Still, she had always wanted to be a doctor. "I was lucky," she says. "I knew that was my path."

Her interest in neurosurgery eventually gave way to a love of internal medicine. During her hematology/oncology fellowship at Memorial Sloan-Kettering Hospital, where she worked with some of the first bone marrow transplant recipients, she became interested in the immune system. This curiosity sparked a fascination with infectious diseases, which led to a fellowship in that specialty at Montefiore Hospital/Albert Einstein College of Medicine. It was 1981, the beginning of the HIV/AIDS epidemic, and Small and her colleagues were beginning to identify *Pneumocystis carinii* pneumonia in intravenous drug users. As she recounts, "We didn't know it was due to HIV infection at that time."

In HIV/AIDS, Small found her passion. While the science speaks to the researcher in her, it is the patients—typically impoverished, homeless, drug-addicted, and sometimes incarcerated—who speak to the caregiver. Her doctoring involves more than giving medicine: she provides social and emotional support to patients whose families have abandoned them. She works with social workers, mental health professionals and housing officials who help her patients rebuild their lives.

"HIV remains an illness with a social stigma," she says. "Sometimes patients [who have no family to help with end-of-life decisions] want me to be their health proxy. One patient sent me a note from prison saying, 'Will be out soon. That's why I missed my appointment.' I build relationships with my patients," she continues, adding that she has followed some for more than 20 years. "They feel that we are part of a team." Indeed, Small teaches her patients that with proper care, HIV/AIDS need no longer be a death sentence. "I educate them and make sure they're empowered about their health."

In addition to running WMC's HIV program, Small is its infectious diseases consultant. She is an associate attending physician in the Division of Infectious Diseases, and an associate professor of medicine who teaches medical students and supervises fellows. Plus, she runs a research laboratory that focuses on HIV infection and aging, including malignancies, and new treatments for HIV. Her research interests also include HIV/Hepatitis C co-infection and sinusitis.

She says simply, "I try to make a difference in my patients' lives, and that's what makes me feel good about being a doctor." ■

Roy Stern Seidenberg, M.D. '91, gives a shout out to his classmates. He lives in Manhattan and is a dermatologist affiliated with NYU.

Ian S. Wedmore, M.D. '90, is serving as the emergency medicine consultant to the U.S. Army's Surgeon General and fellowship director of the U.S. Army's Austere and Wilderness Medicine Fellowship in Tacoma, Wash.

THE 80s

Patrick Maidman, M.D. '89, reports his daughter Allison Maidman is in the NYMC Class of 2016.

Robert M. Yacynych, M.D. '88, is medical director for the Director of Emergency Medicine of Medstar Harbor Hospital in Baltimore. His eldest son, Eddie, is a senior at the University of Maryland where he is a cheerleader for the Terps. His next oldest son, Davis, is also a student at U of M, majoring in biochemistry in a pre-med track.

Thomas J. Pacicco, M.D. '85 and **Elaine Grammer Pacicco, M.D. '88**, are happy and proud of their son Thomas A. Pacicco, who will graduate in the NYMC Class of 2014. They write, "Tom is busy with his GI practice in Charlotte and Elaine is a private pediatrician in Charlotte—and we are doing great!"

Michelle A. Multz (Grosz), M.D. '87, reports a busy year for her family. "Our daughter Rachel is a freshman at Washington University in St. Louis and our son will become a bar mitzvah this November. Wishing all good health in the New Year," she writes.

Phillip Kohanski, M.D. '87 and **Renee Kohanski, M.D. '90**, report Phillip is now chief of the Department of Radiology at Backus Hospital in Norwich, Conn. Renee completed her novella "*Cheat Show*," available on amazon.com, and will begin her new radio show on Talkers.com in January 2014.

Richard A. Gallo, M.D. '86, will celebrate his 25th wedding anniversary with his wife, Adele, in April. He met his wife while on vacation in Turks and Caicos with classmate, **Thomas E. Spears, M.D. '86**. He is currently the

physician advisor to the Physicians Regional Healthcare System in Naples, Fla. Their son is in his junior year at the University of Florida studying economics and mathematics with a grade point average just shy of a 4.0. He will be applying to graduate school and hopes to enter the world of investment banking in the Big Apple.

Randolph L. Trowbridge, M.D. '86, was elected vice president of the Fairfield County Medical Association. He is a physiatrist, rehabilitation specialist and medical director of Team Rehab in Danbury, Conn.

Eileen McInerney, M.D. '85, writes, "I love being on the New York Academy of Medicine's email list for scheduled events. I have attended many conferences and lectures."

Joseph S. Cervia, M.D. '84, is enjoying his work as Regional Medical Director for Health Care Posters IPA + MSO, as well as doing patient care, teaching, research, and administrative responsibilities at the Hofstra North Shore/LIJ School of Medicine. His daughter Lisa is studying for her Ph.D. in biomedical engineering at Duke, and his youngest son Michael is majoring in physics at the University of Chicago.

Classmates **Kevin C. Delahanty, M.D. '84**, **Mark J. Cerbone, M.D. '84** and **Robert M. Ross, M.D. '84**, teamed up in an attempt at a successful conclusion to their annual "Where's Mario" safari.

Patricia Barry, M.D. '83, continues to provide radiological services at the Women's Health Center at St. Francis Hospital in Roslyn, Long Island. She continues to serve on the NYMC Alumni Board of Governors and enjoys gardening in her spare time.

Amy Batterman, M.D. '83, gives an update on her children: Rebecca is at Hofstra law school; Lisa has been accepted to Upstate Medical School; Brandon is studying criminal justice in college; Sammy is a junior in high school; and Ronny is in junior high. She has finally recovered from Hurricane Sandy and missed the last reunion because of a college graduation.

John Cosgrove, M.D. '83, stepped down as chairman and residency program director at Bronx Lebanon Hospital in August after nearly seven years as departmental leader. He joined the medical staff at Eastern Long Island Hospital in Greenpoint, N.Y., as the first employed surgeon.

Deborah Fried, M.D. '83, writes, "My youngest just took the MCATs. We'll see what happens next—perhaps another alumni child at NYMC?"

Ada M. Marin, M.D., M.P.H. '83, was listed in the "2013 Top Doctors/San Diego's Physicians of Exceptional Excellence" for the 8th time in the last 11 years.

Adelaide G. Nardone, M.D. '83, is happy to report her second son, Gus Gleason, just started at Tufts University Medical School in Boston.

Kenneth M. Gelman, M.D. '82, is in private practice in Cooper City, Fla. His practice is reproductive endocrinology, specializing in PCOS, infertility in males and females, and IVF.

William C. Reha, M.D. '81, M.B.A., was installed as president-elect of the Medical Society of Virginia at the organization's annual meeting in October. Dr. Reha is a urologic surgeon.

Nedra Rosen, M.D. '80, and her husband had a summer filled with great family events. "Our daughter graduated from college and is embarking on a career in advertising. Our son got married and will be starting his second law clerkship for a federal court judge. And my stepson and his wife had a beautiful baby boy," she writes.

THE 70s

Robert P. Reisman, M.D. '78, retired from pathology practice in Phoenix in 2006. He has two grown children and one grandchild.

John T. Repke, M.D. '78, has been elected as the clinical chair representative to the Penn State University-Milton S. Hershey Medical Center board of directors. Dr. Repke has been chairman of ob/gyn at the medical center since 2002.

Howard R. Krauss, M.D. '77, was appointed to the California Medical Board. He is director of neurosurgical ophthalmology at Saint John's Brain Tumor Center, director of ophthalmology for Pacific Eye and Ear, clinical professor of ophthalmology at the University of California, Los Angeles David Geffen School of Medicine, and has a private practice.

Vincent Vigorita (Skip), M.D. '76, writes, "I am in close touch with classmate **Ralph Almeleh, M.D. '76**. My wife Patty and I are soon to become grandparents for the first time. Greetings to all."

Catherine Dunn, M.D. '75, reports she is still working part time at the King County Jail in Washington State, and every day there is interesting and challenging. "My older daughter was married in Berkeley, Calif., in July and happily, one of my NYMC roommates **Nancy Roistacher, M.D. '75**, and her husband were able to attend the wedding."

Edward Swibinski, M.D. '75, is practicing endocrinology and teaching as a clinical professor of medicine at Cooper Medical School of Rowan University.

Biagio V. Mignone, M.D. '75, continues to practice ophthalmology in Mount Vernon, Yonkers and Scarsdale, N.Y. He is joined by three associates, including his son **Paul Mignone, M.D. '06**. He spends his free time with his two-year-old granddaughter, Celeste Penelope.

Steven Weinstock, M.D. '74, is practicing GI in Torrance, Calif., since completing a UCLA fellowship in 1979. He completed a two-mile ocean swim in August from Hermosa Beach to Manhattan Beach in one hour and 13 minutes, ranking him 516 out of 1200 competitors. "I plan to keep practicing and swimming!"

John Boyer, M.S. '73, received the prestigious Ripple of Hope Award at the RFK Center's annual gala in New York. The award lauds leaders of the international business, entertainment and activist communities who demonstrate commitment to social change.

David Lipetz, M.S.P.T. '99: GIVING OLYMPIC ATHLETES AN EDGE

BY MELISSA F. PHETERSON

As a punter for his high school football team, David Lipetz, M.S.P.T. '99, worked with a physical therapist—not to treat an injury, but to learn how to best swing his leg, strategizing with mind and body for every kick. It was his father's idea. A health and physical education teacher, the elder Lipetz wanted to expand his son's training beyond watching football videos and learning where the ball should land. "My therapist had never kicked a football, but he was able to completely change my form and mold me into something great just through his understanding of the body in motion," Lipetz recalls. "He talked to me about weight distribution, alignment, keeping my body square. It sparked an interest in physical therapy that stuck with me."

By the time Lipetz played football at Rutgers University, where he studied exercise science, "physical therapy became a way of life, and an easy transition into a career. New York Medical College was my launching pad." Lipetz says he chose the College for its "problem-based approach to teaching. It's more analytical and less spoon-fed than [other programs:] 'here's a textbook, read a chapter, we'll quiz you.'" His professors encouraged him to specialize after graduation, so Lipetz earned credentials in spinal disorders at the renowned McKenzie Institute based out of New Zealand, and became certified as an orthopedic clinical specialist by the American Physical Therapy Association. Working for a decade in California, Lipetz taught at the University of Southern California, and worked closely with UCLA's podiatric surgery team as a consultant for non-operative and operative foot and ankle disorders.

Now as the director of One Physical Therapy, a private practice on Long Island, Lipetz works with top-tier athletes of every sport, from ballet to baseball, pledging to help them improve power, speed and coordination—whether through bursts of "explosive energy" or powerful lever motions.

"I'm able to help athletes just by observing them and understanding biomechanics—how their body can and should move," he says.

In 2009, Lipetz was recruited by the U.S. Figure Skating's division of Athlete High Performance to become part of an elite sports medicine consultant group to the U.S. Olympic Figure Skating Team. The group collaborates with other therapists, coaches, physicians and even manufacturers to optimize performance through biomechanics: honing technique, preventing injury, building strength and recovering effectively. He even helped design a figure skate boot based on biomechanics.



Lipetz worked with former Olympic skater Emily Hughes and now helps Olympic hopeful Samantha Cesario, “keeping her body sound and as free of injury as possible.”

Per one skater’s request, he designed a training platform that would simulate on-ice muscle contraction patterns through angulation and pitch. From its beginnings five years ago in his basement, the coaching tool known as The Off-Ice Edge holds a patent and has sold all over the world to help skaters strengthen specific musculature pertinent to explosive movements, maintain control and enhance the brain-body connection that is crucial in athletics. Last year Lipetz designed another platform, the Tennis Balance Board, for aces to condition their bodies off-court. “The balance board cues their brain to understand where the weight distribution should be in their foot.” And the inspiration to design equipment for other sports could strike anytime. “I’m motivated, hungry to learn,” he says. “This was the message of my education.” ■

David H. Young, M.D. ’72, writes he is “retired—sort of.”

Rubin S. Cooper, M.D. ’71, is professor of pediatrics at Hofstra School of Medicine, North Shore/LIJ and is chief of pediatric cardiology at CCMC-Cohen Children’s Medical Center. He has a new granddaughter born in August.

THE 60s

Richard N. Hirsh, M.D. ’69, continues his mammography projects in developing communities and completed a mission to Guatemala in August. He donated two refurbished mammography machines and provided training at three clinical sites for technologists and radiologists.

Theodore E. Eisenstat, M.D. ’68, a colorectal specialist, was appointed professor of surgery at Rutgers Robert Wood Johnson Medical School and joined their faculty practice, the Robert Wood Johnson Medical Group.

Craig Jurgensen, M.D. ’66, is the author of a new book, *Rounds with Jim: A Medical Biography*, which he describes as a spiritual memoir. The book tells his personal story of how and why he developed a personal approach to treating patients and his medical philosophy.

Leslie Feinsmith, M.D. ’65, is happily retired in Delray Beach, Fla.

Howard Cooperman, M.D. ’63, reports all is well on the West Coast.

Harvey A. Reback, M.D. ’61, still practices internal medicine in a hospital based group at Charlton Medical Hospital in Fall River, Mass.

Ira D. Glick, M.D. ’61, writes, “I am still teaching (emeritus) at Stanford Medical School, serve as medical director at a clinical trials site and seeing private patients. I have fond memories of **Barry Tischler, M.D. ’61**, and **Peter Altman, M.D. ’61**. I still play on an over-70s basketball team.”

Allan M. Rothenberg, M.D. ’60, retired in July after 50 years in pediatrics. He wrote about his career and how things have changed in medicine in an essay published in the *Queens*

Chronicle. “So pediatrics has changed, but have parents or children changed? I think not. Parents still look for two attributes in a doctor: knowledge and compassion,” he wrote.

THE 50s

Maggie McGall, M.D. ’58, is living with her daughter and son-in-law in Ohio and keeping busy but at a slower pace. “Life is good,” she says.

Howard J. Kline, M.D., ’58, continues to be active practicing cardiology in an academic atmosphere and continues to swim competitively for the University of San Francisco masters swim team. He has remained close friends with **Robert Blankfein, M.D. ’58**, **Richard Resnick, M.D. ’58**, and **James Justice, M.D. ’58**, all of whom were wonderful classmates.

William H. Brown, M.D. ’57, “totally retired” in January 2012.

IN MEMORIAM

ALUMNI

Michael B. Miller, M.D., M.P.H. '92, died July 4, 2011.

Ellen N. Kroop-Martin, M.D. '89, died October 8, 2013.

Ms. Dolores Cowen, M.S. '86, died November 11, 2011.

Matthew E. Schwinger, M.D. '83, died November 11, 2010.

Louis J. Piro, M.D. '75, died September 28, 2013.

Elliott S. Linsky, M.D. '74, died October 19, 2013.

Charles S. Kleinman, M.D. '72, died October 11, 2011. He was 64.

Joel G. Schwab, M.D. '71, died June 21, 2013. He was 68.

George W. Pelebeck, M.D. '70, died May 2, 2013.

Alfred E. Kristensen, M.D. '68, died September 10, 2013.

Santo T. Ruggieri, M.D. '68, died April 30, 2013. He was 76.

Richard M. Bussell, M.D. '66, died March 20, 2011. He was 72.

Manfred Hahn, M.D. '66, died October 2, 2013.

James H. Birch, Jr., M.D. '62, died August 27, 2013.

Robert M. Marchant, M.D. '62, died on November 19, 2013. He was 78.

Barbara E. Narins, R.N. '60, died September 25, 2013.

Richard J. Schaeffer, M.D. '60, died June 3, 2013. He was 79.

Joseph W. McNaney, M.D. '59, died September 29, 2012.

Louis N. Scotti, M.D. '58, died July 22, 2013. He was 80.

Thomas E. Dyer, M.D. '57, died October 16, 2013. He was 84.

Zelman L. Bernstein, M.D. '56, died April 18, 2012.

Marylou Willis Cherry, R.N. '56, died September 2, 2013.

Harold J. Luria, M.D. '56, died July 12, 2012. He was 89.

Eugene L. Cantor, M.D. '55, died August 31, 2013. He was 83.

Richard L. Cohen, M.D. '55, died April 30, 2013. He was 83.

Charles H. Emich, M.D. '55, died May 21, 2013. He was 83.

Joseph D. Millerick, M.D. '55, died October 22, 2010.

Francis D. O'Malley, M.D. '55, died July 1, 2013.

Pasquale E. Perillie, M.D. '55, died May 15, 2013.

James N. Trone, M.D. '55, died October 10, 2013. He was 87.

William C. Frederick, M.D. '54, died September 27, 2013.

Robert W. McGrath, M.D. '54, F.A.C.S., died August 5, 2013. He was 86.

Howard J. Westney, M.D. '54, died October 25, 2012.

Martin T. Lewis, M.D. '53, died September 25, 2011. He was 85.

Peter J. McNamara, M.D. '53, died April 22, 2013. He was 84.

Morton Schloss, M.D. '53, died February 3, 2013. He was 87.

Leonard H. Charnelle, M.D. '52, died May 8, 2011. He was 84.

George J. Criares, M.D. '52, died May 20, 2013. He was 87.

James B. Foster, M.D. '52, died February 22, 2013. He was 84.

Bernard Klein, M.D. '52, died July 1, 2013. He was 87.

Barbara C. Vosburgh, M.D. '52, died September 18, 2013. She was 87.

Marilyn E. Chasin, M.D. '51, died April 7, 2013.

Gertrude M. Novak, M.D. '51, died May 21, 2013. She was 85.

Edward C. Bressler, M.D. '50, died December 27, 2010. He was 85.

Arthur E. Gillman, M.D. '50, died July 26, 2013. He was 86.

Michael Green, M.D. '50, died June 4, 2013. He was 92.

John S. Reach, M.D. '50, died July 28, 2013. He was 96.

George A. Meyer, M.D. '49, died July 7, 2013.

Richard A. Raffman, M.D. '49, died May 19, 2013. He was 89.

Percy C. Zanger, M.D. '49, died June 26, 2013. He was 92.

William B. Bissell, M.D. '48, died April 28, 2013.

John A. Hennessen, M.D. '48, died April 10, 2013. He was 91.

John C. Pisacano, M.D. '48, died October 31, 2011. He was 88.

Max Cohen, M.D. '47, died September 30, 2011. He was 87.

Catherine Demsky Minkel, R.N. '47, died October 28, 2013. She was 89.

William V. Beshlian, M.D. '46, died April 24, 2010. He was 88.

Joseph J. Buckley, M.D. '46, died October 11, 2013. He was 91.

John J. Dudasik, M.D. '46, died February 24, 2013.

Ralph J. Kahana, M.D. '46, died October 12, 2012. He was 88.

John J. Davey, M.D. '45, died May 10, 2012. He was 94.

Ethel G. Lawner, M.D. '45, died September 27, 2013. She was 91.

Walter C. Spiess, M.D. '45, died May 21, 2013. He was 91.

Alan M. Brooks, M.D. '44, died February 2, 2013.

Jasper W. Davis, M.D. '44, died June 15, 2013.

Morris L. Bass, M.D. '43, died November 4, 2011. He was 94.

Howard A. Winkler, M.D. '43, died August 9, 2013. He was 93.

Miriam H. Winkler, M.D. '43, died February 2013. She was 94.

Victor Altchek, M.D. '42, died October 23, 2013. He was 94.

ALUMNI OF NYMC GRADUATE MEDICAL EDUCATION PROGRAMS

Robert Z. Carey Jr., M.D., died March 30, 2013. He was 69.

Joel R. Chassy, M.D., died November 16, 2011.

Nicholas E. DeRobertis, M.D., died July 1, 2013. He was 60.

Irvin P. DeStefano, M.D., died October 12, 2013. He was 55.

David H. King, M.D., died August 11, 2012. He was 51.

Soo J. Lee, M.D., died January 5, 2011. She was 41.

FACULTY

Conrado Fajardo, M.D., assistant professor of obstetrics and gynecology from 1979–1997, died on September 17, 2013. He was 77.

Alan Jeffrey, Ph.D., research professor of pathology, died on December 21, 2013.

Nazar J. Sayegh, M.D., instructor of family and community medicine from 2004–2012, died May 12, 2013. He was 53.

10 QUESTIONS ABOUT *CHIRONIAN*

DEAR READER...WE'D LIKE TO HEAR FROM YOU!

You can help us improve your readership experience by answering the following questions. Paper surveys can be returned to the Office of Public Relations, 40 Sunshine Cottage Road, Valhalla, NY 10595. You can also complete the survey online at <https://www.surveymonkey.com/s/RQP32KW>, or scan the QR code to complete the survey using your smartphone.



1. Why do you read *Chironian*? (Rank in order of importance, 1 = most important, 5 = least important)

- ☐ News about alumni
- ☐ News about the College, its activities & progress
- ☐ News about students, faculty, leadership
- ☐ Trends in research and medical education
- ☐ Other _____

2. How much of each issue do you read?

- ☐ I read it cover to cover
- ☐ I read or skim about half the articles
- ☐ I read only what interests me
- ☐ I read only about people I know
- ☐ I don't read it

3. Please rate how much you agree or disagree with the following statements:

1 = Strongly Disagree   5 = Strongly Agree

- ☐ The articles are interesting, informative and accurate
- ☐ The layout and design make it easy to read
- ☐ *Chironian* keeps me up to date on my fellow alumni
- ☐ *Chironian* keeps me informed about campus events and the state of the university
- ☐ *Chironian* is one way to learn about trends in research and medical education
- ☐ The articles provide a good balance of the technical and personal

4. Please rank from 1 to 5 which sections of *Chironian* interest you the most:

1 = Most Interest   5 = Least Interest

- ☐ Research Articles
- ☐ Personality Profile
- ☐ Student Feature
- ☐ Fellowship or Residency Program Spotlight
- ☐ Other Features (E.g., *Social Media in Medicine*, *The Response to Superstorm Sandy*, etc.)
- ☐ Milestones (notes from each graduating class)
- ☐ Alumni Profiles

5. On a scale of 1 to 5 (1 = very well, 5 = not well at all) rank each of the following for how well *Chironian* keeps you informed about:

- ☐ News about alumni
- ☐ News about the College, its activities & progress
- ☐ News about students, faculty, leadership
- ☐ Trends in research and medical education
- ☐ Other _____

6. Currently *Chironian* comes out twice a year. Subscribers also receive an Annual/Donor report once a year. Do you find this rate of contact from NYMC to be:

- ☐ Too much contact
- ☐ Not enough contact
- ☐ Just the right amount of contact

7. How do you prefer to receive your copy of *Chironian*?

- ☐ A printed copy of the magazine
- ☐ A link to an online copy of the magazine
- ☐ Both print and online

8. Which best describes your relationship to New York Medical College?

- ☐ Alumnus/a (Circle one: Medicine, Basic Sciences, Public Health)
- ☐ Faculty (Circle one: Full-time, Part-time, Voluntary)
- ☐ Student (Circle one: Medicine, Basic Sciences, Public Health)
- ☐ Staff (Circle one: Valhalla, Affiliated Hospital)
- ☐ Other (Describe) _____

9. Preferred method of keeping in touch with NYMC:

- ☐ USPS (letters, magazines, Save the Date cards, etc.)
- ☐ Email (Upcoming events, requests for information, etc.)
- ☐ Social network (Circle one: Facebook, Twitter, LinkedIn)
- ☐ Other _____

10. If you could change one thing about *Chironian*, what would it be?

GREAT THINGS ARE



At the Founder's Dinner: Chancellor and CEO Edward C. Halperin, M.D., M.A., with wife Sharon (right) and daughters Alison and Jennifer.



At the Founder's Dinner: Board Chairman Dr. Mark Hasten, Larissa Reece, and honoree Dan Morhaim, M.D. '75.



At the Graduate School Symposium: Ernest Y. Lee, Ph.D., Francis L. Belloni, Ph.D., Michal L. Schwartzman, Ph.D., Chancellor Halperin, Joseph D. Etlinger, Ph.D., and Thomas H. Hintze, Ph.D. '80.



At the White Coat Ceremony: faculty and alumni helped the Class of 2017 on with their white coats.



At the Founder's Dinner: Mark Rosenberg, M.D., and Henry Saphier, M.D. '61.



At the Graduate School Symposium: Symposium presenters Jun Xu, Ph.D. '05; David G. Harrison, M.D.; Joseph Hanig, M.S. '65, Ph.D. '68; Edward J. Messina, Ph.D. '73; William C. Sessa, M.S. '88, Ph.D. '89; Anton Bennett, Ph.D. '93.



At the Founder's Dinner: NYMC and Touro President Alan Kadish, M.D., and his wife Constance.



The starting line of the 2013 Race for Rehab, an annual event hosted by students in the physical therapy program to support Achilles International.

HAPPENING HERE!



Photos by Roy Groething, William Taufic and John Vecchiola.

■ ■ ■ At the Graduate School Symposium: Harriette Kaley, Ph.D., widow of the late Gabor Kaley, Ph.D., and Lisa Lehr, widow of the late David Lehr, Ph.D.

■ ■ ■ At the Founder's Dinner: Honoree Nicholas LaRusso, M.D. '69, and Lee Belf, Au.D.

■ ■ ■ At the Founder's Dinner: Honoree Norman Levine, Ph.D., and his wife Mary.

■ ■ ■ At the Founder's Dinner: Trustees and their wives joined Dr. and Mrs. Halperin for a group photo.

■ ■ ■ Long-time faculty members Mario Inchiosa, Ph.D., and Robert Lerner, M.D., unveiled an historic plaque installed at the entrance to Sunshine Cottage (Administration Building) on the Valhalla campus.

■ ■ ■ In November, Dr. Halperin hosted a Town Meeting for faculty and staff to engage in a conversation about the "state of the union."

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