



**TOURO COLLEGE &
UNIVERSITY SYSTEM**

Touro Scholar

The Chironian

NYMC Archives Publications

Spring 2010

Chironian Spring/Summer 2010

New York Medical College

Follow this and additional works at: https://touro scholar.touro.edu/nymc_arch_journals



Part of the [Higher Education Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

New York Medical College. (2010). Chironian Spring/Summer 2010. Retrieved from https://touro scholar.touro.edu/nymc_arch_journals/61

This Book is brought to you for free and open access by the NYMC Archives Publications at Touro Scholar. It has been accepted for inclusion in The Chironian by an authorized administrator of Touro Scholar. For more information, please contact touro.scholar@touro.edu.

NEW YORK MEDICAL COLLEGE
CHIRONIAN

SPRING / SUMMER 2010

"IN THE CONTINUAL REMEMBRANCE OF A
GLORIOUS PAST, INDIVIDUALS AND NATIONS
FIND THEIR NOBLEST INSPIRATION."

—SIR WILLIAM OSLER, *AEQUANIMITAS*

150 years

1860–2010



CHIRONIAN

SPRING / SUMMER 2010

FEATURES

— A TIMELINE OF NEW YORK MEDICAL COLLEGE HISTORY

by Donna E. Moriarty, M.P.H. '04 and
Kimberly Gaudin de Gonzalez

1 A LETTER TO THE COMMUNITY

by Karl P. Adler, M.D. and Ralph A. O'Connell, M.D.

2 PROTECTING CHILDREN,
INFORMING CAREGIVERS

by Marjorie Roberts

6 COUNTERING CHEMICAL THREATS:
THE FINE ART OF HARD SCIENCE

by Marjorie Roberts

9 LYME DISEASE: LEADERS,
LANDMARKS, AND LOOKING AHEAD

by Cynthia A. Read

14 TWO FORMER PRESIDENTS
PAUSE TO REFLECT

by Melissa Fox Pheterson

18 EXTREME VOLUNTEERS

by Andrea Kott, M.P.H.

21 LEADING EDGE: HIGHLIGHTS OF
CURRENT RESEARCH

ALUMNI NEWS

22 NOURISHING THE BONDS THAT KEEP
THE COLLEGE STRONG

by Andrea Kott, M.P.H.

25 SIMULATED PATIENTS,
REAL PRACTICE

by Lynda McDaniel

26 MILESTONES

26 KEEPING FIRST RESPONDERS
"COMMUNICADO"

by Lynda McDaniel

28 HE'LL TAKE MANHATTAN (AGAIN)

by Lynda McDaniel

30 2010 COMMENCEMENT
& REUNIONS

32 IN MEMORIAM

1860

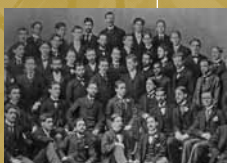
The charter is signed for the Homeopathic Medical College of the State of New York in New York City, located in a stylish neighborhood near Gramercy Park. The first session will begin in the fall of that year.

1883

The Alumni Association is founded for the "chief object of promoting the interest and extending the influence of the College."

1890

The Flower Free Surgical Hospital opens at York Avenue and 63rd Street, making the College the first medical school in New York to own a hospital.



1917

The College contributes to the war effort by establishing Base Hospital #48, a unit of Metropolitan Hospital in France that was supported by volunteer doctors and nurses.

1938

With the laying of the cornerstone for a new building at Fifth Avenue and 106th Street, the Board of Trustees adopts the name New York Medical College, Flower and Fifth Avenue Hospitals, to reflect the merging of the three institutions.



1957

The first installation banquet of the College's Iota Chapter of Alpha Omega Alpha is held in the faculty dining room of Flower and Fifth Avenue Hospitals.

1875

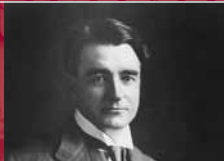
An affiliation agreement is signed between the College and what would later be named Metropolitan Hospital, originally a charity hospital located on what is now Roosevelt Island.

1884

Students write and produce the first issue of *The Chironian*, a publication intended to "reflect as accurately as possible the teaching and work done at the college."

1888

Alonzo Potter Burgess Holley, a Haitian émigré and a graduate of Cambridge, becomes the first black student to graduate from the College, later becoming the Haitian Consul to the Bahamas.



1928

The medical college becomes first in the nation to establish a scholarship program for the exclusive use of minority students. One of the first recipients is Geraldine Burton Branch, who earned her M.D. in 1936.



1909

When the Flexner Report results in the closing of 61 substandard medical schools, Dean Royal S. Copeland, M.D., defends homeopathy, the College's founding principle. Though the institution is spared, Copeland laments, "Flexner has sought to injure us in the eyes of the world."

1942

To help supply the need for more physicians during World War II, an accelerated program is launched by Dean J.A.W. Hetrick, M.D. '18, allowing students to complete the four-year curriculum in three years.



1963

The Graduate School of Basic Medical Sciences is founded, offering study leading to Master of Science and Doctor of Philosophy degrees in the basic medical sciences.



1972

The Basic Sciences Building opens, allowing medical students to complete their first two years of study on the Valhalla campus.

1977

Kathleen C. Morton, M.D., is recruited from Johns Hopkins University to become president of New York Medical College, the only woman ever to hold the institution's highest office.

2001

College researchers announce their discovery that the heart can repair itself after a heart attack, an achievement hailed by *The New York Times* as "a landmark study."

2001

After two years of construction, the College opens the four-story Medical Education Center, which expands library and research space and boasts a state-of-the-art gross anatomy laboratory on the top floor.



2009

After several years of providing the seed stock for the annual flu vaccine, a College microbiology and immunology lab is tapped by the CDC to develop a faster-growing H1N1 seed vaccine during a resurgence of the swine flu.



MEDICINE AT THE MILLENNIUM

1970

The Board of Trustees signs an agreement with Westchester County for the College to move to Grasslands alongside a new hospital, now known as Westchester Medical Center.

1999

College faculty and administrators host "Medicine at the Millennium," a major conference that drew 600 participants who came to hear eminent speakers such as Judah Folkman, Mary-Claire King, Luc Montagnier, Sherwin Nuland, and others.



New York Medical College graduates the largest class in its 150-year history, awarding 383 advanced degrees in the biomedical sciences.

1967

Jane Cooke Wright, M.D., a prominent cancer researcher, is named associate dean at the College, making her the highest ranked African American woman at a nationally recognized medical institution.

1980

The Graduate School of Health Sciences opens in response to a growing regional and national need for public health professionals, and awards its first degrees three years later.

2001

Following the September 11 attacks, students and faculty in all three schools mobilize, treating patients at Saint Vincent's Hospital, serving as paramedics, and administering grief and trauma counseling.

(Special thanks to the Health Sciences Library.)

TO THE COMMUNITY



On April 12, 1860, William Cullen Bryant, a poet and editor of the *New York Evening Post*, along with a small cohort of the some of New York City's leading citizens, were granted a charter for a new medical college, which began its life with the rather cumbersome name, The Homeopathic Medical College of the State of New York in New York City.

The first class of 59 students began their studies in October of 1860, attending classes in three lecture halls and a dissection room on the second floor of a building at 151 East 13th Street, at the corner of Third Avenue. The only other medical school in New York City at that time was the College of Physicians and Surgeons, part of what is now Columbia University. Jacob Beakley, M.D., professor of surgery, was named dean of the faculty, and in 1862, Bryant himself began a 10-year term as president of the Board of Council—the trustees.

Anniversaries have a way of calling attention to the original intentions of the founders of an institution like ours. We look back over the challenges that were faced, at the seminal achievements of central figures, noting the names of luminaries who rose at various times throughout the institution's history. We are proud of them—pioneers, forward thinkers, leaders—men and women with a powerful vision and a deep commitment to humanity that drove them to make New York Medical College a great and lasting educational institution.

In this special Sesquicentennial Edition of the *Chironian*, the venerable alumni/university publication first published by students in 1884, you will meet some of the people who have played a key role in carrying on our illustrious history: former presidents of the College and leaders of the Alumni Association; researchers who broke new ground in the study of Lyme disease and are still

riveting the scientific community with their discoveries; and students who continue to astound us with the depth of their compassion and commitment. You will also find a timeline of our historical milestones that may surprise you with some of our “firsts.”

But what about tomorrow? As we were drawing closer to 2010, our 150th anniversary year, there was some unease within the community of faculty, students, alumni and staff about the future of New York Medical College. To quote from a letter sent to alumni earlier this year:

“Despite its remarkable history of 150 years of academic excellence, New York Medical College has not been immune to the pressures [of unprecedented financial challenges facing free-standing medical schools.] ...As a result, we have been actively seeking a sponsor who is capable of making a significant investment in our future. Today I am writing to let you know that we have found that sponsor in Touro College.”

As the chief academic and executive officers of New York Medical College, we can assure you it was a difficult decision to make, even accompanied as it was by the advice, consent and participation of many members of this community. We solicited input from the members of the corporation representing the Archdiocese of New York, our sponsor since 1978. We discussed our options at countless meetings with trustees and dozens of advisory groups and subcommittees comprising all segments of the community; and we held face-to-face meetings with faculty, staff, chairs, program directors and students. We have taken this important step with the confidence that our actions today will preserve the greatness of our past and ensure the future stability of New York Medical College.

At the launch of our Sesquicentennial Year, we selected a phrase intended to sum up all that New York Medical College has to celebrate: “Building on the excellence of our past.” It was our reputation for academic distinction that helped attract our new sponsor, and it will be the continuation of that tradition of excellence that drives us toward a bright future. That future will be made more secure by benefit of the increased financial resources and the exciting new synergies that will result from our partnership with Touro.

For that is our ultimate goal: to build on the foundation this institution has established over a century and a half. Through wars, epidemics, the disintegration of financial moorings and the changing landscape of health care, the shifting opinions of society and politics, we at New York Medical College continue to work to ensure the institution's continuing growth and prosperity as a leader in biomedical education, research and public health, now and for generations to come.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Karl P. Adler'.

Karl P. Adler, M.D.
President and Chief Executive Officer

A handwritten signature in dark ink, appearing to read 'Ralph A. O'Connell'.

Ralph A. O'Connell, M.D.
Provost and Dean, School of Medicine

PROTECTING CHILDREN, INFORMING CAREGIVERS



PROTECTING CHILDREN, INFORMING CAREGIVERS

By Marjorie Roberts

The Children's Environmental Health Center has a noble mission and a hefty challenge: protecting children from environmental pollutants and toxicants by reaching out to parents, educators and advocates in the community.

If you think it's hard to be a kid these days, try being a parent. Letting children play outdoors exposes them to Lyme disease, West Nile virus, and seasonal allergies. Even indoors, it's not enough to lock up household poisons or install soft corners on the furniture. But now there is help for parents seeking a safer environment for their young ones, and it's also available to physicians and professionals whose careers revolve around children. It is the Children's Environmental Health Center of the Hudson Valley, a resource dedicated to the physical well being of children that the College operates through a partnership with Maria Fareri Children's Hospital at Westchester Medical Center, and Children's and Women's Physicians of Westchester.

Well into its second year of operation, the center was developed by four faculty members who meet monthly, yet who find the time daily to make it successful. And, unanimously, they credit the organizations whose funding gave it the necessary start.

"By providing the grant funding we need to operate, the Westchester Community Foundation, the Alfred E. Smith Foundation and the New York State Department of Health have demonstrated leadership and foresight," says Amy Ansehl, R.N., M.S.N., director of public health practice in the School of Health Sciences and Practice at the College. Ms. Ansehl is also director of community outreach and education for the center, and is executive director of the Partnership for a Healthy Population, part of the school's Institute for Public Health.

Asthma triggers abound

A major impetus for the center came from Allen J. Dozor, M.D., professor of pediatrics and division chief who oversees 10 very busy pediatric subspecialists in the Department of Pediatrics Division of Pulmonary, Allergy and Sleep Medicine. In cooperation with the children's hospital, they currently evaluate some 25 new patients each week and treat more than 12,000 children with asthma in one of the largest clinical treatment sites in the nation. These children are struggling for relief of their symptoms that usually are triggered by environmental contaminants—no longer simply animal dander or pollen, these triggers can be toxic chemicals found in plastic toys and baby bottles or a fresh coat of polyurethane used to spruce up a gymnasium floor.

"It was not enough to target their symptoms—the coughing and breathing difficulties," says Dr. Dozor. "We had to limit exposure to what was causing the airway constriction and inflammation." There also were non-clinical goals, such as educating pediatricians in private practice and updating medical school



The great outdoors is nothing to sneeze at when an allergy to pollen leads to a full-blown asthma attack—just one of many biological threats to children that led to the creation of the Children's Environmental Health Center of the Hudson Valley. The New York Medical College team behind the center consists of Amy Ansehl, R.N., M.S.N., Allen J. Dozor, M.D., Diane E. Heck, Ph.D., and Robert W. Amler, M.D.



Dr. Dozor listens to the lungs for congestion whether he is treating asthma or cystic fibrosis. Besides overseeing 10 pulmonologists in the Department of Pediatrics Division of Pulmonary, Allergy and Sleep Medicine, the professor of pediatrics is associate physician-in-chief of Maria Fareri Children's Hospital at Westchester Medical Center.

curricula so that residents and fellows were prepared to treat asthma and its autoimmune complications. Still, Dr. Dozor yearned to do something more than just hiring more pulmonologists, but was at a loss for how to begin.

Enter Robert W. Amler, M.D., who joined the College in 2005 as dean of the School of Public Health, now the School of Health Sciences and Practice, and professor of public health, environmental health sciences and pediatrics. Dr. Amler, a public health leader in the U.S. Department of Health and Human Services (HHS), previously had established the nationwide network of Pediatric Environmental Health Specialty Units (PEHSUs). Each PEHSU, supported by federal funds from HHS and from the U.S. Environmental Protection Agency, is a highly specialized clinical facility that draws talent from multiple disciplines to evaluate and manage hazardous environmental exposures in infants, children, and adolescents.

When Dr. Dozor learned of Dr. Amler's background—the latter had directed numerous investigations of children and adults exposed to environmental contaminants when he was chief medical officer at the CDC's Agency for Toxic Substances and Disease Registry—the two men got together to explore the options. The PEHSU model appeared to fit neatly with

Dr. Dozor's concept. Working with clinicians at the medical center and representatives from the graduate school, the two pediatric specialists established the Children's Environmental Health Center of the Hudson Valley, which started operations in September of 2008.

"All I can say is, it's been a match made in heaven," says Dr. Dozor. "I have been incredibly lucky to have [Dr. Amler] jump start the program. I never realized what a movement there was to turn environmental health into a subspecialty... I'm the director, but Dr. Amler provides the guiding spirit."

The center operates with three clinical goals:

- Providing consultations for children with suspected or known exposures to environmental toxicants.
- Offering educational programs for children, families, schools, communities and government agencies that emphasize the importance of minimizing exposure of children to environmental toxins and pollutants.
- Conducting research to study the effects of environmental contaminants on children's health.

Research is the province of Diane E. Heck, Ph.D., an experienced bench scientist who is studying community exposures to environmental agents, currently at work on antidotes to biological and chemical weapons. Professor and chair of the Department of Environmental Health Science in the School of Health Sciences and Practice, Dr. Heck is involved in designing the studies, a tedious but critical chore when outside funding is needed. (A story about Dr. Heck begins on page 6.)

Teaching the teachers

There are two physicians in the pulmonary section who are particularly involved in consulting on children's environmental health issues—Y. Cathy Kim, M.D., associate director of the children's health center, and Agnes Banquet, M.D., assistant director. They are attending pediatric pulmonologists who work out of the main office suite in nearby Hawthorne, N.Y., and eight outreach offices throughout the Hudson Valley. Dr. Kim recently spoke before 20 directors of childcare programs at an educational seminar of the Child Care Resources of Rockland County. Insisting that environmentally triggered diseases are



Convincing educators, lawmakers and leaders of influential organizations to step up measures to protect children from environmental dangers requires the ability to present one's case with clarity and high impact. Students are taught to use some of the same techniques employed by marketers. Recently a team of M.P.H. students practiced their "pitch" before a gathering of doctors and healthcare administrators, including key members of the Children's Environmental Health Center.



"We are seeing more and more diseases that can be linked to environmental exposures—asthma, neurodevelopmental disorders, obesity, endocrine and sexual development disorders and cancer." —Y. Cathy Kim, M.D.

preventable, she provided simple steps to prevent toxic exposures in daycare settings by alerting parents to the dangers of plastics, pesticides, household chemicals, and in furniture and carpets, among other perils.

"We are seeing more and more diseases that can be linked to environmental exposures—asthma, neurodevelopmental disorders, obesity, endocrine and sexual development disorders and cancer," she warns.

The seminar was only one of several programs planned by education and outreach director Ansehl to further the center's primary purpose. During its first year of operation, she informs, the center provided targeted information to 5,800 patients and their families, including underserved and high risk communities. Concentrating on health care providers, there were six educational programs presented before 230 medical and public health professionals. As for patients, physicians performed 84 clinical consults specifically for environmental assessments.

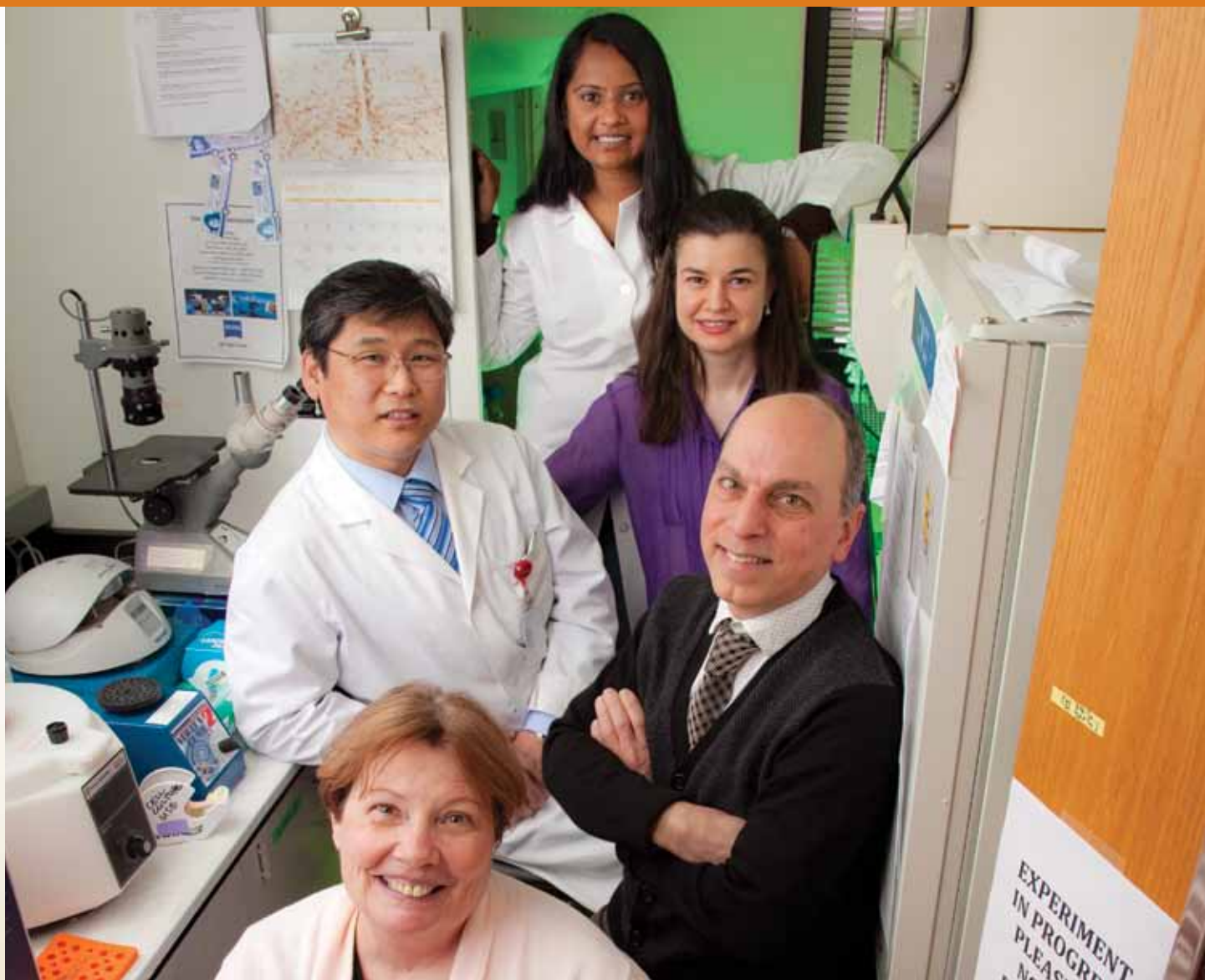
The principals have begun to coordinate their specialties. Dr. Heck developed health advisory reports on two dangerous toxicants that are potentially harmful for children, who handle and "taste" just about everything, and can absorb the chemicals through their skin or their mouths. The two advisories warned about cadmium, used in the manufacture of children's jewelry, and bisphenol A, better known as BPA, a common component of plastics, and were distributed to social agencies and media to help heighten awareness of the dangers.

Ms. Ansehl reveals she is actively trying to tie in with groups with a social bent, such as the Jump Start Program, and medical support agencies such as the American Lung Association, which have goals in common. "The children's center is putting evidence-based research into practice, taking all the science and translating it to the community and not just for research journals. We are out there, reaching the people," she says. "It's called feet on the street!"

Dr. Dozor concurs: "We did very well serving patients at environmental risk our first year, but we need to do better. The American Lung Association has cited Westchester's poor air quality as second only to New York City's, which is the worst. Do you know that 35 percent of us will be diagnosed with asthma some time in our lifetimes? We have all kinds of plans for the future. It is very important to continue."

"Because of the Children's Environmental Health Center of the Hudson Valley, parents and health professionals have someone to contact if a child has been exposed to something harmful, or has unusual symptoms that might be triggered by something in the environment," adds Dr. Amler. "It's good to have experts you can call, right here in Westchester." ■

COUNTERING CHEMICAL THREATS: THE FINE ART OF HARD SCIENCE



By Marjorie Roberts

Every now and then, life brings us to a crossroads, forcing us to choose. Such a road less traveled by is something Diane E. Heck, Ph.D., knows about.

It has been years since Diane E. Heck, Ph.D., faced her moment of truth about whether to pursue her love of art or her love of science. She was passionate about both, but each had its downside.

Should she struggle to continue her fine arts painting after she discovered a problem with color blindness? On the other hand, could she tolerate spending every waking moment in the laboratory, hunting for and testing toxic drugs to find antidotes that would protect against chemical warfare? Although she loved

laboratory work, she wasn't sure she could commit to the total immersion necessary to make it a career. Her options were so disparate they amounted to an impossible choice. The end result was that Dr. Heck put her bachelor of fine arts degree on the shelf and entered the world of science, never to paint again.

The second coming of Diane Heck evolved from one of those family situations that tie up the psyche, for better or for worse: "My mother told me to shut up [about painting] and convinced me to go for a retraining program at the University of Pennsylvania



Diane E. Heck, Ph.D., bottom center, oversees a laboratory where they are searching for antidotes to chemical weapons of mass destruction. Her colleagues in the Department of Environmental Health Science are (continuing clockwise) Hong-Duck Kim, Ph.D., assistant professor; Miranda Lalloo, M.P.H. '10; Maria Trabgaris, Ph.D., lecturer; and Michael Shakarjian, Ph.D., assistant professor. Not shown is Anna Metrano, Ph.D., assistant professor.

called the Post-Baccalaureate Pre-Health Program. 'You can do whatever you want to do,' she told me, always supportive of everything I did." And that is how the soft-spoken scientist remembers the impetus of her journey toward a doctoral degree in pharmacology and toxicology, all of which served as a preamble to her appointment in 2007 as professor and chair of the Department of Environmental Health Science in the School of Health Sciences and Practice at New York Medical College. These days, she is the principal investigator on a \$275,547 grant from the NIH aimed at developing counter measures against chemical threats.

Colleagues find Dr. Heck warm and caring, attributes that help her cope with the sinister nature of the threats on which her research is focused. "I do drug development," she says nonchalantly, waiting for the listener to respond with a follow up as to what kind of drugs she makes. Is it a weight loss miracle, a new recreational drug? "No, no," she smiles. "I'm working on an antidote to sulfur mustard." If you are old enough to remember this weapon of mass



“These days, Dr. Heck is the principal investigator on a \$275,547 grant from the NIH aimed at developing counter measures against chemical threats.”

destruction from the era of World War I, you may wonder why she is investigating such an old drug and not, say, sarin, ricin or even anthrax.

Many toxins, no cures

"After all this time, from World War I on, we still have nothing to use against what actually was called mustard gas," she advises. "Two drugs have been concocted, but as of yet, nothing has developed from their research. We do have doxycycline, a tetracycline antibiotic that is half antibiotic and half anti-blistering agent." Dr. Heck explains that clinical trials are underway by a large pharmaceutical

Blistering burns from mustard gas can be severe enough to be fatal, even weeks after exposure. Victims who survive have an increased risk of developing cancer in later life. Photo courtesy of Dr. Steen Christensen, Bornholm Hospital, Denmark.



company to determine if their new drug can stop the bone marrow suppression inflicted on people exposed to sulfur mustard. She is prohibited from naming the drug or its manufacturer.

This search for an antidote originated with the Rutgers University Research Center of Excellence under the title CounterACT, an acronym for Countermeasures Against Chemical Threats. Dr. Heck's laboratory is a study site for the program whose primary objective is evaluating compounds for efficacy in limiting sulfur mustard injury. The \$20 million grant that funds CounterACT comes from the National Institute of Neurological Disorders and Stroke section of the National Institutes of Health.

Though CounterACT has not yet produced a slam-dunk, "we have identified potential agents, devised more than 50 new chemicals and modified more than 20 existing drugs," she points out. "The doxycycline formulations are also entering trials. It takes years and lots of money to get a drug on the market."

When Dr. Heck talks about how her career has progressed, she confesses, "I never had a great plan. What I did have was an interest in the biochemistry of sunlight on the skin, and up came nitric oxide. You go through many twists and turns and you find something you like that you incorporate into your own work...Money is important too. You have to go where there is money." She pauses slightly and adds, "And I had three children to raise." As yet, none has chosen a career in science, but her daughter Prudence has a Ph.D. in math and is considered an expert in knot theory. She is doing a post-doc at Rice University in Houston. Her eldest son, Noah, is an assistant prosecutor with the Monmouth County (N.J.) district attorney's office, and her youngest son, Kalling, is a Ph.D. candidate in film studies at Oklahoma State University in Stillwater.

As Dr. Heck discusses her career, she keeps changing the subject, perhaps to ensure that she gets everything in. Still, she makes light of her success when she discloses that "I was the first person to identify the value of nitric oxide production in the skin. My interest goes all the way back to my Ph.D. thesis. NO regulates growth and differentiation in healthy skin, and it's involved in wound healing and inflammatory skin disorders like psoriasis. I was part of the second generation of nitric oxide researchers. My studies concentrated on the skin, but I knew all the investigators from the earlier group who won the Nobel Prize for the role of nitric oxide in cardiovascular disease."

Climbing the Rutgers faculty ladder produced her first job as a research assistant professor of pharmacology and toxicology. It also shifted her studies toward dioxin and its mechanisms of action, the enzyme catalase and photocarcinogenesis. Three years later, Dr. Heck was ready to accept the invitation of Robert W. Amler, M.D., dean of the School of Health Sciences and Practice, to join New York Medical College and the job she says she "loves."

There are three research scientists assisting Dr. Heck in her laboratory—assistant professors Anna Vetrano, Ph.D., Hong-Duck Kim, Ph.D., and Michael Shakarjian, Ph.D. They are involved in pre-clinical toxicology studies with scientists at Rutgers and perform chemistry analyses with other associates of Dr. Heck at Lehigh University in Bethlehem, Penn.



Perhaps one day Dr. Heck will come upon those hidden paintbrushes—she admits she never threw them away—and will resurrect her dormant artistic side. But for now, just being part of a group that is working to defend the nation from chemical attack is one way she will measure her own success.

And how is their search for a sulfur mustard antidote going? "The closest we have come to a successful product is a spray-on plastic impregnated with doxycycline to treat the sulfur mustard burns," Dr. Heck informs.

Ubiquitous talents

That she seems to be everywhere is an understatement. Dr. Heck works closely with students—Dr.P.H. candidates and master's students in environmental health science. She also leads the research arm of the fledgling Children's Environmental Health Center of the Hudson Valley (see story on page 3). Allen J. Dozor, M.D., professor of pediatrics and clinical public health who directs the center, welcomes her inclusion in the small group of faculty members who oversee the new center.

"Dr. Heck is a tremendously important member of our team," he says. "She has done groundbreaking research unraveling the biochemical pathways that link environmental toxicants and human disease, and she is a critical faculty member for our students of public health. Our goal is to establish a national reputation for our center in three equally important areas—clinical care, education and research. Diane's contributions in all three areas have been enormous and she really has helped put our center on the map."

Surely invention is one way to define growth and time is another. Perhaps one day Dr. Heck will come upon those hidden paintbrushes—she admits she never threw them away—and will resurrect her dormant artistic side. But for now, just being part of a group that is working to defend the nation from chemical attack is one way she will measure her own success. ■

Lyme Disease:

LEADERS, LANDMARKS, AND LOOKING AHEAD

By Cynthia A. Read

Nearly 30 years after a New York Medical College physician-researcher first met a formidable foe called Lyme disease, the College has built a global reputation for advancing understanding and treatment of the disease.

When Gary P. Wormser, M.D., diagnosed his first case of Lyme disease, he could not have guessed that the College was about to become world-renowned for its expertise in the country's most common tick-borne infection. It was 1981, and the spiral-shaped bacteria, or spirochetes, dubbed *Borrelia burgdorferi*, had just been identified as the cause of Lyme disease—and the tiny deer ticks known to carry the infectious agent were just beginning to burgeon in Westchester.

Now, some 29 years and nearly 200 research grants later, the name of New York Medical College has become synonymous with many of the most important advances in the research, diagnosis and treatment of Lyme disease.

Like other physicians in the region in the early 1980s, Dr. Wormser began seeing more and more patients with a tick-borne ailment that came with flu-like symptoms and a characteristic bull's-eye rash, signs of an emerging infectious disease that had a lot of doctors and public health officials very worried about its virulence and pervasiveness.

In 1985, Dr. Wormser recruited Durland Fish, Ph.D., who set up a medical entomology laboratory in nearby Armonk, N.Y. Dr. Fish recalls, "Both [Gary and I] believed that Lyme disease was about to become a significant public health problem in the region because I, as an entomologist, knew the prevalence of infection in ticks and he, as an infectious disease clinician, knew the outcome of infection in his patients." The unlikely pair of scientists, who agree that at first they could scarcely understand what the other was talking about, became lifelong friends and collaborators, even after Dr. Fish accepted a position at Yale University, where he is now professor of epidemiology of microbial diseases in the School of Public Health.

But at New York Medical College, more needed to be done. John J. Connolly, Ed.D., who was then president of the College,

believed that College researchers and clinicians had the expertise and drive to help him position the university as a leader in Lyme disease research. He started by enlisting Richard D. Levere, M.D., then chairman of the Department of Medicine, to develop a Lyme disease program that would be based in the department's Division of Infectious Diseases with Dr. Wormser at the helm. The program grew slowly, and in 1989, using funds raised through targeted efforts by Dr. Connolly, the College was able to offer seed money for small Lyme disease research projects to attract new researchers.

One of the proposals came from Ira Schwartz, Ph.D., then a professor of

Ixodes scapularis, commonly known as the deer tick, has wrought havoc in the Northeastern United States over the past 30 years. As the primary vector for Lyme disease, it also carries parasites that transmit babesiosis, human granulocytic anaplasmosis, ehrlichiosis and *Borrelia burgdorferi*.



The clinic was intended as a one-summer experiment. But that first evening, a dozen patients were waiting for the ribbon-cutting to be over so they could be treated.

biochemistry and molecular biology, who had learned about Lyme disease after his wife had gotten a rather nasty insect bite on a hike in the woods.

"Her doctor said it might be Lyme disease—something I'd never heard of," Dr. Schwartz, now chairman of the Department of Microbiology and Immunology, recalls, "so I went to the library and read about it. Several days later I heard that research funding was available for a molecular biologist wanting to work on Lyme disease. I thought the coincidence too providential to ignore." By 1990, more than a dozen researchers were engaged in the study and treatment of Lyme disease, and today scores of faculty, research associates, postdoctoral and research fellows and graduate students comprise the teams of principal investigators who routinely secure NIH or other funding to study Lyme and related tick-borne infectious diseases.

From field to patient to public

In the mid-1980s, while Dr. Fish and his team were dragging fields with white cloths to collect deer ticks for their research, people who suspected they might have Lyme disease were crowding doctors' offices and emergency rooms. In 1989, Dr. Wormser was authorized by the commissioner of hospitals to start an evening walk-in Lyme clinic in Westchester County Medical Center's ambulatory care space after it closed for the day. The clinic was intended as a one-summer experiment, and no one knew quite what to expect when it opened. But that first evening, a dozen patients were already lined up and waiting for the ribbon-cutting to be over so they could be treated. The clinic was off and running. Throughout that summer, the clinicians saw an average of 58 people each evening, 5 days a week.

Adding a patient load of several hundred to a practice that could only be conducted after hours was not something Dr. Wormser had signed up for. Believing that clinical research was a key component to stemming the rampant spread of the disease, he insisted on making the clinic do double duty as a source for clinical research studies as well—at the time, a unique approach for a disease clinic. His stand paid off. Now in its 22nd year, the clinic has provided the basis for an untold number of research studies.

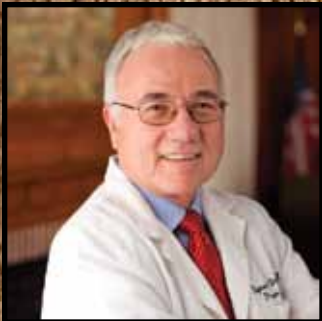
As the College's Lyme disease research program continued growing, President Connolly saw the need for increased public

Lyme disease researchers Robert Nadelman, M.D., Ira Schwartz, Ph.D., Gary P. Wormser, M.D., and John Nowakowski, M.D., along with Raymond Dattwyler, M.D. (inset) and other New York Medical College scientists, have published seminal studies on nearly every aspect of Lyme disease and other tick-borne infections.



Continued on page 12.





Felipe C. Cabello, M.D. (right foreground), leads a team that studies the genetic aspects of Lyme disease. They are, from left: Larisa Ivanova, Ph.D., postdoctoral fellow, Harriett Harrison, research technician, Henry P. Godfrey, M.D., Ph.D., professor of pathology, and Alexandra Tomova, M.D., Ph.D., postdoctoral fellow.

The Molecular Labyrinth

The deer tick infected with the spirochete that causes Lyme disease is so small as to be almost invisible when it is attached to its human host. But to understand how *Borrelia* causes its damage, and to have any hope of treating or even preventing these effects, one must look even closer. As Felipe C. Cabello, M.D., professor of microbiology and immunology, explains it, "Today our understanding comes from unraveling the genetic thread and following the trail from gene to protein, protein to function, function to infection, and finally from infection to disease. By connecting these entities to one another and back again, through the molecular labyrinth, we have the power to inactivate genes, change bacteria, and understand genetically how infection occurs."

Dr. Cabello has studied many disease-causing bacteria, but has focused on the *Borrelia* genes since he received some of New York State's first funding for Lyme disease research in the early 1990s. In 2009, he received NIH stimulus funding for his study, "Regulated Expression of *B. burgdorferi* Virulence Genes," collaborating with Henry P. Godfrey, M.D., Ph.D., professor of pathology, Stuart A. Newman, Ph.D., professor of cell biology and anatomy, and his department chairman, Ira Schwartz, Ph.D.

Together they are working to identify, characterize and develop novel genetic and *in vitro* systems to better understand the biological functions of *Borrelia* genes. Of particular interest are those genes that enable the spirochete to escape the natural defenses of its hosts and so cause infection, as well as the interactions with the tissue environment that are involved in causing damage in the acute phase of Lyme disease, its evasion of the immune system, and its persistence if the initial infection is untreated.

Dr. Cabello and his collaborators are creating genetic libraries that will provide the basis for identifying a large number of mutant genes. Down the road, understanding these genes could lead to the development of better antibiotics and a truly effective vaccine.

They are also seeking to create new genetic and immunochemical tools for studying *Borrelia burgdorferi* and analyzing the biological determinants of the pathogenesis of Lyme disease. These would build on the many tools already developed in the Cabello laboratory, tools that have become critical to studies not only at the College but for researchers at other institutions studying the insidious spirochete.

—Cynthia A. Read

Continued from page 10.

understanding, as well as fundraising to support research. In 1991 he started the American Lyme Disease Foundation, which was originally aimed at raising seed money for Lyme disease researchers (a boon that enabled Dr. Schwartz to secure his first NIH grant to study Lyme). The foundation continues to provide reliable, scientifically accurate information for patients, the medical community and government agencies, although it no longer raises funds.

Teamwork and collaboration

From the beginning, teamwork and collaboration across disciplines have been hallmarks of the College's research program. In addition to Dr. Wormser and Dr. Schwartz, key members of the team now include professor of microbiology and immunology Felipe C. Cabello, M.D., professors of medicine Raymond Dattwyler, M.D. and Robert Nadelman, M.D., and associate professor of medicine John Nowakowski, M.D. Over the years, the list has included other scientists, from both basic and clinical departments, who have helped advance global understanding of the disease. "For all the discussion these days about translational research," says Dr. Schwartz, "this is one area where New York Medical College has a clear, strong link between the bench and the bedside. The result is an extraordinarily productive environment." He adds, "Working with Gary Wormser has been the best thing that ever happened to my career. Together we have authored 51 papers since 1992. That's a very fruitful partnership."

Landmark achievements

A PubMed search for studies of tick-related infections by College authors yields 176 results, with the first article, "Prevalence of *Ixodes dammini* near the homes of Lyme disease patients in Westchester County, New York"

co-authored by Dr. Fish, appearing in 1988 in the *American Journal of Epidemiology*. The numerous firsts and landmark achievements have established much of what is now known about the disease process and its treatment, about strategies for prevention, and about *Borrelia burgdorferi* and the ticks that carry it.

It was College scientists who demonstrated that a single dose of doxycycline after a tick bite will prevent Lyme, that a 10-day treatment is as effective for early infection as a 20-day treatment, and that ceftriaxone is effective against late Lyme (Dattwyler). They elucidated how the disease-causing spirochetes spread through the human bloodstream to cause damage in the body at sites distant from the initial tick bite (Wormser, Schwartz, Nadelman). They published a critical appraisal of "chronic Lyme disease" in the *New England Journal of Medicine*, and concluded that a second episode of Lyme's hallmark bull's-eye rash is likely from a second tick bite—a recurrent infection unrelated to the original one (Wormser, Nadelman).

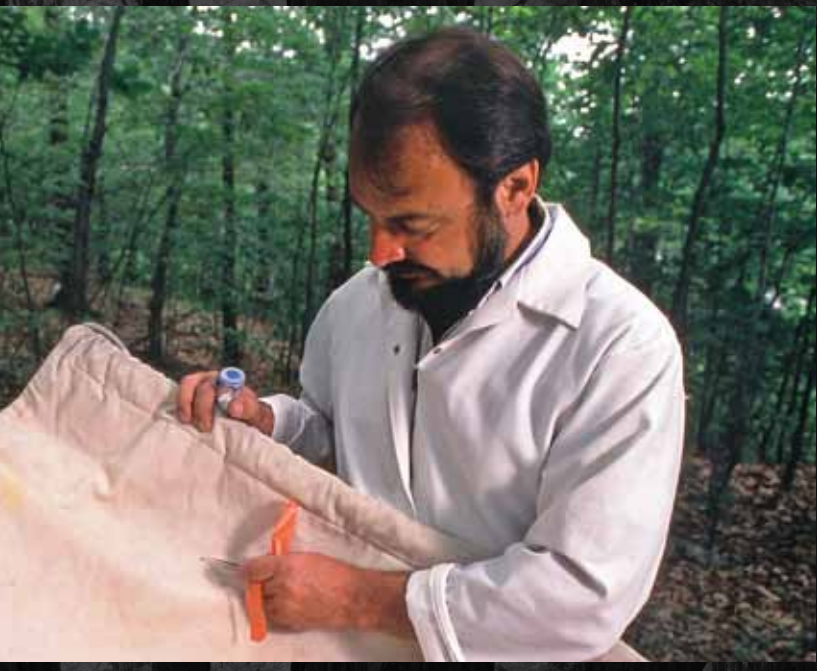
In 2002, Dr. Wormser was asked to run the International Conference on Lyme Borreliosis and Other Tick-Borne Diseases in New York City, cementing the College's reputation as a leader in Lyme research. In 2005, Dr. Dattwyler was a key participant in developing the CDC's diagnostic guidelines, and the following year, Dr. Wormser headed the Infectious Diseases Society of America (IDSA) expert panel that updated clinical practice guidelines on treating Lyme disease. [Ed. Note: In late April, an independent review panel appointed to settle an investigation by the attorney general of Connecticut issued a report confirming the validity of the 2006 IDSA treatment guidelines for Lyme disease.]



Back in the microbiology lab, the genetic manipulation of *B. burgdorferi* has been an ongoing source of breakthroughs by Drs. Schwartz and Cabello. They were the first to prepare *Borrelia* microarrays, experimental tools for measuring which genes are active when the *Borrelia* are in ticks and then in the bloodstream of infected humans. They introduced genetic markers and reporter genes, and described genes that are important in the ability of the *Borrelia* to escape the natural defenses of its mammalian hosts. They also developed an *in vitro* tissue model of *Borrelia* infection, as well as a method to "type" strains of *Borrelia*, which they used to show that different strains had varying capacities to cause more serious disease.

Improving diagnosis, preventing infection

Nationwide, and in Europe as well, many more scientists are now studying Lyme disease. This creates more ideas, more discoveries, more opportunities for collaboration—and more competition for increasingly scarce research dollars.



In 1988, Durland Fish, Ph.D., associate professor and director of the Medical Entomology Laboratory in the Department of Community and Preventive Medicine at New York Medical College, was the subject of a 4-page article in *Sports Illustrated* that warned hikers and outdoors enthusiasts against an insidious infection that could be spread by the bite of an insect no bigger than a pinpoint. Dr. Fish, who roamed the woods and fields of Westchester to collect ticks for his studies, became a modern day prophet, warning of the dangers of the insect and the disease, which were climbing toward epidemic proportions by the late 1980s.

(Photo reprinted with permission.)

Both improved diagnosis and novel methods of preventing infection are the targets of studies now underway at the College, with molecular genetics being a key tool.

Dr. Schwartz, who has two long-standing NIH grants, recently received supplemental funding through the American Recovery and Reinvestment Act (ARRA, also known as stimulus funding). He and his colleagues are studying how the human immune system responds to infection with *Borrelia*. "We were the first group to show that *Borrelia* induces an innate immune response through interaction with certain molecules on the surface of immune system cells. We are exploring whether we can use this human response to improve diagnostic tests," he says. He believes that the application of molecular genetics and genomics to a study of the bacteria, the tick, and humans could eventually lead to novel vaccine targets. Dr. Schwartz also has a study in collaboration with Dr. Wormser to create a more accurate Lyme disease test based on genetics, rather than the presence of antibodies.

Dr. Cabello also received ARRA funding to support his research on the biological functions of *Borrelia* genes. (See sidebar on page 11.)

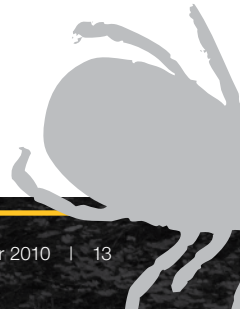
Of course, preventing infection is an optimal solution. The first human vaccine, Lymerix, developed by SmithKline Beecham, was pulled from the market in 2002 because of poor sales. But further back in the Lyme disease chain is an opportunity to control or eliminate the infection in the mammalian hosts for *Borrelia*. Dr. Dattwyler is currently working on an oral mouse bait vaccine, which would eliminate Lyme at the source—in the ticks that bite humans—and would be safer for the environment than pesticides.

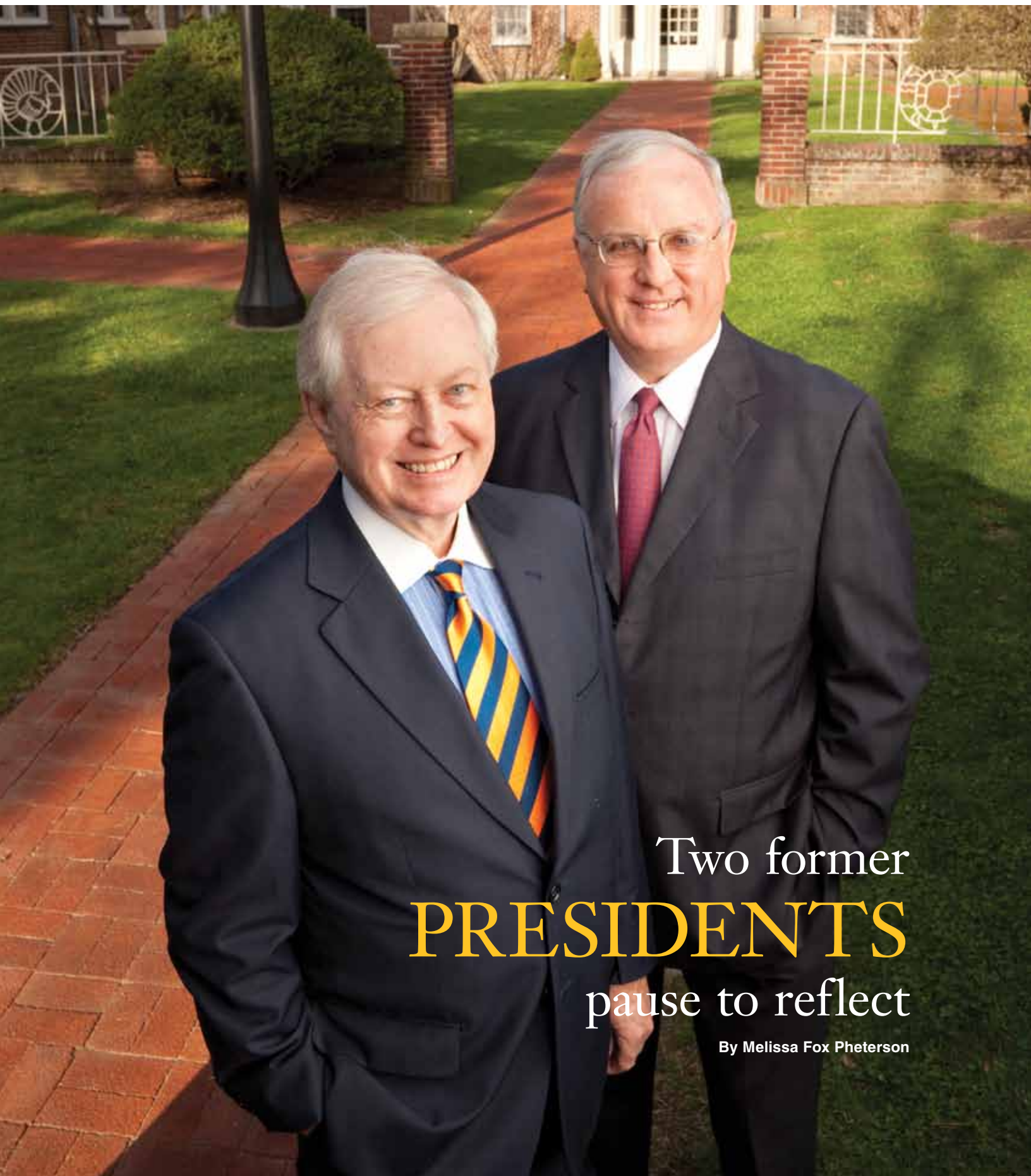
Looking ahead

While Lyme disease is treatable in any stage, it is especially desirable to intervene early, thus reducing the development of later complications such as facial palsy, meningitis, carditis or arthritis. But as long as the incidence of Lyme disease continues to grow in the U.S. and Europe, it remains a significant

public health concern. This gives College researchers, clinicians and diagnostic experts much more important work still to do, building on the foundation already established.


Dr. Wormser sums up by saying, "Working in the Lyme disease field has been an exciting and many-faceted experience. I feel privileged to have been able to contribute toward a better understanding of the infection." He might even be scanning the horizon for the "next big thing" in tick-borne disease. Besides Lyme, the deer tick transmits a rickettsia-like infection called HGA (ehrlichiosis), which was first recognized in Westchester County in 1995, one year after its initial discovery in the Midwest. More recently, there has been the emergence in Westchester of babesiosis—a potentially lethal infection transmitted by the deer tick. "So," says Dr. Wormser, "the story of New York Medical College and tick-borne infections is far from finished." ■





Two former
PRESIDENTS
pause to reflect

By Melissa Fox Pheterson



One rescued New York Medical College from financial crisis, laying the groundwork for excellence. The other built on this legacy to achieve global acclaim and success in serving the community. Both men will be remembered for their visionary leadership, their extraordinary commitment, and for the unique stamp each has left on the College.

JOHN J. CONNOLLY, ED.D., PRESIDENT, 1981–1992

It was 1981, and New York Medical College was in a situation that could best be described as dire. The divestiture of Flower and Fifth Avenue Hospitals and a costly move from New York City to Westchester County had left the institution strapped and teetering on the brink of financial collapse. The university needed a leader who could turn it around, then build it up, ensuring that the College not only survived, but thrived. The Board of Trustees turned to John J. Connolly, Ed.D., a man whose track record and business savvy were well known. Was Dr. Connolly, in his third year as a trustee, ready to undertake the challenge of a successful reversal of the College's fortunes?

"I knew I could make a difference for the College, a magnificent institution with a rich history. It would have been a shame to see it go under," he says. "I saw it as a wonderful, exciting challenge." Dr. Connolly drew confidence from his tenure as president of Dutchess Community College, and as chairman of the board of St. Francis Hospital in Poughkeepsie, where he'd already led a successful turnaround.



The lynchpin, he explains today, was making the College financially stable, and building from there on its tradition of excellence. Fortunately, he found himself flanked by superb leaders: former trustee Emmett O'Sullivan, chair of the finance committee, Thomas Martin, Esq., the College's general counsel "who really knew how to straighten out legal entanglements," he says, and John Castle, chairman of the Board of Trustees, a colleague whose friendship would seed the ground for Castle-Connolly Medical Ltd., a medical resource enterprise where Dr. Connolly is now president. The new president also reached out to county executives, including former lieutenant governor Alfred DelBello, who had a keen interest in bringing Westchester its first medical school.

"Everyone wanted the institution to survive and prosper," Dr. Connolly says. "We may not have always agreed on everything, but we all knew it was of paramount importance to not only save this place, but also to make it a superior medical school." That resolve never wavered, even when President Connolly was compelled to raise tuition by 40 percent.

More of everything

Equally vital, of course, was increasing revenue—and that meant more donations, a larger endowment, and significant increases in research funding.

"One thing I learned quickly was how the reputation of a medical school is based on rigorous research," says Dr. Connolly, who made a point of assigning funds to develop the space,

"Everyone wanted the institution to survive and prosper. We all knew it was of paramount importance to not only save New York Med, but also to make it a superior medical school."

—John F. Connolly, Ed.D.

technology and administrative support for the cultivation and recruitment of top-notch basic science researchers. Once the commitment was made to raising the profile of research, he says, "fundraising followed easily."

"Our alumni, board members, people in the community were ready and willing," Dr. Connolly recalls. "It was really just a matter of putting the programs in place to give donors opportunities to support the school. Success breeds success."

Applying funds strategically, the university was able to expand its facilities (one boon was the transfer of buildings that would serve as student housing to College ownership, at no cost), promote research and bolster student financial aid. "It's inspiring how much alumni have supported the school," says Dr. Connolly.

By the mid-1980s, the College had begun to turn around, enjoying great progress in the size and stature of its faculty, quality and amount of funded research, caliber of students, and the strength of its endowment. With the institution returning to sound financial footing, Dr. Connolly turned his attention to advancing its mission of critical care. In the aftermath of Flower and Fifth Avenue Hospitals' being converted to a specialty hospital with which the College was affiliated but no longer owned, he helped the university build its network of affiliated hospitals, expanding it to 35 hospitals and healthcare facilities that ranged throughout the tri-state area. "Our hospital affiliations meant we could offer a tremendous variety of training experiences for medical students, residents and fellows," he asserts.

Joining forces

The next step on the path to excellence, he says, was for the College to capitalize on its faculty by bringing them together in a collegial, supportive atmosphere, one that would help foster ideas for new approaches in medicine. To that end, Dr. Connolly was the guiding force behind the College's institutes and centers that united faculty from different departments with specific areas of expertise. "We created [the Centers of Excellence] to give opportunities for collaboration among faculty with common interests," he says.

New areas of expertise began to emerge, including medical ethics (later called bioethics) and the study of Lyme disease. The latter came about through a fortuitous meeting of minds among infectious disease specialists, entomologists, rheumatologists and molecular biologists, in what amounted to ground zero for the little known infectious disease that was beginning to spread throughout the northeast, especially in New York and Connecticut.

"Here we were in [Westchester County,] the epicenter of this emerging epidemic known as Lyme disease," says Dr. Connolly. "We set up an institute for treatment, diagnosis and research, an area in which the College could and did become a global leader—which it still is to this day." (See story on page 9.) Eventually that center became the Lyme Disease Diagnostic Center with Westchester Medical Center, and Dr. Connolly established the American Lyme Disease Foundation to fund research there. "The nation looked to us for leadership," he says.

“In just a few years, we moved from a largely northeastern population to enrolling students from 44 states. We rose to the top tier in terms of the caliber of our students.”

—Harry C. Barrett, D.Min., M.P.H.

**HARRY C. BARRETT, D.MIN., M.P.H.,
PRESIDENT AND CHIEF EXECUTIVE OFFICER, 1992–2006**

For the 14 years he served as president of New York Medical College, Harry C. Barrett, D.Min., M.P.H., was the chief architect of what was described in the 2002 annual report as “perhaps the 10 most progressive and productive years in the history of New York Medical College.”

From his first days in the corner office, Dr. Barrett began to restructure the university with the intention of building its reputation and improving its research profile. Aided by the leadership of Catherine S. Halkett, M.P.H. '87, then director of university planning, he promptly initiated the first comprehensive, university-wide strategic planning initiative and a top-to-bottom financial reengineering, one with unprecedented breadth and far-reaching impact.

In a nod to his predecessor, Dr. Barrett observes, “Dr. Connolly left me a legacy of strong financial stability. The reengineering allowed us to get a real sense of the institution’s mission, and to determine the strategic direction, long-term, of the three schools. And the end result was to have the entire New York Medical College community aligned behind our goals.” The strategic plan, which was regularly updated throughout his tenure, resulted in significant increases in fundraising and research grants, improvements to buildings and grounds, and steady improvement in student performance on every scale of quality measurement.

As the College adjusted to its new status as a university, Dr. Barrett appointed Ralph A. O’Connell, M.D., to serve as provost, bringing the medical school and the two graduate schools under the auspices of a chief academic officer.

Reputation building

Dr. Barrett recognized the importance of research to an institution’s reputation, and understood the need for enhanced research facilities and faculty resources. During his tenure, research grants doubled, and the College raised more than \$60 million in total, including the university’s first \$1 million, \$2 million and \$5 million gifts. He played a key role in the building of the first new structure on campus in more than a decade: the four-story, 55,000-square-foot Medical Education Center. The \$33 million project provided new instructional space for medical students, increased the research footprint by 18,000 square feet, doubled the size of the library and added a state-of-the-art gross anatomy laboratory, underwritten by alumni fundraising efforts, on the top floor.

Dr. Barrett’s tenure coincided with seismic shifts in medicine, including the race to sequence the human genome. Within two years of becoming president, he signaled his strong support of biotechnology, an industry that was beginning to flourish throughout Westchester and the tri-state area. He established a Technology Development Division to cultivate collaborations between university researchers and biotechnology companies. It was a move that would eventually result in dozens of collaborative partnerships, helping to position the College as a prime mover in the burgeoning industry and revitalizing its role in the corporate community.

With a goal of refining the institution’s brand, Dr. Barrett set about creating a true intellectual center, recruiting faculty

from all over the country and burnishing the university’s reputation for student quality. “We realized we were doing a fundamentally good job but in a limited geographic region. We had no national profile,” Dr. Barrett says. He led initiatives that focused the entire College community on ambitious goals, such as securing the first university-wide accreditation by the Middle States Commission on Higher Education, and achieving full accreditation by the Liaison Committee on Medical Education, a key indicator of excellence among medical schools.

Top tier

To broaden student diversity, he made the decision to decline state funding that required the College to accept a high percentage of New York State residents. “I wanted us to be free to encourage the best and brightest from all over the country to attend,” he says. “In just a few years, we moved from a largely northeastern population to enrolling students from 44 states. This radically changed the nature and position of the medical school, and we rose to the top tier in terms of the caliber of our students.” To build on that momentum, Dr. Barrett worked closely with Julie Kubaska, M.S., then director of alumni relations, to cultivate relations with alumni. He also founded the President’s Circle and the President’s National Advisory Council to draw in donors who would contribute their expert counsel as well as their financial backing.



Continued on inside back cover.

EXTREME VOLUNTEERS

By Andrea Kott, M.P.H.

IF SAVING THE WORLD HAPPENS ONE STEP AT A TIME, THEN SEAN KIVLEHAN, A THIRD-YEAR M.D./M.P.H. STUDENT, IS MOVING IN THE RIGHT DIRECTION.

SEAN KIVLEHAN, CLASS OF 2011

Unlike other voyagers on a similar path, Sean Kivlehan needs no compass. Long before he ever thought of going to medical school or getting a degree in public health, he knew where he was headed: working as a paramedic to “improve the greater good of society.” After trips to earthquake-ravaged Pakistan and most recently, Haiti, Kivlehan knew that having a joint degree in medicine and public health would allow him to make a more global contribution. “Emergency care is just a very small piece of a larger healthcare system and what needs to be done in the world,” he says. “I want to improve the healthcare system for the world and I felt I couldn’t do that as a paramedic.”

There was a time when being a paramedic was all Kivlehan wanted. His passion helped him become an emergency medical technician (EMT) the summer after high school, and within a few years was working full-time in the Bronx and later in New York City’s Hell’s Kitchen. He was teaching advanced CPR and emergency life support to residents, nurses and medical staff at New York-Presbyterian Hospital; running the EMT education program at Saint Vincent’s Hospital; co-authoring, editing and reviewing

paramedic textbooks, and earning enough to afford an apartment in a Manhattan high-rise.

Kivlehan knew a bachelor’s degree and a stronger foundation in science would help him advance his career and, at age 23, he enrolled at Hunter College in New York City. Impressed with his aptitude, his professors urged him to apply to medical school. He was intrigued, yet daunted. Luckily, life made the decision for him.

In 2006, balancing a 19-credit course load and full-time ambulance work, Kivlehan joined a group of paramedics on a three-week trip to Kashmir in Pakistan, where a devastating earthquake

had struck four months earlier. The physical destruction, human suffering and lack of basic healthcare services and supplies made the streets of Hell’s Kitchen seem well-off by comparison.

“In America you call 911 and an ambulance shows up five minutes later,” Kivlehan says. “In Kashmir, people die of diarrhea and strep throat. I felt so useless as a paramedic. I didn’t know anything about water sanitation or vaccinations.” The day after he returned to New York, he decided to take the MCAT exams to qualify for medical school.

Meanwhile, paramedics with whom Kivlehan had worked in Pakistan were attracting media attention, first from *60 Minutes*, then from *People* magazine. Donations started pouring in, and they founded NYC Medics,



(Background Photo by Sean Kivlehan.)

a not-for-profit 501 C3 with a board of directors and an international cyber-network of volunteers. The group now comprises EMTs, paramedics, nurses, physician assistants, public health specialists and physicians who respond to disasters all over the world. The most harrowing volunteer trip in recent months was a visit to earthquake-ravaged Haiti, where Kivlehan and his colleagues spent 10 days in January. "When something happens we put the word out," Kivlehan says. "The organization focuses on immediate solutions: reducing fractures, debriding wounds, delivering babies. So that's what we did."

Within two days of the Haiti earthquake, NYC Medics arrived with \$30,000 in donations, along with medical and surgical supplies, tents, food and water. "The strangest thing," Kivlehan says, "was how quickly it became normal to

see rubble around every corner, to see arms and legs sticking out of collapsed buildings, to smell dead bodies. It's frightening how quickly we accept these things as normal."

Kivlehan, who is considering residencies in surgery and emergency medicine, might have stayed on in Haiti were it not for his studies, his ongoing paramedic duties and his part-time job with a textbook publisher. He hopes

to return this summer and, once he earns his M.D./M.P.H., to be part of the larger public health picture there and elsewhere in the world. He doesn't expect his joint degree to afford him a Manhattan high-rise or the easy ability to repay his student loans, but it will position him to do his small part in saving the world. "I never want to be told that I don't understand or I don't have adequate training or am not qualified to push something through," he says.

"THE GREATEST PART ABOUT LIVING IN THE WESTERN WORLD IS THAT YOU GROW UP BELIEVING IN YOURSELF AND YOUR DREAMS." THAT'S HOW VEDIKA NEHRA WAS RAISED: BELIEVING THAT SHE COULD TURN HER IDEAS ABOUT HELPING PEOPLE INTO REALITY.



(Background Photo by VEDIKA NEHRA.)

VEDIKA NEHRA, CLASS OF 2010

Having such encouragement, as well as the means to pursue her dreams, is a privilege that children in developing countries rarely experience. Born to a family of crop farmers in the rural state of Haryana in India, Nehra knows this firsthand. "I've seen both sides," says the fourth-year medical student, whose father's work as a botanist moved the family all across the globe: first to Saskatchewan, Canada, then to Melbourne, Australia, during her middle school years, and finally to St. Louis, Mo., where she attended the



SINCE LAUNCHING THE FOUNDATION, NEHRA AND THE HANDFUL OF MEDICAL, PUBLIC HEALTH AND PHARMACOLOGY STUDENTS WHO HAVE JOINED HER HAVE BEEN WORKING TO RAISE \$4,000 FOR BOOKS AND \$3,000 FOR MEDICAL SUPPLIES.

University of Missouri-Columbia and earned her undergraduate degree in biochemistry and creative writing.

"When I was teaching in India three years ago, I realized that most of my rural students had never been asked what they would like to be when they grow up," she says. "Government schools in rural India are in shambles and a proper education has become difficult. Children at a very young age were becoming jaded by school and no longer believed in their own potential. They had dreams just as I did when I was a child, but few resources to achieve them."

Hoping to reach those children, Nehra started a not-for-profit organization dedicated to providing health and education assistance to rural communities. The Nehra-Savent Foundation, named for her paternal and maternal grandparents, is currently raising funds to support two projects that will benefit six medically underserved villages in Haryana: a clinic to provide free primary health care and education, and a children's library at the local public school, which serves approximately 600 kindergarteners through twelfth graders.

Nehra started the foundation in October 2009 after an earlier experience in Haryana had convinced her to do more. It was 2006 and she had just finished her first year of medical school. Capable of providing only minimal medical care, she decided to offer what she could.

She raised a little money, filled a couple of suitcases with new and gently-used art supplies donated by the College community. She brought them to the village in Haryana where her extended family still lives. "My students in India had never seen construction paper, and only the oldest ones had desks," Nehra recalls. What they needed was, she says, "a place to explore their thoughts, ideas and ambitions."

Haryana, like much of India, lacks doctors, nurses and basic medical care. The need is urgent, given the region's prevalence of infectious and water-borne diseases as well as many non-communicable diseases typical in Western countries. In addition, many would-be physicians decide to go abroad to attend medical school, or emigrate to the United States or Europe after finishing medical school in India.

"In my state in India there isn't a single child psychiatrist," says Nehra, who begins an unusual three-part residency this summer in pediatrics, adult and child psychiatry at Rhode Island Hospital in Providence. "I chose the triple board program because I want to be a physician of the body and the mind. In underserved areas, just as anywhere, mental health is just as important as physical health. The primary difference is that it is difficult to treat the mind without first taking care of the body's basic needs."

Since launching the foundation, Nehra and the handful of medical, public health and pharmacology students who have joined her have been working to raise \$4,000 for books and \$3,000 for medical supplies that she plans to bring to the clinic—a separate room on the side of her grandfather's house—when she returns this summer.

It may not sound like much, she says, "but for every dollar I get, we can buy two or three books and several packets of medical supplies." And every child, parent and grandparent she reaches represents another small step toward a better life.

"I have two homes, India and America," she says, "and I have one dream, to be able to provide for the underserved in both countries. Our India project is just the first step of many that need to be taken." ■

LEADING EDGE

HIGHLIGHTS OF CURRENT RESEARCH

No such thing as a “safe” cigarette?

Using the same technique they developed to document the harmful effects of tobacco products, New York Medical College researchers have found that cigarettes made without tobacco or nicotine may be more carcinogenic because they actually induce more extensive DNA damage than tobacco products. The technique has been awarded U.S. patent No. 7,662,565.

Using laser scanning cytometry (LSC) technology to measure DNA damage response to the smoke from commercially available tobacco- and nicotine-free cigarettes, the research team, led by **Zbigniew Darzynkiewicz, M.D., Ph.D.**, professor of pathology and medicine, expected to find the alternative products were less hazardous than regular tobacco cigarettes. However, their data suggest exposing cells to smoke from tobacco- and nicotine-free cigarettes leads to formation of double-strand DNA breaks (DSBs). Since DSBs are potentially carcinogenic, the data indicate that smoking tobacco- and nicotine-free cigarettes is at least as hazardous as those containing tobacco and nicotine.

The authors conclude that their methodology to assess the potential carcinogenic properties of tobacco smoke can be applied to evaluate the effects of cigarettes and cigarette surrogate products on human health, and might serve as tools for regulatory agencies such as the Food and Drug Administration or, in the case of environmental smoke, by the Environmental Protection Agency.

“DNA Damage Response Induced by Exposure of Human Lung Adenocarcinoma Cells to Smoke from Tobacco- and Nicotine-Free Cigarettes,” *Cell Cycle*, June 2010 (Volume 9, Issue 11). Online at <http://www.landesbioscience.com/journals/cc/article/JorgensenCC9-11.pdf>.

Researchers make gains in predicting suicidal behavior

How can you tell if a patient who has suicidal thoughts is at imminent risk to act on them? A New York Medical College expert on suicide has developed a method for predicting when a person is at acute risk of killing herself. Researcher **Herbert Hendin, M.D.**, a clinical professor of psychiatry at the College who heads a nonprofit organization called Suicide Prevention International, has revealed the results of using a verbal instrument that can predict acute risk for suicidal behavior with greater accuracy than ever before.

Dr. Hendin’s team studied 283 veterans at the Michael DeBakey VA Medical Center in Houston, Tex. The men were primarily outpatients and not selected for being at risk for suicide. Using an instrument known as the Affective States Questionnaire (ASQ), investigators were able to identify patients at acute risk (within three months) of suicide with more accuracy and fewer false positives than were found in previous studies using conventional assessment instruments.

The ASQ was developed in an earlier study of patients who committed suicide while in treatment, and measures the presence of intense emotional states, such as anxiety, rage, desperation, abandonment, loneliness, hopelessness, self-hatred, guilt and humiliation. These states, described as intolerable and uncontrollable, often led to patients expressing fear they were “falling apart.” Just before taking their own lives, these patients averaged more than three times the number of intense affects than comparably depressed nonsuicidal patients. The ASQ scores of those patients were high enough to correctly predict their suicidal behavior.

“Role of Intense Affects in Predicting Short-term Risk for Suicidal Behavior: A Prospective Study.” *The Journal of Nervous and Mental Disease*, Volume 198, Number 3, March 2010. Abstract available online at <http://tinyurl.com/2b2749t>.

Mushroom may shrink bladder and prostate tumors

Mushrooms continue to grow their reputation as cancer fighting agents among other health benefits, most recently from research conducted by **Sensuke Konno, Ph.D.**, associate professor of urology at New York Medical College. Published in the *British Journal of Urology*, the study reveals that the maitake mushroom can shrink bladder and prostate tumors by as much as 75 percent. Previous research had suggested they can cut the risk of breast cancer by two-thirds.

The research team had used tiny amounts of concentrated maitake extract before, but it was effective only in high doses. Maitakes, which can grow to 20 inches across, are common in Chinese and Japanese cooking. They have also been used to treat blood pressure and liver disease. In Dr. Konno’s study, it was also combined with a tiny amount of interferon, apparently also effective only at high doses.

But when maitakes and interferon were combined at the low dose, the researchers found that the growth of bladder cancer cells was suppressed by 75 percent. The fungus acts in a similar way to certain cancer drugs which block the body’s production of the hormone estrogen. The researchers believe the use of the maitake mushroom may help improve the quality of life for cancer patients by reducing the dose of conventional therapies.

“Synergistic Potentiation of Interferon Activity with Maitake Mushroom D-Fraction on Bladder Cancer Cells.” *British Journal of Urology*, April 2010. Online at <http://www3.interscience.wiley.com/cgi-bin/fulltext/122590057/PDFSTART>



Julie Kubaska, M.S., left, Vice President of Development and Alumni Relations, knows alumni better than most—so well, in fact, she could almost be an honorary alumna herself. She serves side by side with current and former presidents of the Alumni Association: Saverio S. Bentivegna, M.D. '50, Louis Fierro, M.D. '60, Eileen Dieck, M.D. '86, Joseph Dursi, M.D. '59, and Michael Antonelle, M.D. '62 (inset)

NOURISHING THE BONDS THAT KEEP THE COLLEGE STRONG

By Andrea Kott, M.P.H.

Of his four years as president of the New York Medical College Alumni Association, Joseph F. Dursi, M.D. '59—with noticeable pride—recalls securing a 99-year lease for the Alumni Center and raising the funds to renovate it. “It was a burned-out building when we first got it,” Dr. Dursi says of the structure, which is owned by the County of Westchester. “The fire department used to use it to practice fire drills. They used to set fires to rooms and jump out the windows, so the place was really a horrible mess.”

After a vigorous campaign of letter-writing, chapter meetings and fundraising, the Alumni Association raised more than \$400,000 to gut and remodel the building, now a stately home base for medical school alumni meetings and celebrations. “We did this all on our own,” says Dr. Dursi, associate dean for continuing medical education and director of health services, who led the organization from 1981 to 1985. “The organization is rightfully proud of that achievement and I was glad to be instrumental in making it happen.”



In its 127-year history, the association has done much to be proud of. In addition to transforming the campus building, alumni have refurbished a gym and lounges for students, supported summer student internships and raised funds of all kinds for the College. Indeed, though the list of its material accomplishments is long, it's the association's intangible work—the emotional support it provides students and the feeling of connection it sustains for anyone who has earned a medical degree from New York Medical College—that may be its greatest triumph.

“THE ALUMNI ASSOCIATION SERVES AS A TWO-WAY SUPPORT SYSTEM BETWEEN THE COLLEGE AND ITS ALUMNI, AND IT PROVIDES A MEANS OF FOSTERING RELATIONSHIPS.”

—EILEEN DIECK, M.D. '86

“The Alumni Association serves as a two-way support system between the College and its alumni, and it provides a means of fostering relationships. This is instrumental in creating a lasting bond, that sense of family, of history, and a sense of belonging that has been very important to the College,” says current president, Eileen Dieck, M.D. '86. Calling students “future alumni,” she adds, “It's imperative that students and new alumni understand they are part of something larger, both as professionals and as members of the College community.”

Getting started

The Alumni Association began in 1883, just 23 years after the medical school opened its doors. All medical students become members upon graduating, while graduates of the Pre-Internship Program (formerly Fifth Pathway) and residency programs are associate members. Today, the association serves approximately 10,000 members nationwide. Besides its president, who serves an initial two-year term and may be elected to two additional one-year terms, its leadership consists of a 15-member Board of Governors.

During the past century the association's role has expanded, but its focus, according to Julie Kubaska, M.S., vice president of development and alumni relations, has remained steady: to support the College, foster goodwill among alumni, and contribute to the betterment of medical student life. “The steadfast group of people who have supported this institution for nearly its entire history has been the alumni, the Association and the Board of Governors,” says Ms. Kubaska, whose 25 years as director of alumni relations has kept her in close contact with hundreds of alums, many of whom she knows personally.

Indeed, declares Past President Louis Fierro, M.D. '60, “Alumni are the biggest contributors to the Annual Fund,

“

hands down.”

Like many School of Medicine alumni, Dr. Fierro, a retired anesthesiologist, supports the College in several capacities. He is a former faculty member and College trustee, and served twice as Alumni Association president (from 1989 to 1993 and from 1999 to 2004). He continues to serve on the Board of Governors.

What started casually as an organization that once published *Chironian* and charged members \$50 a year is now a major source of fundraising muscle for the College. “We used to collect \$30,000 in dues and \$60,000 in annual funds,” says Dr. Dursi, describing the association’s once “meager” fundraising capabilities. By the time his tenure ended, the association was raising \$100,000 in dues annually and more than \$400,000 in annual funds. “Success begets success,” he declares. “We’ve kept the ball rolling and, much to the credit of successive presidents and the leadership of the Board of Governors, we became the largest giving group in the College.”

Michael Antonelle, M.D. ’62, a private practice gastroenterologist who led the association from 1993 to 1997, agrees that its greatest contribution has always been in fundraising. “We would travel to national meetings of all the big medical societies—orthopedics, urology, internal medicine—and we’d hold small cocktail parties for the College,” Dr. Antonelle recalls. “We developed big donors at those meetings. People were impressed with us.”

Annual dues have risen to \$100, a rather modest increase after more than a century. The alumni have funded numerous projects and renovations, including a new computer lab, the Frances Spear Pathology Lab, the Alumni Chair in Biochemistry, the Gross Anatomy Laboratory, and the very popular Student Fitness Center.

Student advocacy

The association gathers many of its ideas for projects from the medical students, who communicate through the Student Senate and whose president attends meetings of the Board of Governors. “We never turn a deaf ear to the students,” says Dr. Fierro.

The impetus for the gym renovation, for example, began when students approached the Student Senate, which relayed the



THE STEADFAST GROUP OF PEOPLE WHO HAVE SUPPORTED THIS INSTITUTION FOR NEARLY ITS ENTIRE HISTORY HAS BEEN THE ALUMNI, THE ASSOCIATION AND THE BOARD OF GOVERNORS. —JULIE KUBASKA, M.S.

request to the Alumni Association. “The students did all the legwork and we raised the funds to renovate the space and provide the equipment,” Dr. Dieck explains.

There is more to the association’s work than raising funds and sprucing up buildings. Keeping its ever-growing network of members up to date on the College is another mission-critical task. “It’s about keeping the network alive and promoting

the image of the College in the best way that you can,” says Dr. Dursi.

Throughout the year, the association holds regional meetings with its six national chapters. “The Alumni Association keeps people together,” says Dr. Antonelle, a College trustee who also edited *Chironian* for 11 years, when the association published it as an alumni periodical. (The magazine, now a combined university/alumni publication, is written and produced semi-annually by the Office of Public Relations. Several alumni serve on the editorial board.)

At the same time, the association and its chapters are important resources for students—who are just beginning to consider their futures—by providing guidance about residencies and where to practice. “Alumni are available to give advice to all students because we have alumni all over the United States,” says Saverio S. Bentivegna, M.D. ’50, professor of surgery, who is senior associate dean of the Pre-Internship Program and was association president from 1978 to 1979.

All agree that the reciprocity between the Alumni Association and its future members is crucial to its success. “We support the student body in any way that’s appropriate—they’re the next generation that will do what we’re doing now,” says Dr. Dursi. “If they have a good memory of what was done for them, hopefully they’ll return the favor to their alma mater when they’re in our position.”

Ms. Kubaska agrees. “We all come and go,” she says, “but once you’re an alum, you’re always an alum. And you care about what happens to this school.” ■

”



SIMULATED PATIENTS, REAL PRACTICE

By Lynda McDaniel

HARU OKUDA, M.D. '99

Board any airplane, from a jumbo jet to a puddle jumper, and you can buckle up with confidence that your pilots have logged hundreds of practice hours on simulation equipment. In most academic teaching hospitals and emergency rooms, however, the patient becomes the practice equipment. Haru Okuda, M.D. '99, believes that's an outmoded way to learn—and practice—medicine. As the executive director of the New York City Health and Hospitals Corporation (HHC) Institute of Medical Simulation and Advanced Learning, he and his sidekick, AI, are planning some big changes.

"We need a better way to train residents. Patients are not there to be practiced on," Dr. Okuda explains. "We need to improve the quality of care and make the process safer."

That's where AI comes in. He's a simulated patient, or "sim"—a computerized medical mannequin named after Alan Aviles, chief executive of HHC, a nonprofit public corporation funded by the City of New York. Simulation training for some conditions has been used in medicine for 40 years. Now, though, Dr. Okuda wants to make sims regular members of hospital staffs.

He began by visiting an assortment of centers around the country to learn more about sims while serving as the associate residency director for the Emergency Medicine Residency Program at Mount Sinai Medical Center in Manhattan, where he completed his residency in emergency medicine. (He still works part-time in the Mount Sinai emergency department.) He learned that simulation training gives doctors and nurses, at any stage of their education, the time to work through issues and practice techniques, and the value of hearing a critique of their actions and responses.

"We've had so much great feedback from interns who say they're happy to be able to practice their skills and procedures. They feel more comfortable and confident that they can now take care of a real patient," Dr. Okuda says. "Simulation is a wonderful tool for training beginners and for keeping senior clinicians competent. It just makes so much sense not to practice on our patients."

Since January 2009, Dr. Okuda has been developing the \$10 million, 10,000-square-foot training facility at the Jacobi Medical Center in the Bronx, which is modeled after similar medical learning centers at Harvard University, the Mayo Clinic, and the North Shore Long Island Jewish Health System. When it opens this fall, the center will be the first multidisciplinary simulation center in New York City.

AI and the 10 other sims at the institute breathe, bleed, and sweat like humans. Dr. Okuda enjoys watching senior doctors and nurses respond to the mannequin's simulated life force.



Haru Okuda, M.D. '99, believes using more scenarios with simulated patients will give medical professionals a better way to practice their skills and responses.

"At first they are uncomfortable and giggling," he says. "'It's just a plastic dummy,' they say. But when the scenario reveals itself and the dummy gets sicker, everyone on the team gets serious about taking care of the patient."

Dr. Okuda will be boarding an airplane soon for Orlando (and later Phoenix and San Francisco) where he'll emcee Sims Wars, a program he developed that could be called American-Idol-meets-medical-education. AI will be there, too, as teams of doctors and nurses compete on stage in simulation scenarios before a large audience. A panel of expert judges gives input, and the audience gets to vote on the best team.

In spite of his passion for his work, Dr. Okuda knows who comes first: his wife, Hemie, and his twin daughters, Yumi and Miya. Since the four-year-old girls took up the violin, he has dusted off the violin he studied classically for two decades.

"Instead of Tchaikovsky and Beethoven, I mostly play Disney theme songs now," he says, chuckling. "It's more rewarding. The girls get so excited."

Next to his family, his patients and students matter most to Dr. Okuda. He's concerned that medical students are often undervalued and wants to help change that impression.

"I love training first-year med students—they're still naïve in an innocent and energized way," he says. "I've seen some go through the traditional model and come out the other side hardened. They've lost compassion and the ability to communicate. I want to reverse that—one learner at a time." ■

MILESTONES

ALUMNI ACHIEVEMENTS

In this section of Chironian, we include all the news you send us—make sure it's legible! Submit your Class Notes online at <http://www.nymc.edu/AlumniAndDevelopment/Secure/address.asp> or mail your news to Alumni Relations, New York Medical College, 40 Sunshine Cottage Road, Valhalla, NY 10595.

THE 00s

Nimish Naik, M.D. '06, will start a fellowship in nephrology at the University of Pittsburgh in July.

After being in private practice for two years, **Arie E. Pelta, M.D. '01**, is now on the full-time teaching faculty in the general surgery residency program at Atlanta Medical Center. He is also clinical assistant professor of surgery at the Medical College of Atlanta. Dr. Pelta is a Fellow of the American College of Surgeons and lives in Atlanta with his wife Alyssa and their children Avigayil, 8, Elisheva, 7, Yehuda, 5, and Rachel, 2.

Stephen Chen, M.D. '00, reports he is in private practice in neuroradiology in Las Vegas, Nev.

THE 90s

Gary Kaml, M.D. '96, is practicing at Hospital St. Raphael in New Haven, Conn., where he is the chief of trauma surgery. He and his wife Nadine are expecting their first child in April.

Bradley S. Cash, M.D. '95, is proud to celebrate the fifth anniversary of SpineOptions in White Plains, N.Y., a comprehensive non-surgical center for the treatment of neck and back pain, where he is medical director and co-founder.

Lisa M. Vieira, M.D. '95, is the new medical director at Urgent Care of Southbury, Conn. She is also an assistant medical examiner for the state and a clinical instructor of emergency medicine at the University of Connecticut School of Medicine.

Marc Danziger, M.D. '92, is in a full-time group practice, New York Urological Associates in Manhattan, with admitting privileges, at Lenox Hill Hospital and New York Presbyterian-Cornell.

THE 80s

Gregory Jarrin, M.D. '89, says working in northeastern Arizona with the Navajo and Hopi peoples is extremely rewarding. He writes: "The 11th Annual Navajo Area Surgeon's Conference was

KEEPING FIRST RESPONDERS "COMMUNICADO"

By Lynda McDaniel

STUART GOLDSTEIN, M.S. '89

When Stuart Goldstein, M.S. '89, woke up on September 11, 2001, his life was like a split screen: half filled with gratitude for his two kids and half torn apart by a recent divorce. Times were tough, and they were about to get even tougher.

A couple of hours later, Goldstein, a Second Grade Detective Investigator for the Technical Assistance Response Unit (TARU) in New York City, was setting up satellite communications on the corner of West and Liberty streets across from the World Trade Center. Two planes had already struck when he heard a rumble.

"I thought it was a third plane coming, but it was the first building falling," Goldstein recalls. "I got trapped in the World Financial Center, and for about 20 minutes I thought I was dead. I thought about my kids, my failed marriage. Then I thought, all right, if this is the way it's going to be, so be it."

It wasn't the end, of course, but it also wasn't his first brush with disaster. Goldstein has made a career of working plane and train crashes, and was on the scene of the 1993 World Trade Center bombing. He finds himself in dangerous situations by choice, in part because of his 1989 master's degree in emergency medical services (EMS) administration from the Graduate School of Health Sciences (now the School of Health Sciences and Practice). After graduation, he applied to the New York City Office of Emergency Management (OEM) for a communications coordinator position.

"I sent my resume as a goof," he says. "I mean, why would they take me? But the inspector who interviewed me was so impressed by my New York Med degree. I remember him telling me, 'This job was written for you.'"

Goldstein worked at OEM for eight years, focusing on the communication side of rescue operations. While there, he created a radio channel called ALERT (Agency Liaison Emergency Radio Trunk) that allows responders to talk to one another.

"Before ALERT, when a firefighter, police officer and EMS person went to the scene of disaster, they couldn't communicate with each other. They all had different frequency radios," he explains. "I developed ALERT after we had a train accident in 1992 and no one knew where the train was. After a mayoral investigation, they determined we had a lack of interagency communication among responders in New York City. Now instead of everyone carrying 50 different types of radios, they can carry one."

In 1998, Goldstein was transferred to the Technical Assistance Response Unit. On the new job, he was greeted by the commanding officer of the counterterrorism division.

"He said, 'Look who's here. It's Stu from TARU. Hmmm... TARU Stu.'" Goldstein says, laughing. "That's my name now. I answer the phone that way, and when I arrive at the scene of some disaster, I say, 'TARU Stu on the air. What's up?'"



Detective Stuart Goldstein, M.S. '89, establishes communications systems for emergency responders. He recalls with pinpoint accuracy where he set up a satellite unit near Ground Zero on September 11, 2001.

Impressed with Goldstein's savvy, the commanding officer, assistant chief John Colgan, took him under his wing, offering new challenges and opportunities, such as designing a new command post.

Since then, Goldstein has designed three command posts ranging in size from a "very, very big box ambulance" to a huge bus that cost more than \$850,000. He also has served as head hostage negotiation technician for 12 years. Not the negotiator, he stresses, but the technician who makes sure the negotiator "can talk to the bad guy."

"It's like in the movies. I get the phone into the building, drill holes in the floor and stick cameras through vents," he says. "That movie, *The Negotiator*, with Samuel L. Jackson and Kevin Spacey? It did a pretty accurate job of showing the kinds of things I do."

Since 9/11, Goldstein has suffered four bouts of pneumonia, two requiring hospitalization. He'd like to find a job in the federal sector doing what he does now, but if that doesn't work out, he's happy to stick with the NYPD.

"I guess I'm not ready to retire. My daughter, Samantha, is ready for college and my son Thomas is in high school. My kids are my priority. They live only 10 minutes away, and they're my pride and joy," he says. "After 9/11, I got a different perspective on life. I became very spiritual. I remember thinking to myself, if I can survive a terrorist attack, then I can survive a divorce. Life goes on. You have to have the attitude that when one door closes another opens." ■

well attended and I encourage any physicians, especially general surgeons, to contact me if they have a desire to work for the Indian Health Services."

Patrick Birrer, M.D. '88, is working full-time in emergency medicine. He also works in hyperbaric medicine and helps staff a medical clinic for the homeless. He is married with two sets of twins and has fond memories of NYMC and his classmates.

Michelle A. (Grosz) Multz, M.D. '87, is now working out of several hospitals on Long Island. Her husband Alan is chairman of medicine at Nassau University Medical Center, their daughter Rachel started high school and their son Daniel is in fourth grade.

James E. Cremins, M.D. '87, writes: "Things are going well in Hagerston, Md. My gastroenterology practice is thriving and my young family is getting older—my oldest is looking at colleges. My best to TC, Duffy, Sally, Claudio and Professor Grundel [John C. Grundel, M.D., former clinical instructor of medicine]."

Doris R. Pastore, M.D. '85, after working at the Mount Sinai Adolescent Health Center Wellness program, recently joined the Adolescent Young Adult Medicine practice on East 90th Street in New York City.

Classmates **Mark Cerbone, M.D. '84**, **Mario Tagliagambe, M.D. '84**, and **Kevin Delahanty, M.D. '84**, have entered a lottery for a seat on Sir Richard Branson's inaugural Virgin Galactic/SS2 spaceflight. If one of them wins, they have agreed to proudly wear a NYMC sweat-shirt during the flight.

Joseph S. Cervia, M.D. '84, was the keynote speaker at NYMC's 14th Annual Medical Student Research Forum. He presented "Matters of the HAART: Gleanings on life, immunity, and cardio-metabolic risk from the study of HIV."

Scott Gordon, M.D. '82, announces the movie *RoboDoc*, which he co-wrote and produced, has been released on DVD. "If you don't like malpractice attorneys, you'll love *RoboDoc*," Dr. Gordon writes. He plays the role of Dr. von Schmeckel in the movie.

Brian Solow, M.D. '82, is currently vice president and senior medical director of Prescription Solutions, a national pharmacy benefit manager.

THE 70s

John T. Repke, M.D. '78, the 1999 NYMC alumni medal of honor recipient, is in his eighth year as chairman of the Department of Ob/Gyn at Penn State University College of Medicine. He also directs post-graduate courses in maternal-fetal medicine for the American College of Obstetricians and Gynecologists, and is the editor for obstetrics for *Harrison's Online*. He and his wife, Jaque, will celebrate their 30th wedding anniversary in June.

Douglas A. Byrnes, M.D. '77, has been elected president of the medical staff at Huntington Hospital in Huntington, N.Y.

Stuart J. Kaufman, M.D. '77, and his wife Debby have been living in Tampa since 1981. Their son Jonathan will be joining the Kaufman Eye Institute in 2013 after completing his ophthalmology residency at Texas Tech University. Their daughter Jaclyn is an associate consultant for Diamond Consulting and Technology in Chicago.

William A. McGann, M.D. '77, is director of the orthopedic residency program and chief of orthopedics at St. Mary's Hospital Medical Center, San Francisco.

Mark Mishkin, M.D. '76, writes his son Aaron is in his second year at NYMC.

Robert Stern, M.D. '76, and his wife, Anita, have two grandchildren, Elijah Hayden and Judah Shai. He joined Health Quest in Poughkeepsie, N.Y., where he practices ob/gyn.

Robert V. Blake, M.D. '75, celebrated his 60th birthday on his daughter Liz's wedding day. He has opened an antique car museum near Allentown, Penn. Visit his website at www.oldspokes.com.

Catherine Dunn, M.D. '75, is still working two days a week at King County Jail in Seattle, where the work is always interesting and challenging, she says. Her older daughter is living and working in San Francisco as a homelessness prevention counselor and her younger daughter just started graduate school at UNC, Chapel Hill.

Steven Weinstock, M.D. '74, will celebrate his 40th wedding anniversary with his wife Shelley. He is practicing GI and still swimming.



Although he is now acting dean of the Sophie Davis School of Biomedical Education, Eitan Friedman, Ph.D. '71, is still an active researcher and quintessential New Yorker.

HE'LL TAKE MANHATTAN (AGAIN)

By Lynda McDaniel

EITAN FRIEDMAN, PH.D. '71

Ten years ago, after an absence of almost two decades, Eitan Friedman, Ph.D. '71, finally made it back to the city he loves.

His bond with New York City started in 1957 when he emigrated from Israel at age 13. After earning a B.A. from Brooklyn College and a Ph.D. in pharmacology from New York Medical College, he chose to stay in the Big Apple. He spent 16 years at New York University School of Medicine, completing his postdoctoral work in neuro-psychopharmacology and later serving as an associate professor, teaching pharmacology to medical students and psychopharmacology to residents.

Then came an offer he couldn't refuse from the Medical College of Pennsylvania. Dr. Friedman left his fair city and spent 17 years in Philadelphia as professor and director of molecular pharmacology and head of neurochemistry. All the while, he and Naomi, his wife of 42 years, missed "the city."

"During those years in Philadelphia, my wife and I visited New York at least once a month," Dr. Friedman recalls. "I'm a New Yorker at heart. I now live in Tenafly, N.J.,

just north of the George Washington Bridge. I'm only five miles from Manhattan."

Dr. Friedman's return ticket came in 2000 when the Sophie Davis School of Biomedical Education of the City University of New York (CUNY) offered him the job of chairman of the Department of Physiology and Pharmacology. Last year, he accepted the position of acting dean while the school conducts a search for a new dean.

"It's a challenging and interesting job—very different from my earlier career," Dr. Friedman says. "The previous dean was here for 20 years, and during that time medical education has dramatically changed. I now have the opportunity to look at the school at large and revitalize it. It's been nine months, and I'll be at this position possibly for another year."

Sophie Davis is not like traditional medical schools. Students enter the seven-year program out of high school and in five years they earn a Bachelor of Science degree and complete the first two years of their medical education. They finish their clinical training at one of the cooperating medical schools in the area, and New York Medical College is one of them.

"Our model of medical education differs from the traditional in that we expose our students to a heavy dose of social medicine and cultural sensitivity," says Dr. Friedman. "We tend to accept a larger proportion of underrepresented minorities. Our emphasis is on educating them and encouraging them to choose primary care as their career path."

About half of their graduates do choose internal medicine, family practice or ob/gyn, the specialties that comprise primary care. Over the school's 36-year history, the goal of serving minorities has also been met; approximately 40 to 50 percent of its graduates are Hispanic and African American. The school also mandates that graduates work in underserved areas in New York for the first two years of their residency. "It's part of the payback for the tuition break students get for starting their medical education at Sophie Davis," Dr. Friedman explains.

Not surprisingly, the Friedmans spend their spare time in Manhattan, taking in the restaurants and culture. They have a subscription to the New York Philharmonic, enjoy off-Broadway productions, and take in a couple of operas every season. Family also figures prominently in their lives. The Friedmans have three children; they all became physicians.

"They claim I brainwashed them," Dr. Friedman says with a mixture of humor and pride. "Our daughter, Ronit, is a gynecologist; our middle son, Oren, is a facial plastic surgeon; and our younger son, Ariel, is a radiologist."

Throughout his career, Dr. Friedman has maintained an active research lab. Over the past 35 years he has received continuous NIH funding from multiple grants. "I'm very proud of that fact," he says. "I'm a researcher at heart, and I still run an active lab, even with my administrative responsibilities."

His research interests include the role of altered cellular signal transduction in the etiology of bipolar illness and in the mechanism of action of mood stabilizers. He is also investigating the characterization of a novel brain dopamine receptor that couples to phospholipase C and the molecular mechanisms involved in mediating the morphological and behavioral effects of *in utero* exposure to cocaine.

Dr. Friedman adds that he hopes to remain in academia for a few more years and then retire happily to travel and enjoy his family. "Italy is my favorite country to visit. It's so easy to be a tourist there—the food, the scenery, the people," he muses. "But I really look forward to spending more time with my grandchildren. We have four now, and they are a source of great pleasure." ■

Jeffrey Hall Dobken, M.D. '73, is a member of the Committee on Biomedical Ethics for the Medical Society of New Jersey. He is an allergist with the Respiratory Group in Little Silver, N.J.

Irwin Hametz, M.D. '73, reports that his practice, Hametz and Picascia Dermatology, has just hired another NYMC alumnus, **Jason H. Miller, M.D. '02**, who completed his dermatology residency at the University of Texas, M.D. Anderson Cancer Center in Houston.

Leon D. Freedman, M.D. '72, writes his son Daniel is applying for next year's entering class at NYMC.

Laura S. Stemmler, M.D. '72, and **Donald W. Stemmler, M.D. '72**, have three lovely grandchildren and their daughter is carrying on their great profession of pediatrics. Sadly, they mourn the passing of their great NYMC mentor Harold Cole, M.D., professor emeritus of family and community medicine, and Laura's uncle, who died last November.

Elliot Davidoff, M.D. '71, senior and founding partner of an ophthalmology practice in Newark, Ohio, is on the faculty of Ohio State University. He has taught cataract surgery in China and Ethiopia with ORBIS International and participated in a cataract project in Ecuador with SEE International.

Thomas Graboys, M.D. '70, has moved into "retirement mode" and is working on his second book.

Richard Hirsh, M.D. '69, continues his international mammography teaching projects. In 2010 he will organize projects in Jordan, Kosova and in Hanoi, Vietnam. Visit his website at www.radiology-mammography.org.

Glen Joshpe, M.D. '69, has published a book, *One Doctor's Life*, a series of light-hearted vignettes from his ancestral roots in Russia to the streets of the Bronx and from "Woodstock Doc" to life in the Catskills.

Elizabeth Muss, M.D. '68, is in solo private practice, with preventive medicine a major part of her approach. "By showing young smokers changes in the carotid and peripheral arteries from smoking, even at a young age, many will stop." Her technique of taking BP while patient is standing was mentioned in an editorial in *Clinical Cardiology* by C. Richard Conti, M.D. She is married to a restaurateur from Milan and they own Allegretti in Manhattan.

Albert J. Bajohr Jr., M.D. '67, retired from his practice of general and vascular surgery on January 1, 2009. He had practiced in Sebring, Fla. since 1974. He and his wife spend winters in Florida and summers at their house on Long Island. All of their sons are now married and they enjoy their three grandchildren. "Retirement is wonderful," he writes.

Richard S. Klein, M.D. '67, clinical assistant professor of medicine, has published his second book, *Surviving Your Doctors: Why the Medical System Is Dangerous to Your Health and How to Get Through it Alive*.

THE 60s

David Herz, M.D. '69, has been recognized by *Cambridge Who's Who* for showing dedication, leadership and excellence in all aspects of neurosurgery.

Continued on page 32.

2010 COMMENCEMENT



PAGE 30 PHOTOS



Members of the Class of 1985 received silver diplomas at the Alumni Reunion held at the Sheraton New York Hotel and Towers on May 22.



Three generations from one family of NYMC grads gathered for Commencement: Forris Beecham Chick, M.D. '46, Jeffrey Forris Beecham Chick, M.D. '10, and Jeffrey Beecham Chick, M.D. '75.



Dr. Adler welcomed Lila Nachtigall, M.D. '60 and Richard Nachtigall, M.D. '57.



Elsa-Grace V. Giardina, M.D. '65, proudly wore her 2010 Alumni Association Medal of Honor.



Class of 1985 reunion co-chairs Thomas Pacicco, M.D. '85, Elaine Grammer-Pacicco, M.D. '85, Debra Lastarria, M.D. '85 and Emilio Lastarria, M.D. '85, were happy to greet former classmates.



Karl P. Adler, M.D., president and chief executive officer, congratulated Ellen Nestler, M.D. '85, and Jeffrey Nestler, M.D. '85.



The Class of 1960 celebrated their jubilee reunion and received gold diplomas.

PAGE 31 PHOTOS

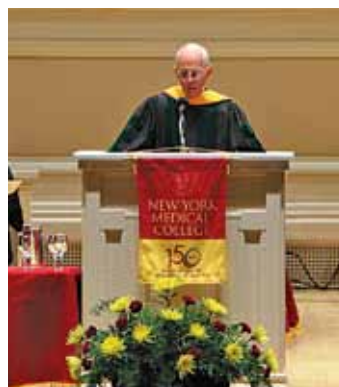


Henry I. Saphier, M.D. '61, one of this year's Alumni Association Medal of Honor recipients, and Marieanna Saphier.





Class of 1960 reunion co-chairs Thaddeus Figlock, M.D. '60 and Reginald Greene, M.D. '60, helped make the evening a success.


& REUNIONS





(Photos by John Vecchiolla, Commencement Photos Inc.)

 Alumni Association President Eileen (Lee) Dieck, M.D. '86, and her husband William Dieck, M.D. '83.

 Louis E. Fierro, M.D. '60, a member of the Board of Trustees and a past president of the Alumni Association, led the processional at the College's 151st Commencement ceremony at Carnegie Hall on May 26.

 Ralph A. O'Connell, M.D., provost and dean of the School of Medicine, gave the Commencement address that touched on the College's illustrious history.

 Members of the Class of 2000 reunited for a fun and festive evening.

 Lucille Taverna-Giardina, M.D. '71, left, and Victoria L. Cook, M.D. '82, got ready to help hood their graduating offspring, J. Daniel Giardina, M.D. '10 and Jacqueline Cook, M.D. '10.

 Joseph F. Dursi, M.D. '59, and Keith Tobin, M.D. '85.

Alumni Association Board of Governors

Officers

Eileen (Lee) M. Dieck, M.D. '86
President

Mario F. Tagliagambe Jr.,
M.D. '84
President Elect

Charles W. Episalla, M.D. '88
Vice President

John R. Addrizzo, M.D. '64
Treasurer

Robert J. Furey, M.D. '62
Archivist

Elected Governors

Matthew A. Bank, M.D. '95
Thomas D. Cerabona, M.D. '82
John M. Cosgrove, M.D. '83
Caroline A. Fierro, M.D. '95
Joseph L. Giamelli, M.D. '02
Henry I. Saphier, M.D. '61
George C. Shapiro, M.D. '88

Faculty Governor

Leonard J. Newman, M.D. '70

Past Presidents

Dennis J. Allendorf, M.D. '70
Michael A. Antonelle, M.D. '62
Saverio S. Bentivegna, M.D. '50
Joseph F. Dursi, M.D. '59
Louis E. Fierro, M.D. '60
Rita F. Girolamo, M.D. '51*
Cyrille H. Halkin, M.D. '45*
Henry P. Leis, Jr., M.D. '41*
David T. Mininberg, M.D. '61
E. Edward Napp, M.D. '33*
Christopher F.X. Riegler, M.D. '88
Seymour Schlusell, M.D. '51*
Lawrence B. Slobody, M.D. '36*
Martin L. Stone, M.D. '44
Paul Tartell, M.D. '52*

Member Emeritus

Philip A. Marraccini, M.D. '50

Vice President, Development and Alumni Relations

Julie A. Kubaska, M.S.

*Deceased

Continued from page 29.

Harvey G. Masor, M.D. '65, writes his daughter Danielle is in her first year at NYMC.

Alan Wecksell, M.D. '65, retired on Labor Day 2009.

Stuart Mackler, M.D. '63, an orthopedic surgeon, travelled to Haiti in February to help the earthquake victims, accompanying a group from Operation Smile, a medical volunteer organization.

Robert A. Bennett, M.D. '62, is now fully retired and enjoying art classes, book clubs, travel and his grandchildren.

Howard Jewell, M.D. '62, will mark 20 wonderful years of retirement this year. He and his wife Marian just celebrated their 60th wedding anniversary and he invites his classmates to contact him at hjewell@juno.com.

Howard Harrison, M.D. '61, is still working one day a week at a local VA clinic.

Harvey A. Reback, M.D. '61, still practices internal medicine full-time in a hospital-based group with no plans to retire.

James A. Walker, M.D. '61, writes he will miss his friend and classmate **Allen Langhorne, M.D. '61**, who passed away in July of 2009.

Roy Gerritsen, M.D. '60, says: "See ya at the 50th Class Reunion!"

IN MEMORIAM

Michael B. McCabe, M.D. '99 (Fifth Pathway), died October 8, 2008. He was 52.

Keyhan Farian, M.D., M.P.H. '95, died January 19, 2010. She was 80.

Robert P. Newman, M.D. '70, died April 10, 2010. He was 66.

Dwight M. Pagano, M.D. '78, died July 1, 2009. He was 56.

Steven B. Tamarin, M.D. '77 (Fifth Pathway), died November 30, 2008.

Vincent A. Spagna, M.D. '74, died April 26, 2010 in Dublin, Ireland. He was 61.

George I. Stern, M.D. '74, died January 4, 2010. He was 68.

Richard J. Scotti, M.D. '69, died November 23, 2009. He was 66.

Burton Grebin, M.D. '66, died January 24, 2010. He was 68.

Jaime Olivo, M.D. '64, died October 15, 2009. He was 70.

John A. Mussio, M.D. '63, died August 10, 2009. He was 72.

Lester H. Berkow, M.D. '62, died May 8, 2010. He was 74.

Buck J. Williams, M.D. '60, died July 2, 2009. He was 74.

Rainer V. Guggenheim, M.D. '58, died August 9, 2009. He was 77.

Frank F. Holmberg, M.D. '58, died November 19, 2009. He was 76.

George C. Muscillo, M.D. '58, died May 10, 2010. He was 77.

James A. Holleran, M.D. '56, died May 31, 2009. He was 78.

Albert Dolinsky, M.D. '51, died February 13, 2010. He was 92.

William Gatlin, M.D. '50, died January 10, 2010. He was 86.

Harriett F. Hanley, M.D. '50, died April 21, 2010. She was 86.

Robert C. Wolfe, M.D. '49, died December 1, 2009. He was 84.

Russell "Rusty" C. Johnson, M.D. '47, died May 16, 2010. He was 87.

Myron E. Freedman, M.D. '47, died February 6, 2010.

Walter T. Hausheer, M.D. '47, died December 23, 2009.

Adrian F. Persico, M.D. '47, died February 8, 2010. He was 88.

Robert G. Randall, M.D. '46, died January 3, 2010. He was 88.

Mae Schneider Horowitz, M.D. '45, died August 30, 2008.

Joseph S. Rechtschaffen, M.D. '45, died May 30, 2008. He was 88.

John J. Reilly, M.D. '45, died November 27, 2009. He was 88.

Kurt Elias, M.D. '44, died March 1, 2010. He was 91.

Robert S. Bailey, M.D. '43, died October 21, 2009. He was 93.

Milton B. Brown, M.D. '41, died September 11, 2009. He was 92.

FACULTY

James E. Cimino, M.D., clinical professor of medicine and director of the Palliative Care Center at Calvary Hospital, died on February 11, 2010.

Harold Cole, M.D., professor emeritus of family and community medicine and of pediatrics, died on November 21, 2009.

Paul R. Dince, M.D., former clinical professor of psychiatry and behavioral sciences, died in January 2010.

John Kent Davis, M.D., associate professor of clinical pediatrics from 1977 to 2008, died on February 9, 2010. He was 70.

Peter Alexander Duncan, M.D., former assistant professor of pediatrics, died on September 25, 2009. He was 93.

Mahin Hassibi, M.D., former professor of clinical psychiatry and behavioral sciences, died January 25, 2010. She was 72.

Samuel S. Kasoff, M.D., former chairman of the Department of Neurosurgery, died on December 7, 2009.

Richard H. Keates, M.D., former professor of ophthalmology, died at the age of 77 on January 26, 2010.

Seymour Levine, M.D., professor emeritus of pathology, died on April 2, 2010. He was 86.

Diana Oquendo, M.D., former assistant professor of obstetrics and gynecology, died January 18, 2010. She was 55.

Continued on inside back cover.

CHIRONIAN

SPRING / SUMMER 2010

Editor

Donna E. Moriarty, M.P.H. '04

Writers

Kimberly Gaudin de Gonzalez
Andrea Kott, M.P.H.
Lynda McDaniel
Lori-Ann Perrault

Melissa F. Pheterson
Cynthia A. Read
Marjorie Roberts

Editorial Board

Doris Bucher, Ph.D.	Alberto Nasjletti, M.D.
Catharine Crea	James O'Brien, Ph.D.
Eileen M. Dieck, M.D. '86	Matthew A. Pravetz, O.F.M., Ph.D. '88
Rhea Dornbush, Ph.D.	Stephen Rotman, M.D. '10
Candace Ford, M.S. '09	Ira Schwartz, Ph.D.
Michael Goligorsky, M.D., Ph.D.	Michal Schwartzman, Ph.D.
Thomas Hintze, Ph.D. '80	Gary P. Wormser, M.D.
Julie A. Kubaska, M.S.	
Edmund La Gamma, M.D. '76	

Design Curran & Connors **Photography** William Taufic

Administration

Karl P. Adler, M.D., *President and Chief Executive Officer*
Ralph A. O'Connell, M.D., *Provost and Dean, School of Medicine*
Francis L. Belloni, Ph.D., *Dean, Graduate School of Basic
Medical Sciences*
Robert W. Amler, M.D., *Dean, School of Health Sciences and Practice*
Vice President, Government Affairs

Office of Public Relations

Donna E. Moriarty, M.P.H. '04 *Associate Vice President,
Communications*
Lori-Ann Perrault *Public Information Editor*
Kevin R. Cummings, M.P.S., M.P.H. '00, *Director, Web Communications*

Please direct all inquiries to:

New York Medical College/Chironian, Valhalla, NY, 10595. We authorize the use of any material with attribution to New York Medical College. Chironian is published semi-annually by the Office of Public Relations. We welcome reader feedback. Contact us at (914) 594-4536 or at chironian@nymc.edu.

New York Medical College Affiliates

Academic Medical Center
Westchester Medical Center

University Hospital
Metropolitan Hospital Center

Specialty Hospitals

The New York Eye and Ear Infirmary
St. Vincent's Hospital Westchester

Hospitals

Benedictine Hospital
Calvary Hospital
Good Samaritan Hospital,
Suffern
Greenwich Hospital
Kingston Hospital
Montefiore Medical Center,
North Division
Mount Vernon Hospital
Northern Westchester
Hospital Center
Norwalk Hospital
Phelps Memorial Hospital Center

Richmond University
Medical Center
Saint Joseph's Medical
Center, Yonkers
St. Vincent's Medical
Center, Bridgeport
Sound Shore Medical Center
of Westchester
Terence Cardinal Cooke Health
Care Center
VA Hudson Valley Health
Care System

Ambulatory Care Programs

Center for Comprehensive Health Practice
Westchester Institute for Human Development

Continued from page 17.

As work progressed on the MEC, Dr. Barrett also funneled \$5 million into rebuilding facilities for the Graduate School of Health Sciences, enhancing its status as a resource for public health programs. "From day one," he says, "our mission to expand health sciences education made a difference in the lives of people in Westchester. It had a footprint right in the community."

As a bulwark against the erosion of values, Dr. Barrett encouraged a mandatory ethics course for medical students that eventually expanded to the entire four-year curriculum. He also led the transformation of the existing ethics program into a Bioethics Institute, led by the internationally recognized physician/ethicist Daniel P. Sulmasy, O.F.M., M.D., Ph.D.

Early on, Dr. Barrett also helped promote a successful initiative to meet the nation's need for more primary care physicians. The initiative was bolstered by a grant from the Robert Wood Johnson Foundation to run clinical training in smaller settings such as a physician's office. "That's the front-end of care," he says, "the human face." That program, today known as the Primary Care Preceptor Program, still helps account for nearly 40 percent of medical students choosing primary care careers over more glamorous and lucrative specialties.

Even today, memories of his years as president can energize Dr. Barrett. "It was, and is, such a vibrant, intellectual community," he says in praise of the faculty and administration. "They continue to draw on all the talent that exists here and do whatever they can to enhance the College's reputation. And the students—they just keep raising the bar. This alone ought to instill pride in every single person who works or studies at this institution." ■

Continued from page 32.

Jack Shapiro, M.D., former assistant professor of clinical medicine, died on October 1, 2009.

Aaron Louis Southren, M.D., professor emeritus of medicine, died on February 18, 2010. He was 83.

ADMINISTRATION

Arthur Hull Hayes Jr., M.D., died on February 11, 2010. The former commissioner of the Food and Drug Administration was provost and dean of New York Medical College from 1983 to 1986. He was 76.

TRUSTEES

Digby W. Barrios, died on April 10, 2010. He served on the Board of Trustees from 2006 to 2007. He was 72.



NEW YORK MEDICAL COLLEGE

150 years

BUILDING ON
THE EXCELLENCE
OF OUR PAST

VALHALLA, NEW YORK
WWW.NYMC.EDU