Spring 2013

Chironian Spring/Summer 2013

New York Medical College

SPRING/SUMMER 2013

CHIRONIAN

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INSIDE

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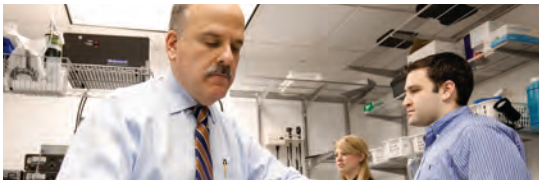


ON THE COVER:
Robert W. Amler, M.D., has spent his career forging connections: between public health and medicine, between biomedical education and the business sector, between elected officials and the New York Medical College community. Now, as dean of the School of Health Sciences and Practice and vice president of government affairs, he continues to connect the dots between the College's past and its future.

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

Is *Care* a Noun or a Verb?

Have you noticed that the word *care* has become a noun? *Care* has become deeply embedded in modern political discourse. A new federal law is called "The Affordable *Care* Act." We discuss health *care* delivery systems, services provided by *care*givers, and paying for health *care* by measuring units of *care.*

The word *care* is of Latin origin; from *cura.* Historically there were two meanings associated with the word. On one hand, *care* meant *worry, trouble,* or *sorrow.* On the other hand *care* meant *providing for the welfare of another.* We rarely hear the former use of *care;* for example: "her countenance was *care*-worn," or "his expression bore the lines of *care*."

The association of the word care with actively providing for the welfare of others is obvious and laudable. Associating the word with worry, anguish, and solicitousness is also laudable. Consider the complement, for example: "I have a good doctor. She worries about me." That expression connotes a deeply empathic and concerned physician; one who is present in the moment and in the world and one who knows what it means to be a human being.

There is a Greek/Roman creation myth worth our study. The goddess Care decides to fashion a human from the mud of the earth. Care asks Jupiter, the ruler of the gods on Mount Olympus, to give the human life. A dispute breaks out over how the man will be named. The god of the earth, Terra, wants the human named after him for, after all, man was fashioned from the earth. The goddess Care feels the man should be named after her, his creator. Perhaps the man should be named after Jupiter, who gave life. The gods all go to the god Saturn for a decision. Saturn is known for his fairness and wisdom. Saturn's decision is to share the man: Care will inhabit the human during his life; after his death the man's body goes back to Terra and the man's spirit will return to Jupiter. Therefore, Saturn decides the new creation will be called *Homo* for "human being" or "man."[1]

(cont. on page 24)

LETTERS

Dear Dr. Halperin,

I just read your editorial in the Fall/Winter 2012 Chironian ["The Debate over Premedical Curriculum Requirements for Admission to Medical School"]. As a physician, educator and parent of three college students, I am grateful that you brought the controversy to the forefront.

More and more it seems that education is formulaic—you study what you "need" to check off the appropriate boxes to fulfill your "requirements." It reminds me of the old commercial that showed bankers in identical black suits with black briefcases walking one by one off a cliff like lemmings. Scientific excellence is essential, but it takes more than that to understand the essence of the human condition—the nuances of living and dying—that are also critical to being a physician. It's not that students are ill-intentioned; they are doing what they think they need to do to become a doctor and the trend starts long before undergraduate education begins. When even early childhood educational success becomes defined by the ability to pass a test, we are on a slippery slope.

What saddens me most is the loss of learning for learning's sake, the joy of discovering new and different ways of thinking and processing information. And unfortunately, even if someone "breaks the mold" and reaches beyond the requirements, what they will find in average clinical practice is frankly discouraging. Medicine in the community is often reduced to 20-minute snippets focusing on the "problem" at hand. Again, focusing on the problem is important, but addressing the issues that lie beneath the surface problem is critical. This takes time, and more importantly, it takes understanding and humanity.

Thank you for your efforts on behalf of the College.

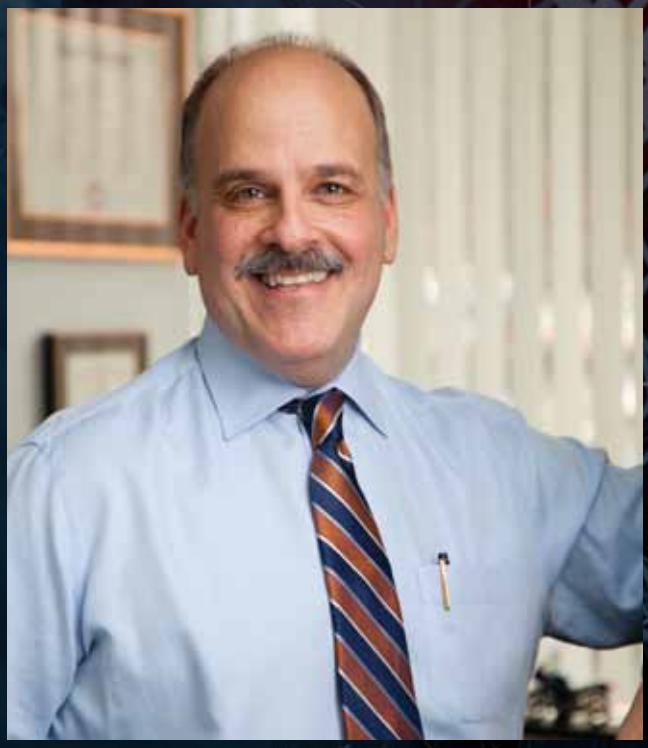
Eileen (Lee) Dieck, M.D. '85
(The writer is past president of the Alumni Association Board of Governors.)

(cont. on page 24)

CUTTING THROUGH the Brain Fog

Marvin S. Medow, Ph.D., is investigating possible causes of one of chronic fatigue syndrome's most distressing symptoms—and how it might one day be alleviated.

BY CYNTHIA A. READ



Imagine you are experiencing "brain fog," that all too evocative term for problems with concentration, short-term memory and the ability to process complex information, particularly when switching attention from one mental task to another. Now add dizziness, a racing heart, and rapid breathing whenever you stand or sit up. Then stir in overwhelming, debilitating fatigue. Challenging enough—but what's worse, suppose people claim you're just lazy or inventing your symptoms?

But if you are here to see Marvin S. Medow, Ph.D., professor of pediatrics and physiology, you're in the hands of an expert who knows you're not making this stuff up. As he tells the young adults who volunteer for his research projects, "I believe you. I've seen this before."

Medow, who is associate director of the Center for Hypotension at New York Medical College, has spent years studying the physiological processes underlying these often incapacitating symptoms that characterize two conditions that frequently occur together: postural orthostatic tachycardia syndrome (POTS) and chronic fatigue syndrome (CFS). With support from the Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS) Association of America, he is currently investigating whether brain fog in CFS occurs, at least in part, because of impairments in the body's regulation of carbon dioxide, blood flow and blood pressure. He is also testing three interventions that may help identify future targets for treatment.

HOW THINGS WORK

As a child, Medow loved to dissemble and attempt to reassemble things, and today his own children never assumed anything was permanently broken. "Give it to dad, he'll fix it," they will say. That passion for figuring out how things work led naturally to Medow's interest in science. In 1979, he received his Ph.D. in physiology from Cornell University, where his research thesis focused on the cellular uptake of nutrients in the kidneys. As a post-doctoral fellow at The Children's Hospital of Philadelphia, he began to examine age-dependent changes in this process. A colleague, Steven Schwarz, M.D., was doing parallel research in gastroenterology, and the two began working together. In 1984, Schwarz took a position as a pediatric gastroenterologist at New York Medical College and invited Medow to join him and help set up a biochemistry laboratory. So, as Medow describes it, he evolved into becoming an analytical biochemist who explored how the physical properties of the body change with age.

FROM CELLS TO HUMAN VOLUNTEERS

In 2003, Medow began collaborating on studies of POTS and CFS with Julian M. Stewart, M.D., Ph.D., director of the Center for Hypotension (originally the Center for Pediatric Hypotensive Disease). Normally, when the body is horizontal, blood is uniformly distributed. When we sit or stand up, the blood pools in the lower part of the body, and blood pressure needs to rise to move the blood up to the heart and then the brain. But some people with POTS have problems maintaining equilibrium when they change position, because standing or sitting up causes their heart rate to increase and their blood pressure and flow to decrease much more dramatically than in people without the syndrome. Many people with chronic fatigue syndrome experience POTS, along with the incapacitating fatigue, brain fog, and cluster of other unpleasant symptoms that characterize CFS. When their posture changes, they also experience greater drops in brain blood flow than people without CFS. Medow and Stewart seek to understand why.

The College's Center for Hypotension is one of the few expert laboratories in the United States focusing on this question, Medow says, adding that his transition from research in test tubes and on cells to working with human subjects has been very gratifying. For their studies, he and Stewart recruit young volunteers, ages 15–29, because this group is more homogeneous than the overall population of people with CFS and less likely to have the kinds of other medical issues that can arise with aging.

With support from the CFIDS Association and the NIH, they initially learned that giving a young person with CFS an orthostatic challenge—for example, moving her from horizontal to vertical on a "tilt table"—reduces cerebral blood flow and impairs cognition. The greater the challenge, the greater the resulting difficulties. The orthostatic challenge also frequently causes rapid deep breathing that, in turn, leads to reduced levels of carbon dioxide, a powerful modulator of brain blood flow.

LEARNING MORE, TESTING INTERVENTIONS

Now Medow is building on that research to better understand the physiological processes underlying brain fog in people with CFS, especially the interconnected roles of carbon dioxide, blood pressure and cerebral blood flow.

The first step with each participant in the study is to obtain baseline cardiovascular, pulmonary and brain blood flow measurements during a tilt table test, which slowly brings the subject from horizontal to vertical and causes orthostatic stress. Then the team administers "n-back" tests, which challenge cognitive abilities through increasingly complex mental tasks that are particularly difficult when experiencing brain fog. While lying on the tilt table, the participant looks at a computer screen with a series of letters and clicks a button when a particular character is repeated. At the easiest level of the test, when shown the sequence ABCCDE, the subject would click

on the second C. In a more advanced level, the subject would need to look three characters back: ABCDECF.

Next, in a series of visits by participants in the study, Medow "tweaks" the physiologic system to see whether various interventions that affect carbon dioxide levels, blood pressure and brain blood flow improve the brain fog measured in the initial n-back testing. In the first intervention, the subject breathes supplemental carbon dioxide through a face mask, with the goal of alleviating reduced carbon dioxide levels in the blood caused by the tilt table challenge. On the next visit, a tiny amount of a drug that increases blood pressure, phenylephrine, is administered intravenously, to see if this will prevent the posture-related drop in brain blood flow. The third intervention tests the results of increasing blood flow to the brain directly by using a small dose of intravenous acetazolamide. The results of all this testing, done while the participants are lying flat, are compared to the results during a head-up tilt.

"I BELIEVE YOU"

This particular project is about half completed, and the results are encouraging. "We're right on target," Medow says. He appreciates the CFIDS Association's enthusiasm for studying chronic fatigue syndrome from a wide variety of perspectives and for its conferences and other ways of encouraging cross-fertilization among the scientists it supports. It also has an excellent track record: much of its funded research goes on to earn major support from the NIH.

Leonard J. Newman, M.D. '70, professor and chairman of the Department of Pediatrics, likes to say that "Marvin is on the cutting edge of research in his field." The techniques and testing involved in Medow's research project are complicated and can be challenging for the young people who volunteer to participate. But Medow works hard to make the process as inviting and comfortable as possible—and, more than that, to have fun with everyone involved. He says that his study participants with CFS and POTS are a challenged and highly motivated group. They are relieved to have their experience validated and to hear him say, "I believe you, even if I can't fix you." That "fixing"—that treatment—will come at least in part because of research like his. ■

UNCLE SAM'S BOOST TO BIOMEDICAL RESEARCH

Or, *"How I Spent My Stimulus Funding"*

BY NELLY EDMONDSON GUPTA

In the years since the implementation of the 2009 American Recovery and Reinvestment Act (ARRA), highways and bridges have been built, clean drinking water projects have been initiated, school districts have restored cut programs—and NYMC researchers received grants totaling approximately $4 million. Here we revisit those investigators to find out what progress they've made—and their hopes for the future.

1// PRAVEEN BALLABH, M.D., PROFESSOR OF PEDIATRICS

Research challenge: To figure out how to prevent cerebral palsy in infants with *Germinal-Matrix intra-ventricular hemorrhage* (GM-IVH) by trying to understand the mechanisms involved in *hypomyelination* (a dearth of insulation around the brain's internal wiring) and employing mechanism-based strategies in preterm rabbit models of IVH for the restoration of myelin.

Why it's important: GM-IVH occurs in about 12,000 premature infants every year in the U.S. Babies who experience this "bleeding in the brain" are at high risk of developing cerebral palsy and cognitive problems. Currently, there is no good way to prevent this bleeding, or to treat the resulting brain damage.

How ARRA funding helped: It enabled Dr. Ballabh to hire additional, temporary staff to help carry out key animal experiments. These experiments showed that intervening with specific drugs—including inhibitors of COX-2, tumor necrosis factor-alpha, or morphogenetic protein—immediately after a brain bleed could "significantly protect" the brain, by promoting development of the myelin sheath around the brain's wiring.

What's next? Dr. Ballabh hopes to eventually develop ways to prevent cerebral palsy in surviving premature infants with IVH.

2// DEBRA BESSEN, PH.D., PROFESSOR OF MICROBIOLOGY AND IMMUNOLOGY

Research challenge: To determine exactly how *Group A streptococci* (GAS) cause pharyngitis and impetigo, in the hope of developing a better understanding of more severe GAS diseases, like toxic shock syndrome and rheumatic heart disease.

Why it's important: No vaccine against GAS currently exists. While most GAS infections cause relatively mild illnesses, they can occasionally cause severe and life-threatening diseases.

How ARRA funding helped: The money enabled Dr. Bessen to reorganize her lab to make the best use of her staff. Her team conducted animal studies showing that the strains of strep that cause pharyngitis differ genetically from those that cause impetigo. "These genes encode proteins that have numerous functions," she says. "By understanding those functions we can better see how some strains adapt to the throat and others adapt to the skin. And if we can break the chain of transmission by respiratory or skin contact, those more severe infections will never come to be."

What's next? Dr. Bessen hopes that her work, along with that of other investigators, will contribute to the development of a successful GAS vaccine.

3// FELIPE CABELLO, M.D., PROFESSOR OF MICROBIOLOGY AND IMMUNOLOGY

Research challenge: To understand the functions of some genes of *Borrelia burgdorferi* in the pathogenesis of Lyme disease.

Why it's important: "We know much about the clinical presentation and treatment of Lyme disease," says Dr. Cabello, "But we don't know how *B. burgdorferi* survives in animals and humans—nor all the mechanisms by which it produces disease."

How ARRA funding helped: Dr. Cabello hired doctoral fellows and purchased reagents and other materials that his team used to study an *in vitro* tissue model of *B. burgdorferi* infection. This model illustrated how the organism interacts with collagen in connective tissue.

What's next? Gaining a better understanding of how *B. burgdorferi* interacts with collagen and survives in animal—and human—connective tissue will help scientists have an improved understanding of the pathogenic mechanisms underlying Lyme disease, and may provide new avenues to treatment.

4// ZBIGNIEW DARZYNKIEWICZ, M.D., PH.D., PROFESSOR OF PATHOLOGY, MEDICINE, MICROBIOLOGY AND IMMUNOLOGY

Research challenge: To assess the DNA damage caused by anti-cancer drugs.

Why it's important: The efficacy of anti-cancer drugs depends on our knowledge of the DNA damage they cause.

How ARRA funding helped: The money, in the form of a shared instrument grant, enabled NYMC to buy a $500,000 high-speed cell sorter that can swiftly separate and purify cells.

Among other things, the cell sorter helped Dr. Darzynkiewicz's team to study premature aging in ovary cells during chemotherapy. The team also published an article about the properties of seven DNA-protecting, anti-cancer and anti-aging substances, including aspirin and vitamin D3.

What's next? The researcher plans to continue using the new technology and instrumentation to develop new and more effective cancer treatments. Other researchers at NYMC and at neighboring biotech firms continue to keep the high-tech instrument busy.

5// LEONARD EISENBERG, PH.D., PROFESSOR OF PHYSIOLOGY AND MEDICINE

Research challenge: To determine how cardiac muscle regenerates in the adult heart.

Why it's important: Scientists have long sought to understand how this crucial organ maintains itself throughout a person's life, and how it heals from "insults" such as a high-fat diet.

How ARRA funding helped: The money enabled Dr. Eisenberg and his team to conduct animal experiments showing how cardiac muscle responds to stress at the cellular level. They found that following injury, some myocytes (heart muscle cells) start to exhibit an "embryonic program," indicating that the mechanisms that regulate the development of the human heart *in utero* might also promote regeneration of the heart in adults.

What's next? Dr. Eisenberg hopes that identifying what happens to the heart at the cellular level during the disease process could eventually help scientists develop strategies to intervene before irrevocable damage occurs.

6// MARIETTA LEE, PH.D., PROFESSOR OF BIOCHEMISTRY AND MOLECULAR BIOLOGY

Research challenge: To better understand how DNA—the nucleic acid that carries genetic information in cells—replicates and repairs itself.

Why it's important: The maintenance of "genomic integrity" is essential for the avoidance of mutations and chromosome alterations that lead to the development of cancer.

How ARRA funding helped: Dr. Lee says the funding "provided a major boost to our research" when it was used to purchase high-tech equipment that could speed the production of proteins involved in synthesizing DNA needed for conducting key experiments.

What's next? Dr. Lee hopes her research will help investigators understand precisely how mutations and defects in the DNA system contribute to the development of human cancers. The research also could lead to the discovery of novel compounds that may help prevent and treat cancer.

7// CHRISTOPHER LEONARD, PH.D., PROFESSOR OF PHYSIOLOGY

Research challenge: To figure out how defective signaling by the neuropeptide orexin (also known as hypocretin) results in narcolepsy, a chronic sleep disorder characterized by overwhelming daytime drowsiness, disturbed sleep, sudden sleep attacks and cataplexy—the abrupt loss of muscle tone often triggered by strong emotions.

Why it's important: Narcolepsy affects approximately 1 in 2,000 people and is likely underdiagnosed. It is a debilitating disorder that puts victims at increased risk for accidents, obesity and depression, and hinders the ability to succeed at school, work and relationships.

How ARRA funding helped: Past research has shown that mice and dogs lacking the orexin peptide exhibit symptoms resembling human narcolepsy. Dr. Leonard believes that the loss of orexin results in changes in brain circuits regulating waking and sleep. Funding enabled his team to buy high-tech telemetry equipment which they use to study sleep in narcoleptic mice in order to understand which circuits change.

What's next? Dr. Leonard believes his work will aid in identifying brain circuits altered in narcolepsy and their role in normal waking and sleep. This could hasten our understanding of how the brain controls sleep and waking, as well as the development of new medications to treat narcolepsy and other sleep disorders.

8// DANA MORDUE, PH.D., ASSISTANT PROFESSOR OF MICROBIOLOGY AND IMMUNOLOGY

Research challenge: To figure out how to prevent infection and disease reactivation by *Toxoplasma gondii,* a single-cell pathogen that can cause severe disease in people with compromised immune systems, such as the elderly, patients undergoing organ transplants and people with AIDS.

Why it's important: There is currently no therapeutic agent that can eliminate the chronic stage of *T. gondii* infection. Consequently, the infection can reactivate years later, and this can trigger the parasite to activate in the brain, causing encephalitis, blindness, pneumonia and lethal septicemia.

How ARRA funding helped: The money enabled Dr. Mordue to support a research technician and two high school interns to help conduct animal experiments to find ways to "interrupt" the establishment of chronic *T. gondii* infection.

What's next? Dr. Mordue hopes to learn how to make *T. gondii* susceptible to destruction by the human immune system to eliminate chronic infection. To do this, she is collaborating with scientists at Weill Cornell Medical Center.

9// MICHAL SCHWARTZMAN, PH.D., PROFESSOR AND CHAIR OF THE DEPARTMENT OF PHARMACOLOGY

Research challenge: To study a newly discovered anti-inflammatory and cytoprotective circuit in the cornea.

Why it's important: Since the cornea must repair itself by using non-blood cells, greater understanding of the genetic and molecular factors that underlie this process could lead to new treatments for human corneal disorders.

How ARRA funding helped: Funding allowed Dr. Schwartzman to "accelerate the tempo" of her animal research by employing three postdoctoral fellows and five research assistants during the two-year funding period. It also covered the cost of equipment, including a fluorescent plate reader and an infrared imaging system that can measure the presence in the eye of inflammatory protein and lipid mediators.

What's next? Dr. Schwartzman hopes that this research will help to hasten the discovery of new treatments for corneal ulcers, infections and injuries.

10// PATRIC K. STANTON, PH.D., PROFESSOR OF CELL BIOLOGY AND ANATOMY AND NEUROLOGY

Research challenge: To study how changes in the brain's electrical activity affect the way memories are stored.

Why it's important: Understanding how changes in neurotransmitter release relate to memory storage could enhance our understanding of diseases like Alzheimer's, epilepsy and depression.

How ARRA funding helped: Among other things, the funding helped Dr. Stanton and his team make "huge progress" in understanding the development of long-term memory problems in mice with Alzheimer's disease, and in protecting the brains of mice exposed to lab-created blasts that simulate what happens to soldiers exposed to real-life explosive blasts.

What's next? Dr. Stanton says this research could lead to the development of groundbreaking drugs, including an antidepressant currently in phase-2 clinical trials that works by "normalizing" the plasticity of the brain.

11// RAJ TIWARI, PH.D., PROFESSOR OF MICROBIOLOGY AND IMMUNOLOGY

Research challenge: To find ways to reduce unnecessary surgery in "thyroid proliferative diseases" (TPDs) like goiter and thyroid cancer.

Why it's important: TPDs affect 200 million people worldwide, making these disorders a significant health threat.

How ARRA funding helped: Dr. Tiwari was able to retain two postdoctoral fellows and one assistant professor for two years; the additional staff helped conduct experiments that involved cultivating *in vitro* thyroid cell lines and treating them with estrogen and/or Diindolylmethane (DIM) an anti-estrogenic compound derived from cruciferous vegetables like broccoli and cabbage. The research showed that dietary anti-estrogens could modulate the action of TPDs.

What's next? Dr. Tiwari hopes that this work will lead to the development of a dietary supplement that will reduce the risk of developing, and prevent the progression of, TPDs.

12// ZHONGTAO ZHANG, PH.D., ASSISTANT PROFESSOR OF BIOCHEMISTRY AND MOLECULAR BIOLOGY

Research challenge: To investigate pharmacologic interventions using an enzyme, Quinone reductase 2 (QR2), to treat Parkinson's disease.

Why it's important: Parkinson's disease affects 1.5 million people in the United States, and there is currently no cure for this progressive nervous system disorder.

How ARRA funding helped: Dr. Zhang was able to hire two summer interns to assist in his lab. They did *in vitro* experiments, which showed that QR2, which exists in neurons—along with an electron donor, a product of metabolism—can reduce oxidation and help prevent neurons from dying.

What's next? Dr. Zhang hopes to secure funding to carry out animal studies using mice. Investigators would bring on Parkinson-like symptoms in mouse brains and then treat the animals by manipulating QR2 activity, followed by monitoring the brains to see if the enzyme activity alterations slowed the disease process. Eventually, Dr. Zhang hopes this research could lead to the development of more effective treatments for Parkinson's disease and other forms of neurologic degeneration. ■

These projects also received support from stimulus grants:

- **Mairead A. Carroll, Ph.D.,** *Professor of Pharmacology*
  "Adenosine and Epoxyeicosatrienoic Acids"
- **John G. Edwards, Ph.D.,** *Associate Professor of Physiology*
  "Doxorubicin-induced Cardiac Progenitor Cell Death Is Antecedent to Heart Failure"
- **Michael Goligorsky, M.D., Ph.D.,** *Professor of Medicine and Pharmacology*
  "Endothelial Dysfunction, Nitric Oxide and Renal Failure"
  "Prevention of Vasculopathy and Nephropathy in Metabolic Syndrome"
- **Matthew D. Plotkin, M.D.,** *Assistant Professor of Medicine*
  "Vaculogenesis and Renal Mesodermal Progenitor Cells"
- **Ira Schwartz, Ph.D.,** *Professor and Chairman of Microbiology and Immunology*
  "B. Burgdorferi Hematogenous Dissemination"
  "Genotypic Variation and B. Burgdorferi Pathogenesis"
- **Yuk-Chin Tse-Dinh, Ph.D.,** *Professor of Biochemistry and Molecular Biology*
  "Bacterial Cell Killing by Topoisomerase I Mediated DNA Lesion"

CONNECTING

THE DOTS

FROM HIS EARLY DAYS WITH THE CDC TO HIS CURRENT TENURE AS DEAN OF THE SCHOOL OF HEALTH SCIENCES AND PRACTICE AND VICE PRESIDENT OF GOVERNMENT AFFAIRS, **ROBERT W. AMLER, M.D.,** STANDS ASTRIDE THE COMPLEMENTARY FIELDS OF MEDICINE AND PUBLIC HEALTH. HE DOES THIS BY KEEPING THE "HUMAN FACE" BALANCED WITH THE "BIG PICTURE."

BY MELISSA F. PHETERSON

As a second-year medical student on clinical rounds, Robert W. Amler was deeply impressed by a young instructor, a doctor from the Centers for Disease Control and Prevention (CDC) in Atlanta who would forever change his outlook on medicine.

"Not only was this man an excellent internist, but he could also provide other dimensions on a patient's illness," says Dr. Amler. "Essentially, he taught us to ask: How common was it? Was this a typical or exceptional patient? What was the patient's occupation? Were incidence rates rising? Why this patient? Why now?" Without losing sight of the patient as a person, Amler learned to include the population perspective, seeing each case and its ripple effect on the family, neighborhood, city, region—even the world.

"Seeing the human face juxtaposed with the big picture was of enormous value," he says. "Once I started seeing that way, I never looked back."

DOING THE LEGWORK

Committing to both perspectives, Amler did a fourth-year elective with the CDC's vaccination effort at the onset of the swine flu epidemic that swept the nation in 1976. After becoming board-certified in both pediatrics and preventive medicine, he practiced primary care for two years with the National Health Service Corps. The CDC took him into its Epidemic Intelligence Service, an elite cadre of trained epidemiologists deployed on a moment's notice to stem infectious-disease outbreaks or imminent public health problems around the world—from measles to anthrax. "Our findings and recommendations affected hundreds of thousands, if not millions, of people," he says. "It was an awesome responsibility to do diligent legwork and get good answers. We quickly came to regard the U.S. population, indeed the entire world, as our patients."

Amler ran public health investigations in all 50 states, sometimes going door-to-door to verify case data and obtain lab specimens. He analyzed serologic and population data, built the evidence base for new vaccine guidelines and directed emergency health stations to vaccinate thousands at a time.

As he rose through the ranks at the CDC, Amler began focusing on the health effects of toxic substances and environmental pollutants. He dispatched teams to communities near toxic waste sites to gauge contamination levels of air, water and soil, and their impact on the residents' health. Appointed chief medical officer of the CDC's Agency for Toxic Substances and Disease Registry, he began working with the EPA to create a national network of clinical centers called Pediatric Environmental Health Specialty Units (PEHSUs). These centers gathered experts in pediatrics, allergy, toxicology and occupational medicine to solve complex cases in treating children exposed to hazards like asbestos, pesticides and bisphenol A (BPA). Similar centers now operate on five continents, including the Children's Environmental Health Center of the Hudson Valley, which he established at New York Medical College with Allen J. Dozor, M.D., and colleagues from the Department of Pediatrics and the School of Health Sciences and Practice [*Chironian,* Spring/Summer 2010].

Amler also worked with the CDC's then-director William H. Foege, M.D., M.P.H., and the Carter Presidential Center creating *Healthier People v3.0,* a powerful quantitative tool for personal and worksite risk reduction that remains an industry standard today.

When letters laced with anthrax caused panic in the weeks following September 11, 2001, Dr. Amler was deployed to the Morgan Post Office in New York City and the AMI building in Boca Raton. Later he was appointed regional health administrator for the U.S. Department of Health and Human Services

(HHS) and commanding officer for federal public health and emergency medical response assets in the Northeast and Caribbean Region. With terror threats still elevated in New York and New Jersey, he led a medical response task force that integrated public health departments with area hospitals and state and local responders, which included the New York City Fire Department's Emergency Medical Service and volunteer Medical Reserve Corps units.

COALITION BUILDING

Shortly after his 2005 recruitment to NYMC as dean of the School of Public Health, Dr. Amler set about building coalitions that would further the school's mission. He reached out to local, state and federal agencies, bringing to the campus prominent officials with whom he had worked previously—HHS and CDC center directors, current and former State health commissioners, county legislators, and three former U.S. Surgeons General. Within a few months, the Governor of New York appointed him to chair the regional council of the Berger Commission on Health Care Facilities in the 21st Century. The council's deliberations and subsequent report led to policy decisions that sustained community hospitals and residents' access to urgent care in the region.

Amler invited the directors and commissioners of public health departments throughout the Hudson Valley to join the school faculty in forming the Public Health Practice Council. "I knew it would pay dividends: practicum opportunities, adjunct lecturers, jobs after graduation," he says. "And it was great for Health Department people: in one year alone, three

professionals from the Orange County Health Department graduated with M.P.H. degrees from New York Medical College."

Dr. Amler's health department connection is both professional and personal—he is married to Sherlita Amler, M.D., M.S., who is the Commissioner of Health for Westchester County and previously served as Putnam County's health commissioner. Although they have separate responsibilities, they share a common bridge between medicine and public health. Sherlita, who was a microbiologist, public health sanitarian and registered nurse before completing medical school and residency, has practiced primary care as well as public health. In 2005 she joined the faculty of both the School of Medicine and School of Public Health. Their family includes six grown children and their spouses, and five grandchildren.

Next step: bridging the College and the local business sector. "It didn't take long to demonstrate the value of a full-service medical school and health sciences university right in the heart of Westchester," he says. Keeping the business community informed of developments such as hiring new faculty and scientists, planning new lab space to support emerging biotech firms, and helping to develop new drugs, vaccines and medical devices "helped establish the College as part of the region's economy." After being appointed vice president for government affairs in 2008, Amler joined the Board of Directors of the Westchester County Association, serving on their Blue Ribbon Task Force on Health Care. He also forged ties with a broad coalition of community-based service organizations, affiliated hospitals, and neighborhood health centers: "We linked their missions to the goals of our students, and made our faculty available to them as experts," he points out.

Working in the broader business landscape of the Hudson Valley, Amler joined the Board of Directors of the Hudson Valley Economic Development Corporation and engaged the biotechnology sector as a founding member of NY BioHud Valley, an initiative to grow and maintain an economic development corridor with New York Medical College at its hub. Central to this concept was reconstruction of the College's 120,000-square-foot research building at 7 Dana Road. Amler helped secure more than $8 million in state and federal funds needed to augment College funds to build out clinical training facilities for biotechnology, disaster medicine, and clinical skills, as well as a biotechnology incubator to attract researchers and start-up firms in early-stage development of new drugs, vaccine strains, and medical and safety devices.

NAME CHANGE, GAME CHANGE

Under Dr. Amler, the School of Public Health broadened its scope and mission to become the School of Health Sciences and Practice in 2009, with its highly-ranked programs in physical therapy and speech-language pathology. "This was a logical step to highlight the school's role in connecting public health initiatives with remedial therapeutics in our two clinical programs," Amler says. The Institute of Public Health furthers this interdisciplinary approach by bringing together faculty and experts from different disciplines to collaborate on topical issues.

Among the dean's top priorities was a financial turnaround for the school—converting deficits to surpluses—along with improved enrollment and graduation rates. The track record tells the tale: since he became dean, the school has awarded degrees to more than 1,000 graduates who now practice as public health professionals, physical therapists and speech-language pathologists. This number includes some 50 new physicians who earned their M.P.H. degrees concurrently with their M.D.s, and 16 doctors of public health (Dr.P.H.). Amler also supported a faculty-initiated program to expand course offerings into an online, interactive M.P.H. degree program. Most recently, the success of this offering has led to discussions with graduate school deans at Touro about M.P.H. opportunities for some of their students.

"Thanks to our visionary department chairs, creative faculty, and an awesome director of learning management systems, we have more than 125 students studying remotely, including soldiers and sailors stationed overseas, who bring their own perspectives to the curriculum," Amler says. "I have been in harm's way myself and I can speak for the brave women and men under such pressures—it's actually heartening, even therapeutic, to be working toward one's future career. Service personnel are highly disciplined and make outstanding students." ■

EXPAND
ACCESS TO DENTAL CARE

Joseph F. Morales, D.D.S. (wearing tie), chairman of the Department of Dental Medicine, is proud of the dental medicine residency program team (from left): Naida Henriquez, D.M.D., Ali Nassiri, D.M.D., Rosa Martinez, D.D.S., Janet Bozzone, D.M.D., M.P.H., Raha Iraj, D.D.S., M.P.H., Ahmed Boraey, D.M.D., Paulette Porteous Cole, D.D.S., and Kyungsuk "Peter" Yoo, D.M.D. Not pictured is Mayank Pahwa, D.M.D.

AT A NEW CLINICAL TRAINING SITE, DENTAL MEDICINE RESIDENTS HONE THEIR SKILLS WHILE PROVIDING AFFORDABLE CARE TO PATIENTS WHO NEED IT MOST

ING

BY JEN USCHER

For more than 30 years, the Open Door Family Medical Centers have been offering medical and dental care on a sliding-fee scale to low-income and uninsured residents of Westchester County, N.Y. Beginning in the summer of 2012, Open Door's Port Chester location, in collaboration with Phelps Memorial Hospital in Sleepy Hollow, became a new clinical training site for New York Medical College's general dental practice residency. With four dental residents now assigned to work at Phelps/Open Door, the community health center can offer a wider range of dental procedures than in the past. And the residents are learning how dentists can play a key role as part of a comprehensive primary health care team.

"We're introducing young dentists to the environment of a patient-centered medical home," says Joseph F. Morales, D.D.S., professor and chairman of the Department of Dental Medicine at the College. "They'll leave not only with first-rate dental skills, but also with a mindset of providing affordable dentistry in a place where people can get an annual physical, too."

Trainees assigned to the Phelps/Open Door site spend part of their one-year residency in the hospital, where they do rotations in anesthesiology, medicine and emergency medicine, perform procedures in the operating room and cover dentistry on-call for the emergency room. The program recently expanded with the addition of the new sites and now accepts a total of ten, up from six, residents for each academic year. Three residents are also assigned to Metropolitan Hospital Center in Manhattan and three are placed at Westchester Medical Center (WMC) in Valhalla.

The idea for expanding the program arose from discussions between Richard McCarrick, M.D., vice dean for graduate medical education and affiliations at the College, and Keith Safian and Lindsay Farrell, top executives at Phelps and Open Door, respectively. The three institutions had successfully collaborated in developing a new family medicine residency program in 2011, and wanted to expand the range of clinical services and educational opportunities they could offer jointly. All agreed that a dental residency would complement the family medicine residency program. Following a concerted—and successful—joint effort to receive accreditation from the American Dental Association's Commission on Dental Accreditation, the first group of residents started training at Phelps/Open Door mere months after the decision to incorporate those sites into the residency.

IMPROVING PUBLIC HEALTH

All of the dental residency's training sites share a commitment to providing dental care to underserved communities. At Metropolitan, for example, the dental clinic is one of the few providers of affordable dental services and certain types of specialty care in East Harlem. Affordable dental care is also hard to find in Westchester County, in spite of its reputation as one of the wealthiest counties in the state. Open Door, which has four locations in Westchester and one in Putnam County, fills an important niche in serving more than 14,000 dental patients each year. More than 93 percent of those patients are earning incomes of less than $46,100 for a family of four.

"Part of our goal in partnering with a community health center is to introduce residents to public health dentistry, a career path they might not have learned much about in dental school," says Dr. Morales. While most dentists go into private practice or follow an academic career path, those who choose public health dentistry often work in places where access to dental care is a problem—for example, at a family health center in a rural area or on an Indian reservation. Open Door, which received the highest level of recognition as a patient-centered medical home by the National Committee for Quality Assurance, is a stellar example of a health center that serves both the community and the people who train there.

"It's very attractive to the residents that Open Door is almost like one-stop health shopping," says Rosa Martinez, D.D.S., assistant professor of dental medicine, general dental practice residency program director, and director of service at WMC. "Open Door has integrated electronic dental and medical records systems. If a resident needs to find out about a patient's systemic health issue, they can look at the electronic health record or walk across the hall and ask a physician about it," she says.

COMPREHENSIVE TRAINING

Whether they're assigned to Metropolitan, WMC, or Phelps/Open Door, residents train in both outpatient and inpatient settings. During their hospital-based

> More young practitioners are gaining exposure to public health dentistry as a result of their residency at Phelps/Open Door. They leave here with the ability to offer affordable care to people who otherwise wouldn't have access to it.
>
> —Joseph F. Morales, D.D.S.

rotations, they interact with physicians in the emergency room, operating room, the anesthesiology department, the medicine service and other departments. These experiences help prepare them to treat adult and pediatric patients with diseases or injuries that can affect the oral and maxillofacial complex.

"When they participate in the medicine rotation at Phelps, for instance, they learn about the relationship between oral and systemic diseases. They see how diabetes, hypertension, respiratory problems, and renal disease can have an effect on oral health," explains Dr. Martinez.

Since the three training sites are geographically spread out, residents attend lectures, seminars, grand rounds and other presentations about three times per week via interactive videoconference. Using this technology, NYMC faculty members often deliver their lectures remotely from home or office, as do guest speakers—including many NYMC alumni—from across the country.

At Open Door's Port Chester location, when patients need more sophisticated dental procedures, the staff doesn't have to refer them as often to other facilities. Janet Bozzone, D.M.D., M.P.H., director of dentistry at Open Door Family Medical Centers and site director for NYMC's general dental practice residency program at Open Door, says that with the addition of the dental residents, the Port Chester site can now offer enhanced dental services, such as root canal therapy, crowns, bridges, and advanced oral and periodontal surgery. "All of our attending faculty dentists have completed residency programs or advanced training themselves, and they welcome the opportunity to train the next generation of dental practitioners. The residents have the benefit of learning from a variety of experienced dentists with diverse skill sets."

NO PAIN, PATIENTS' GAIN

Ali Nassiri, D.M.D., a resident at Phelps/Open Door, who graduated from the Kornberg School of Dentistry at Temple University, says the patients he sees are grateful that more procedures can be done in-house at the Port Chester location. "A lot of our patients are in pain and if you can [relieve their] pain by performing a root canal or an extraction, you can really help them," he says.

Another resident, Ahmed Boraey, D.M.D., appreciates being able to perform a wide range of procedures, including restoring dental implants, providing invisible braces and performing oral and periodontal surgeries. "I've done about 40 root canals so far, which has been a very good experience," says Dr. Boraey, who graduated from UMDNJ-New Jersey Dental School.

In the future, Dr. Morales and his team are hoping to expand the residency program further to include Phelps' Sleepy Hollow location of the Open Door Family Medical Centers system, and to accept an additional four residents, bringing the total to fourteen.

Dr. Morales is glad to see more young practitioners gaining exposure to public health dentistry as the result of their residency at Phelps/Open Door. "They leave here with the ability to offer affordable care to people who otherwise wouldn't have access to it. And they are very appreciative. At Open Door, we see a lot of children with caries—one of the most prevalent childhood diseases in this country—who would otherwise go untreated," he says. "It's professionally rewarding to be able to help people who need it most, in a way that goes beyond monetary rewards." ■

KEEP CALM AND CARRY ON:
How NYMC Res

From conducting emergency evacuations in a rapidly flooding hospital to rebuilding homes in the Rockaways, the College's faculty, staff and students at affiliated hospitals and on campus displayed personal and professional resilience, determination and commitment in helping those who lost their safest havens.

The post-tropical nor'easter "Superstorm Sandy" bore down on the Eastern seaboard on the night of October 29, 2012, making landfall near Atlantic City, New Jersey, and displaying more fury than many had ever seen in the northeast. By the time the storm was over, the region experienced unprecedented flooding, power failures and gas shortages, thousands of people had been stranded in their homes, cherished landmarks had been swept into the sea, and more than 100 people had died.

Although the impact on members of the New York Medical College community varied by location, students, faculty, alumni and administrators on the Valhalla campus and at affiliated hospitals found innumerable positive ways to respond. In a quiet display of resilience, resourcefulness and superb training, members of the community related some of the unforgettable stories from the front lines.

SURGING UP FIRST AVENUE

As a rising tide of water carried its ambulances up First Avenue, Metropolitan Hospital Center, NYMC's university hospital in New York City, prepared to welcome waves of patients evacuated at the height of the storm from Bellevue Hospital Center, whose basement was flooded by millions of gallons of water the hurricane had pushed ashore.

"We decided days [ahead of the storm] that we would prepare ourselves to accept [Bellevue's] patients," says Meryl Weinberg, R.N., B.S.N., M.A., Metropolitan's executive director who served as Incident Commander during the storm. Under her direction, staff stocked up on supplies, food and medications, discharged patients who were able to recover at home, brought in suitcases to stay several nights, laid sandbags, and frantically pumped water out of the basement. Weinberg also rented furniture, opened up units, contacted staffing agencies and braced herself for Bellevue's call as First Avenue became a surging stream.

Says Weinberg, "Because of our protocols and drills for weather emergencies, we anticipated what was coming almost to a T. We knew the weather would be bad—we just didn't know how severe. We were inches away, literally, from our own generators getting wet."

Metropolitan arranged for Bellevue's phone lines and e-mails to be forwarded to the hospital, with a fortified phone bank in its command center. When the first wave of patients arrived, lined up on gurneys outside the admissions desk, Weinberg and her chief quality officer, Patsy Jones, greeted them with, "Welcome to Metropolitan!" and handed them cell phones to call their families.

ponded to Superstorm Sandy

BY MELISSA F. PHETERSON

Standing in the ambulance bay that had been the scene of controlled chaos the night Superstorm Sandy hit are Gregory L. Almond, M.D., M.S. '00, M.P.H. '00, chairman of the Department of Emergency Medicine; Meryl Weinberg, R.N., B.S.N., M.A., Metropolitan's executive director and Incident Commander; and Ronnie Swift, M.D., associate chair of the Department of Psychiatry at Met.

"OUR FRIEND SANDY"

Bellevue's physicians arrived to find Metropolitan had granted them emergency privileges ("there was no time to deal with bureaucracy," says Weinberg), and each hospital received immediate access to the other's medical records, critical in providing continuity of care.

"We had lobbied unsuccessfully for years for the access to accomplish this, and in minutes we had succeeded," says Weinberg. As Metropolitan continues implementing a new medical records system, the precedent set during the crisis will remain. "Transferability will be greatly improved going forward," says Weinberg, "thanks to 'our friend Sandy.'"

The urgency also gave Weinberg and her staff the chance to test their mettle in juggling urgent needs, not least when the hospital received an influx of Bellevue patients needing dialysis. "Metropolitan has dialysis only during the day," says Weinberg. "I convened the team to ask: 'Could we open up the lab at night and still maintain cleanliness?' It was a great deal of work, but it all got done."

WARMTH, COFFEE AND HALLOWEEN CANDY

As Halloween morning dawned over a storm-drenched Manhattan, Ronnie Swift, M.D., associate chairman of NYMC's Department of Psychiatry and chief of psychiatry and associate medical director at Metropolitan, personally welcomed 26 of Bellevue's psychiatric patients to the hospital.

"I stayed up until 5:30 a.m. so I could greet the patients face-to-face," Swift says. "They hadn't had water, lights or plumbing for days. They were so happy to come into a building that was warm and functional. I personally spoke to each one, reassured them we'd take care of them, and told them their doctors and nurses would be coming so they wouldn't feel abandoned."

Bellevue's team of psychiatrists, social workers, therapists and addiction counselors soon arrived ready to operate the stricken hospital's programs and clinics at Metropolitan. Doctors and administrative staff pored over schedules to ensure optimal patient flow and allocation of resources. Swift allowed Bellevue's psychiatric resident physicians to rotate at Metropolitan with the psychiatrists in their training program, so as not to disrupt their training—showing remarkable foresight and commitment to the medical education mission.

Another challenge she faced: accepting the 450 patients displaced from methadone clinics that had closed throughout the city. To assuage the frustration swelling among patients desperate for medication in nearly stagnant lines, Swift brought down Halloween candy from her office, plus hot coffee.

"We didn't know these patients would be coming in such large numbers so soon after the clinics had evacuated. I apologized for the slow-moving line and explained we were doing the best we could. Sugar and caffeine never hurt."

BRINGING HOSPITALS TOGETHER

Another silver lining of the Sandy cloud: the opportunity to reach out, foster collegiality and change old perceptions.

"There's a healthy competition among New York City hospitals, and it was important for Metropolitan to show our colleagues that we welcomed them," says Weinberg. "Sandy brought us much closer together. There was tremendous sharing and respect, an amazing sense of camaraderie."

To accommodate the hundreds of additional patients receiving treatment until Bellevue could reopen, Metropolitan staffed two operating rooms with Bellevue physicians, transferred major surgical equipment from Bellevue, and found extra space to accommodate Bellevue's labor and delivery patients.

"All this happened relatively seamlessly thanks to heroic efforts, even down to tiny administrative details," says Richard Stone, M.D., medical director at Metropolitan and senior associate dean of NYMC.

"It's true that everyone pulls together in a crisis," agrees Dr. Swift. "And for us, it was invaluable to get to know our colleagues from different institutions. It's one thing to see someone at a meeting every now and again; it's very different if we're working side by side in clinic."

"WE GAVE THEM HOPE"

On NYMC's campus and beyond, students plunged into post-Sandy relief efforts as soon as the winds subsided and water receded, organizing food and supply drives, gutting mold-ridden houses near the beach and administering vaccines.

Phuong Vo, an M.P.H. candidate in the School of Health Sciences and Practice, coordinated a drive to collect blankets, cleaning supplies and toiletries for those in need, with most supplies going to patients at Metropolitan. She also volunteered with other students in Far Rockaway, N.Y., gutting and restoring water-damaged houses.

M.P.H. student Kavita Patel, left, along with other students and volunteers, made their way to Rockaway, N.Y., to help with cleaning and restoring flood-damaged houses. Photo by Phuong Vo, another M.P.H. student.

"I'm originally from New Orleans and survived Hurricane Katrina in 2005," she says. "My first instinct was: I know what it's like to be in this situation, and I want to help." Her work in Far Rockaway, "being in an actual disaster area," evoked vivid memories. "One lady was in shock. I said: 'Everything will be okay, it gets back to normal slowly but surely. Trust me, I've been there.' We made a difference. We gave them hope."

Vo also joined medical students, faculty and alumni volunteers who assisted the Westchester County Health Department in distributing free tetanus vaccines to those removing debris during the post-storm cleanup. "People were actually surprised we were so willing and able to help, even though we were 'just students,'" she says. "Even if we feel helpless, we're actually very capable. But we're also not superheroes and we can't do everything alone. We need to all work together."

Last fall, before Sandy hit, an NYMC medical student group known as the Gold Humanism Honor Society (GHHS) launched a drive called "Spreading Hope with Soap," asking fourth-year students traveling for residency interviews to collect hotel toiletries for donation to the homeless. After Superstorm Sandy, though, "the original scope of the project expanded," says fourth-year Andrew Guajardo. "We had an absolutely huge outpouring of support from the campus, from students, physicians and staff." Guajardo estimates donating more than 600 items to Metropolitan Hospital. And as the onset of winter brought a need for jackets, batteries and tools, "our community continued to rise to the demand," distributing supplies in the Far Rockaways.

> "By the time I finally went to the Rockaways I'd seen thousands of images on a computer screen, yet I wasn't prepared for the experience of seeing it in person. It was really overwhelming."
>
> —Gavin Stern, M.P.H. '13

INVESTIGATING "TOXIC HAZE"

As a journalism student at SUNY Stony Brook who also was completing his M.P.H. degree in the School of Health Sciences and Practice, Gavin Stern joined NYMC volunteers in Far Rockaway, chronicling the cleanup in a web article and video. "By the time I finally went to the Rockaways I'd seen thousands of images on a computer screen, yet I wasn't prepared to see it in person," he says. "It was really overwhelming."

Stern returned twice more to the wreckage site to pursue his findings that the respirator masks distributed to the cleanup crews weren't substantial enough to prevent discomfort or even infection. He credits his study of public health at NYMC with alerting him to the issue. "I wouldn't have caught it otherwise," he says.

At 7:00 a.m. on the morning after the storm hit, the emergency department at Hoboken University Medical Center was under several feet of water. The hospital's president and chief executive officer, Paul A. Walker, used his cell phone to capture this and dozens of other photos of the damage.

Hoboken's flooded streets bore stark testament to the severity of the storm. Experienced responders directed the hospital to evacuate the night before the storm hit, but the aftermath took an unprecedented toll. Photo by Charles Hack/ The Jersey Journal.

When the National Guard Came to Hoboken

Hoboken, New Jersey, a town of 50,000 residents, was one of the hardest hit—25 percent of its streets were underwater, 85 percent of its residents went for many days without power, and local stores soon ran low on food and gasoline. By the second day, the New Jersey National Guard was called in to rescue and evacuate citizens. NYMC's affiliated Hoboken University Medical Center was forced to close in the pre-dawn hours of October 29, requiring staff to evacuate patients to nearby hospitals that remained open. Abbie Jacobs, M.D., director of the Family Medicine Residency Program and associate professor of clinical family and community medicine, recalls the chaos of that night:

"The hospital evacuated patients on October 28, the night before the storm made landfall. This was a tremendous task that took until about 4:00 a.m. to get the job done. Ambulances were lined up along the entire block to help transport patients to other hospitals. ICU patients, ER patients, psych patients and all floors of the hospital were evacuated. I worked with the residents to assist in transporting patients. We had [all ages and types of patients, from] the elderly to a mom with a newborn child. Most went to our sister hospitals, Christ Hospital and Bayonne Medical Center, and it was a challenge to quickly get oriented to a new hospital. The residents did not just transport the patients but also admitted them and made sure they seamlessly transferred their care.

"During the two weeks it took for the ER to reopen, the hospital made itself available to the community—the cafeteria was used by some who needed food, bottled water was given out to residents, and electricity was supplied because we had a generator. An ambulance was parked outside the ER to transport anyone who just showed up. So much equipment was lost—an MRI and CAT scan, nuclear medicine machines, mammography equipment—and because of the flooding many areas needed to be cleared by a hygienist. In recalling that period, I think of a collage of stories and images. Some people were so generous sharing their electricity and homes with neighbors and strangers. Volunteers went door to door to make sure seniors had their meds. Many had frightening experiences—being stuck in a high rise with water rising around and needing the National Guard to evacuate…it was a grueling time, yet reassuring in that the hospital and the community worked together and survived."

First-year medical student Eric Tam prepares to pull insulation from a home in Rockaway, N.Y., that was flooded and damaged by Superstorm Sandy. Tam joined several other student volunteers from New York Medical College to help restore damaged homes. Photo by Gavin Stern.

A few days after the waters receded, M.P.H. student Tim Harkins stood before all that remained of the oak floors that were once part of his home in Far Rockaway, N.Y. Photo courtesy of Tim Harkins. [Ed. Note: As we went to press, Tim reported the rebuilding of his home is underway.]

Losing a Neighborhood, Peace of Mind: One Student's Story

Timothy Harkins, an M.P.H. student in School of Health Sciences and Practice, works as a sales rep at Novartis Oncology and has lived in Belle Harbor since 2001. He and his wife and four children lost their basement and nearly their home in the hurricane. Here are his words:

"We were Zone A, the fifth house from the Atlantic Ocean. Now we're the third. During Hurricane Irene I sent my wife and kids away but I stayed. This time around, my friend told me, 'Tim, don't stick around, the water will be 14 feet higher than usual at high tide.' We took both cars to JFK Airport, jumped in a hotel. We went back the next day at noon, and my jaw dropped. We just didn't recognize our neighborhood; it looked like a war zone in Bosnia. Cars were strewn all over the place.

"We had six to eight feet of water in our basement. It was fully furnished with oak floors and everything got wiped out. I ran to get an iPad and took pictures for insurance reasons, plus I wanted to keep up on coursework and on my job. We lived in hotels for five weeks. My kids' school got flooded so they were displaced. For weeks, my wife and I would go to the house every day, do work, pick the kids up at school and go back to the hotel; that was our routine. We came back for Thanksgiving but I wouldn't let the kids play outside. The air quality was terrible. I can only imagine the respiratory problems that I and others might face down the road. I was hunkered down outside getting filthy every day.

"We're still in the process of repairing things, but the hot water heater, boiler and electricity are all replaced. In this warmer weather, we're using a leaf blower and rake to get all the sand out of the grass. We've poured concrete and put in tile in the basement; I'm not doing oak floors again. The Department of Sanitation is doing an amazing job clearing the wreckage away, little by little. Until we see a sea wall being built or jetties being put in to mitigate the next storm, we won't quite have peace of mind. But we're alive, we're a close-knit community and we'll get back to normal." ■

BY DONNA E. MORIARTY, M.P.H. '04

A FORCE OF NATURE

Catherine N. Hinterbuchner, M.D.

Born and educated in Greece, Catherine N. Hinterbuchner, M.D., is lively and expressive, outspoken yet ladylike, possessed of both a keen intellect and a prodigious memory. She is every inch the compassionate physician and concerned academic, although it has been nine years since she retired from New York Medical College.

For nearly 40 years she led the Department of Rehabilitation Medicine—as the College's first woman chair—and was chief of rehabilitation medicine at both Metropolitan Hospital Center and Lincoln Hospital in New York City. Married for 54 years to Ladislav P. Hinterbuchner, M.D., her voice softens when she speaks of losing him in 2009. "I was lucky to have married a man who was proud of me and who encouraged me. Whenever I told him I was considering trying something new or challenging, he would tell me, 'You can do it. Do it.' That was very important to me, to have that kind of support."

Her success includes many "firsts" as a woman and a physician. She was Metropolitan's first chief of rehabilitation medicine and the College's first residency program director in the specialty. She was the first woman elected to the American Board of Physical Medicine and Rehabilitation, and the first appointed to the Residency Review Committee of the Accreditation Council for Graduate Medical Education. "At national meetings, I was often the only woman in the room," she recalls. "But I can say this: I never felt any man tried to keep me out." She pauses, reflecting. "Maybe they were afraid to try!"

Armed with her M.D. from the University of Athens, she moved to the U.S., where she completed her residency in internal medicine, earning a reputation as a brilliant diagnostician at French Hospital in Manhattan and Kingsbrook Jewish Medical Center in Brooklyn. It was there she met and fell in love with Ladislav Hinterbuchner, M.D., Kingsbrook's chief resident in neurology, and they married in 1955.

Yet in spite of her exceptional skill in internal medicine, she decided to try rehabilitation medicine, a field that did not exist as a specialty until the early part of the 20th century, arising out of a burgeoning need to treat wounded soldiers returning from war. She was drawn to the treatment of patients with disabilities, who used to be "left to rot in nursing homes," she recalls. "I had one case of a 34-year-old Italian immigrant who suffered a severe fall and was rendered a paraplegic; for most Italians this would be the end of life. Our goal was to restore function—but even more, to give him a better quality of life, to restore him as a productive member of society, and give him a reason to live." This, she believes, is what sets rehabilitation medicine apart from other specialties and makes her proud to be a practitioner.

She is proud as well of the role that physiatrists and others in the field of rehabilitation medicine have played in calling attention to the needs and rights of persons with disabilities. "[Physiatrists] have been pioneers in the management and treatment of people with disabilities," she asserts, and points out that by insisting on the right of every patient to live a full and meaningful life, the advocacy efforts of her profession contributed to the passage of important legislation, the most noteworthy of which is the 1990 Americans with Disabilities Act.

FINDING HOME

After a year of rehabilitation medicine at Kingsbrook, Dr. Hinterbuchner completed a second year in the College's program at affiliated Metropolitan Hospital Center. When her husband accepted a position in the neurology department at Downstate Medical Center in Brooklyn, she went with him, accepting a position as instructor of rehab medicine. But she missed the rigorous, collegial atmosphere of the program at NYMC, so in 1964 she returned to Metropolitan as assistant professor of rehabilitation medicine. At last she was "home," and by 1971 she had risen through the ranks to become chair of the department.

Dr. Hinterbuchner's reputation as a gifted administrator, teacher and physician is legendary. "A good reputation comes from what you do every day," she says. Her leadership philosophy—"we are all in this together"—inspired fierce loyalty from her staff and colleagues, be they deans or residents or administrators. She was recognized by the College in numerous ways, perhaps most visibly by being twice appointed Grand Marshal for Commencement (in 1981 and 1992) and as Marshal for the Board of Trustees in 1988. In 2005, in recommending her for elevation to professor emerita of rehabilitation medicine, her colleagues praised her "incisive intellect, intuitive understanding of people, and her [devotion to] hard work." But she has reserved a special place in her heart for her former staff, keeping many letters of heartfelt appreciation that have been sent to her over the years. One of them reads: "You listen. You care. What else is there?"

KEEPING A VOW

Now Dr. Hinterbuchner is giving back to the institution that holds such an important place in her heart and her history. She has taken steps to ensure the funds for an endowed chair in the department where she spent almost her entire career. After thoughtful consideration with her attorney, she arranged to provide the funds for the chair through her estate. Her goal is to encourage research, writing and innovation—not just for a brief funding period, but for the long run. "It is something that I vowed with my husband," she says simply.

"The first responsibility of a physician is to the patient. The first responsibility of a medical school is to the students," she says. "The recruitment of a chair is a very important component of this responsibility. It's important to recruit the best people in the entire country. An endowment makes the position more attractive to the best people." She can't say enough about the importance of knowing how to build a strong, resourceful, knowledgeable staff. "The staff [of any academic department] needs guidance; the chair must be accessible to them," she says. "The [department's] goals cannot be achieved without a fully informed, supportive staff."

What aspect of NYMC does she hope will never change? Her answer is immediate: "The ethics curriculum. The decision to incorporate ethical practices and considerations through all four years of medical school, and with residents and faculty, was a very smart decision. We need to focus on ethical treatment of patients and ethical research practices. New York Medical College is good at this, and should never change."

And if you're Dr. Catherine Hinterbuchner, you'll do everything you can to ensure that your voice is heard on that subject—without ever raising it above a genteel murmur. ■

(cont. from page 1)

The lesson of the myth is that to care for and about others is the essence of being human. Physicians and other health care workers must exemplify both meanings of *care:* both must worry about their patients and provide for their patients' welfare. No matter what has happened in the corruption of our modern language, in human medicine *care* is a verb, not a noun. We continue to believe and teach that at New York Medical College.

In October 1926, Francis W. Peabody, M.D., gave a famous speech to the medical students at Harvard. He told them: "Time, sympathy and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. One of the essential qualities of the clinician is interest in humanity, *for the secret of the care of the patient is in caring for the patient."*[2]

Eighty-seven years later, Peabody's advice still rings true and is heeded at your College. ■

Footnotes:

1. The thoughts of this paragraph and the preceding one are largely derivative from the work of Professor Warren T. Reich of Georgetown University who has written extensively on the concept of care. Any errors are mine and not those of Professor Reich.
2. Peabody FW. Landmark article, March 19, 1927: *The care of the patient.* By Francis W. Peabody. *JAMA* 1984;252(6):813–8.

LETTERS

Dear Dr. Halperin,

I have looked at the latest Chironian [Fall/Winter 2012] with great interest, and was particularly taken with the article about the new admissions process ["Transforming the Medical School Interview"].

To me, a psychologist trained in developing measurement procedures as well as in clinical evaluation, the new admissions process seems to be a really innovative way of managing the task of finding needles in haystacks, and I applaud the effort. I do, however, have a few questions.

1) With all due respect for the magnitude of the task of recruiting and training volunteers to serve as interviewers, might it not, in an ideal world, be better to have two interviewers rather than one for each situation? My concern, of course, is about reliability of rater judgments. I realize that having six separate situations somewhat mitigates that concern, but still…

2) The heavy emphasis on an oral presentation might, I think, disadvantage some applicants who would nevertheless do very well in areas of medicine, like pathology or radiology, requiring relatively little by way of such skills. Here, too, I am aware that other data are included in evaluating candidates, but, again, still…

I appreciated the way Chironian introduced you and Dr. Kadish and your plans and hopes for the College. It appears you are all off to a great start.

Sincerely,
Harriette Kaley, Ph.D., ABPP

Dr. Kaley's letter was forwarded to Fern M. Juster, M.D., senior associate dean of admissions for the School of Medicine, who defended the Multiple Mini Interview with an in-depth accounting of how the initiative was researched, vetted and tested before its launch. Dr. Kaley replied to Dr. Juster's note with another letter, which is excerpted below:

> Thank you for your detailed response to my comments about the new medical school admissions procedure and calculus as a prerequisite. While I feel somewhat humbled by the masses of data marshaled in support of your proposals, I must express my admiration for the succinct and enlightening presentation. It is good to know that you gave my note such a careful reading.
>
> In any event, I am comforted, but certainly not surprised, that my concerns, minor as they were, were superfluous…I think I need to underscore one thing: I never had any doubt that, in turning to a new system, you would have assured that it had been well validated.
>
> And of course, you are right on another score: I should back up my expressed interest by volunteering as an interviewer.

—HK

ALUMNI NEWS

Karel R. Amaranth, M.A., M.P.H. '10:

NURTURING THE POWER IN PEOPLE

BY ANDREA KOTT, M.P.H.

Karel R. Amaranth, M.A., M.P.H. '10, has taught hospice patients in New Jersey to paint and sculpt. She has helped women and children in the Bronx who have suffered abuse to speak up for themselves. She has shown pregnant women in Nepal how to use birthing kits. Amaranth is an artist, teacher, writer and health advocate, and although her work varies, her mission does not: to help vulnerable populations express themselves, and take control of their health and their lives. "I want to make sure people have what they need to be as empowered as possible," she says.

Raised on Long Island, Amaranth graduated from SUNY Stony Brook, where she studied creative writing and English Literature. While raising her children, she pursued a master's in fine arts. After writing her thesis on art therapy and the terminally ill, Amaranth began working as an art therapist in a hospice, then in a nursing home, and then moved into homecare.

In each setting, she discovered the distinct joy of helping ill and elderly patients express themselves. "Art therapy was my first initiation into empowering people within health care," she explains.

She also found herself drawn to other vulnerable populations, particularly women and children who had experienced violence. Driven to help people stoke their inner strength, Amaranth began focusing on the prevention, intervention and treatment of physical and sexual abuse, working with agencies such as Westchester Victims Assistance Services and the Butler Child Advocacy Center in the Bronx. She became especially interested in abused children's struggles to articulate their experiences, and wondered how children with cognitive and developmental disabilities managed to articulate theirs. Her curiosity ultimately sparked *Moving Mountains,* a project that explored alternative communication strategies for child abuse victims with disabilities.

Amaranth doesn't just help women and children repair their lives; she helps them take charge, by teaching them about health and wellness. Inspired by a project that has reduced maternal and infant mortality in rural populations in Nepal by providing women with birthing kits, she co-founded *Holistic Care for Mothers,* a similar venture in Kampala, Uganda. A collaboration with the Rotary Club of Makindye, this project will teach women not only to use birthing kits, but also to design and distribute them. "I'm hoping the project will allow women to use local, sustainable products to create an entrepreneurial opportunity," she says.

Amaranth has advised and consulted with domestic and international organizations as part of Amaranth Advocates for Public Health. She serves on the advisory board of the Art of Conservation, founded by Julie Ghrist, which educates children in Rwanda. "They learn about good self-health choices and protecting the environment, especially for the endangered mountain gorilla," she says.

In New York, Amaranth is the regional executive director of Senior Bridge, a company providing holistic geriatric homecare. When she is not working, traveling, or Skyping with Rwanda, she is posting on her blog, *A Private Life in Public Health,* where she uses personal experiences and insights to share larger lessons about health. "It's a commitment of the heart," she says about her drive to empower people. "No matter what your condition, you have the power of your own attitude." ■

MILESTONES
ALUMNI ACHIEVEMENTS

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

THE 00S

Kira A. Geraci-Ciardullo, M.D., M.P.H. '07, was re-elected vice speaker of the Medical Society of the State of New York at its 207th annual House of Delegates meeting held in April. Only one other woman has achieved this honor.

Daniel A. Barone, M.D. '06, is assistant professor of neurology at Weill Cornell Medical College.

Gina DiSalvatore Longarzo, M.S. '06, a speech-language pathologist at Blythedale Children's Hospital in Valhalla, N.Y., is a member of the hospital feeding team and graduate student supervisor.

Jason Tenzer, M.P.H. '04, recently completed the requirements and passed the Board of Governors exam to become board certified in health care management. He is a fellow of the American College of Healthcare Executives (ACHE) and was the student chapter president of ACHE while attending NYMC.

Deepak Sudheendra, M.D. '01, married **Preeti (Khetarpal) Sudheendra, M.D. '04,** in August 2012. They met as medical students at NYMC. She was recently appointed to the clinical faculty at the University of Pennsylvania in the Division of Hematology/Oncology.

David Pierce, M.D., Fifth Pathway '00, is assistant professor of emergency medicine at the University of Buffalo School of Medicine, medical education coordinator at FDR Medical Services and an attending physician in emergency medicine at Millard Fillmore Suburban Hospital in Williamsville, N.Y.

THE 90S

Maria Caparelli, M.S. '99, M.D. '06, was elected to Fellowship in the American College of Physicians, and was an Alpha Omega Alpha faculty inductee at NYMC's spring banquet.

Lori A. Weir, M.D. '99, M.P.H. '09, was appointed family medicine clerkship director at NYMC.

Rodney S. Gonzalez, M.D. '98, has been selected to command the Katterbach Army Health Clinic in Ansbach, Germany. He will relocate there in June.

Jay Pattumudi, M.S. '98, J.D., published an article, "The Scope of Prior Art Under AIA: What Scientists and Corporate Executives Need to Know about America Invents Act Provisions," in the April 2013 issue of *Genetic Engineering & Biotechnology News.* He is a patent attorney at Bruzga and Associates in New York City.

Shari B. Gold, M.P.H. '96, has been appointed as manager, organization effectiveness, Juran Six Sigma Black Belt, for the Atlantic Health System in Morristown, N.J.

Jean M. Hudson, M.D., M.P.H. '93, was named a Woman of Achievement in the field of health care by the Girl Scouts of the Hudson Valley and the YWCA of Orange County. She is the Commissioner of the Orange County Department of Health and a distinguished lecturer of epidemiology and community health in NYMC's School of Health Sciences and Practice.

Pamela Smith, M.D. '92, an independent consultant to agencies and organizations associated with global

David J. R. Fulton, M.S. '94, Ph.D. '96:
A LONG AND WINDING RESEARCH JOURNEY, FROM AUSTRALIA TO VALHALLA AND BEYOND

BY CYNTHIA A. READ

"You will always benefit from collaboration and connections—they often lead to unexpected results," David J. R. Fulton, M.S. '94, Ph.D. '96, told rapt New York Medical College students at the 2012 Pharmacology Research Day. During his keynote address, Fulton took listeners on one of his own long, winding research journeys, starting when he was a doctoral candidate in the Graduate School of Basic Medical Sciences, studying the mechanisms of endothelial cells, which line blood vessels. Fast forward to his recent research on two proteins with opposite effects on the production of the molecule superoxide (oxygen with an extra electron). The surprise? Results point to possible therapeutic use of an anti-ulcer drug for the elevated superoxide levels found in cardiovascular disease.

Collaborations and connections, including his connections at the College, have epitomized Fulton's journey from his native Australia to Augusta, Ga., where he is professor of pharmacology

and toxicology at Georgia Regents University (formerly the Medical College of Georgia/Georgia Health Sciences University). A scientist of diverse interests and talents, Fulton is currently the principal investigator, co-investigator, or collaborator on five research projects and was recently appointed director of GRU's Vascular Biology Center.

Fulton was first drawn to biomedical research as an honors undergraduate in Australia. The chairman of his department at Monash University had a colleague at New York Medical College. On his recommendation, Fulton went to New York for a visit, and never left. He received his M.S. in pharmacology from the College in 1994, and his Ph.D. in 1996. Following postdoctoral training at Yale, where his mentor was alumnus William Sessa, Ph.D. '89, he went to the Medical College of Georgia in 2002.

Fulton says that throughout his career, the unifying theme of his research has been seeking to understand the chemical signals by which endothelial cells affect blood flow and blood pressure in health and in disease. He is particularly interested in the enzyme called endothelial nitric oxide synthase (eNOS), which produces nitric oxide (NO), a chemical messenger that acts as a vasodilator. The ability of the endothelium to produce NO is compromised in diabetes and other cardiovascular diseases.

Fulton's current research projects rely on the opportunity to collaborate with other scientists at the Vascular Biology Center working with a variety of disease models. If you want to target a new treatment, observes Fulton, you must first understand the molecular mechanisms underlying the disease. In these studies, he is exploring how the function of endothelial cells changes in diabetes, obesity, metabolic dysfunction, and disruption of the circadian rhythms that regulate timing in blood vessels, as well as through the actions of toxins in the lungs—for example, in bacterial pneumonia and sepsis.

As with the work he described at the Pharmacology Research Day, his long-term goal is always to take the discoveries to the clinic. The exorbitant cost of developing each new pharmaceutical gives researchers like Fulton a major impetus for figuring out how to put an existing drug to a new use.

Although switching his focus from basic research and administration to teaching toxicology to medical students can be challenging, Fulton finds the students' questions invigorating. More than ever, he says, he appreciates the importance of the subject. "We live in a world full of toxicological problems, what with the accumulation of toxins in the environment, in our food, and in many imported products."

Fulton said that the College's culture of achievement has stayed with him. He continues to be inspired by the many trailblazers who went before him and hopes that current students will find similar inspiration for their careers, whether as molecular biology researchers like him or in other areas of medicine and science. ■

mental health, directs the nonprofit medical group, Psychiatrists Global Training Network. She writes that she has worked in international humanitarian aid providing mental health training to clinicians serving impoverished communities in South Africa, people living with HIV/AIDS in Uganda, survivors of the tsunami in Indonesia and Sri Lanka, survivors of the earthquake in Haiti, and refugees of the conflicts in Iraq and Darfur. Dr. Smith coordinated projects with the AIDS Healthcare Foundation, International Medical Corps, World Health Organization, UNICEF, and the United Nations High Commission for Refugees. She has served on the peer review panel of the United Nations/ Inter-Agency Standing Committee Mental Health Task Force, developing international guidelines for mental health interventions during emergency disaster relief. She has provided clinical services to varied resource-limited communities in urban and rural areas of the United States, developed the Telepsychiatry Service for the San Joaquin County Behavioral Health Service in northern California, and has worked for the U.S. Indian Health Services.

Roman Bilynsky, M.D. '90, has been serving as chief of medical readiness in the U.S. Army's Office of the Surgeon General in northern Virginia since March 2012.

Gary D. Dunn, M.D. '90, is associate professor of surgery and chief of colon and rectal surgery at the University of Oklahoma Health Sciences Center.

Yolandra Johnson, M.D. '90, welcomed her second son, Chase Martin Johnson, in February 2012. He joins big brother Kenneth, age 7.

THE 80S

Donna Gallagher, M.D. '89, and her son Bobby Dalton, survived Superstorm Sandy, but their house in Breezy Point is a mess. They are rebuilding the first floor. She is living with her parents in Brooklyn and began working in Queens Hospital Center in March. "It's been a tough year," she writes.

Michelle A. (Grosz) Multz, M.D. '87, reports her daughter is preparing for college and is in "application mode," while her son is busy in middle school. "It is both an exciting and stressful time," she says.

Luga Podesta, M.D., Fifth Pathway '85, medical director at Podesta Orthopedic and Sports Medicine Institute in Thousand Oaks, Calif., and assistant clinical professor of physical medicine and rehabilitation and sports medicine at Western University of Health Sciences, begins his second season as a sports medicine consultant for the Los Angeles Angels. He has served as team physician and consultant for several professional sports teams and organizations. He remains active—lecturing nationally and internationally, working as a manuscript reviewer and author for several medical journals; and contributing to *DRUM Magazine* on health related topics. He and his wife, Pam, reside in Camarillo and have three children, Luga, Daniel and Alyssa.

Grover K. Yamane, M.D. '85, retired from the U.S. Air Force in 2009 with the rank of Colonel and is now working in civil service in San Antonio, Tex.

Adria Burrows, M.D. '84, published a medical thriller book, *On-Call for Murder,* in 2010. It is being considered for an HBO television series.

Joseph S. Cervia, M.D. '84, has served as regional medical director for HealthCare Partners IPA & MSO, based in Garden City, N.Y., since January 2012. He also continues patient care, teaching, and research activities as clinical professor of medicine and pediatrics at Hofstra North Shore-LIJ School of Medicine.

Corliss L. Jones, M.D. '84, writes: "We are officially empty-nesters as we sent our youngest daughter off to college this summer."

Amy Batterman, M.D. '83, noted her daughter, Rebecca, is graduating from Hobart and William Smith Colleges, and will be attending law school in the fall. "Hi to all," she writes.

Deborah Fried, M.D. '83, writes, "I am teaching med students and residents and I am glad they stay young as I age. I practice psychoanalysis and psychotherapy, with a whiff of psychopharm, and have fond memories of the psychiatry clerkship at good old St. Vincent's Hospital." Her daughter is studying

neuroscience and thinks med school is an option. Her son will be starting a choral program and is teaching philosophy at the King's Academy in Amman, Jordan. "Are we all really old enough for this sort of thing?"

Gabrielle Marshall Salomon, M.D. '83 and Amir Salomon congratulate their niece **Calley Levine, M.D. '13,** who will complete her residency in internal medicine at Icahn School of Medicine at Mount Sinai Hospital in New York City.

Harold Landa, M.D. '82, is married with two daughters and living in Boca Raton. He is head of the local Maimonides Society, which networks with more than 120 physicians.

Robert Perelman, M.D. '82, is currently director of radiology at Phelps Memorial Hospital Center in Sleepy Hollow, N.Y., as part of White Plains Radiology Associates.

George V. Tsimoyiamis, M.D. '82, writes his daughter, **Christie M. Tsimoyiamis, M.D. '12,** is doing her residency in psychiatry at St. Luke's-Roosevelt Hospital Center in New York City.

Charles B. Peeples, M.D. '81, is proud to announce the birth of his first grandchild, Nathan Julian Peeples, in November 2012, born to his son, Matthew, and his wife, Melissa.

William C. Reha, M.D. '81, M.B.A., received a plaque to honor his dedication and leadership as president of the Virginia Urological Society (2012–2013) at the Society's 25th anniversary meeting in Fairfax, Va., in March.

Richard Beerman, M.D. '80, is happy to announce his daughter got married on September 2, 2012.

THE 70S

Douglas A. Byrnes, M.D. '77, received his rank of shodan (black belt) in karate. He continues solo private practice of cardiovascular disease in Huntington, N.Y.

Scott Cutler, M.D. '77, continues to practice adult psychiatry in Worcester, Mass., and New York City. His daughter **Beth Cutler Freedman, M.D. '06,** completed a breast surgery fellowship and is now co-director of the Comprehensive Breast Clinic at St. Luke's Hospital in New York City. She recently gave birth to a baby boy, Oliver Bryce.

Stuart J. Kaufman, M.D. '77, and his wife, Debby, celebrated their 35th wedding anniversary. Their son, Jonathan, is completing his ophthalmology residency at Texas Tech University; their daughter, Jaclyn, works at AON, a risk management firm, and is working toward her M.B.A. at the University of Chicago.

Robert C. Hock, M.D. '76, is retired. He practiced on Long Island for more than 31 years, almost 20 as chair of the Department of Obstetrics and Gynecology at South Nassau Hospital in Oceanside, N.Y. He and his wife Peggy relocated to southwest Florida and are enjoying themselves immensely. Their son, Robert Jr., got married last October and is in the military, currently stationed in San Diego. He has been deployed to the Middle East three times and is due to deploy again.

Stephen G. Marcus, M.D. '76, is president and CEO of ParinGenix, Inc., a pharmaceutical company developing a compound to reduce the incidence and severity of chemotherapy-induced thrombocytopenia and neutropenia and other side effects of cytotoxic chemotherapy. He recently wrote two medical reference books, *Complications of Cancer* and *When Life Is in Jeopardy.* He and his wife Nancy recently celebrated their 20th wedding anniversary. Their 18-year-old son is a freshman at Dartmouth, and 17-year-old twin sons are juniors in high school.

Vincent Vigorita, M.D. '76, is in private practice with a specialty in orthopedic pathology and tissue banking. He published an article on atypical femoral fractures in patients on bisphosphonate therapy for osteoporosis in *Skeletal Radiology* this year and presented a paper at the International Skeletal Society in Rome last September. He is preparing the third edition of his textbook *Orthopedic Pathology* for Lippincott Williams and Wilkins and was recently re-elected trustee at Poly Prep Country Day School in Brooklyn. "Congratulations to the new leaders at NYMC and regards to all," he writes.

John C. Duffy, M.D. '60:

AT 78, STILL EAGER TO EMBRACE SOMETHING NEW

BY ROBERT S. BENCHLEY

John C. Duffy, M.D. '60, has held academic appointments at six medical schools, three of them startups. He has also launched a medical institute and a medical journal. Today, at 78, he is professor and director of international clerkship services at the University of Central Florida College of Medicine, a four-year-old institution that just graduated its first class. When asked if his career exhibits an unusually entrepreneurial spirit, Duffy says, "I'm much more taken with the idea of starting something than with the day-to-day running of something."

Looking back, Duffy recalls arriving at New York Medical College in 1956: "In those days, the school was located adjacent to Manhattan's Central Park," he says. "It was very locked in space-wise, with no room to expand. As far as teaching and medicine were concerned, however, they were exceptional."

An internship at Henry Ford Hospital in Detroit got Duffy interested in pediatrics, but the escalation of the Vietnam War caused him to delay his residency and join the Air Force as a flight surgeon. Research with pilots led to an interest in the psychology of stress—and an award from the Aerospace Medical Association. Duffy entered a five-year child and adolescent psychiatry residency at the Mayo Clinic following his discharge, and while there, he founded the *Journal of Child Psychiatry and Human Development.*

Those early experiences in academia and the military launched a 45-year career mixing academic and clinical medicine with military and public health service. Duffy's first stop was the University of Minnesota's child psychiatry program, where he succeeded its retiring chair. Five years into that position, his first start-up opportunity came knocking. "The University of Arizona in Tucson was opening a new medical school, and they offered me the opportunity to head a new department of child psychiatry," he says. "I developed a reputation as a guy who knew how to do academic start-ups." Just two years later, Duffy was drafted for a similar challenge at the newly established Uniformed Services University of the Health Sciences School of Medicine, a military institution in Bethesda, Md., on the grounds of the National Naval Medical Center.

Duffy's work in military medicine and public health often required that he belong to one branch of the armed forces. "If you count Army ROTC at Boston College," he says. "I have served in all five." His official rank is Admiral (Ret.) and Assistant Surgeon General (Ret.), an outgrowth of his many years of service under C. Everett Koop, M.D., first during Koop's tenure as U.S. Surgeon

General and later at Koop's alma mater, Dartmouth Medical School, directing the C. Everett Koop Institute. Duffy added a master of arts degree from Dartmouth College to his CV.

But Duffy's military service wasn't all pomp and ceremony. Physicians, no matter what their specialty, can be called upon in ways that demonstrate what "active duty" really means. Duffy participated in life-saving operations on several occasions with the U.S. Coast Guard, including rescues at sea where he was dropped by harness from a helicopter onto a ship carrying seriously ill and injured service personnel. Although that may sound more like James Bond than a child psychiatrist, Duffy has the commendations to prove it.

An even more storied entry in his CV was his stint as the "mayor" of one of the last leper colonies in the United States while on the faculty of Louisiana State University Medical School. "The facility was tops in the world for leprosy research," he says.

Most recently, Duffy was a surveyor/consultant with the Joint Commission International, which got him involved in assessing the quality of health care and the clerkship potentials at major medical teaching facilities all over the world. "I visited more than 30 countries, and I talked about the importance of medical students participating in an international setting," he says. "That's where the future is moving. Now, at the University of Central Florida, I'm mentoring a student from Ecuador who is doing research that compares differences in diagnosis and treatment in hospitals in Orlando and Ecuador."

Duffy has a simple explanation for the variety of adventures that have comprised his career. "Most people prefer stability," he says. "For me, it has always been the challenge of creating something new." ■

Graham F. Whitfield, M.D. '76, has been in medical practice in West Palm Beach for 31 years. He has been clinical assistant professor of surgery (orthopedics) at Nova-Southeastern University, College of Osteopathic Medicine in Fort Lauderdale since 1995. In 2007 and 2008 he participated in medical mission trips to the Andes Mountains in Ecuador, providing orthopedic care to the indigenous population (Quechuan Indians, descendants of the Incas.)

In March, **Robert J. McNamee, M.D. '75,** got together with classmates, **Bob Carnevale, M.D. '75, David Neuhaus, M.D. '75 and Ellen (Nitzberg) Neuhaus, M.D. '75.** "It's been many years," he writes.

Biago Mignone, M.D. '75, reports his son **Paul Mignone, M.D. '06,** joined his practice after completing his residency in ophthalmology and medical retinal fellowship in New York City.

Lewis S. Coleman, M.D. '74, writes, "I have identified the 'Stress Repair Mechanism' that was postulated by Hans Selye in 1951. Selye's stress theory was presented to my NYMC class by Dr. Johannes Rhodin, the famous stress researcher who was chairman of the Department of Anatomy and Basic Sciences. I have established a website that is devoted to the subject of stress theory, which I believe will eventually replace DNA as the prevailing paradigm of medical and biological research."

George Klafter, M.D. '74, is still active in his urology practice in Bergen County, N.J.—and not retired, as was reported in the Fall/Winter 2012 *Chironian.*

Samuel I. Miles, M.D. '74, is currently clinical chief of psychiatry and behavioral neurosciences at Cedars-Sinai Medical Center in Los Angeles and continues to be in private practice.

Jeffrey Hall Dobken, M.D. '73, was appointed to the NYMC School of Health Sciences and Practice faculty as a visiting lecturer through the 2014–2015 academic year.

Timothy McAvoy, M.D. '73, was inaugurated as president of the Wisconsin Medical Society at its annual meeting in April.

Norman L. Maron, M.D. '70, is a retired orthopedic surgeon and former senior business medical director for Wellpoint. He recently took a position as medical director for the NYC Department of Sanitation. His office is down the street from the NY Stock Exchange on Beaver Street and he welcomes visits from fellow alumni.

THE 60S

Michael B. Schoenwald, M.D. '69, retired after 38 years of practice and lives in Delray Beach, Fla.

Paul B. Heller, M.D. '68, retired from the U.S. Army in 1988 as chief of gynecologic oncology at Walter Reed Army Medical Center. He is currently an adjunct professor at Temple University School of Medicine; clinical professor, UMDNJ/NJ Medical School; and director of medical education, Division of Gynecological Oncology, Morristown Medical Center.

Randolph D. Maloney, M.D. '67, finally gave up the operating room in January. "Some of those vascular operations and interventions were too hard on my back and legs," he writes. He still does office consults and is medical director of the vascular diagnostic lab and of the Wound Hyperbaric Medicine Center. His wife, Mary Alice (Fisher), formerly a scrub nurse to the chief of surgery, are enjoying their three daughters, three granddaughters and showing Newfoundland dogs.

Arthur Calick, M.D. '65, has been the chairman of the Chest Pain Center at Fountain Valley Regional Hospital since 2007. He is an expert reviewer for the Medical Board of California, Cardiology, and has been a board certified interventional cardiologist since 2000. He received a Best Doctor Award (Cardiology) in 2011 and 2012 from *U.S. News & World Report* and maintains a cardiology private practice in Huntington Beach, Calif. He has two eminently successful daughters and a promising 19-year-old son. "I would feel blessed if Daniel was a graduate of NYMC, Class of 2019," he writes.

Howard D. Cantwell, M.D. '65, and his wife, Linda, celebrated their 50th wedding anniversary in September with a week in Paris. He is still assisting in orthopedic surgery and teaching "Introduction to Clinical Medicine" to

second-year medical students at the Keck School of Medicine at USC in Los Angeles.

Eric Kane, M.D. '65, is retired chief of orthopedic surgery and president of the medical staff at Brookhaven Memorial Hospital Medical Center in Suffolk County, N.Y. He is also an honorary surgeon in the New York City Police Department.

Morton Meltzer, M.D. '65, is handling numerous new ventures in North Carolina: forensic psychiatry with Ake County Mental Health and Public Safety; medical director of Grandfather Home for Children in Banner Elk; medical director for Trust the Process Fayetteville; medical management for New Horizons in Raeford and New Beginnings in Sanford, and a social security disability evaluator for the state. He enjoys spending time with his wife, loves the outdoors, automobile racing, and watching his children and grandchildren mature into fine adults.

Former classmates **Stephen T. Batthany, M.D. '64, Ira Raff, M.D. '64,** and **Richard Rose, M.D. '64,** got together for their own mini-reunion. Dr. Batthany is retired and was erroneously diagnosed with Parkinson's in 2009. In 2010 he moved to Lake Worth, Fla., where he applied for a volunteer license to practice family medicine in Caridad Center, a tri-lingual nondenominational free clinic in Boynton Beach. He also volunteers at the West Palm Beach VA and teaches integrative medicine at Florida Atlantic University's Charles E. Schmidt College of Medicine. Dr. Raff is working two days a week as a urologist in Delray.

Paul S. Carton, M.D. '63, retired from orthopedic surgery in November 2011 and moved to Sarasota, Fla. He spends his summers on Long Island and has eight grandchildren.

Stephen A. Fisher, M.D. '63, is semi-retired as a psychiatrist. He has been working in public and non-profit clinics for much of his career, in addition to some private office and hospital practice. He is now a staff psychiatrist in a clinic one day a week. Dr. Fisher and his wife Susan live in the San Francisco Bay Area; their son, daughter and grandson also live in California. He is a photography enthusiast and has had two photography shows and made a documentary film which aired on public television. "Susan and I have been doing considerable travel lately, which is why we are unable to make it to my 50th reunion—but congratulations to all my classmates," he writes.

Steven F. Frier, M.D. '63, received an M.P.H. from Columbia University in 2003 and is an active instrument pilot and a recent president of Bergen County Medical Society. He initiated and obtained passage by the Medical Society of New Jersey of a resolution advocating the nationwide abolition of capital punishment and replacing it with life in prison without the possibility of parole. He also continues a full-time practice in internal medicine and nephrology and is blessed with four grandchildren.

James M. McAleer, M.D. '63, recently retired again after spending three years at Eastern Maine Medical Center in Bangor and Urologic Surgeons of Maine. Dr. McAleer and his wife Sandee have four children and four grandchildren. They established "Hearts of the World," and will lead a group on their 44th spiritual pilgrimage to Medjugorje in Bosnia in October this year.

Anthony Chatowsky, M.D. '62, and classmate **Ed Umgelter, M.D. '62,** had a mini-reunion in the Los Angeles Railroad Station last August, the year of their 50th reunion. Dr. Umgelter, a retired surgeon, traveled from his home in Mentone, Calif., and Dr. Chatowsky arrived from San Diego where he was visiting his daughter. They walked Old Town in L.A., ate Mexican food and reminisced how, as roommates at Metropolitan Hospital Center, before going to class and clinics, they used to jog in the mornings along the East River to Gracie Mansion and back.

John T. Carr, M.D. '61, is now retired. He practiced medicine as a general practitioner for ten years and then, at age 43, went to Harvard at Massachusetts General Hospital for psychiatry.

Howard Harrison, M.D. '61, is finishing up his term of office as president of the Scientists' Society of Southwest Florida.

Robert D. Hirsch, M.D. '61, retired and moved permanently to the west coast of Florida.

Harvey A. Reback, M.D. '61, still actively practices internal medicine in a hospital based group.

David E. Williams, M.D. '61, retired in 1998 after 32 years on the staff of the Mayo Clinic in Rochester, Minn. He has been married to Barbara for 53 years and counting, and they have four children and seven grandchildren. He sends his best wishes to all classmates.

Ronald H. Hartman, M.D. '60, is still practicing full time and is clinical professor of ophthalmology at the University of California, Irvine. He and his wife Sylvia celebrated their 55th anniversary by taking their entire family of 19 to Israel. They enjoy skiing, and spent three weeks in Sun Valley this winter. Later this year they will travel to Burma, Laos and Thailand and will take a cruise on the Danube. "Life is great!" he says.

THE 50S

William H. Klompus, M.D. '59, is still working as a clinical professor of urology for the University of Louisville, and is a certified clinical documentation specialist—fighting the bureaucracy. He just published an ebook, *Urologic Acrostics.*

Margaret McGall, M.D. '58, is enjoying life in a retirement complex in Florida near family.

Kenneth G. Paltrow, M.D. '58, continues solo practice of psychiatry three days a week, with emphasis on psychotherapy, at times dispensing information to his patients on metapersonality and metapsychiatry. His wife Susan is the office manager.

Lou Scotti, M.D. '58, has been retired for 20 years on St. Simons Island, Ga., where he paints, writes poems and plays piano. He has 5 children and 15 grandchildren. "Life has been good. Of late, problems are weighty—it's not easy reaching 80," he writes.

William H. Brown, M.D. '57, retired completely in January after serving as a consultant in an open-air MRI center.

Albert L. Huber, M.D. '57, is the founder of the Board of Family Practice and maintains certification in allergies. He practices part time—no more surgery, obstetrics or respiratory care. He no longer shears sheep or raises white sheep guardians, although he thoroughly enjoys rural Virginia, planting apple and chestnut trees, maintaining a garden and cutting firewood. He has 12 grandchildren and a great-grandchild. "I bake our bread and sing, especially Appalachian shape note singing," he writes.

Wallace C. Rooney Jr., M.D. '57, maintains a personal, permanent residence in Manhattan but has been spending more time in Quebec, Canada. "I find it quite invigorating to 'swing' from one culture/language to the other and heartily recommend it to all," he says.

Stephen N. Rous, M.D. '56, is clinical professor of surgery/urology at Brown University and a part-time staff urologist at the Providence VA. He is also emeritus professor of surgery/urology at Dartmouth and emeritus professor and chairman of urology at the Medical University of South Carolina. Dr. Rous was the first chief of urology and professor of surgery/urology at Michigan State University. He is a retired Colonel in the U.S. Army and received the "A" proficiency designator from the Surgeon General.

David Werdegar, M.D. '56, M.P.H., recently retired as director of the Institute on Aging in San Francisco and serves as chairman of Kaiser's arbitration oversight board.

David J. States, M.D. '53, is retired and keeps busy with supporting "R Community Bikes, Inc.," an organization that collects, repairs and gives away bikes. He is also busy with the activities of his children and grandchildren, and the routine upkeep of his home. "I look forward to hearing from my classmates of NYMC," he says.

Frederic H. Deutsch, M.D. '51, retired from practice in 2008. In January 2009, he was appointed adjunct professor of ophthalmology at NYU School of Medicine.

THE 40S

Louis M. Tedone, M.D. '47, was the first recipient of the Louis Tedone, M.D., Humanitarian Award, established by California's French Hospital Medical Center Foundation in 2006.

Lesley M. Warshaw Sr., M.D. '46, is retired. His wife of 68 years, Ann, is a graduate of Flower Hospital School of Nursing. Their daughter is an RN and their oldest son is an ENT. "We live in the deep south where we only shovel humidity," he writes.

—Lori Perrault

IN MEMORIAM

Alumni

William G. Griff, M.S. '96, died March 27, 2013. He was 70.

Michael R. Spaulding, M.D. '91, died October 24, 2012.

Carol J. Maslansky, Ph.D. '83, died December 14, 2011.

Sheldon H. Steinbach, M.D. '68, died February 17, 2013. He was 68.

Bruce M. Reitberg, M.D. '66, died August 13, 2012. He was 71.

John R. Addrizzo, M.D. '64, died April 10, 2013. He was 74. (See Faculty listing below.)

Adrian J. Deitch, M.D. '64, died February 14, 2013. He was 78.

Pasqual A. Terraciano, M.D. '62, died March 12, 2013. He was 76.

Kirk K. Kazarian, M.D. '61, died September 29, 2012. (See Faculty listing below.)

Louis M. Barth, M.D. '59, died January 31, 2013. He was 79.

Herman E. Schaffer, M.D. '59, died March 8, 2013.

Ralph F. Brandon, M.D. '58, died October 28, 2012. He was 82.

Edward F. Fox, M.D. '58, died September 8, 2012. He was 80.

Charles Kilhenny, M.D. '57, died October 12, 2012.

Venard R. Kinney, M.D. '57, died December 10, 2012. He was 81.

William C. Bradley, M.D. '56, died October 19, 2012. He was 82.

Courtenay T. Headland, M.D. '56, died February 7, 2013.

Richard P. Ruffolo, M.D. '55, died December 13, 2012.

Herve M. Byron, M.D. '54, died December 15, 2012. He was 82.

Joseph L. Murphy, M.D. '54, died June 19, 2012.

Ernest S. Mathews, M.D. '53, died December 30, 2012. He was 87.

Walter M. Ryan, M.D. '53, died April 12, 2013. He was 88.

John P. Viscardi, M.D. '53, died July 8, 2011.

John A. Vosburgh, M.D. '52, died April 23, 2013. He was 91.

Maura L. Flynn, M.D. '51, died November 17, 2012. She was 89.

George McVay, M.D. '51, died November 2, 2012.

William A. Mooney, M.D. '51, died November 2, 2012. He was 91.

William V. Palluotto, M.D. '50, died November 3, 2012.

William H. Somers, M.D. '50, died November 28, 2012. He was 90.

Stanley B. Covert, M.D. '49, died April 10, 2013.

Merle R. Ingraham, M.D. '49, died December 16, 2012. He was 88.

Laura G. Morgan, M.D. '49, died December 30, 2012.

William H. Brown, M.D. '48, died November 12, 2012.

Raymond E. Pennie, M.D. '48, died January 8, 2013. He was 90.

Edward V. Schaffer, M.D. '48, died October 1, 2012. He was 89.

David M. Tormey, M.D. '48, died February 26, 2013.

Joseph C. Alfenito, M.D. '47, died February 17, 2013.

Hans E. Einstein, M.D. '46, died August 11, 2012. He was 90.

Philip J. Palazzo, M.D. '45, died October 12, 2012. He was 92.

Jane C. Wright, M.D. '45, died February 19, 2013. She was 93. (See Faculty listing below.)

Margaret E. Crusius Jones, M.D. '44, died February 10, 2013. She was 93.

Charles W. Shlimbaum, M.D. '44, died September 29, 2012. He was 92.

Mayer S. Kaplan, M.D. '33, died November 23, 2012.

Faculty

John R. Addrizzo, M.D. '64, clinical assistant professor of medicine, died April 10, 2013. He was 74. Dr. Addrizzo was a renowned pulmonary specialist who founded Staten Island's first pulmonary function lab at St. Vincent's Medical Center, West Brighton, now Richmond University Medical Center. At the time of his death, he was serving his 6th year as treasurer of the Alumni Association Board of Governors, of which he had been a member for 10 years.

Michael A. Browne, M.D., former clinical assistant professor of orthopedic surgery, died January 5, 2013. He was 85.

Louis R.M. Del Guercio, M.D., professor emeritus of surgery, died March 8, 2013. He was 84. A renowned thoracic surgeon and pioneer in his field, he served as chairman of the Department of Surgery from 1976 to 2001. In 2002 the Department of Surgery established the Annual Louis R.M. Del Guercio, M.D., Lectureship and Research Day to commemorate his distinguished leadership.

Benjamin D. Dodoo, M.D., clinical assistant professor of medicine, died February 19, 2013. He was 74. He was a preceptor in the Foundations of Clinical Medicine course for more than 20 years and was dedicated to providing care to the underserved.

Joseph Francis Giattini, M.D., former professor of clinical orthopedic surgery, died February 10, 2013. He was 85.

Adila Goldman, M.D., died November 8, 2012. She was 82.

Abraham L. Halpern, M.D., professor emeritus of psychiatry and behavioral sciences, died April 20, 2013. He was 88. Dr. Halpern was a distinguished and recognized leader in the psychiatric community who practiced for more than 50 years. He was instrumental in developing the subspecialty of forensic psychiatry, and championed against the involvement of physicians in capital punishment and physician participation in coerced interrogations of prisoners.

Kirk K. Kazarian, M.D. '61, professor emeritus of surgery, died September 29, 2012. He was president of the Metropolitan Unit Foundation, a philanthropic organization of alumni and faculty physicians. The group began raising money for wounded soldiers during World War I. Years later when the foundation dissolved, Dr. Kazarian led its remaining members in making a gift of its reserves—more than $1 million—to the College.

Hugo S. Kierszenbaum, M.D., former professor of clinical psychiatry and behavioral sciences, died in April 2013. He was 73.

John C. McGiff, M.D., professor emeritus of pharmacology, died on February 2, 2013. He served as professor and chairman of the Department of Pharmacology from 1979 until July 2010. His world-renowned reputation, built on innovative cardiovascular research, resulted in numerous prestigious awards including an Established Investigator award from the American Heart Association (AHA); a CIBA Award for Hypertension Research from the AHA Council for High Blood Pressure Research; a Method to Extend Research in Time (MERIT) award from the National Heart, Lung and Blood Institute of the National Institutes of Health; and the Irvine Page-Alva Lifetime Achievement Award in Hypertension, Council for High Blood Pressure Research (AHA), among many others.

William F. Panke, M.D., professor emeritus of surgery, died December 16, 2012.

Michel Slim, M.D., professor emeritus of surgery, died on January 12, 2013. A renowned pediatric surgeon, he served in the Department of Surgery for more than 20 years until his retirement in 2006. He was one of the founders of Maria Fareri Children's Hospital at Westchester Medical Center, and performed the first surgical procedure there when it opened in 2004.

William M. Stahl, M.D., professor emeritus of surgery, died December 22, 2012. He was 90.

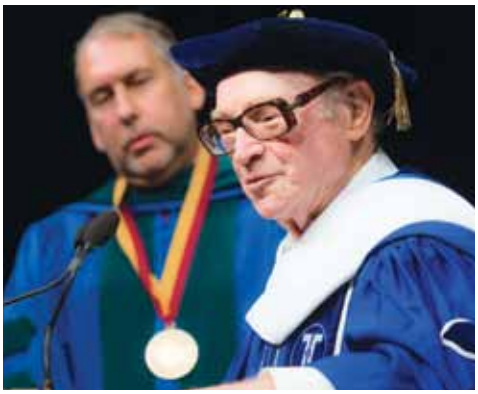
Jane C. Wright, M.D. '45, professor emeritus of surgery and former associate dean, died March 1, 2013. She was 93. A pioneering oncologist and prominent researcher, Dr. Wright began her career working alongside her father at a cancer center he established at Harlem Hospital in New York. In 1967 she joined New York Medical College as head of the chemotherapy department and associate dean, making her the first African American woman to achieve so high a post at a nationally recognized medical school.

Trustees

Jonathan O'Herron, died April 4, 2013. He was 84. He served as member of the Board of Trustees from 2001 to 2011.

—Lori Perrault

GREAT THINGS ARE



Photos on this page by Roy Groething, William Taufic and John Vecchiola.

Former New York Gov. David Patterson, J.D., left, was a panelist at a February screening of the 1938 film *Arrowsmith,* hosted by Chancellor Edward C. Halperin, M.D., M.A., at a local arts theater. (Staff photo)

President Alan Kadish, M.D., welcomed Mount Pleasant Town Supervisor Joan Maybury to the College's December launch of iBioNY℠, the biotechnology incubator under development at Dana Road.

In March, Congresswoman Nita Lowey (D-Westchester-Rockland) held a press conference in a College research lab to highlight the impact of sequestration on biomedical research. President Alan Kadish, M.D., Trustee Ben Chouake, M.D., and Robert W. Amler, M.D., VP of Government Affairs and Dean of the SHSP, accompanied Mrs. Lowey on a tour of the lab. (Staff photo)

The December 9 inauguration of Alan Kadish, M.D., as President and Edward C. Halperin, M.D., M.A., as Chancellor and CEO, drew more than 500 guests and delegates from all over the country. Dr. Halperin listened as Dr. Mark Hasten, chairman of the Board of Trustees, explained the significance of the bronze medal awarded to the two leaders.

The Inauguration was attended by dignitaries and elected officials who expressed their support and good wishes to the College. Dr. Kadish and Dr. Amler conversed with New York State Senator Andrea Stewart-Cousins.

Trustee Ronald F. Poe warmly congratulated Dr. Kadish moments before he delivered his inaugural address.

The 2013 Alumni Reunions, which kicked off Commencement Week, offered a chance for greeting and mingling between alumni and the graduating Class of 2013. John Cosgrove, M.D. '83, left, and Henry Saphier, M.D. '61, Alumni Association President, right, congratulated cardiologist Win-Kuang Shen, M.D. '83, who received the Association's 2013 Medal of Honor.

The Class of 1963 posed for a group photo at the Alumni Reunion.

HAPPENING HERE!

Photos on this page by John Vecchiola and Susan Wagner.

Moments before leading the Commencement processional into Carnegie Hall, mace bearer Joseph F. Dursi, M.D. '59, chatted with Sgt. Rosalba Chambers, while Ph.D. candidate and flag bearer Victor Garcia waited for his cue.

Dr. Halperin introduced Commencement speaker Adewale Troutman, M.D., M.P.H., M.A., while Dr. Kadish and Dr. Hasten waited to present the honorary citation.

Awaiting the start of the Commencement processional were (from left): Alan Kadish, M.D., David Raab, Edward C. Halperin, M.D., M.A., Dr. Mark Hasten, Adewale Troutman, M.D., M.P.H., M.A., and Rabbi Moshe D. Krupka.

Graduating with his M.D. degree was Jeffrey Stern, flanked by his parents Joan Poll, M.D. '76, and Leonard Stern, M.D. '75.

At the Alumni Reunion, Dr. Saphier congratulated Arnold I. Turtz, M.D. '48, celebrating his 65 years as an alumnus. Dr. Turtz held up a framed photograph of Flower Hospital that the Alumni Association had presented to him as a gift.

Members of the Class of 1988 really cut loose at the Alumni Reunion.

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