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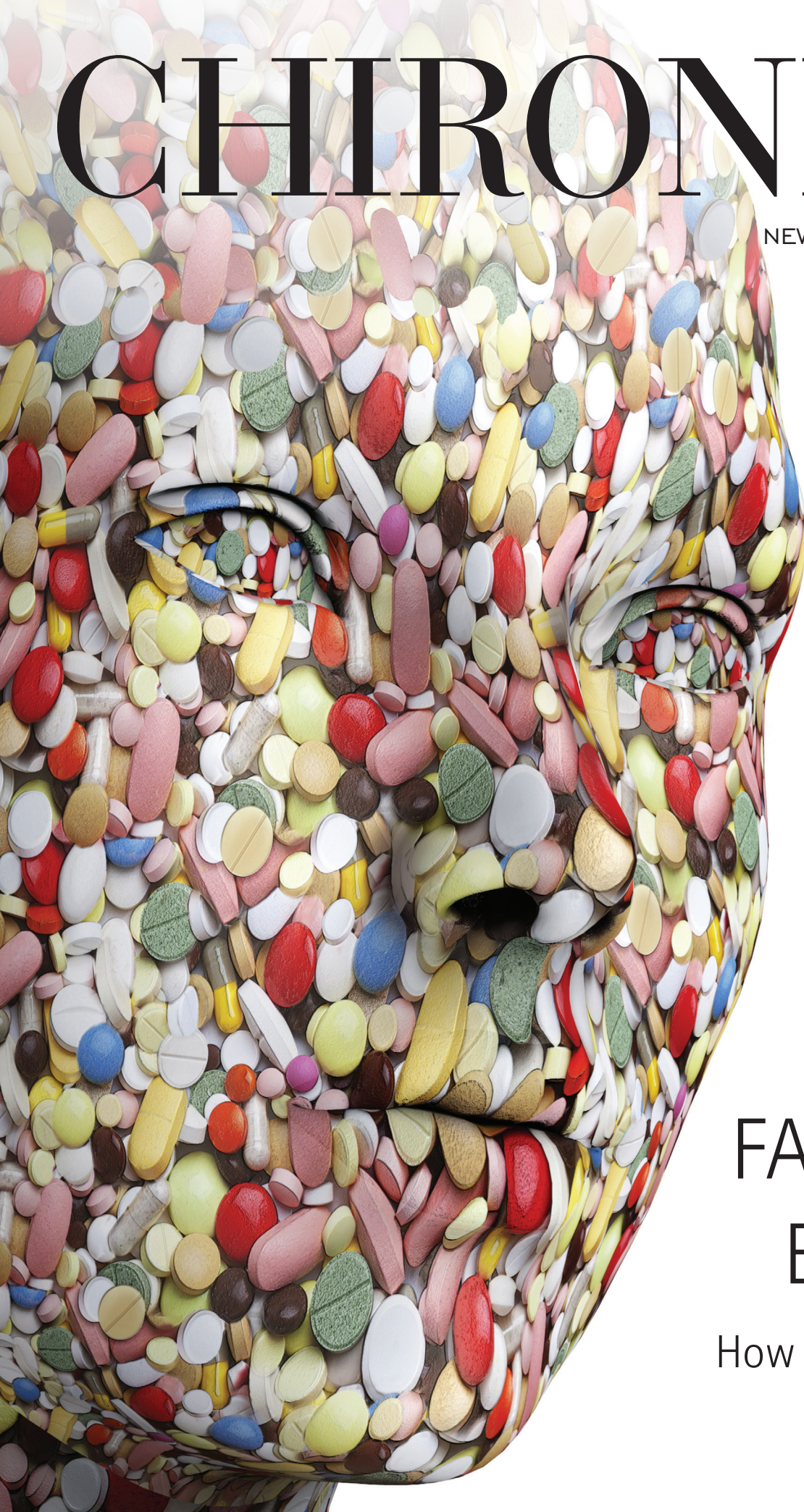
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CHIRONIAN

NEW YORK MEDICAL COLLEGE

2017



FACING AN EPIDEMIC

How NYMC is battling
opioid addiction

EDITORIAL

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Message from the Chancellor



Since the American Revolution, the role of government in our lives is one of the ongoing debates of the great American experiment in democracy. Some citizens denounce “government encroachment,” “government inefficiency,” or “the inability of government to do anything.” In his first presidential inaugural address Ronald Reagan articulated one form of this point-of-view:

In this present crisis, government is not the solution to our problem; government is the problem... Our government has no power except that granted it by the people. It is time to check and reverse the growth of government which shows signs of having grown beyond the consent of the governed.

In this past election year, health care providers have weighed in with their views on the positives and negatives of the role of government in Medicare, Medicaid, the VA Health System and the Affordable Care Act. Let’s step back in time and consider one component of the role of government in health care.

Fifty-four years ago, Americans were recovering from collective social trauma. Civil unrest related to the Civil Rights Movement filled the front pages; economic problems occupied the country. In an April 1962 press conference, responding to a hike in steel prices led by U.S. Steel, President Kennedy called the price hikes, “a wholly unjustifiable and irresponsible defiance of the public interest.” He criticized “a tiny handful of steel executives whose pursuit of power and profit exceeds their sense of public responsibility.” Then, in October 1962, we all held our collective breath while the Cuban Missile Crisis played out. Would there be a nuclear war?

What Americans needed was good news ... and they got it. The President and Mrs. Kennedy, already the parents of five-year-old Caroline and two-year-old John, announced that Jacqueline Kennedy was pregnant. There was going to be a baby in the executive mansion! The always elegantly-dressed Mrs. Kennedy began to appear in chic maternity clothes.

Unfortunately in June 1963 at the Kennedy Compound in Hyannis Port, Jacqueline Kennedy went into premature labor. Airlifted to Otis Air Force Base, she delivered a 4-pound 10-ounce boy, Patrick Bouvier Kennedy, at 34 weeks of gestation. The baby was transferred to Boston Children’s Hospital. America’s finest pediatricians could not save the baby. He died, at two days of age, of what would now be called respiratory distress syndrome or hyaline membrane disease.

To a modern-day student at New York Medical College (NYMC) and the other health professions schools of the Touro College and University System, saving the life of a 4-pound 10-ounce baby, two- to three-weeks premature, would be considered routine. Patrick Kennedy would have certainly lived. Why?

Because shortly after the death of Patrick Kennedy, the President signed a federal appropriations bill setting aside \$265 million for biomedical research—much of which went to research in neonatology. And, because the National Institutes of Health (NIH) continued to fund research throughout the 1960s and 1970s on the pathophysiology of newborn lung function and the development of effective therapies.

Likewise, we could tell a similar story regarding the survival rates of acute lymphoblastic leukemia or Hodgkin’s disease or the treatment of many forms of adult disease, including cardiac disease. The list of successes through research is extensive.

The best way to predict the future of medicine is to invent it ourselves. And one of the best engines of invention is research. The faculty and students of NYMC, including those of our newest addition, the Touro College of Dental Medicine at New York Medical College, are active and proud participants in the generation of new knowledge through research, much of it paid for by peer-reviewed grants from the NIH.

Americans give great deference to our institutions of higher education, including NYMC. In return, we repay that deference by contributing to the advancement of society through education, clinical care and research. In the midst of the continuing debate about the role of government, it is worth remembering and articulating the importance of government-funded biomedical research and our societal commitment to it.

A handwritten signature in black ink that reads "EC Halperin". The signature is fluid and cursive, with a long horizontal line extending from the end.

Edward C. Halperin, M.D., M.A.

CHANCELLOR AND CHIEF EXECUTIVE OFFICER



The NYMC Road to Accreditation

The letters LCME, ACCME and MSCHE are merely acronyms, but in reality they are the trifecta of recent accreditations received by New York Medical College (NYMC). The Liaison Committee on Medical Education (LCME) has awarded continued accreditation to the School of Medicine (SOM) for eight years, the maximum possible term. The Accreditation Council for Continuing Medical Education (ACCME) awarded the School of Medicine the coveted status of “Accreditation with Commendation” and extended its accreditation for an additional two years through November 2020 for a total cycle of six years. And most recently, the Middle States Commission on Higher Education (MSCHE) reaffirmed full accreditation of New York Medical College.

The LCME re-accreditation was the outcome of a multi-year institutional self-study led by Jennifer L. Koestler, M.D., senior associate dean for medical education; an independent student assessment; a mock site visit in October 2015 and the actual site visit conducted by the LCME team in February 2016. D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine, attributes the successful LCME re-accreditation to the collective efforts of many medical school faculty members, students, staff and affiliates, all of whom supported the Educational Quality Improvement Process (EQuIP),

and the NYMC Board of Trustees who fully endorsed the medical school’s re-accreditation efforts.

The ACCME granted NYMC the highest possible rating that a sponsoring institution can achieve as a provider of continuing medical education (CME). Only a minority of CME providers obtain commendation and this is the first time that NYMC has gained this distinction. ACCME cited NYMC as, “a learning organization and a change agent for the physicians served,” which demonstrates “an engagement with the environment in support of physician

learning and change that is a part of a system for quality improvement.” The re-accreditation process included a detailed self-study report, review of multiple policies, activity files, program evaluations, financial data, and interviews of the faculty and staff by the ACCME survey team.

The MSCHE accreditation came with recognition of NYMC for its progress and the quality of its Periodic Review Report and internal review process. The MSCHE accreditation process was led by Ben C. Watson, Ph.D., vice dean of the School of Health Sciences and Practice, Charles T. Stier, Ph.D., associate professor of pharmacology and director of the M.S. Program in Pharmacology, and Michael Rogovin, vice president of operations. ■

“As an institution we have every reason to be proud of these external validations of our educational programs.”

Edward C. Halperin, M.D., M.A.,
Chancellor and Chief Executive Officer



School of Medicine Class of 2016 Excels in the Largest Match on Record

Match Day was another touchstone for the School of Medicine Class of 2016 on the path to becoming physicians. NYMC fourth-year medical students joined 42,370 registered applicants in the National Resident Matching Program (NRMP) main residency match to learn where the next phase of their medical training would be. The lobby of the Medical Education Center was loud and boisterous as the assembled students waited anxiously, shoulder-to-shoulder with their families and friends, faculty and administration, for the appointed hour to open the sealed envelopes that held their fate.

“Match Day is a milestone for all graduating medical students, marking an important step to becoming a physician. We are very proud of the quality and breadth of the residencies that our NYMC medical students have secured,” said D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine.

Gladys M. Ayala, M.D., M.P.H., vice chancellor of student affairs and senior associate dean for student affairs, School

of Medicine, recalled meeting the School of Medicine Class of 2016 for the first time four years ago. “We told you that this was going to be a long journey—a marathon. We told you it would be filled with many challenges, sweat and tears, ups and downs. Along the way you triumphed, developed strong friendships and great camaraderie with your classmates. I know that you have many good memories of your journey at NYMC that you will cherish forever. Well, now you are just shy of the finish line,” she said. “There are many different measures or outcomes that define the success of a medical school. New York Medical College’s success is clearly defined by the successes of our students. This Match proves it.”

The Class of 2016 landed a number of prime residency slots. Their top career choices were internal medicine (19%), anesthesiology (13%), and emergency medicine (10%). More than 38% percent of the class chose programs in primary care—internal medicine, pediatrics, family medicine or ob/gyn. ■

Science Meets Business in the New Professional Science Master’s Program

The Graduate School of Basic Medical Sciences (GSBMS) has launched a Professional Science Master’s (PSM) degree program within each of the six discipline-based basic medical science master’s programs currently offered: biochemistry and molecular biology, cell biology, microbiology and immunology, pathology, pharmacology, and physiology.

Like other GSBMS programs, the PSM program aims to prepare students for careers in either academia or in the private or not-for-profit sectors. The program incorporates distinctly business subject matter into the curriculum, including business, management, communication skills, regulatory affairs and other topics important to career success but not specifically related to the scientific content of the chosen discipline. An internship experience, culminating in a capstone report, will provide practical, hands-on exposure to career opportunities in the pharmaceutical, biotechnology or health care sectors.

The PSM program includes such business courses as project management, human resource management, organizational theory, health economics, law and health, strategic management and responsible conduct of research.



“This program serves a very important need for our student scientists,” said Mairead A. Carroll, Ph.D., professor of pharmacology, who serves as the director of the program. “Arming them with business savvy in addition to a very strong basic sciences education will give them an additional dimension and help them understand how to be impactful and influential in their workplaces and careers.” ■

NYMC Welcomes New Chairmen

School of Medicine

“After competitive national searches, the School of Medicine is very pleased to have recruited strong academic and clinical leaders to chair our Departments of Otolaryngology and Neurosurgery. Clinical department chairs have critical roles in academic medicine—fostering the success of their faculty members and bridging key programs with our teaching hospital partners,” said D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine. “We are fortunate to have these gifted individuals on the School’s leadership team.”



Augustine Moscatello, M.D.

Augustine Moscatello, M.D., professor of clinical otolaryngology, has been named chairman of the NYMC School of Medicine Department of Otolaryngology. He joined the NYMC faculty in 1987 after earning his medical degree from Mount Sinai School of Medicine and completing residencies at that same institution—one in general surgery and one in otolaryngology—where he served as

chief resident in his final year. He is board certified and serves as director of the Department of Otolaryngology/Head and Neck Surgery at Westchester Medical Center. Dr. Moscatello’s specialties include major and minor head and neck cancer surgery, balloon sinus surgery, minimally invasive thyroid surgery and procedures for sleep apnea and snoring. During his tenure at NYMC, Dr. Moscatello has been responsible for the expansion of the ENT Faculty Practice and has consistently been listed as one of America’s, New York’s and Westchester’s Top Doctors. He is a member of Alpha Omega Alpha, the American Academy of Otolaryngology/Head and Neck Surgery, the American Academy of Facial Plastic and Reconstructive Surgery, the New York Head and Neck Society, the American College of Surgeons and other professional societies. Dr. Moscatello is also active in volunteering his medical skills and providing corrective cleft-palate surgery to children worldwide.



Meic H. Schmidt, M.D., M.B.A.

Meic H. Schmidt, M.D., M.B.A., professor of neurosurgery, has been appointed chairman of the NYMC School of Medicine Department of Neurosurgery. A neurosurgeon specializing in neurosurgical spine surgery and neuro-oncology, Dr. Schmidt earned his medical degree from the Medical College of Wisconsin in Milwaukee, where he also completed a neurosurgical residency.

He completed fellowships in neuro-oncology and spinal surgery at the University of California-San Francisco’s Brain Tumor Research Center and Department of Neurological Surgery. Dr. Schmidt also completed the executive M.B.A. program at the David Eccles School of Business at the University of Utah. Most recently, Dr. Schmidt served as professor of neurosurgery and orthopedics and vice chair for clinical affairs in the Department of Neurosurgery at the University of Utah in Salt Lake City, where he held the Ronald I. Apfelbaum endowed Chair in Spine and Neurological Surgery. Dr. Schmidt also serves as director of neurosurgery at Westchester Medical Center. His surgical expertise includes minimally invasive and endoscopic spine surgery for tumors, trauma and degenerative spine disease; microsurgery for tumors and vascular malformations of the spine; cranial surgery for brain tumors and brain and spine trauma; radiosurgery for brain and spine tumors; and image-guided neurosurgery. He is internationally known for his role in establishing a new thoracoscopic spine surgery technique for tumors and fractures. Dr. Schmidt also has a longstanding translational research interest in fluorescence and photodynamic therapy for brain, pituitary and spinal tumors. His scholarly work has resulted in more than 170 peer reviewed manuscripts, chapters and books, and his research has attracted more than \$1.7 million of funding, including grants from the National Institutes of Health.

School of Health Sciences and Practice

“Dr. Alamgir has an impressive and very broad array of experiences in public health research and practice. It is a pleasure to welcome him to the School of Health Sciences and Practice,” said Robert W. Amler, M.D., M.B.A., dean of the School of Health Sciences and Practice and vice president for government affairs.



Hasanat Alamgir, Ph.D., M.B.A.

Hasanat Alamgir, M.B.A., Ph.D., has joined the NYMC community as associate professor and chairman of the Department of Health Policy and Management in the School of Health Sciences and Practice. Dr. Alamgir received

pharmacy degrees from Dhaka University in Bangladesh, an M.B.A. from West Texas A&M University, and a Ph.D. from the School of Public and Population Health, University of British Columbia. Prior to joining NYMC, Dr. Alamgir served as associate professor of occupational and environmental health at the University of Texas School of Public Health. Before moving to Texas, he served as the director of research and evaluation at a provincial public health agency in Vancouver, Canada, and was also an adjunct professor on the faculty of health sciences at Simon Fraser University in British Columbia. His research activities focus on conducting epidemiological investigations of risk factors for injuries and economic evaluation of health interventions. As principal and co-investigator, he has received research funds from several sources including the Department of Defense, NIH/Fogarty, State Health Department, Environmental Protection Agency and Workers' Compensation Agency. Dr. Alamgir has published extensively in peer reviewed journals and studied populations including sawmill and health care workers in Canada, the U.S. military personnel and garment workers in Bangladesh. ■

New Study Shows Running Improves Fitness, Communication for Children with Autism



The cardiovascular and health benefits of running are no secret. Now a new study led by Susan Ronan, P.T., D.P.T., and Janet P. Dolot, P.T., D.P.T., Dr.P.H. '14, both assistant professors of clinical physical therapy in the School of Health Sciences and Practice, shows that running also offers important advantages for children with autism.

In the four-month study, conducted collaboratively with Achilles International, 94 students with autism across five New York City schools participated in the Achilles Kids Running Program, an in-school initiative which trains and supports kids in the goal of running 26.2 miles—the marathon distance—in a school year. Through the course of the study, the research team collected baseline, midterm and final data on a variety of factors related to the students' fitness, communication, social awareness, quality of life and autism severity.

The results showed statistically significant improvements in key areas such as fitness markers and communication behaviors.

“We are very encouraged by the results of the study,” said Dr. Ronan, “and are truly excited that they offer children with autism, and those who care for them, a clear—and even enjoyable—option for enhancing their quality of life.”

The study was funded by 2014 and 2015 World of Difference grants awarded to Achilles International by long-time partner, Cigna Foundation. Achilles International is dedicated to enabling people with all types of disabilities to participate in running events in order to promote personal achievement. ■

NEWS Briefs

William Campbell, Ph.D., Longtime, Celebrated NYMC Adjunct Professor Wins Nobel

William Campbell, Ph.D., was famous at NYMC long before he won the Nobel Prize in Physiology or Medicine. For 25 years he taught the famous “worm lecture,” an annual standing room only event on campus. Dr. Campbell was an adjunct professor in the Department of Microbiology and Immunology from 1985 to 2009. His colleagues, including Jan Geliebter, Ph.D., professor of microbiology and immunology and of otolaryngology, Doris J. Bucher, Ph.D., associate professor of microbiology and immunology, and Dana G. Mordue, Ph.D., associate professor of microbiology and immunology, reflect on his kindness, humility, generosity, exuberance and love of worms.



William Campbell, Ph.D. and Jan Geliebter, Ph.D.

What Dr. Campbell did in the late 1970s with a team of researchers, that earned him a 2015 Nobel Prize which he shares with Satoshi Omura of Japan, was to discover that one dose of Ivermectin, a drug that kills a non-pathogenic parasite in horses, could kill a similar parasite—the filarial worm—that is the leading cause of preventable blindness in humans.

Moreover, the former senior director of parasitology at Merck, the pharmaceutical company that manufactures Ivermectin, played a pivotal role in its decision to dispense the drug for free and indefinitely to millions of people worldwide at risk for river blindness and lymphatic filariasis (commonly known as elephantiasis).

If anything captures Dr. Campbell’s 25-year legacy at NYMC, it is the “worm lecture” on helminths and human infection that he delivered annually in the second-year medical microbiology course. “He loves to talk about worms,” Dr. Geliebter says. “No, I mean he LOVES worms. He was not your run-of-the-mill lecturer.”

It was his ability to convey this enjoyment that made Dr. Campbell such an adored professor and co-worker, says Dr. Mordue, who assumed his lectures after he retired from NYMC. “Worms are such a big part of his life,” she says. “He was so enthusiastic and his students became enthusiastic with him.”

His passion for worms and his work in tropical countries made Dr. Campbell an inspiration to his students. Dr. Bucher recounts that “they’d be lined up after a lecture to ask him how they could work in the field of tropical diseases, and he would take the time to talk with them, and use his connections to help arrange for them to take trips.” He even auctioned off his paintings of helminths and parasites and used the proceeds to help fund students who were researching parasitic diseases, she says.

“He enjoyed everybody’s friendship, every handshake. We were so fortunate to have Dr. Campbell,” says Dr. Geliebter. “It’s not every day that you meet somebody who did something that helped a billion people.” ■

BioInc@NYMC Welcomes Philips Healthcare Research

BioInc@NYMC hosted a grand opening ribbon cutting event to welcome its anchor client, Philips Healthcare Research. Thirteen employees from the Philips Intellispace Genomics R&D team will occupy 1,300-square-feet in the biotechnology incubator to work on oncology genomics and collaborative computational genomics of large data sets. This new customized space in BioInc will allow Philips



to collaborate closely with researchers at NYMC and be in close proximity to NYMC’s affiliate, Westchester Medical Center, where they offer Philips’ genomics technology for personalized cancer treatment.

“This is important work that is highly consistent with the U.S. government’s National Institutes of Health Precision Medicine Initiative, the Cancer Moonshot and the Human Microbiome Project,” said D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine, vice-provost for biomedical affairs at Touro College and University System and chief scientific officer of BioInc@NYMC. “We are very pleased to see this important work continue in this new state-of-the-art research venue. This relationship serves the scientific mission that drives the Philips and NYMC innovation platforms forward, and provides great economic impact to this region and to our state.”

Hans-Aloys Wischmann, Ph.D., head of Philips Research Americas, expressed his appreciation for the partnership, collaboration, hospitality, environment and infrastructure that BioInc@NYMC represents and their shared vision to potentially impact three billion lives. “We would like to say thank you today for ... never letting go of that vision that is something that will be beneficial to patients in the future. I think that’s one of the things that unites us—you, as a medical college with a health care system, and us, as a health care solutions provider that we aspire to be...” ■

What's Happening in Valhalla

If one had to assign an overarching theme to the many recent NYMC campus developments and constructions, it would have to be ... connection: linking different parts of campus, re-connecting the NYMC community to its past, and creating a deeper sense of community for our students. The last year has seen many evolutions and improvements on the NYMC campus, offering satisfying visual evidence that great things truly are happening here.

WALKWAY CONNECTS 7 DANA ROAD AND UPPER CAMPUS

In July 2015, NYMC celebrated the opening of a new campus walkway connecting 7 Dana Road, home of the Clinical Skills and Simulation

Center, Center for Disaster Medicine and BioInc@NYMC, with the main NYMC campus. The 3/4-mile walkway, composed of a man-made material made from recycled plastics, includes nostalgic lamps with ambient lighting and LED lights, as well as blue emergency phones offering a safe pathway from one building to another.



A WELCOME HOMECOMING FOR THE FROG-FOOTMAN AND FISH-FOOTMAN

The 7 Dana Road Walkway—the portion just outside the Medical Education Center—is now also graced by delightful characters from *Alice's Adventures in Wonderland*, the frog-footman and fish-footman, statues that formerly adorned the pediatric tuberculosis hospital that is now the Sunshine Cottage Administration building. Originally created to brighten the spirits and speed the recoveries of sick children, these whimsical creatures were recovered from the basement of Sunshine Cottage and installed in spring 2016, bringing a pleasant dose of humor and tradition to the NYMC community on their travels across the campus green.



NEW DRIVEWAY OFFERS DIRECT ROUTE FROM MAIN CAMPUS TO 19 SKYLINE DRIVE

Last fall, 19 Skyline Drive, NYMC's newest addition and home to the Touro College of

Dental Medicine at New York Medical College, was brought into the campus fold by that most ancient and traditional of means: a pathway. The drive, designed to offer an efficient and safe means of cross-campus travel, covers approximately a quarter-mile and is as pretty as it is direct. The project team, led by Jerome D'Imperio, vice president of real estate construction, design and development at Touro College and University System and NYMC, worked closely with environmentalists to convert the natural landscape—a seasonal wetland to a permanent wetland—in order to ensure the year-round usability of the road and preserve the plants and nature that exist there today. ■




NYMC Celebrates Grand Opening of the Dr. Edward F. and Mrs. Anna M. Asprinio Fitness Center

NYMC is in the business of health: bringing compassionate care and sound health to patients, communities, the region and populations across the world. The gift of health and wellness was given back to the College, by David E. Asprinio, M.D., chairman of the Department of Orthopedic Surgery and professor of clinical orthopedic surgery, and the NYMC Board of Advisors, whose generous donations supported the building of the Dr. Edward F. and Mrs. Anna M. Asprinio Fitness Center, named for Dr. Asprinio's parents.

In remarks at the ribbon cutting ceremony, Gladys Ayala, M.D., M.P.H., vice chancellor of student affairs and senior associate dean for student affairs, School of Medicine, expressed appreciation for the generous gifts which made the Fitness Center possible. In turn, Dr. Asprinio offered gratitude to his parents, a nurse and a physician, for their unwavering support and unflinching interest in the health and well-being of those around them, particularly his and his family. "While I can't always profess to be sleeping or eating quite healthfully enough," Dr. Asprinio noted, "the opening of the NYMC Fitness Center means that I can answer affirmatively to at least one of their routine parental questions, 'Are you getting enough exercise?'"

Open to all NYMC students, faculty and staff with a valid NYMC ID badge, the 6,327 square-foot facility located on the ground floor of 19 Skyline Drive features frontline cardiovascular equipment—treadmills, elliptical machines, bicycles, and a rower—as well as multiple strength machines and a variety of free weights. The Fitness Center also has a dedicated room for wellness classes and a host of fitness accessories, including yoga mats and medicine and balance balls. ■



Touro College of Dental Medicine at New York Medical College Opens Its Doors

NEW YORK STATE'S FIRST NEW
DENTAL SCHOOL IN NEARLY 50 YEARS

BY ANDREA KOTT, M.P.H.

On September 28, 2016, New York Medical College (NYMC) and Touro College and University System (TCUS) celebrated the grand opening of the Touro College of Dental Medicine (TCDM) at New York Medical College. The historic event drew more than 400 guests, including elected officials, TCUS, TCDM and NYMC administration and faculty and, of course, the 111 dental students who compose the inaugural class of the new institution.

In his grand opening remarks, Rabbi Moshe Krupka, executive vice president, TCUS, and other speakers recognized the importance of the day's event and the significance of the opening of the first new dental school in New York State in nearly 50 years, the 66th in the nation overall, and the first dental school under Jewish auspices outside of the state of Israel.

"Today we are celebrating the tenacity to pursue an audacious vision," said Rabbi Krupka, referring to TCUS' decision, commitment and hard work in taking the concept of a dental school and making it a reality. Likewise, calling the dental school facility, "absolutely phenomenal," New York State Senator Terrence Murphy, applauded TCUS for the initiative. "It's an absolute honor and privilege to be here and I com-

mend Touro for taking the risk and doing what you're doing, which is the right thing for our community and state. You have my support one million percent."

TCUS has built the state-of-the-art dental school and its curriculum from the ground up to prepare general dentists for the 21st century. Accredited by the Commission on Dental Accreditation of the American Dental Association, the TCDM is also TCUS's answer to New York's need for cutting-edge dental education and general dentists who are technologically savvy and committed to serving communities in need.

THE NEED FOR DENTISTS AND DENTAL CARE

In the 50 years since New York State's last dental school opened, the state's population and the number of people needing dental care have ballooned. Today, more than a quarter of New York's nearly 20 million residents—largely in non-urban areas—lack basic care, said Jay P. Goldsmith, D.M.D., TCDM's founding dean. "Once you get north of Westchester County, the need is especially pronounced," Dr. Goldsmith added.

Compounding the state's need for dentists is poor dental health, which is endemic in



rural or remote regions, some of which lack fluoridated water or providers who accept insurance, said Ronnie Myers, D.D.S., senior associate dean for academic and administrative affairs.

The demand for dental education is strong. The TCDM is the tenth new dental school to open in the United States since 2004. Nationwide, 6,079 matriculating students—up from 4,612—began dental school in 2014, according to Edward F. Farkas, D.D.S., senior associate dean of clinical affairs and chairman of dentistry.

In those ten years, the clinical practice of dentistry has undergone a paradigm shift in the techniques, materials and methods used to treat patients, Dr. Farkas explained. “At the TCDM at NYMC, we are committed to keeping pace with these advances both in our teaching and in our clinic,” he said. As a new dental school, the TCDM has had the unique opportunity to construct a comprehensive curriculum that has its roots in the basic sci-

ences and in accumulated dental knowledge, incorporating the most up-to-date digital dental technologies and methods, and tying it all together with the latest teaching concepts. “When our students complete the program, they will have developed a wide-ranging dental knowledge base, sophisticated perceptual skills and an ability to think critically as they treat their patients,” he said. “We’re training dentists for 2030 and beyond. We’re giving them the tools they need to succeed in the dental practice world of the future.”

A STATE-OF-THE-ART FACILITY

With more than \$2 million in funding from the highly-competitive New York State Higher Education Capital Matching Grant program (HECap), the TCDM has turned the fourth floor of NYMC’s 19 Skyline Drive building into 50,000-square-feet of classrooms, lecture halls, simulation laboratory and additional training facilities, student commons and faculty offices.

Much of the students’ early training happens in the advanced digital simulation lab, a substantial room with rows and rows of computerized dental simulation stations—one for each student. Every station has a dental simulator, which includes a mannequin “patient” with replaceable dentitions exhibiting different types of disease patterns. “Mannequins are the key element of every student’s training,” said Justin D. Steinberg, D.D.S., director of oral radiology. “By working on them, students learn how to drill, remove decay, place fillings and prepare teeth for crowns.”

Dr. Steinberg said that every year there is new technology revolutionizing dental practice. For example, each dental station in the digital simulation lab has a computer screen that permits every student to watch an instructor demonstrate a procedure from anywhere in the room.

Meanwhile, in a separate radiology lab, second-year students will learn to take



three-dimensional pictures of the mouth using cone beam computerized tomography (CT), and practice taking two-dimensional radiographs on “Dexter,” a vinyl-covered mannequin. “These radiology sensors produce incredible image quality while exposing patients to half the amount of radiation than in the past,” Dr. Steinberg commented. “Now, we can plan in three dimensions exactly where an implant will go, while ensuring the proper fit, function and aesthetics for the patient,” he added. “Traditional dental training doesn’t incorporate these new technologies.”

AN INTERDISCIPLINARY EDUCATION

TCDM’s emphasis on technology is just one aspect of its pioneering approach to education and training. Another is its interdisciplinary curriculum, which overlaps with programs within the TCUS and NYMC, such as medicine, public health, pharmacy and nursing, reflecting the integral relationship between oral health and overall physical health, explained Salomon Amar, D.D.S., Ph.D., TCUS provost for biomedical research, and professor of pharmacology and microbiology and immunology at NYMC. “For many years the mouth has been considered a separate enclosure, disconnected from the rest of the body,” Dr. Amar said. Yet, oral disease can affect distant systemic organs. Oral bacteria in patients with advanced periodontal disease can travel from the mouth to the heart, pancreas, knees, placenta or intestine, and could potentially increase risks for heart disease, diabetes, rheumatoid arthritis, having a low birth weight baby, or developing inflammatory bowel disease. “Modern dentistry intersects with basic and clinical medicine. We will be training oral physicians at TCDM.”

As Aaron E. Yancoskie, D.D.S., professor of oral and maxillofacial pathology, noted, “Students need to recognize that abnormalities in the mouth—inflammation, infections or tumors—could be systemically linked.”

“Students of the TCDM will reap both the benefits of a new school, including state-of-the-art facilities and leading educational innovations, and those of an established institution, including NYMC’s expert faculty, long-standing and celebrated research program, and a strong network of affiliated hospitals.”

— Edward C. Halperin, M.D., M.A.
NYMC Chancellor and CEO and
Touro Provost for Biomedical Affairs

With 46,000 cases of oral cancer diagnosed yearly in the U.S., it is essential that students identify the signs and symptoms associated with it, said Dr. Yancoskie, who has a joint appointment at NYMC in the Department of Pathology and will be teaching students how and when to perform soft tissue biopsies. He also emphasized the importance of understanding medical condi-



tions as they may impact dental care. “If you know that a patient, for instance, has been diagnosed with hypertension, you will understand that certain treatment modifications may be necessary in order to prevent possible complications in the dental chair.”

The TCDM curriculum also entails research and gives students opportunities to explore issues in dental health, health care policy, and translational medicine, such as reducing the cost of effective care, or translating scientific discoveries into new devices and treatment options. Said Dr. Myers, “We are developing a robust inter-professional educational experience.”

FROM CLASSROOM TO CLINIC

Essential to this educational experience is its application to clinical practice. On the school’s third floor, a 132-chair community dental clinic—scheduled to open to the public in 2018—is under construction. Here, third- and fourth-year students who have mastered basic skills on mannequins will provide care to patients (with faculty supervision) and learn how to take patient histories, perform examinations, develop oral health care plans, and restore teeth with fillings, implants, bridges, dentures and partial dentures. They will also learn, when appropriate, to take digital impressions by scanning patients’ teeth with a wand that sends an image via computer to a machine that robotically molds a ceramic block into perfectly contoured teeth. “There’s no more of that infamous impression material that patients gag on and that leaves you with a distorted cast,” Dr. Amar marveled. “This new digital technology eliminates patient discomfort and distortion, while taking only an hour to fabricate a crown that fits like a finger in a glove. It’s unbelievable.”



Such technology reduces the time it takes to perform procedures, while eliminating the variation in the quality of students' work, Dr. Farkas explained. "It puts everyone on the same playing field and allows everyone to succeed at a high level, with less effort than previously required."

In addition to being an ideal training ground, the clinic will also serve as a source of affordable, quality treatment for the underserved from the Hudson Valley and the Bronx. In this way, said TCUS President Alan Kadish, M.D., "The TCDM will fill a void in dental education and improve access to oral health care," particularly among individuals from New York's under-represented rural and urban communities.

COMMITTED TO DIVERSITY AND TO GIVING BACK

Its commitment to the underrepresented captures the ethos of the TCDM. The school, like the entire TCUS, is dedicated to diversity: 10 percent of the students in the current class are underrepresented minorities, Dr. Myers pointed out. The school is especially interested in students, like Jaleel Bolden, who want to bring quality dental care to their own communities.

Born and raised in the Crown Heights section of Brooklyn, Bolden is one of six siblings with a single mother. By the time he turned 21, he had only seen a dentist three times in his life. "My mother couldn't afford to take me," he said with a smile that revealed a gap between his two front teeth, once a source of deep self-consciousness. But Bolden, 25, who is the only member of his family with a college degree, has overcome his self-consciousness and embraced a desire to give back to his community. "I'm not becoming a dentist just to better



myself," he asserted. "I'm doing it because I want to help others."

The desire to give back is an important criterion that TCDM seeks in its applicants. In fact, it specifically looks for individuals with a history of community service, Dr. Goldsmith said. "In their hearts, they have to be good people."

Jessica Li is one such student. At Cornell University, where she earned her undergraduate degree, Li co-founded a chapter of Dental Brigades, an international, non-profit organization that brings dental care to underserved communities in Central America. She planned numerous trips to Honduras, giving fellow students the opportunity to work alongside volunteer dentists and teach local communities about oral hygiene. Li, 23, who majored in communications with a focus on the environment, science and health, is keenly interested in the deleterious effects that factors such as poverty and illiteracy have on wellness. "People who are disadvantaged socially and economically tend to be less likely to care for their health because they lack either the means, understanding or access to care," she said. "As a dentist, I'll be able to teach disadvantaged populations how poor health habits affect oral health."

Jennifer Mehrens, 25, also looks forward to helping patients understand and overcome barriers to good oral health. For the past several years, Mehrens has worked at the only clinic in her native Napa Valley that provides dental services for children on Medi-Cal, California's version of Medicaid. Many of these children's parents are migrant farmworkers, and medically or otherwise underserved. "As dentists, we need to understand that there's more going on than what's in patients' mouths," she said. "I want to treat every patient as a whole person rather than a set of teeth."

So does George Rubin, 24, who has worked with adolescents and adults with autism who may have damaging oral habits, or difficulty brushing and flossing. "Their oral treatment is one of the most important aspects of their caretaking and can have invaluable results not only on their oral health but also on their quality of life," Rubin emphasized. "As health professionals, it is important that we do our part in giving back by caring for populations that need special attention."

In its own commitment to giving back, the TCDM has built affiliations with health care facilities that serve disadvantaged communities—and where students will eventually train—including The Open Door Family Medical Center in Port Chester, N.Y., the Westchester Institute for Human Development in Valhalla, N.Y., and St. Joseph's Regional Medical Center in Paterson, N.J. These professional relationships will be a pivotal part of students' dental education, said Edward C. Halperin, M.D., M.A., NYMC chancellor and CEO and Touro provost for biomedical affairs. "Students of the TCDM will reap both the benefits of a new school, including state-of-the-art facilities and leading educational innovations, and those of an established institution, including NYMC's expert faculty, long-standing and celebrated research program, and a strong network of affiliated hospitals."

In this age of specialization, finding a dental school that concentrates on general education may be rare. But TCDM, its students agree, is not just any dental school. It is on the frontlines of dental education and technology, with a mission to turn out high-caliber dentists who will work to make dental care accessible to all. ■

Facing an Epidemic

Opioid addiction can start with a simple painkiller prescription. Through curriculum enhancements and clinical partnerships, New York Medical College has pledged to advance a better, safer way to manage pain.

BY MELISSA F. PHETERSON

Think back to any hospital visit, and you've likely heard or overheard: "From a scale of one to ten, what's your pain level?"

When the medical community began to refer to pain as the "fifth vital sign," doctors asked this question more frequently—and often scrambled to reduce discomfort by writing prescriptions for powerful opioid analgesics. The result was a spike in painkiller prescriptions that were often refilled without question, fueling full-blown addiction. Patients quickly became dependent on opioids like Percocet and Vicodin, desperately seeking refills and sometimes turning to a cheaper, more readily available alternative: heroin.

The Centers for Disease Control and Prevention (CDC) reports that overdose deaths from prescription opioids now exceed deaths from illegal drugs, for all age groups.

In March 2016, at the National Prescription Drug Abuse and Heroin Summit, the White House released a list of medical schools, including New York Medical College, that pledged to require students to take some form of prescriber education, in line with newly-released CDC guidelines for prescribing opioids for chronic pain. To show their support, the American Association of Medical Colleges (AAMC) affirmed that "addiction to opioids is a crisis of national significance."

"With 44 people dying each day from prescription pain medication overdoses—according to HHS (U.S. Department of Health and Human Services) estimates—academic medical centers across the country are actively developing robust curricula to train today's medical students about the threats posed by prescription drugs," the AAMC statement continued.

D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine (SOM), signed the pledge on behalf of New York Medical College, renewing its commitment to "provide robust instruction and training" to meet the challenges of the opioid epidemic.

"Our School of Medicine has always been an innovator in curriculum design, aspiring to be the best community-based school of medicine in the country; we felt that our curriculum could be enhanced to sharpen its focus on opioid awareness," says Dr. Miller. "Through proactive enhancements of the curriculum and a partnership with the Westchester County Department of Health, we are demonstrating our leadership in addressing this epidemic—one that is adversely affecting the health of all populations."

"We want to make sure that our students are prepared to be responsible prescribers; and ready to deal with the possible risk of overdose and addiction," Dr. Miller says. "In addition, we realize some physicians and students struggle with substance addiction, and we support their recovery. This is a chronic condition, not a psychological weakness or moral failing."

Robert W. Amler, M.D., M.B.A., dean of the School of Health Sciences and Practice and vice president for government affairs, emphasizes the partnership between the College and several government agencies, including 11 local health departments, in training medical professionals, students and first responders in reversing opioid overdoses through a nasal spray.

"Opioid abuse presents a public health challenge, but also a public health opportunity to provide community responses and training that save lives, right on the spot," says Dr. Amler. "We've already seen many lives that have been saved because of effective training and immediate response."

FIRST LINE OF DEFENSE

In 1971, the FDA approved the medication known as Naloxone to intercept and reverse the effects of opioids, particularly in cases of overdose. For years, it was delivered by injection into the muscle; but recently it became available as a nasal spray, paving the way for widespread use among non-medical first responders, such as police officers, who may encounter individuals unconscious from overdose.

In 2014, the Westchester County Commissioner of Health, Sherlita Amler, M.D., M.S., called upon the Center for Disaster Medicine in the School of Health Sciences and Practice's Institute of Public Health to partner in training police officers to administer this spray, sold under the brand name Narcan.

"Our focus on emergency medicine has placed us at the front lines of opioid addiction to help those in the acute stages of overdose; we have a vast amount of experience training doctors, paramedics and police officers," Michael J. Reilly, Dr.P.H. '10, M.P.H., director of the Center for Disaster Medicine, associate professor of environmental health science and associate professor of emergency medicine, says. "Our expertise at the Center, and the credibility of the College as a whole, allows us to offer advice and counsel to train non-medical first responders on lifesaving interventions."

With the joint leadership of the Center for Disaster Medicine and the County Health Department, Westchester County became a participant in the New York State Opioid Overdose Prevention Program.

"Prescriptions for opioid medications have skyrocketed over the last decade and increased fourfold since the 1990s," says Dr. Sherlita Amler, also an associate professor of pediatrics in the NYMC School of Medicine and a distinguished lecturer in the School of Health Sciences and Practice, who leads the trainings. "Between 2005 and 2014, the number of opioid-related deaths in New York increased by 150 percent."

As part of Westchester's Safer Communities Initiative, the Narcan training and kit aim to empower first responders, school nurses, substance abuse counselors and others to help reverse or arrest the effects of opioids, stopping a potentially fatal overdose. Residents who complete the free training sessions are given a free Narcan kit and remain certified to administer the spray for two years.

Due to this initiative, in 2016 the School of Medicine's Clinical Skills and Simulation Center was immediately able to expand its Basic Life Support (BLS) certifications for first-year medical students to include the county's formal trainings on Naloxone and Opioid Reversal Training. These sessions teach students at the very start of medical school to recognize the signs and symptoms of opioid overdose, and to respond by assembling the needle-less syringe to spray Narcan into the nose.

Adding future medical students to the lines of defense "gives them the opportunity to be part of the solution," says Dr. Sherlita Amler. "Our goal for medical students is to have them recognize,



"This is a chronic condition,
not a psychological weakness
or moral failing."

— D. Douglas Miller, M.D., C.M., M.B.A.,
Dean of the School of Medicine

treat and prevent future addiction. Because Narcan is key to preventing death by overdose, this training is one of the first tools the students receive to save someone's life," she says. "In addition, the training starts the dialogue about the problem we're having with prescription painkiller addiction in our county. Before they even write their first prescription, we want our students to think about that balance between controlling pain and creating addiction."

Katharine A. Yamulla, director of the Clinical Skills and Simulation Center, calls the College's partnership with the health department "the perfect marriage of training and resources, campus and county."

"Within a month of starting medical school, students acquire the basic skills to save someone's

life," says Yamulla. "It has been an honor to collaborate with medical professionals throughout Westchester County, who are also dedicated to raising awareness on this important subject."

Jennifer Lindelof, SOM Class of 2020, said the Narcan training alerted her to the national health crisis that's also prevalent in Westchester, where opioid-related deaths have doubled over the last decade from 29 to 59.

"We're just starting to hear about prescription painkillers being so dangerous, even in an affluent community like ours," she says. "This training opened my eyes to the extent of the problem. You never know when you'll come across someone who's unresponsive due to possible opioid overdose."

HUMANISM AND HEALTH

The topics of pain management, prescriptions, overdose and addiction has always figured in the School of Medicine curriculum. But in light of new CDC guidelines and the AAMC pledge, a working group of faculty drawn from the specialties of primary care, neuroscience, pharmacology, anesthesiology and pain management has worked to connect the topics with each other, flagging intersections throughout the curriculum. In addition to first-year training, second-year clinical simulations and a fourth-year elective in pain management will sustain discussion and awareness.

"Pain management cross-cuts all disciplines, and lies at the heart of humanism: treating every patient with compassionate care that places his or her conditions, and complaints, at the center of every discussion," says Jennifer L. Koestler, M.D., senior associate dean for medical education. "By building themes into a big picture of holistic health, we're making sure our students ask the right questions of patients to inform and guide their decisions. When a public-health issue comes up, we want our students to be sensitized

"Opioid misuse and abuse is a national epidemic of proportions we have never seen."

— Mark Rosenberg, D.O., M.B.A.,
Chairman of Emergency Medicine,
St. Joseph's Healthcare System



to it, with the tools to manage and address it—to care for patients and to a broader extent, communities.”

Nitin K. Sekhri, M.D., assistant professor of anesthesiology and medical director of pain management at Westchester Medical Center, took part in the working group that reviewed the curriculum.

“Our underlying objective was to improve how medical students and future practitioners treat pain,” he says. “We plan to increase education regarding screening tools for physicians before that first opioid prescription is even written. How do we assess patients at a higher risk of becoming addicted?” The group also aims to advance a paradigm shift from “subjective pain score” to something more objective, such as the patient’s ability to function on a day-to-day basis, as a gauge for how effective, and necessary, any given medication might be.

CLINICAL CULTURE CLASH

To address the roots of the opioid epidemic—prescriptions for painkillers written in the emergency room (ER) at St. Joseph’s Healthcare System, a primary teaching site in Paterson, N.J., for students at the School of Medicine, has launched an ALTO (Alternatives to Opioids) program that forges a new approach to managing acute pain.

“Opioid misuse and abuse is a national epidemic of proportions we have never seen,” says Mark Rosenberg, D.O., M.B.A., chairman of emergency medicine at St. Joseph’s Healthcare System, and associate professor of clinical emergency medicine. When patients visit the Emergency Department with complaints of fracture pain, kidney stones, ankle sprains and migraine headaches, “we find opioids are not only unnecessary; but also, in many cases, are not the best drugs to use,” Dr. Rosenberg says.

“Of all the programs I’ve started in my career, I’ve never had the degree of buy-in as I have with ALTO, and not only among doctors,” he adds. “We have a significant influx of new patients who’ve been addicted in the past and refuse to go down that road again.”

From a population health perspective, Dr. Rosenberg says the ALTO program works to usher along a culture change among

doctors who have always regarded pain as something to be managed aggressively and eliminated.

“We started prescribing more opioids because they were in our ‘toolkit’ and we were told they weren’t addictive, and safer than morphine,” he says. “We ended up with a population that became dependent on these meds, and as a society we never arranged for a way to properly discard the medication. Oxycontin on the street is \$30; heroin is \$2. The ALTO program aims to put more tools in the toolbox. So with kidney stones or ankle pain we have other medications that are not addicting; yet powerful enough, when used correctly, to manage pain to the point of getting patients back to function.”

The ALTO approach also recruits “non-pharmacological” remedies to relieve pain, such as music by a harpist who is a fixture of the emergency room. “Part of ‘pain syndrome’ is anxiety,” he says. “That explains why non-pharmacologic remedies may alleviate the need for other pain modalities.”

As another corrective measure, the ER at St. Joseph’s remains proactive in connecting patients with pain management specialists, psychiatrists and primary care physicians—encouraging interaction among these clinical rotations.

“If I give someone 10 Percocet and send them to their primary care doctor, the doctor may ask if it’s working for them and give them more. But if, instead, I gave you a heating pad, a Lidocaine patch and the correct dose of Motrin or Ibuprofen, the doctor might continue that regimen,” says Dr. Rosenberg. “I can change patients’ entire care plans by sending them home without opioids. And patients who are already dependent on opioids, whether housewives or drug addicts, have no way of recovering unless we provide medically-assisted detox.”

THE ADVIL ANTIDOTE

At the Touro College of Dental Medicine (TCDM) at New York Medical College, students receive training in prescribing opioids properly when procedures warrant them; and in giving non-narcotics, even Advil, as the default choice for pain management with certain procedures.



“We are committed to aligning with the anti-opioid abuse initiative,” says Edward F. Farkas, D.D.S., TCDM senior associate dean of clinical affairs and chairman of dentistry. “Our students must understand that they will play a critical part in preventing future abuse. Because they are given the ability to prescribe opioids, they must also bear the responsibility to monitor use and look out for the patient’s best interest.”

VACCINES, VEHICLES AND VICODIN

From a public health perspective, Dean Amler recognizes the need for “primary prevention to keep people from overdosing in the first place—whether recreationally or unintentionally—when they fail to realize the danger of painkiller drugs.” Students in the Doctor of Physical Therapy program in the School of Health Sciences and Practice subscribe to this tenet and recently held an awareness campaign to educate the community on physical therapy as an alternative to opioid use. During the month of October, National Physical Therapy month, they touted the role of physical therapy in managing pain while treating the underlying condition without the risk of addiction.

New York State legislation passed in 2016 has addressed the epidemic—limiting opioid prescriptions to a week’s supply (rather than 30 days), requiring ongoing prevention education for physicians and prescribers, and mandating insurance coverage for Narcan, among other measures. But more work lies ahead.

“Controlling pain is a complex professional judgment that’s difficult to legislate, and we’re still on the learning curve of discovering the guidelines that will effect a positive change without depriving patients of the relief they need and deserve,” Dr. Amler says. “In the public health sphere, we have vast experience writing guidelines for complex situations, from vaccines to vehicles. Once our policies are tested and tried, we can begin to create guidelines for opioids, too.”

BRAIN AND BEHAVIOR

In the NYMC Graduate School of Basic Medical Sciences, C. Andrew Powers, Ph.D., professor of pharmacology and course

director of medical pharmacology, delves into the tangles surrounding opioids by discussing perceptions of pain, the neurobiology that underlies addiction and the toxicology of overdose. He has even invited recovering addicts from Alcoholics Anonymous to speak about their experience spiraling into, then breaking from, a vicious cycle.

“Part of the problem is that patients claim they don’t get relief from anything other than opioids and doctors have been taught it’s unethical to let their patients suffer,” Dr. Powers says. “We now understand how addictive opioids can be. When a person develops an addiction, it triggers reward systems in the brain involved in learning, motivation and pursuit. This evolves into an irresistible compulsion to seek out and use drugs.”

Opioid addiction involves both physical dependence—needing more of the drug to achieve the same effect—and psychological dependence, which Dr. Powers calls “the more problematic aspect of addiction.”

“It’s easy to ‘detox’ physically by switching to longer-acting opioids and tapering the dose,” he says. “But this has no effect on the psychological. The patient still has the craving and still interprets neutral stimuli, such as a twenty-dollar bill, as a powerful trigger to seek out drugs.” At that point, he says, doctors have to move beyond pharmacology to education, counseling and maintenance.

Dr. Miller says the initiatives and alliances throughout NYMC and the community reaffirm its core mission to deliver compassionate medical care while providing leadership in public health. “We’ve done far more than sign a pledge,” he says. “Each day, we are taking the steps to address and alleviate a crisis that profoundly impacts lives, families and society.” ■



The Doctor Is In The House

House Advisory System Provides Medical Students with Enhanced Advising and Networking

BY MELISSA F. PHETERSON



It's not often that medical schools look to Harry Potter for policy decisions. But when leaders at New York Medical College wanted to enhance the level of academic, career and personal support provided to each student in the School of Medicine (SOM), they took cues from the system of "houses" at the fictional Hogwarts School to create similar communities on campus.

Under the House Advisory Deans program, each student immediately enters one of ten houses—not physical structures, but designated groups—with a house dean and a network of peers responsible for providing professional and personal advisement over the course of medical school: tracking academic progress, exploring career paths, discussing attitudes and ethics, and managing stress through mindfulness, nutrition, even yoga.

"The core goal is that 100 percent of our students receive longitudinal mentorship and advising," says Gladys M. Ayala, M.D., M.P.H., vice chancellor of student affairs and senior associate dean for student affairs, School of Medicine. "Because the Office of Medical Student Affairs had only two student affairs deans, it was very challenging to get to know all the students. We would know the student leaders as well as those students who were having challenges and those who took the initiative to come see a dean, but I always felt I wanted to really know them *all*—something that is not physically possible when you have more than 800 students."

At a meeting of the American Association of Medical Colleges, Dean Ayala recalls, she heard other medical students share their advisory program models. "It was then I knew we could build a new system to enhance advising and mentorship for our medical students." Students had also approached her with the idea, having experienced the model at their undergraduate schools.

Starting in 2012, with the help of Susan Rachlin, M.D., associate dean for student affairs, Dean Ayala researched the idea, sought student input, aligned resources and began to interview faculty members to serve as house deans.

"I likened the system to *Harry Potter* so people could understand what we were doing," Dr. Rachlin says. "When I found there were a handful of medical schools across the country using this type of house system, I took snippets of things I liked from each one."

The program formally began in June 2014 with 10 houses of 80 to 85 students each, led by a house dean, six of whom are New York Medical College alumni. Each house was named, with student input, after a distinguished, deceased alumnus or alumna of the College or a notable individual in NYMC history.

"We want all students to have a peer mentor; and we want to encourage students, when they graduate, to stay as an alumni presence and serve as an advisor in their own house."

— Susan Rachlin, M.D., Associate Dean for Student Affairs

"We have such a long, rich history, dating from 1860," Dean Ayala says. "I wanted the achievements of our alumni to inspire students—as they too become part of the history of the College and the medical community. And it's a benefit to our students to see alumni on the faculty participate as advisory deans. This engages both the students and faculty to share stories about their education and explore future possibilities together. In this way, I wanted to bridge our history, our present and our future."

"The faculty who are participating in this program all deserve honorary degrees from NYMC," she adds, "because they have lived most of their careers as clinicians, educators and advisors to students here; and are equally passionate about working with our medical students."

MENTORS AND MORE

Elliott N. Perla, M.D. '74, professor of clinical medicine and recently retired dean of student affairs, serves as advisory dean for the Kogel House, named for Marcus Kogel, M.D. '27, a distinguished World War II colonel. Mentoring a community of 80 allows Dr. Perla to offer a level of support and involvement that isn't possible to spread among 800 students. Students are required to meet with their advisory deans once a semester at least, for a check-in; but there is no cap on the number of visits or the level of engagement.

"We care about all our students; we want to know and learn about them," Dr. Perla says. "There are so many areas in which our students' experience could be enhanced if they had a mentor from day one, and now they do. We talk about academic performance and career goals, but it's not limited to that. One area we cover better with the house system is talking to them about life in general, their families, what's going on with them, good or bad; if they need additional help, or resources. Life happens, and medical students aren't exempt."

Dr. Perla recalls helping a student whose mother had become very ill and passed away during the first year of medical school. "She still had to focus and take step one of her board exams, but she was struggling," he says. "I had been speaking to her about shadowing and career goals, of course; but when the focus shifted, I could still be there to listen." He also counseled a student reeling after a break-up, and helped another student negotiate his interest in a field of medicine that his parents, for personal beliefs, refused to fund.

"Dr. Perla is extremely well-connected and if I asked him a question, I felt confident he would know how to guide me toward an answer," says Christopher Monson, SOM Class of 2017, in Kogel House. "When classes got hard or I faced a challenge, he wasn't a scary 'Administrator with a capital A'—he's someone who knows me on a first name basis. I'm comfortable discussing anything with him."

Musaub Khan, SOM Class of 2019, says he's spoken with Dr. Perla about everything from academic performance, clinical specialties and his summer research to concerns about the curriculum and handling mental stress.

"His guidance throughout my first year has allowed me to manage school far better than when I first started," Khan says.

Cyril Rosenfeld, SOM Class of 2017, is a member of the Burgess-Holley House, named for Alonzo Potter Burgess Holley M.D. 1888, a Haitian émigré and the first black male to graduate from the College. Rosenfeld consults her advisory dean, Mill Etienne, M.D. '02, M.P.H., clinical assistant professor of neurology, for matters ranging from clinical rotations to curriculum vitae reviews.

"It's comforting to have a professional who I can go to right away—for matters big and small—to guide me from experience and to validate my decisions," Rosenfeld says.



The house advisory deans also meet with each other, and the Office of Student Affairs, to discuss student issues, resources and referrals. "We all work together like a medical team," says Dr. Rachlin. "We talk about preventative care and wellness. These deans are an extension of the 'core deans' of student affairs."

Dr. Perla and Dr. Etienne joined together to discuss career advice and track down resources for Tafadzwa Mtisi, SOM Class of 2019, a student in Kogel House from Zimbabwe, with an interest in neurology. "They are helpful in giving suggestions, drawing examples from personal experience, and offering strategies when they faced a similar stumbling block to mine," he says. "And Dr. Perla reminds us to go apple picking when we're feeling stressed."

BUILDING A NETWORK

To develop student engagement and foster closer relationships, the house system relies on peer-to-peer mentorship, with fourth-years and third-years on hand to counsel the first- and second-year students in their house. Designated peer advisors offer support and guidance to an assigned group of students in the year immediately below them; and the entire house has a chance to meet at social and community events. Monson—a current fourth-year student—says the Kogel House pizza parties organized by Dr. Perla have brought students of all years together, a rare opportunity that he appreciates.

"When you're starting to think about hospital rotations, specialties, all the 'big decisions,' it's rare to actually see on campus the students who are busy living these decisions," Monson explains. "At every Kogel House pizza party, you get to see the third- and fourth-years, and pick their brains. As a first-year, you're in the corner looking

"It's comforting to have a professional who I can go to right away—for matters big and small—to guide me from experience and to validate my decisions." — Cyril Rosenfeld, SOM Class of 2017



at the fourth-years, trying to gather the courage to approach them with a question. But then you do; and hearing their experiences, stories and recommendations goes a long way toward quelling any anxieties you have. By the time you're a fourth-year, you're thrilled when a first-year student approaches you. The rewarding part for me is getting to impart *my* wisdom to the first-years. And now I actively look for opportunities to advise them."

"Paying it forward" is why Dr. Rachlin calls peer advising critical to the house system. "We want all students to have a peer mentor; and we want to encourage students, when they graduate, to stay as an alumni presence and serve as an advisor in their own house—so that, for example, a resident in pediatrics would counsel a fourth-year medical student." Community service projects, fundraising events and collaboration between alumni and students are other initiatives the peer network can support.

NURTURING A "NOBLE CALLING"

Although Dean Ayala says the program is still "in its infancy, still crawling," she continues to advocate for its growth. As in the medical model of longitudinal care—consistent, compassionate care over time—professional mentorship throughout the years yields the best results for future doctors. "This is about relationships, mentoring, collegiality and support during a rigorous educational program," she says. And it's intended to remain with them beyond their tenure at the College.

"Medicine is a noble calling," Dean Ayala says. "Becoming doctors that care for patients is sacred. We are responsible for nurturing our students' development on this journey—really, a lifelong journey. We need to take care of them holistically, from imparting knowledge and skills, to protecting their mental health and wellness. The house system provides them with that supportive environment, to ensure their success." ■

School of Medicine Houses and Advisory Deans

Clemence Sophia Lozier, M.D., founder of New York Medical College for Women
Advisory Dean: Joseph Giamelli, M.D. '02

William Cullen Bryant, founder of the New York Homeopathic Medical College in 1860
Advisory Dean: Fern Juster, M.D.

Ira Remsen, M.D. 1865, second president of Johns Hopkins University, co-discoverer of Saccharin and founder of *American Chemical Journal*
Advisory Dean: Daniel Zelazny, M.D.

Emily Howard Jennings Stowe, M.D. 1867, one of the first female physicians in Canada
Advisory Dean: Andrew Mutnick, M.D. '01

Susan Smith McKinney Steward, M.D. 1870, first African-American woman in New York to earn a medical degree from the New York Medical College for Women
Advisory Dean: Roger Chirurgi, M.D.

Alonzo Potter Burgess Holley, M.D. 1888, first African-American male to graduate from the College
Advisory Dean: Mill Etienne, M.D. '02, M.P.H.

Walter Gray Crump, M.D. 1885, civil rights advocate and founder of the College's first African-American scholarship program
Advisory Dean: Maria Capparelli, M.D. '07

Marcus Kogel, M.D. 1927, chief resident physician at Metropolitan Hospital, colonel in World War II and dean of Albert Einstein School of Medicine
Advisory Dean: Elliott Perla, M.D. '74

Geraldine Burton Branch, M.D. 1936, M.P.H., founder of the Watts Health Center and Foundation
Advisory Dean: Karen Murray, M.D. '99

Jane Cooke Wright, M.D. 1945, first woman president of the New York Cancer Society, director of Cancer Chemotherapy research at New York University Medical Center and associate dean of New York Medical College, the highest-ranking African-American in administration in a majority medical school at the time
Advisory Dean: Susan Rachlin, M.D.





Taking Aim at Zika

“Since Zika’s appearance in South America last year, the urgent need for research focused on the virus has attracted many of the top virologists and immunologists in the nation. Because of this intensified research effort, significant advances have been made toward understanding the basic questions regarding Zika transmission and pathogenic mechanisms.”

— Penghua Wang, Ph.D.,
assistant professor
of microbiology and
immunology

Whether in the laboratory, the clinic or the classroom, New York Medical College is doing its part to wage war on the Zika virus.


BY ROBERT S. BENCHLEY

Approximately 4,000 cases of Zika virus have been reported in the continental United States and Hawaii, according to the Centers for Disease Control and Prevention (CDC), virtually all of which were acquired through travel to affected areas overseas. Nearly one-quarter of those cases have been reported in New York State, with the vast majority of them in New York City and on Long Island.

Zika is exactly the type of public health threat that requires a blend of clinical, research and educational responses, and the experts at New York Medical College

were already taking aim at the virus before it arrived.

“The Zika virus involves a typical combination of medical and public health responses,” says Robert W. Amler, M.D., M.B.A., dean of the School of Health Sciences and Practice, vice president for government affairs, and professor of public health, environmental health science and pediatrics. “A lot of them intersect. First you have the disease that has to be dealt with clinically and the reproductive aspects that affect future generations. Then there is the need for public action and the steps that can be taken



via intervention. There is also public policy, including travel restrictions and advisories. These spheres ultimately come together. We may speak of them individually but they all impact one another.”

ZIKA'S LONG, SLOW JOURNEY

The Zika virus, although new to most of us, was discovered in rhesus monkeys in Uganda's Zika forest more than seven decades ago, in 1947, by researchers looking for yellow fever virus. Zika is from the *Flaviviridae* virus family, which also is responsible for the flaviviruses that cause yellow fever, dengue fever, Japanese encephalitis and West Nile virus.

The following year, the virus was also discovered in *Aedes aegypti* mosquitoes captured in the Zika forest, revealing the probable method of transmission. By 1952, Zika had jumped to humans, with the first cases recorded in Uganda and neighboring Tanzania. The virus was beginning to demonstrate that it could travel, albeit slowly. The first major human outbreak occurred in 2007, and it was far from Uganda—7,300 miles away on the island of Yap, located in the Western Pacific's Caroline Islands.

In the continental U.S. today, locally-transmitted infections—confined to Florida and numbering approximately 130 at time of press—have raised the anxiety level considerably. And there is legitimate cause for concern. The Zika virus infection is strongly associated with serious birth defects and adverse pregnancy outcomes, especially microcephaly, in which a baby is born with an unusually small head and underdeveloped brain. To a much lesser extent—13 reported instances—it is also linked to Guillain-Barré syndrome, a rare disorder of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness and sometimes paralysis. Recent research has also found a possible link between Zika and damage to neural stem cells in the brains of adult mice. Whether this result is replicated in humans remains to be seen.

WHAT WE KNOW THUS FAR:

- Zika is spread to people primarily through the bite of an infected *Aedes* species mosquito (*Aedes aegypti* and, to a lesser extent, *Aedes albopictus*).
- Zika virus can pass from a pregnant woman to her fetus during pregnancy or around the time of birth (periconceptional/intrauterine/perinatal transmission), although it is not known how often this happens.
- A person who is infected with Zika virus can pass it to sex partners. Sexual transmission has been determined to be the cause of 32 of the U.S. cases.
- Most people infected with Zika virus won't have symptoms or will only have mild symptoms.
- No vaccines or treatments are currently available to treat or prevent Zika infections.

SOLVING ZIKA'S MYSTERIES

Currently in the laboratories at New York Medical College, one of the researchers hard at work trying to solve the Zika mystery is Penghua Wang, Ph.D., assistant professor of microbiology and immunology.

“I am studying Zika, but also other mosquito-transmitted viruses, such as West Nile and Chikungunya,” he says, “and my general interest is virus-host interactions. Since Zika's appearance in South America last year, the urgent need for research focused on the virus has attracted many of the top virologists and immunologists in the nation. Because of this intensified research effort, significant advances have been made toward understanding the basic questions regarding Zika transmission and pathogenic mechanisms.”

Wang offers examples of what researchers have learned—and what they still seek to learn:

“Animal studies have provided powerful evidence linking Zika transmission from mother to child with microcephaly,” he says. “As the Zika research activity continues to build, scientists are focusing on gaining an in-depth understanding of disease pathogenesis, immune responses, new therapeutics and vaccine development. In my laboratory, we are asking the basic questions: How does Zika manipulate host factors to cause disease in mammals? These factors may be the cell surface receptors that help the virus gain entry into cells or proteins that facilitate congenital transmission. Or how does one's body's immune system, with a focus on the innate immune branch, respond to it? And how does it overcome the immune system so the virus is able to replicate so quickly?”

“These are certainly very fundamental questions to be addressed,” says Wang, “Answers to questions like these can help us advance in other areas, such as drug and vaccine development. When we understand the basic element, then we can understand the secondary element.”

Harshada M. Ketkar, a doctoral student, is working with Wang. “When we first began working together in the summer of 2015, thousands of Zika cases were being reported overseas, and there were big gaps in our knowledge,” she says. “Since then, a lot of dots have been connected, and we are now part of a large research community seeking the answers to a complex puzzle. Still, the virus has continued to show its power through its transmission via blood transfusion in Brazil and sexual transmission in the U.S.”

Ketkar is currently focusing on how the infection begins and how the virus becomes established. “For example,” she says, “one intriguing fact about the Zika virus is that it has a devastating effect on the intrauterine fetus, but it does not cause severe symptoms in the pregnant woman. We aim to decode the mechanism of this vertical transmission at the cellular and the molecular levels. How exactly does the

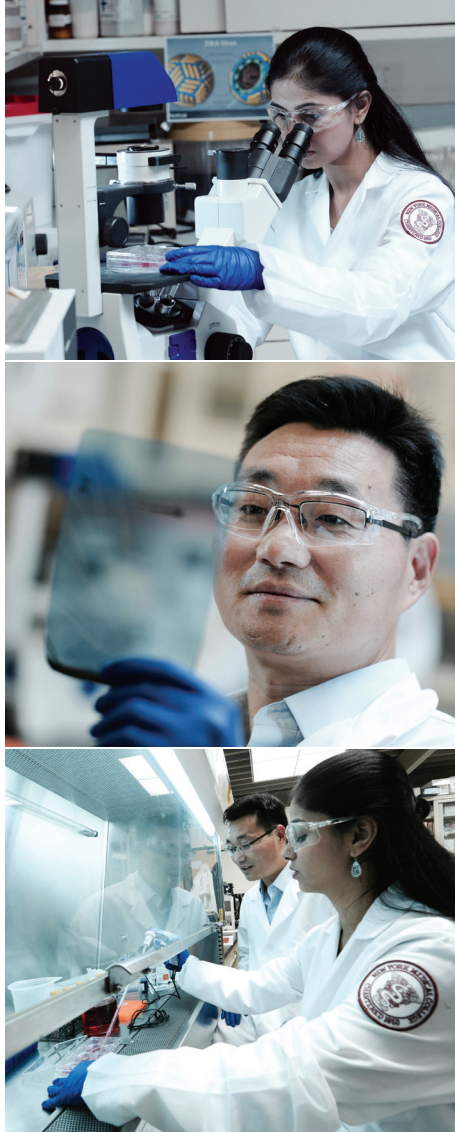
virus gain entry into the developing fetus by breaching the placental barrier? We believe the Zika virus may manipulate some host factors as accomplices to facilitate its vertical transmission. We are interested in identifying these factors, which could be potential therapeutic targets in pregnant women after being diagnosed with Zika infection.

“Any microbial infection is a war between pathogen and host,” she adds, “and yet we are not aware of the molecular mechanism of Zika pathogenesis. The Zika virus genome can produce 10 different types of proteins, and we are cloning the genes and looking at individual protein’s interactions with the immune pathways. What we hope to learn from this—the specific virulence mechanism of the virus and the specific anti-virulence mechanism of our body cells—can ultimately lead to the production of vaccine candidates. Nearly two dozen pharmaceutical companies are working on vaccines.”

“We are looking for new therapeutics, too,” says Wang. “We currently have a specific target—a drug for parasites—that seems to work on viruses at the cellular level. We also have a compound that can be extracted from Chinese herbal medicine that seems promising at the cellular level. Both will require animal model testing, which we hope will be completed soon. The Zika mystery will ultimately be solved; it is just a matter of time.”

THE A TO Z OF ZIKA

Until then, however, it is important for health care professionals to keep current on the latest information and be ready for any questions they may receive from their patients. On June 1, 2016, Donald Chen, M.D., assistant professor of clinical medicine and hospital epidemiologist at Westchester Medical Center, gave a grand rounds presentation to his colleagues about what was then the current state of knowledge about the Zika virus. He and his team have given presentations and updates on Zika virus infection and epidemiology to a number of hospital groups, including physicians, nurses and students, in an effort to provide the education that they can apply to their own work and communicate to patients and others around them.



“A major focus of our work is in preventing the spread of infections in the hospital setting,” Chen says. “Unlike the health care acquired infections we commonly deal with, Zika is not known to spread through casual contact. For example, one does not need to wear masks to protect against Zika in the way that masks are worn to protect against the flu. There is, though, the potential for Zika to be transmitted by exposure to blood, so health care workers must follow the same standard precautions to prevent exposure to blood that they would with any other patient in the hospital.

“Still, Zika infection can have profound clinical consequences in certain populations, and it is important for all individuals to understand how Zika is transmitted, and be knowledgeable of the steps they should take to prevent becoming infected and prevent potentially spreading the infection.”

The major recommendations, he says, are to be aware of areas with “local Zika

spread” before travel, take steps to prevent being bitten by mosquitoes while in these areas, and follow safe sex practices to prevent transmission while in those areas and for a period of time after returning.

“Some individuals may not be aware, for example, that Zika can be sexually transmitted and that the risk of transmission is believed to persist for up to six months after return from an affected area,” Chen says.

As the understanding of Zika continues to evolve, Chen recommends keeping up to date on the Zika virus guidelines by visiting the CDC website regularly, www.cdc.gov/zika.

FACING OUR FEARS

A critical role for NYMC, notes Amler, is helping the public deal with the fear that often surrounds threats like the Zika virus.

“One of the great outcomes of education in the medical sciences is generating new cohorts of health professionals each year who have the knowledge and skill to reduce uncertainty by giving the public information and explaining it in ways they can understand,” he says. “When an issue like Zika arises, everything seems very dark and scary to a lot of people, but with better knowledge and investigation, we begin to shed light on it, and a more logical plan of action begins to emerge.

“Dealing with risk is something people are capable of doing if they have the right information. We’re all equipped to evaluate, but when you can quantify and measure a situation, you become a more effective health care provider. As with any new disease, we will be on the edge of discovery for some time as what we understand about the virus continues to get more focused and more refined through the work of entomologists and public health researchers and clinicians.

“Fortunately,” says Amler, “a lot of smart people are putting their heads together on the Zika virus, and we can rely on competent health professionals, such as the graduates of New York Medical College, to absorb information, interpret it and share it with the public in ways that can be understood.” ■

Dr. Joseph T. English: His Journey to a Career in Health Care



Conventional keepsakes cover the shelves and walls of Joseph T. English, M.D.'s office: diplomas, awards and volume upon volume of psychiatry textbooks. But it's the less conventional mementos—pictures of Dr. English with first Peace Corps director R. Sargent Shriver Jr., at the funeral of President John F. Kennedy, and shaking the hand of Pope John Paul II—that best illustrate his journey to becoming one of the nation's foremost leaders in psychiatry, public health and health care policy.

Dr. English's rise from medical school to his current position as the Sidney E. Frank Distinguished Professor of Psychiatry and Behavioral Sciences was meteoric—and serendipitous. He chose psychiatry because it offered the broadest platform for helping people, especially the underserved. What he didn't expect were the leadership chances that came his way. "Medicine is replete with opportunities for service," says Dr. English, standing in the picture-filled room where he hosts a health policy elective for first- and second-year medical students. "I want students to see how they can be helpful beyond the individual patient to the community."

DEFYING TRADITION

From his early days as an aspiring medical student, Dr. English was service bound. He also eluded tradition. Rather than follow a standard pre-med track by majoring in biology and pursuing a Bachelor of Science degree, he majored in philosophy and earned a Bachelor of Arts degree from Saint Joseph's College in his native Philadelphia. "I did not behave like the normal pre-med," he says, his face breaking into a wide, warm smile. "Instead of spending weekends studying pig embryos, I was more interested in whether there was a conflict between psychiatric theory and theology."

Early in his studies at Jefferson Medical College of Thomas Jefferson University, also in Philadelphia, Dr. English knew that he wanted to pursue psychiatry. He was particularly interested in studies pointing to late adolescence as an ideal time for mental health intervention. His curiosity about late adolescent development inspired his own research—part of his psychiatric residency at Philadelphia's Institute of the Pennsylvania Hospital—on the effects that the culture of a small liberal arts college might have on late adolescents' emerging social values. As part of his investigation, in 1960, Dr. English launched a student mental health center at his alma mater, the Jesuit-run Saint Joseph's College, with the full support of the hospital. This project, in addition to fostering collaboration between a psychiatric facility and a Catholic institution (and dismissing concerns about conflicts between theology and psychiatry), opened the first major door of Dr. English's career.

FAST TRACK

The paper that Dr. English wrote presenting his study findings put him on a fast track to a prestigious research fellowship at

the National Institute of Mental Health (NIMH) in Bethesda, Md. He spent the third year of his residency at the NIMH, managing a clinical psychiatric unit. By chance, one year later, President Kennedy's brother-in-law and Peace Corps director, R. Sargent Shriver Jr., saw the paper. Shriver had been looking for a chief psychiatrist for the Peace Corps. He drafted Dr. English for the job.

The timing couldn't have been better. "I had been sitting in my office at the NIMH, reading an article in the Sunday *New York Times* about JFK's call for a New Frontier and how it was exciting to young people all over the country and I thought, 'What am I doing here?'" He accepted Shriver's offer.

From 1962 to 1966, he directed the mental health components of the Peace Corps selection process, and of its training and field support of 12,000 volunteers serving in 55 countries. He also helped to recruit and train more than 100 Peace Corps physicians who served overseas helping to keep the volunteers healthy. "I really had no preparation for what I was doing!" Dr. English says with disarming candor. He hadn't even finished his final year of residency.

CLIMBING THE LADDER

In time, Shriver came to rely so strongly on the young psychiatrist's skills that he enlisted his help in organizing President Kennedy's funeral. Then, in 1966, he appointed Dr. English as Director for Health Affairs of the Office of Economic Opportunity (OEO) in the Executive Office of the President. The new assignment entailed developing the Community Health Centers program, as well as the health programs of Head Start, the Job Corps, Vista and other programs of President Lyndon B. Johnson's War on Poverty.

Dr. English, who had long been interested in serving underprivileged populations, found deep satisfaction in his work at the OEO. But the 1968 presidential election ushered in a new administration and with it, a new opportunity: to be chief administrator of the Health and Mental Health Services Administration (HMHSA)—the largest health agency of what was then the Department of Health, Education and Welfare. "They'd seen me coordinate the health activities of the federal government during the War on Poverty," he says, still sounding somewhat incredulous, these many years later, at his continued rise in government.

At HMHSA, Dr. English again proved impactful. He managed an annual budget of more than \$1.4 billion, a staff of 23,000 employees, and a constellation of agencies that included the National Institute of Mental Health, Communicable Disease Center; Regional Medical Programs Service; Community Health Service; Family Planning Services and Maternal and Child Health Service, among others.

By 1970, Dr. English was ready to leave Washington, D.C., and once again, timing was on his side. New York City Mayor John Lindsay asked him to be the first president and CEO of the New



York City Health and Hospitals Corporation (HHC). Running the HHC—the nation’s largest public hospital system—whose 60,000 employees, 17,000 beds and 19 hospitals served two million people, was Dr. English’s most formidable challenge. It was also among his greatest triumphs. That he simultaneously served as a visiting lecturer in psychiatry at Harvard Medical School and as an adjunct professor of psychiatry at Cornell University’s School of Medicine is a testament to the abundant energy and managerial acumen for which he has become known.

RETURNING TO ACADEMIA

Academia had always been close to Dr. English’s heart so, in 1973, when St. Vincent’s Catholic Medical Centers tapped him to become chairman of its Department of Psychiatry and Behavioral Sciences, he didn’t think twice. He was prepared to carry another heavy administrative load, and eager to return to clinical practice and teaching. “I found myself in a place that combined everything I was ever interested in: the practice of psychiatry, teaching house staff and medical students, and managing a residency program.”

When St. Vincent’s later became affiliated with NYMC, Dr. English became professor of psychiatry and associate dean of its campuses in Manhattan and at Westchester Medical Center. In 1997, he became the NYMC chairman of the Department of Psychiatry and Behavioral Sciences, a position he held until 2014. In 2008 he was named the Sidney E. Frank Distinguished Professor of Psychiatry and Behavioral Sciences.

“Dr. English is extremely passionate about ensuring that students know that they’re the advocates for their field of medicine.”

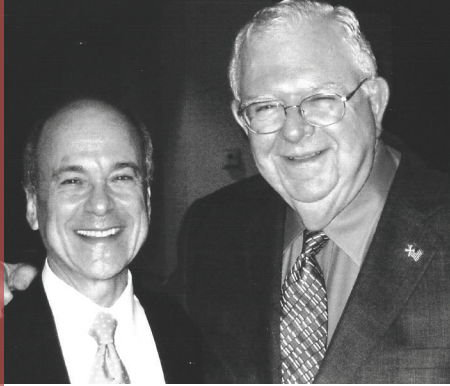
Oded Tal, M.D. '16

ALWAYS A LEADER

His successful direction of the health programs for the Peace Corps, the War on Poverty, and for many federal and municipal agencies made Dr. English a much sought-after leader. In 1971, he was elected a member of the Institute of Medicine and is a member of its successor, the National Academy of Medicine. Beginning in the late 1980s, he had leadership roles in some of the country’s largest medical organizations, such as the Greater New York Hospital Association (GNYHA), the American Psychiatric Association (APA) and

the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), lobbying for and winning critical changes in the public perception of psychiatry. These changes gradually led to the reduced stigma of mental illness, increased funding for the treatment of substance abuse and post-traumatic stress disorder among veterans, and parity in health care for the mentally ill. “We’re the fourth largest specialty in the American Medical Association (AMA), and our needs had been largely ignored,” says Dr. English, who served as APA president in 1992 and 1993, and as its senior representative to the AMA House of Delegates; and who, as the first psychiatrist to sit on the JCAHO board, served as its AMA Commissioner from 2001 to 2011. In addition, it was Dr. English’s participation in the unflagging advocacy that helped to introduce the Mental Health Parity and Addiction Equity Act, which President George W. Bush signed in 2008, entitling Americans to the same level of coverage for substance abuse and mental disorders, such as major depression, as medical illnesses received.





Dr. English's leadership extends beyond the field of medicine as well. In 1993, he led an international delegation of psychiatrists to Rome to receive Pope John Paul II's whole-hearted support for the field and practice of psychiatry, putting to rest once and for all any questions about the conflict between theology and psychiatry.

EDUCATING AND INSPIRING THE NEXT GENERATION

These days, Dr. English teaches, advises students and directs a number of electives that are funded by philanthropist and businessman Sidney E. Frank's generous \$5 million gift to NYMC, given to the College in 2005. Among these is the Sidney E. Frank Scholars Program, a summer fellowship that offers emerging second-year medical students the chance to shadow practicing psychiatrists as they care for patients.

It was this program that first exposed Paul S. Nestadt, M.D. '11, to psychiatry. "The fellowship provided much needed clinical exposure in the midst of the largely lecture-based education of early medical school," says Dr. Nestadt, who is currently a psychiatry resident at the Johns Hopkins Medical Institute. "It gave me a level of comfort in the hospital setting...and an ability to quickly establish a rapport with even the most hostile patients, psychiatric or otherwise. In short, the fellowship made me a better doctor."

Another Frank program that Dr. English directs is the increasingly popular health policy roundtable. For two hours each month, five separate groups of 11 students each gather to discuss and debate issues, such as changes in reimbursement and health care reform. "Medical students need an awareness of health policy so that they understand how it works and also how they can protect their patients," Dr. English notes.

This is where students learn about the politics of health care and the importance of becoming health care leaders. "Dr. English is

extremely passionate about ensuring that students know that they're the advocates for their field of medicine," says Oded Tal, M.D. '16, who participated in the roundtable as a medical student. "Going forward, I'll be able to contribute to discussions about ways to represent physicians, improve medical education to better prepare students and residents, and navigate a complex health care system. These are insights most medical students don't get."

Former provost and dean of the School of Medicine Ralph A. O'Connell, M.D., who remains on the faculty of the Department of Psychiatry and Behavioral Sciences, and serves as vice chairman for research, says that Dr. English is the best mentor a student can have. "I have known Dr. English since he came to New York to serve as president of the Health and Hospitals Corporation. His continued work with medical students as Sidney Frank fellows is unique among U.S. medical schools. New York Medical College is blessed to have him."

Third-year Anurag Saraf, who has not yet chosen a concentration, agrees. "Health care is no longer as simple as going to a doctor's office," he says. "At the roundtable, and with Dr. English's guidance, we talk about health care in terms of cost effectiveness and hospital systems. As physicians, we need to learn the business side of things, the population side of things, the societal side of things."

In addition to raising students' awareness of the political realities in medicine and the importance of leadership, Dr. English broadens their horizons as they consider the array of opportunities that the medical profession has to offer. "Dr. English always says that you never know where medicine is going to take you, but it's a good platform to change anything in life or in the system," Evan Hy Einstein, M.D./M.P.H candidate Class of 2018 says. "He is an extremely insightful man. He's such a charming, impassioned storyteller, and within his stories are gems from his experience that we can apply to our own journeys." ■





"We spent 30 minutes setting up gynecology, triage and pharmacy stations, and in three days we helped more than 800 people."

— Meg Graves, M.P.H. candidate, School of Health Sciences and Practice



NYMC Students Get Hands-On Training in Honduras with Global Brigades

BY ANDREA KOTT, M.P.H.

The woman needed a glucose monitor to help her control her diabetes. Kaitlin Swanson, School of Medicine (SOM) Class of 2018, and her fellow students had brought the monitors to Honduras, where they planned to spend a week with Global Brigades, learning to provide basic health care. They located an extra one and gave it to the woman when she returned the next day. “It was probably the greatest gift she had received in a long time,” Swanson says. But to Swanson and her team, the gift was in the giving.

During the past several spring breaks, students from New York Medical College have traveled to Honduras to volunteer with Global Brigades, an international non-profit organization that partners university students with communities in Central America and West Africa that need health care, health education and economic development. Student volunteers collaborate with local physicians and community leaders on a wide range of projects, such as working in medical or dental clinics, building sustainable water systems and agriculture, and providing consultations on business, law and human rights. Last spring, a group of 35 students and practitioners—25 from NYMC’s School of Medicine and School of Health Sciences and Practice (SHSP), seven from Touro’s nursing program, along with three health care professionals—spent a week in the villages of El Zarzal and Granadilla, delivering basic medical care and community assistance, and learning firsthand about becoming health care providers.

MAKING A COMMITMENT

Volunteering for Global Brigades is a commitment. Students run the trips, and must raise \$1,800 each to cover transportation, room and board, and medical supplies,

including medicine, bandages, toothpaste, toothbrushes, vitamins, sunscreen and eye drops. They must also secure the participation of licensed physicians who will provide the clinical care and also serve as mentors, according to Matthias von Reusner, M.D., clinical assistant professor of family and community medicine. “Everybody travels with one piece of hand luggage,” says Dr. von Reusner, who has visited Honduras twice with NYMC and Global Brigades. “Our real luggage is loaded with supplies.”

The most recent trip was the fourth for Swanson, who served as the NYMC group leader. “A lot of what I did was coordination, making sure everyone was fundraising for medicines, recruiting doctors to come with us and securing donations from local clinics for medical supplies,” says the third-year medical student who began volunteering with Global Brigades as an undergraduate at the University of Chicago. “I came to medical school looking for a global health opportunity,” she says. When she graduates, she hopes to find a primary care residency in an urban, and ethnically and socioeconomically diverse health care setting. She also would like to practice medicine abroad. “People have different backgrounds and home situations but we need to remember that deep down they’re people who need medical care.”

OBSERVING AND LEARNING

Honduras is a country that lacks roads and transportation, where living without electricity or running water is common. Like other volunteers, Fang yu Lee, SOM Class of 2019, had been there before. The son of a diplomat, Lee grew up in Latin America and has traveled widely among developing countries. “I’ve done service internships in Africa, rural China and Latin America,” says the aspiring primary care/family medicine physician. “There’s a lot of need out there.” The desire to meet this need has inspired him to become a doctor. “It motivates me to help people in a tangible way.”

Lee, who is working toward a combined degree in medicine and public health, joined Global Brigades to gain hands-on medical and public health experience while helping the underserved. “We didn’t get to do much clinical work because we’re students,” he says. Still, he appreciated the opportunity to practice fundamental skills, like taking blood pressure and other vitals, giving finger



prick tests for diabetes, conducting eye exams, dipping urine sticks, managing the triage process, and taking patient histories, especially among people who are different from those he typically sees. “The most important part of working with a population like this is learning how to communicate,” Lee says. “Through that process you learn how to improve yourself.”

LONG, HOT DAYS

The NYMC volunteers worked 12-hour days in makeshift clinics housed in schools. They woke up at 6:00 a.m. and by 7:00 a.m. they were driving to a clinic site an hour or two away. They saw patients until 5:00 or 6:00 p.m., or at whatever time every patient seeking care had received it. “It was hot and humid,” Lee notes. “There were lots of mosquitos, but we had mosquito nets and bug spray.”

Over three days, the medical team—which also included dentists, gynecologists and local doctors—treated nearly 900 patients, says Scott Costley, D.O., instructor of family and community medicine, whose trip with the NYMC group was his first to Honduras. “You’d show up in the morning and there would be dozens of people lined up waiting for you to provide care,” he says.

To volunteers like Shevel Lauren Hosein, an M.P.H. student in the SHSP, what was more surprising than people waiting was their excitement and gratitude. “When we got to El Zarzal, the residents said, ‘The Americans are here to help us! The Americans are here to help us!’” Hosein recalls.

Meg Graves, another M.P.H. student in the SHSP, marveled over the impact the volunteers had on people’s lives in the short time they were there. “We spent 30 minutes setting up gynecology, triage and pharmacy stations, and in three days

we helped more than 800 people,” says Graves, who expects to graduate next year. “People knew when they saw us that they would be helped in some way.”

People’s health needs, although greater than many of the students expected, were largely chronic. Lee says about 50 percent of the patients he saw needed routine primary care, or relief for back pain, fever, tooth pain and colds. “Some had diabetes or hypertension. Some came for vitamins for their children or for treatment for parasites.”

"It brought us out of our comfort zones and reminded me to appreciate what we have in the States."

— Scott Costley, D.O., Instructor of Family and Community Medicine

Most illnesses stemmed from undiagnosed and untreated conditions related to poor nutrition, substandard dental care, skin fungus, parasitic infections and, above all, little or no access to medical care, Dr. Costley explains. "On our third and last day, a group of children came to us carrying health reports on stool tests that had been collected from them seven months earlier," he recounts, incredulous at their months-long wait for diagnoses of parasitic infections. "And we Americans complain when a doctor doesn't call us back in 24 hours!"



we come from but the people are so happy for what they're getting."

Indeed, working in such an unsophisticated medical setting can be good training for emerging physicians. "It's a great experience for students because they have to really use their senses and their history taking skills," he says. "There's no testing on site, no way of knowing if you're right or wrong. You make diagnoses based on exam and history. Everything is based on our medical skills."

Often, the conditions that the students encountered were unlike anything they had seen in the United States, like water-borne infections and certain skin rashes. "A lot of homes don't have running water and there's a lot of washing in streams," Dr. Costley says. "There are also cysts from fly bites."

When volunteer physicians detected serious medical problems, like a tumor or bleeding from the bowel, they'd contact a local doctor who could refer patients to specialty care in the country's larger health system. Students learned about the importance of screening for underlying disease and knowing when a patient needed a referral. It was, however, a rare occurrence, Dr. von Reusner says, because very few of the people who came to see them were seriously ill. In fact, he notes, Hondurans' health is largely better than that of Americans because the majority work in farming communities. "People are mostly slim and fit, and there isn't much heart disease. Quite often all they need is Tylenol or parasite medicine."

DOCTORING AT ITS BEST

Much of the care that the volunteers helped to provide entailed dispensing medications—through the onsite pharmacy—that they brought with them. "A lot of the conditions we treated would have been entirely preventable in the United States but required medication that people didn't have access to," Swanson says. "In Honduras there's no such thing as running to CVS for Advil. People have to wait three months for something as simple as headache medicine."

Working amidst such scarcity can be difficult, Dr. Von Reusner says. "We think we're providing inadequate care because of where

GRATITUDE ALL AROUND

The week passed quickly. Before the NYMC group left, they completed a service project—building several eco-friendly stoves, which are more efficient and use less wood than traditional stoves. The stoves have a chimney that directs smoke, ash and soot out of the home instead of trapping it inside, thereby preventing respiratory illnesses. "A lot of the homes in these villages are little huts where people cook over open flames and inhale dust and wood smoke," Dr. Costley says. "In one week, we provided not only medical care but also helped communities."

Dr. Costley says he hopes to join Global Brigades in Honduras next spring. "This was a life-changing event," he says. "It brought us out of our comfort zones and reminded me to appreciate what we have in the States."

It also gave him the chance to mentor students. "What keeps me going in this day and age of practicing medicine with computer records and insurance companies is to teach and share my enthusiasm with students without staring at a computer screen," he says. "The students teach me to be a better doctor."

As the students teach the doctors, so do the patients teach the students. "This work makes me more empathetic," says Swanson, who still thinks about the woman who needed the glucose monitor. "She came back for it the next day, probably after walking for hours. It was so great to see how we were able to make a difference in her life." ■



When Your Patient is an Audience of Millions

At the crossroads of science and humanities, an alumnus and student work together to change American culture, one health tip at a time.

BY MELISSA F. PHETERSON

Is the five-second rule for dropping food really true? Is fat-free better than sugar-free, or vice versa? And how can we tackle opioid addiction in America?

As the chief of staff of the Medical Unit of *The Dr. Oz Show*, Michael J. Crupain, M.D. '06, M.P.H., oversees a team of researchers who contribute ideas, write material, fact-check scripts and create digital animations that furnish answers to questions on health that may be awkward, uncomfortable or difficult to broach with doctors. The goal is to help viewers of the Emmy-award winning show make informed, healthy choices about everything from their pasta grain to their prostate gland.

“When doctors speak to patients, there’s often an invisible wall that appears at the sight of the white coat,” says Dr. Crupain.

“The patient may nod and say ‘OK,’ but often doesn’t really understand and doesn’t ask enough questions. On the show, we try to break through this barrier by really understanding the audience. We address topics that people want to know about, in a way that boils down the science—even brings it to life—to make it relevant and accessible.”

Thanks to the alumni connection with New York Medical College, this unique intersection of “medicine and media” offers the chance for students like Michael Shen, School of Medicine Class of 2018, to join the show as a medical student producer. Producers apply analytic skills and medical knowledge to the fine art of carving meaty medical topics into the “digestible bites,” which are shared over Dr. Oz’s mass-media empire, from television and radio to the web site, magazine, Facebook and Twitter.

“People want to know how their bodies work and how to shop at the grocery store. Some of the questions are as basic as, ‘Is breakfast really the most important meal of the day?’” says Shen. “My job consists of fact-checking, scouring evidence, and going back to primary literature to make sure that information related to the audience is as accurate as possible.”

BREAKING TABOOS FOR A BETTER WORLD

In a press release announcing Dr. Crupain’s hire in 2015, Mehmet Oz, M.D., M.B.A., said: “Dr. Crupain has a keen insight into how we...facilitate a national conversation on health that’s backed by the highest medical rigor.”

Before joining the show, Dr. Crupain served as the director of the Food Safety and Sustainability Center at Consumer Reports, what he calls “a dream job for a preventive medicine physician trained in public health.”

“Now I get to be part of a team that uses what is probably the most influential medium to put the world of health information in context.”

Dr. Crupain has been with the Dr. Oz Show for just over a year; and in addition to overseeing the research unit, also works with medical societies, public health organizations, and other media organizations to develop content that appears on the show and other platforms. In past years the show has drawn negative press for purported conflicts of interest and questionable claims, but Dr. Crupain maintains that it strikes the delicate balance of entertainment and information, and adds that he’s “impressed with how hard everyone works to protect the viewers.”

“The medical community misunderstands the show, because doctors don’t watch the show,” says Dr. Crupain. “It has been on for eight years and it has broken taboos in society: it’s gotten people to talk about bowel movements and eat kale. It’s helped countless people live healthier lives.”

By wielding its power to address public health crises, such as addiction and obesity, Dr. Crupain says the show creates a safe space for viewers to confront and discuss delicate issues. For an initiative called “Facing Addiction Over Dinner,” which asks viewers to sit down with families to talk about alcohol and drugs, Dr. Crupain created a guide with the federal agency SAMHSA (the Substance Abuse and Mental Health Services Administration) based on the recently-released Surgeon General’s report on addiction. The show’s “Movember” series, produced with the *Today Show*, focused on helping men take control of their health—resulting in letters of acknowledgement from both the American Urological Association and the CEO of the American Psychiatric Association. The show also delves into nutrition labels and cuts through the cacophony of food marketing claims on grocery shelves.

“Media is our culture’s force of change. Nobody thought they needed an iPhone or needed to drink Coke; but through repeated mentions—hearing it over and over—iPhones and Coke became necessities,” says Dr. Crupain. “We want to apply that approach to eating kale or walking more. We don’t lecture, though. We find people where they are; we empathize, we connect, we empower them to take control of their own lives.”

AN EVIDENCE-BASED EDUCATION

Shen says this experience provides its own education, building on key concepts learned in class. “If a patient asked me, ‘What is a low-calorie chip, really?’, before I worked on the Dr. Oz Show, I wouldn’t have known what to say. I spend a lot of my time here evaluating nutrition labels and building spreadsheets of calories, fats and fibers—because I have to share with viewers what matters most.”

Each day, Shen applies the evidence-based medicine he learns at NYMC to the practical health matters that impact millions of patients. “We have to scour evidence and weed out conclusions that people may have jumped to. That’s the lesson I want to bring back to my classmates: Check everything. Learn to be skeptical. Don’t necessarily trust *The New York Times* more than BuzzFeed.” Recently Shen helped the show clarify a CNN story that had indicated that the Mediterranean diet is better for cardiovascular health than taking statins. “CNN took two separate trials as evidence and compared the two directly; that’s not a conclusion you can make. You have to do a head-to-head comparison, and that’s what I told Dr. Oz. The Mediterranean diet is great, and he was able to put it in the right context for the viewer.”

Shen says this year has taught him not to prioritize “hard science” like biochemistry over “soft skills” like motivational interviewing, as medical students tend to do. “With a patient, delivery matters.”

Shen and Dr. Crupain agree that a television show isn’t as different from a doctor visit as it might seem. “In each case, we have to explain everything in two to four minutes,” says Dr. Crupain. “One of the hardest parts of a physician’s job is getting patients to make healthy lifestyles changes. Here you learn how to talk to people in a down-to-earth manner that’s valuable. Students get out of their intellectual bubble and spend a lot of time figuring out how people really think. Plus, they get to play with new technology, like ‘virtual reality’ anatomy, that they can bring back to the exam room.”

It’s this spirit of innovation that Shen hopes to take back to NYMC. “When you apply to medical school, you have to show you’re competent in humanities and the sciences. During medical school, and beyond, there’s plenty of room for the two to merge,” he says. “I love art and music as much as science and medicine; I’d like to imagine a future where we as doctors can incorporate methods like animation to teach patients. Thanks to this experience, I’m learning to practice medicine—and to do something more.”

Editor’s Note: The content and opinions of The Dr. Oz Show do not represent the views of New York Medical College. New York Medical College is proud of the depth and breadth of the work of our alumni and students. For a first-hand view of Michael Shen’s artwork, please see the back cover of the magazine. ■

ALUMNI and DONOR Events

Founder's Dinner

More than 360 guests enjoyed an evening of fine dining, dancing and collegiality to raise more than \$410,000 at the Founder's Dinner on September 18 at the DoubleTree Hilton in Tarrytown, N.Y. Four distinguished honorees were recognized at the gala for their commitment to NYMC and the larger medical community. Ronald F. Poe, former chairman and current member of the Board of Trustees, was awarded The Jackson E. Spears Community Service Award, for individuals or organizations who have demonstrated exceptional service and commitment to their communities. David E. Asprinio, M.D., professor of clinical orthopedic surgery and chairman of the Department of Orthopedic Surgery, was presented with the newly-renamed Alfred DelBello Distinguished Service Award, bestowed upon individuals who have helped advance NYMC's mission of education and research through service, commitment and expert ability. Professor of Pharmacology and Anesthesiology, Mario Inchiosa Jr., Ph.D., was honored with the newly-established Golden Faculty Service Award, created to recognize his 50 years on the faculty of New York Medical College. Dr. Inchiosa is the longest serving full-time faculty member still actively teaching. Kathryn McGoldrick, M.D., former chair of the Department of Anesthesiology, who recently retired, was given a special faculty recognition award in honor of her 15 years of service to New York Medical College.



School of Medicine Alumni Reunion

The NYMC School of Medicine Classes of 1966 and 1991 celebrated their 50th and 25th class reunions on May 15 on the NYMC campus. The all-day event included brunch, campus tours and a special ceremony in which the reunion classes were awarded their silver and gold diplomas. The Class of 1966 was especially proud of reaching their class goal of raising \$25,000 to name the Class of 1966 Endowed Scholarship Fund. At the evening dinner, Stephan Ariyan, M.D. '66, received the Alumni Association Medal of Honor Award for his leadership and extraordinary contributions to medicine. Dr. Ariyan is the Frank F. Kanthak Professor of Surgery, Plastic Surgery, Surgical Oncology and Otolaryngology at Yale University School of Medicine and is Director of the Yale Melanoma Unit at the Yale Cancer Center.





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ALUMNI PROFILE

Kevin Holcomb, M.D. '92

A Surgeon Who Thrives on Connecting with Patients

BY ANDREA KOTT, M.P.H.



When Kevin Holcomb, M.D. '92, entered medicine more than 20 years ago, he knew that any specialty he chose would have to satisfy his brain, his hands and his heart. "I really liked internal medicine because it was cerebral. I enjoyed the Sherlock Holmes aspect of figuring out diagnoses," Dr. Holcomb begins. "But I have the personality type that needs fast answers. I like instant gratification." Plus, the associate professor of clinical obstetrics and gynecology at Weill Cornell Medical College likes getting to know his patients over time. "Caring for women with gynecologic cancer is all those things," he notes. "The acuity of illness is high, the complexity is great, the potential for research is huge and I can be involved in people's lives."

Growing up in a lower middle class neighborhood in Queens, N.Y., Dr. Holcomb always wanted to be a doctor. And, from his earliest days at NYMC, he gravitated toward oncogenesis. "What stimulated me the most were my first pathology lectures on cancer," recalls Dr. Holcomb, who directs gynecologic oncology and minimally invasive surgery at NewYork-Presbyterian/Weill Cornell Medical Center, where he is also associate director of the gynecologic oncology fellowship program.

NYMC was also where he discovered his passion for hands-on patient care. "As third-year medical students, we were sewing up stab wounds during our general surgery rotation at Lincoln Hospital in the South Bronx," he recounts. "We were involved in care in the very early stages of our education. It wasn't just theory. It was hands-on taking care of people."

He recognized the opportunity for hands-on caretaking during his fourth-year rotation on the gynecological-oncology service at what was then called Columbia-Presbyterian Hospital, which was outside of NYMC's network of training hospitals. "In patients with tumors that are not easily cured, gynecological-oncologists are the ones doing the chemotherapy and the follow-ups. Even if we've cured patients, we're the ones doing continued surveillance. The patients in our hands see us as primary care doctors for cancer."

Most of his patients—who are successfully treated—have early stage cervical or uterine cancers. "Ovarian is the most challenging gynecologic cancer because it's difficult to detect early and carries a significant risk of recurrence following treatment. If diagnosed at Stage 1, it is curable more than 90 percent of the time," Dr. Holcomb says. "However, when detected at Stage 3, the cancer's cure rate drops to 30-40 percent. Ovarian cancer has vague and nonspecific symptoms, which is why the drive to find an effective screen is more imperative than with other cancers," he explains.

He and colleagues have been researching such a potential screen, a blood serum biomarker called human epididymis protein 4 or HE4, which has proven sensitivity in identifying malignant ovarian masses, particularly in premenopausal women. "We're looking for a test so specific and sensitive that you could give it to someone with no symptoms and it would detect ovarian cancer." His research results are among those that recently influenced Britain's National Health Service to recommend replacing the standard-bearer CA-125 test for ovarian cancer with HE4 for all pre-menopausal women who have a mass in or around the ovaries.

Given the terminal nature of some cases, Dr. Holcomb's penchant to bond with his patients is notable. "I feel their anxiety. I feel their fear. I've never been one to turn that off. But it doesn't paralyze me. I do my job better because of it."

Yet, women with recurring ovarian cancer often live for years, allowing Dr. Holcomb to partner with them on defining treatment options, goals and expectations. "Your definition of success changes depending on the clinical situation," he says. "If the disease isn't curable, then that means offering the best evidence-based treatment you have, and counseling a woman so she can make autonomous decisions so she and her family feel good about her care, because in the end it's the family who survives," he continues. "If a woman feels well-informed, has had excellent care, and has a dignified death, that may be the best you can do and that's success."

Between his clinical and academic responsibilities, Dr. Holcomb's plate is full. Still, he writes and publishes prolifically, and serves on at least half a dozen hospital and organizational committees to address issues such as professional education, reimbursement, quality assurance and clinical study evaluation. "I don't think I'm at capacity," he says earnestly. "I have a lot to learn. I could do more." ■

MILESTONES

Alumni Achievements

STAY IN TOUCH

We would love to share your most recent news and accomplishments in the next issue of the *Chironian*. If you have any recent professional accomplishments or developments, published a book, or have any family news to share, we would love to hear from you.

Submit your updates to <http://www.nymc.edu/alumni/share-your-news> or mail them to:

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The 10s

Jennifer Donenberg, D.P.T. '15, is completing a one-year pediatric physical therapy residency at the Children's Hospital of Los Angeles and University of Southern California.

Meghan McCloat, M.P.H. '15, has spent the last year preparing her applications to medical school. She was appointed to the board of Norma Pfriem Breast Center at Bridgeport Hospital and continues her passion toward quality care and access through her work there.

Noelisa Montero, M.P.H. '15, is an applied epidemiology fellow at the Centers for Disease Control Council of State and Territorial Epidemiologists.

Christopher Meltsakos, M.D. '14, an orthopedic surgery resident, was published in *in-Training: Stories from Tomorrow's Physicians*, a compendium of peer-edited narratives written by medical students on humanism, real-life patients and the challenges of being a physician-in-training. The book is a collection of 102 manuscripts published on *in-Training*, the online magazine for medical students, since its inception in July 2012.

Dana Deravin Carr, M.P.H. '01, Dr.P.H. '13, wrote a tribute to her late father, "My Dad said, 'Man UP,'" that was published in the February 2016 issue of the *Journal of Palliative Medicine*.

Tiffany Channer, M.P.H. '13, was honored by the American Society for Clinical Pathology (ASCP) as one of the 40 ASCP members under the age of 40 whose achievements and leadership qualities are making a significant impact on the fields of pathology and laboratory medicine. She is a blood bank educational lead medical laboratory scientist and safety officer at Memorial Sloan Kettering Cancer Center.

Carolyn DeGoria (nee Kirkup), D.P.T. '13, was married in May 2015.

Sierra R. White, M.P.H. '13, serves as the senior research coordinator for two multi-center projects. She is currently researching the genetic and environmental factors for craniosynostosis, and the risk factors for cardiovascular disease among individuals with HIV.

London M. Muse, M.D. '12, completed her residency in the NYMC Phelps Family Medicine Residency Program where she is now a core faculty physician, teaching and

mentoring future family medicine residents in addition to seeing patients in an underserved area at Open Door Family Medical Centers in Westchester County, N.Y.

Eric L. Scofield, M.D. '10, M.P.H. '10, graduated from the hematology/oncology fellowship program at Walter Reed National Military Medical Center in Bethesda, Md. His first duty station will be at Tripler Army Medical Center on the island of Oahu, Hawaii, and he is expecting his second child.

The 00s

John-Ross Rizzo, M.D. '08, founder and chief medical advisor of Tactile Navigation Tools, a company that develops assistive technologies for the visually impaired, was featured for "Rewriting Healthcare" as part of Forbes and KPMG's The Great Rewrite project.



U.S. Navy Lieutenant **Natalie A. Schibell, M.P.H. '12**, competed in Season 7 of *American Ninja Warrior*. She was one of roughly 800 contestants selected out of 50,000+ applications to compete in qualifying rounds held across six cities. A member of the all-military cast, she competed on June 5, 2015 in the San Pedro Qualifiers held at the USS Iowa (BB-61) and was featured on NBC's first American Ninja military special episode. Lt. Schibell is currently serving as the Environmental Health Officer at Submarine Base New London in Groton, Conn.

Rebecca A. McAteer, M.D. '08, joined the faculty of the NYMC Phelps Family Medicine Residency Program in Sleepy Hollow, N.Y., after serving for two years in a rural mission hospital in Nepal's Annapurna Himalayas. She is "glad to be back 'home' in New York again!"

Diane M.P. Banks (nee Price), M.P.H. '07, writes, "I got married in September of 2014 on the beautiful

island of the Dominican Republic and I received tenure as a lecturer at Bronx Community College in the Biological Science department effective September 2016."

Bonnie J. McGuire Wreschner, M.D. '07, received the prestigious Albert Schweitzer Award for Humanitarian Endeavors at the Fairfield County Medical Association's Annual Meeting in October 2016. Dr. Wreschner was recognized for her volunteer work to bring free medical clinics to those living in rural Mexico.

Joshua D. Quick, M.D. '06, completed his Adult Cardiothoracic Anesthesiology Fellowship at Tufts Medical Center in Boston and is now working as an attending anesthesiologist at the VA Connecticut Healthcare System in West Haven, Conn.

David L. Ng, M.D. '04, has been named chief medical informatics officer at Nassau University Medical Center in East Meadow, N.Y., where he also serves as associate director of the Department of Emergency Medicine.

Dominic Hollman, M.D. '03, works in pediatrics/adolescent medicine at Stanford University School of Medicine.

Marc-Daniel Gutekunst, M.P.H. '00, Ph.D., M.B.A., reports, "Since 2001, together with Prince Albert II of Monaco and Ambassador Andrew Young, I have co-chaired and served pro-bono as the CEO of both the ATLANTA 1996, the Legacy Institution of the 1996 Olympic Games, and the Atlanta 1996 Centennial Foundation."

The 90s

Raphael M. Barishansky, M.P.H. '98, was recently sworn in by the Pennsylvania Governor as the Deputy Secretary of Health Planning and Assessment for the Pennsylvania Department of Health.

Margaret E. Boyd, M.P.H. '98, Ph.D., graduated from Nova Southeastern University with a Ph.D. in occupational therapy in 2014.

Randy A. Goldberg, M.D. '97, M.P.H. '13, was honored as a Care Champion at Westchester Medical Center. He was nominated by the family of one of his patients.

ALUMNI PROFILE

John 'Jay' Schwartz, Ph.D. '92, M.S. '87

A Scientific and Entrepreneurial Pioneer

BY ANDREA KOTT, M.P.H.

If only. To some, these words suggest resignation; to others, longing. To life science entrepreneur John 'Jay' Schwartz, Ph.D. '92, M.S. '87, they signal opportunity: the opportunity to address unmet health care needs by moving medical technologies from bench to bedside. "Two words I love to hear from clinicians are 'if only,'" he says. "The idea that there is a solution for an unmet medical need that could increase patient safety, reduce costs, improve care and lead to better patient outcomes is what drives me."

Dr. Jay Schwartz is chief executive officer and chairman of Acuity-Bio, Inc., a late-stage, pre-clinical oncology company that is commercializing a combination drug-device, which will prevent lung cancer recurrence. It is one of several companies that he has founded or advanced during the past 20 years, using his talent for connecting the dots between basic science, translational research and clinical progress.

As an undergraduate at the University of Massachusetts, Amherst, however, he had no clear idea where this passion would lead. The "logical endpoint" of majoring in microbiology, Dr. Schwartz says, "was to ask basic questions about how biology works." Earning his doctorate in biochemistry and molecular biology seemed like the next logical step. "I was insatiably curious about how things worked," he recalls.

Ira Schwartz, Ph.D. (no relation), professor and chairman of the Department of Microbiology and Immunology, who was serving as acting chair of the Department of Biochemistry and Molecular Biology when Jay was a student remembers Dr. Jay Schwartz's inquisitive nature and pioneering spirit. "He was always interested in working at the edges of new areas," he says of his former student. He recalls how eager Dr. Jay Schwartz was to research and develop what would become the first accurate predictive human clinical test for Lyme disease. "No one else was doing this kind of work," Dr. Ira Schwartz notes. "Jay established the protocol that has been the focus of my research for 25 years, for which I am grateful."



The gratitude goes both ways: "It was Ira Schwartz's open-mindedness, his willingness to have collegial conversations and ask me the right questions about how to solve a really challenging problem with a brand new technology, polymerase chain reaction (PCR). Ira mentored me in developing my critical thinking skills and guided the experiments we performed in order to get to the right solutions, despite the many challenges we faced," Dr. Jay Schwartz says. "He is my model for mentorship."

Unlike serologic Lyme tests that measure antibodies six to 24 weeks after infection, Dr. Jay Schwartz's test used nucleic acids to immediately identify active infection—with no false positives. "Jay's work was among the first to demonstrate the value of PCR for detecting the infectious agent that causes Lyme disease," explains Dr. Ira Schwartz, who lauds his mentee's early hallmark research paper as a major achievement. "It's been cited in the literature more than 200 times. It's a classic."

The research led him to the Massachusetts Institute of Technology (MIT) and Harvard Medical School. There, he spent the next decade performing cutting-edge investigations and learning how to bring new technologies to market by securing grants, collaborating with strategic partners, negotiating regulatory processes, and founding and selling life science start-up companies. "That's where I found my calling," he says. "Academic hypothesis-driven development of new knowledge is vitally important. However, to reach from the bench to the bedside requires a clear-eyed view of business, science, medicine, the regulatory environment and a bit of savvy on how to navigate these arenas."

Dr. Jay Schwartz's approach to new technology begins with essential questions like, "Will the innovation solve an important problem and market need?" "How will it be used in clinical practice?" and, "If successful, will it be valued sufficiently by the market for adoption and reimbursement?" He calls such questions "critical" in evaluating the value of developing any new technologies. He has used his scientific and business experience to identify, refine and develop a technology pioneered at Harvard and Boston universities: a drug-eluting implant designed to deliver a drug regionally without toxic side effects and prevent lung cancer recurrence. As the product nears the clinical trial stage, he is already working with international strategic partners to co-develop its applications to treat other cancers. He has also co-developed a new type of biliary catheter designed to greatly enhance the "critical view for safety" in gall bladder removal surgery. "Every time I speak with him, he's working on something new," Dr. Ira Schwartz says.

In addition to exploring his own entrepreneurial prospects, Dr. Jay Schwartz supports those of others. He volunteers for the MIT Venture Mentoring Service, a pro-bono organization that matches emerging and experienced entrepreneurs with skilled volunteer mentors. "Entrepreneurship is an addiction and it's not curable," he says wryly. More seriously, he adds, "My greatest satisfaction is when I see a project that I have been involved in benefit the health and lives of patients." ■

Arthur A. "Tony" Blain, M.D. '96, was appointed medical director of San Diego Family Care in San Diego, Calif.

Shari B. Gold, M.P.H. '96, works for the Atlantic Health System as manager of organization effectiveness and is a Six Sigma Black Belt.

Gary J. Kaml, M.D. '96, is assistant professor of surgery at Yale School of Medicine. He works at Yale-New Haven Hospital, where he is director of surgical services at the St. Raphael's campus. He lives in Madison, Conn., with his wife and son.

Robert B. Lim, M.D. '96, is the editor of the recently published book, *Surgery During Natural Disasters, Combat, Terrorist Attacks, and Crisis Situations*.

James L. Januzzi Jr., M.D. '94, is currently the Hutter Family Professor of Medicine at Harvard Medical School and senior staff physician in the Cardiology Division at Massachusetts General Hospital, where he's been since his fellowship in 1997. He is also working as a clinical trialist on the senior faculty Harvard Clinical Research Institute. His research focuses on the use of established and emerging biomarkers for cardiovascular disease, most specifically in heart failure and acute myocardial infarction and is involved in a broad range of cardiovascular clinical trials. Since 2005, he's been one of the team physicians with the Boston Red Sox. Dr. Januzzi resides in Wellesley, Mass., with his wife Roberta, and their two daughters Caterina, age 18, and Julianne, age 15.

After completing a 20-year career and retiring from the U.S. Navy, **Kenneth Wells, M.D. '94**, moved to South Australia to work for the Rural Doctors Workforce Agency. "As a locums family medicine physician, I provide medical care in the rural towns of South Australia. It has been a great opportunity to live Down Under," he writes.

Greta Olsson, M.P.H. '93, has worked for OSHA for more than 20 years and for the last six years worked in OSHA's Voluntary Protection Program.

Lance R. Bruck, M.D. '93, was named the associate director, medical affairs at Westchester Medical Center/MidHudson Regional Hospital. Prior to that, he held senior

executive positions at the Stamford Health System and the North Bronx Healthcare Network.

Albert W. Ritter, M.D. '92, an emergency physician at Morristown Medical Center, and his wife Janis Joseph, were honored with a bench dedicated to them for their calm, swift, compassionate response to an 11-year-old boy being struck by a car while walking home from school. Dr. Ritter administered emergency care at the site, rode in the ambulance and stayed with the victim at the hospital. The bench, dedicated by the victim's parents, is inscribed "Dr. Al Ritter and Janis Joseph, Our Angels Here on Earth."

John A. Perrotti, M.D. '91, a plastic surgeon, has been selected 2008-2015 Top Doctor-New York Metro Area, Top Doctor RealSelf and Cosmetic Town Advisory Board Member. Dr. Perrotti, clinical assistant professor of surgery, enjoys working with, teaching and learning from NYMC students at Metropolitan Hospital Center.

Robin-Ann Klotsky, Ph.D. '90, and her husband recently relocated near Dallas, Tex. "I am looking forward to finding new challenging opportunities and a new home. Are there any GSBMS grads near me?," she writes.

The 80s

David B. Robbins, M.D., M.P.H. '89, writes, "I retired to Highland Beach, Fla., and would enjoy meeting other NYMC alumni."

Ronald H. Israelski, M.D. '88, is the president and founder of Orthopaedic Relief Services International (ORSI). He is self-funded and just returned from his 24th trip to Haiti. ORSI provides clinical, educational and infrastructural support to Haiti's largest hospital, Hopital Universite D'Etat d'Haiti, home to the state medical/nursing school and all medical and surgical residency training programs in the nation.

Thomas A. Sharon, M.P.H. '88, D.N.P., received the Norvo Nordisk Diabetes Research Grant for 2014 through the American Association of Nurse Practitioners. He received a Doctorate of Nursing Practice degree in 2015 from Brandman University in Irvine, Calif.

Louis Borgatta, M.D. '86, is president/managing partner of Berks Cardiologist LTD, a 15-man single specialty cardiology practice. He lives on an 18-acre farm in Pennsylvania and has been married to Rosanna for 33 years. They have three children.

Mitchell S. Kramer, M.D. '85, was appointed chairman of the Department of Obstetrics and Gynecology at Huntington Hospital in Huntington, N.Y.

Classmates **Mark J. Cerbone, M.D. '84**, **Kevin C. Delahanty M.D. '84**, and **Mario F. Tagliagambe Jr., M.D. '84**, teamed up early this past summer for a series of deep water dives in a bathysphere off the eastern sea coast looking for sunken U-boats.

Daniel J. O'Dea, M.D. '83, is the new vice president of cardiovascular services at Health Quest, a group of non-profit hospitals and health care providers in the Hudson Valley.

Jonathan D. Kunis, M.D. '82, served as the interim medical director and is currently the addiction medicine specialist at the Recovery Village, a residential treatment facility for chemical dependence in Umatilla, Fla.

Vincent S. Panella, M.D. '82, was voted the number one New Jersey gastroenterologist by Healthgrades and was nominated as Top Doctor NY Metro Area by Castle Connolly for the sixteenth consecutive year.

William C. Reha, M.D. '81, M.B.A., served as the 2015 president of the Medical Society of Virginia.

The 70s

Robert A. Barish, M.D. '79, was appointed vice chancellor for health affairs at the University of Illinois at Chicago.

Edmund F. La Gamma, M.D. '76, who is professor of pediatrics, division of neonatology, professor of biochemistry and molecular biology,

director, fellowship program, and division chief of neonatology at NYMC, received the Eastern Society for Pediatric Research award for Mentor of the Year 2015.

Stephen G. Marcus, M.D. '76, is the inventor of U.S. patent No. 9,271,999, issued on March 1, 2016, providing proprietary protection for a treatment of disorders associated with neutropenia or thrombocytopenia. He is currently president and chief executive officer of Cantex Pharmaceuticals.

Stanley L. Rabinowitz, M.D. '76, has been in private practice for 35 years in pulmonary medicine and is director of critical care director of medicine at St. Joseph Hospital, Bethpage, N.Y. His special interests include caring for first responders with World Trade Center syndrome and chairing medical ethics at St. Joseph.

Robert A. Stern M.D. '76, reports, "I am currently doing office gynecology and gyn surgery part-time. I have seven grandchildren and have been married to Anita for 44 years. Everyone is doing well."

Vincent J. Vigorita, M.D. '76, continues to serve as a trustee at the Poly Prep Country Day School in Brooklyn. The third edition of his textbook, *Orthopaedic Pathology*, was recently published. Dr. Vigorita is pleased to be serving on the NYMC Board of Advisors.

Kevin R. Loughlin, M.D. '75, was recently named chief medical officer of EBSCO Health's DynaMed.

Lewis S. Coleman, M.D. '74, writes, "I have discovered the mammalian stress mechanism that was postulated by Hans Selye and which was the subject of stress theory lectures to our class by Dr. Johannes Rhodin." [Johannes A. G. Rhodin, M.D., Ph.D., chairman of the NYMC Department of Cell Biology and Anatomy from 1964 to 1974.] Visit www.stressmechanism.com for more information.

Mark W. Leitman, M.D. '71, donated more than 800 copies of the ninth edition of the book he authored, *Manual for Eye Examination and Diagnosis*, to students in the NYMC School of Medicine.

ALUMNI PROFILE

Kira A. Geraci-Ciardullo M.D., M.P.H. '07

Promotes Public Health In Partnership with Private Medicine

BY ANDREA KOTT, M.P.H.

Kira A. Geraci-Ciardullo M.D., M.P.H. '07, had envisioned a career as a private practice physician not a public health activist. But somewhere between hanging her shingle and experiencing the dawning of managed care, the solo allergist-immunologist became a fierce advocate for public health.

"I wanted to be like Marcus Welby, M.D.," Dr. Geraci chuckles, referring to the affable television physician from the early 1970s. So, in 1985, after capping a pediatrics residency with a clinical fellowship in allergy-immunology, she opened offices in the Westchester County villages of Rye Brook and then Mamaroneck, where she would spend the next 30 years treating all types of allergic conditions, including asthma.

Dr. Geraci enjoyed the complexity of her cases, as well as running her own office. But as managed care marched forward, staying solo became difficult. Hoping that learning more about the new health care economy might help her navigate it, she began studying health policy and management, and later, public health at NYMC. Although the new knowledge didn't lead her to a strategy for sustaining her practice any longer, it did re-ignite her passion for bringing health and health education into the communities where her patients lived. "As a solo practitioner in my office, I was detached. I wasn't in my patients' lives," she recalls. "It took getting out of my silo and seeing what was happening out there."

Dr. Geraci confesses that she only really began thinking about the environmental factors affecting her patients' health in 1990, when incidences of asthma hospital admissions skyrocketed nationwide. That's when she began introducing herself to school nurses and gym teachers throughout Westchester, to see how much they actually knew about minimizing the risks of asthma attacks.

The more children, teachers and parents she met, the more she discovered how widespread asthma was and how many affected children lived in toxic environments, inhaling second-hand tobacco smoke, along with pet hair, dust, mold and other allergens. "It wasn't just that children had horrible asthma, or that parents weren't trying to give their children medication. The children were exposed to environmental triggers parents weren't even thinking about."



Stepping into her patients' lives while studying public health turned Dr. Geraci's career around. "What became clear was that the world of health care wasn't just me and my patients," she notes.

"I saw that my patients' illnesses were a product of their environment, whether it was school, home, the workplace, grandma's house, ballet class or the soccer field. And, I was floored by how much environmental exposure—the air my patients breathe, the food they eat, the fabrics they wear, their occupations—affected their health and how I cared for them."

Concerned about the ubiquitous relationship between environmental factors and illness, Dr. Geraci now contributes her allergy-immunology expertise to many public health initiatives. Following the September 11 attack on the World Trade Center, she joined the Emergency Preparedness and Bioterrorism Task Forces of the Medical Society of the State of New York (MSSNY) to offer insights about the medical, in particular respiratory, effects of biological and chemical warfare. For many years, she participated in flu surveillance in Westchester County and during the H1N1 pandemic in 2009 she was ready for the onslaught of new cases that occurred in that year's spring pollen season. She works with the New York State Department of Health on the State's Health Prevention Agenda for 2013-2018. In 2014, she was elected to the American Medical Association's (AMA) Council for Science and Public Health. For ten years, she served on the AMA Physician Consortium for Performance Improvement. Additionally, she lectures for the American Lung Association of the Northeast and is currently Speaker of the Medical Society of the State of New York.

Since closing her solo practice in 2009, Dr. Geraci partnered with several colleagues in her field of allergy and asthma, and then joined a large medical group, but her greatest satisfaction comes from her role as an advocate for public health and health care reform, and involvement with the public health community. "People might be surprised that a person such as myself, who really believes in the value of solo practice, would be such a proponent of working as part of a community," she notes. "But at some point, any physician could be on the front lines of a public health disaster, which is why we all need to view health more globally," she says. "It took studying public health for me to realize that." ■



The 60s

Norman A. Cagin, M.D. '67, is now a small group leader in the Foundations of Clinical Medicine course for second-year medical students at NYMC.

Steven M. Weissberg, M.D. '66, served as the chair for the 50th class reunion and was happy to reconnect with his classmates.

Richard Allen, M.D. '65, was elected to the American Medical Association Senior Physicians Section Governing Council.

Morton Meltzer, M.D. '65, is a consultant for the Wake County Office of Public Safety in North Carolina and medical director of Children's Hope Alliance, New Horizons, New Beginnings, Trust the Process, Johari Family Services, Behavioral Counseling, Compassionate Counseling and Alliance Behavioral Healthcare.

Andrew Roth, M.D. '64, is still practicing orthopedics, but no surgery, four days a week. He has four children, "all out and about," he writes.

James K. McAleer, M.D., '63, returned to the Cleveland Clinic Department of Urology upon returning from Mexico. He now works part-time, the first ten days of each month. He received the Humanitarian Physician of the Year Award from Medina Hospital. He and his wife, Sandee, director of Hearts of the World, will lead their 46th pilgrimage to Medjugorje. "We are not travel agents, just practicing Christians/Catholics doing the Lord's and our Lady's work," he writes.

Charles P. Cavaretta, M.D. '61, is a volunteer instructor of medical students in clinical skills at Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center. He established the El Paso Insights Science Center at the Alamo School.

After serving as a surgeon in the U.S. Marines in Vietnam and receiving multiple commendations including a Presidential Medal, **Malcolm E. "Skip" Drezner, M.D. '61**, practiced surgery for 35 years in Bucks County, Penn. He retired from a three-person practice and moved to Key West, Fla. He is now enjoying

a second life as a playwright and his recent marriage to Sharron.

Howard D. Harrison, M.D. '61, is enjoying life in Cape Coral, Fla., and Martha's Vineyard.

Robert D. Hirsch, M.D. '61, writes, "I am still alive and kicking and loving retirement in Sarasota, Fla., where the weather, the arts, the restaurants and the pace of life can't be beat for this NYMC alumnus."

John G. Ketterer Jr., M.D. '61, recently moved to Aiken, S.C., after selling his horse farm in Orford, N.H. "I still ride horses here with my partner, Cynthia Steinmetz, but have given up riding to hounds for more sedate trail riding. Winters were getting too long up North," he writes.

Robert Kirschner, M.D. '61, is retired and moved back to Manhattan.

David L. Smith, M.D. '61, reports he is now retired.

The 50s

William H. Klompus, M.D. '59, is a five-year certified clinical documentation specialist working with CDI and writing appeal letters. He is clinical professor of urology at the University of Louisville School of Medicine where he has been teaching for 50 years and he is the author of the textbook *Urologic Acrostics*. "Working helps neo-neurogenesis," he writes.

Howard J. Kline, M.D. '58, writes, "I still have strong purposes in life: my family and grandchildren, practicing and teaching cardiology at the University of California San Francisco School of Medicine and swimming competitively."

The 40s

John L. Soelling M.D. '46, is "still kicking after undergoing a TARV procedure followed by a pace-maker." He has one granddaughter about to graduate from medical school.

IN MEMORIAM

Alumni

Patrick S. Conklin, M.D., Fifth Pathway '03, died on November 4, 2015. He was 44.

Eugene Conrad, Ph.D., M.P.H. '89, M.S., died on August 2, 2015. He was 87.

Patrick T. Birrer, M.D. '88, died on November 16, 2015. He was 59.

Mark A. Fusco, M.D. '88, died on May 2, 2016.

Kenneth A. Greenberg, M.D. '84, died on January 31, 2016.

Susan H. Linet, M.D. '84, died on March 1, 2016. She was 58.

Donald J. Austrian, M.D., Fifth Pathway '82, died on May 5, 2016. He was 62.

Christopher A. Minott, M.D. '82, died on October 21, 2015.

George P. Sharpino, M.D., Fifth Pathway '77, died on August 3, 2015.

Edward A. Hollenberg, M.D. '75, died on January 10, 2016. He was 66.

Paul E. Krochmal, M.D. '75, died on August 25, 2015.

Stephen J. Bryda, M.D. '74, died on November 2, 2015. He was 67.

Barbara J. Wolfson, M.D. '74, died on December 15, 2015. She was 69.

Bruce H. Shelton, M.D. '71, died on February 12, 2016. He was 71.

Paul E. Rodriguez, M.D. '65, died on May 19, 2016. He was 77.

George R. Hughes, M.D. '63, died on September 22, 2015.

Ronald H. Chase, M.D. '62, died on September 1, 2016. He was 80.

Gabriel G. Curtis, M.D. '62, died on September 22, 2015.

William J. Daly, M.D. '62, died on November 19, 2015. He was 79.

Brian J. Collins, M.D. '61, died on July 7, 2015. He was 79.

LeRoy T. Davis, M.D. '61, died on November 19, 2015.

Frank W. Favazza, M.D. '61, died on March 17, 2016.

Werner A. Lissauer, M.D. '60, died on April 3, 2016. He was 89.

Eugene W. Sweeney, M.D. '60, died on October 21, 2015.

Joseph F. Connolly, M.D. '59, died on January 27, 2016.

Peter Demir, M.D. '59, died on September 3, 2015. He was 84.

Anthony J. Migliaccio, M.D. '59, died on March 13, 2016.

Arthur Ginsburg, M.D. '58, died on March 17, 2016. He was 82.

John J. Lynch, M.D. '58, died on January 18, 2016. He was 87.

Kathleen E. McKee, M.D. '58, died on July 8, 2016.

Athos Simotas, M.D. '58, died on September 1, 2015.

Edward T. Underwood, M.D. '58, died on October 4, 2015. He was 84.

Eric J. Falkson, M.D. '57, died on April 25, 2016.

John F. Spring, M.D. '57, died on September 23, 2015. He was 89.

Richard J. Redvanly, M.D. '56, died on May 11, 2016. He was 85.

James D. Tully, M.D. '56, died on November 17, 2015.

Dorothea Zucker-Franklin, M.D. '56, died on November 24, 2015. She was 86.

Edwin E. Bowe, M.D. '55, died on November 27, 2015.

Donald H. Kaplan, M.D. '55, died on October 31, 2015.

Leon Root, M.D. '55, died on September 21, 2015.

Maurice Shilling, M.D. '55, died on September 25, 2015.

Marshall A. Taylor, M.D. '55, died on March 20, 2016. He was 90.

Harold Steinberg, M.D. '54, died on March 24, 2016. He was 88.

Michael Bernstein, M.D. '53, died on February 21, 2016. He was 86.

Edward T. McDonough Jr., M.D. '53, died on September 16, 2016. He was 90.

John W. Mills, M.D. '53, died on May 15, 2016. He was 90.

John J. Walsh, M.D. '53, died on September 1, 2015.

Edward T. Dunham, M.D. '52, died on September 19, 2016.

Sears E. Edwards, M.D. '52, died on August 14, 2015. He was 86.

Robert E. Purcell, M.D. '52, died on December 6, 2015.

Benson R. McGann, M.D. '51, died on August 11, 2015. He was 91.

Margaret L. Myers, M.D. '51, died on September 12, 2016.

Johanna R. Haig, M.D. '49, died on August 14, 2015. He was 88.

Joseph T. Noya, M.D. '49, died on July 16, 2015.

Bernard Spector, M.D. '49, died on July 7, 2015.

Norman Nash, M.D. '48, died on March 1, 2016. He was 93.

Burton L. Wise, M.D. '47, died on April 14, 2016. He was 91.

Francis J. Romano, M.D. '46, died on December 1, 2015.

Donald L. Graves, M.D. '45, died on March 4, 2016. He was 95.

Geraldine B. Branch, M.D. '36, died on July 22, 2016. She was 107.
See next page.

Faculty

David H. Amler, M.D., clinical assistant professor of pediatrics, died on February 11, 2016. He was 72.

Anna B. Drakontides, Ph.D., professor emeritus of cell biology and anatomy, died on June 11, 2016.
See next page.

Yutaka Kikkawa, M.D., professor of pathology, died on July 31, 2016. He was 84. Dr. Kikkawa served as chairman of the Department of Pathology from 1976 to 1988.

Sigmund Lasker, Ph.D., research professor of medicine, died on October 1, 2015.

Christopher J. Linstrom, M.D., professor of neurosurgery, died on February 17, 2016. He was 65.

Robert E. Madden, M.D., professor emeritus of surgery, died on July 30, 2015. He was 89.

Lucille Rosenbluth, M.P.A., senior lecturer of epidemiology and community health, died on March 5, 2016.

Administration

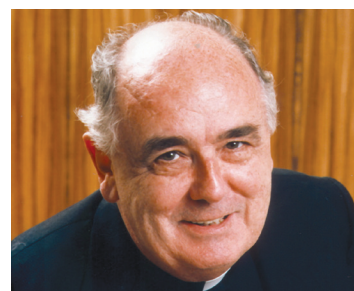
Reverend Monsignor James P. Cassidy, Ph.D., chancellor of New York Medical College from 1987 to 1992 died on October 14, 2015. He was 90. *See right.*

Board of Trustees

Michael Karfunkel, a member of the NYMC Board of Trustees since 2011, died on April 27, 2016, in Israel, at the age of 72. Mr. Karfunkel, who came to the United States from Hungary in the 1950s and whose intelligence and motivation led him to become a respected and successful businessman, demonstrated the qualities of initiative, progress and vision upon which NYMC was founded and continues to thrive today.

Miriam K. Moran died on October 22, 2015 in Greenwich, Conn., at the age of 83. She was a member of the Board of Trustees from 1996 to 2010. A retired school teacher and true advocate of education, she graduated from Trinity College in Washington, D.C., and also attended Harvard Graduate School of Education. She served as president of Moran Overseas and was active in numerous philanthropic and civic organizations.

NYMC Mourns the Death of Former Chancellor Rev. Msgr. James P. Cassidy, Ph.D.



*Rev. Msgr. James P. Cassidy, Ph.D.
(1925 – 2015)*

Reverend Monsignor James P. Cassidy, Ph.D., who served as chancellor of New York Medical College from 1987 to 1992 died on October 14, 2015 at the age of 90. He became a member of the NYMC Board of Trustees in 1972 when he was the director of the Department of Health and Hospitals Catholic Charities of the Archdiocese of New York with responsibility for 17 Catholic hospitals and home care agencies. He also served for many years as the second vice chairman and secretary of the Board of Trustees and was a member of the executive committee prior to becoming chancellor.

During Msgr. Cassidy's tenure on the Board of Trustees, he was instrumental in the conversion of Flower and Fifth Avenue Hospital into a specialty hospital serving the developmentally disabled, now known as Terence Cardinal Cooke Health Care Center (TCC). Today TCC remains a College affiliate and provides exceptional long-term residential care, short-term rehabilitation and other vital health services for people with diverse needs.

During his term as chancellor, Msgr. Cassidy's interest and experience in international health led him to establish the Institute for International

Health to utilize the expertise of the College's faculty and resources to provide professional assistance, on-site training, technical expertise and financial support to advance global health care.

Msgr. Cassidy departed NYMC in 1992 when he was appointed to a Vatican post in Rome to establish an International Association of Catholic Health Institutions under the Pontifical Council for the Pastoral Assistance to Health Care Workers.

Msgr. Cassidy received a B.A. degree from St. Joseph's Seminary and College and was ordained a priest in 1951. He received an M.S. degree and a Ph.D. in educational psychology, counseling and guidance from Fordham University where he completed postgraduate work in clinical psychology. He completed a postgraduate residency in clinical psychology at St. Vincent's Hospital in Manhattan.

Msgr. Cassidy served as a parish priest for many years and was a marriage counselor, senior clinical psychologist, director of Family Consultation Service, and associate professor at St. John's University. He was appointed Prelate to His Holiness and served as director of the International Federation of Catholic Medical Association, director of International Association of Catholic Health Institutions at the Vatican, administrator of Holy Spirit Church in Cortlandt Manor, N.Y. and staff psychologist and director of counseling at the Pontifical North American College in Vatican City. He was in residence at St. Patrick's Cathedral in New York City from 2003 to 2010.

Anna Drakontides, Ph.D., Professor Emeritus of Cell Biology and Anatomy



*Anna B. Drakontides, Ph.D.
(1933 – 2016)*

Anna B. Drakontides, Ph.D., a beloved faculty member for 32 years passed away on June 11, 2016, leaving a legacy of spirit and en-

thusiasm for teaching and science that will be remembered by the thousands of students she taught and the colleagues and friends she touched.

Dr. Drakontides received bachelor's and master's degrees from Hunter College and went to work for Pfizer Pharmaceuticals. While working there she earned a second master's degree and a doctorate in anatomy and pharmacology from Cornell University Medical College. She wished to remain in the New York area to pursue her research using the electron microscope to study the function and structure of the neuromuscular junction and was recruited in 1973 by Johannes Rhodin, M.D., Ph.D., the first chairman of the Department of Cell Biology and Anatomy, who was considered a pioneer in electron microscopy. She earned emeritus status upon her retirement in 2005, yet she remained a familiar face on campus returning to teach lectures and labs in histology to medical students.

Known for her strict standards and demand for excellence, Dr. Drakontides' career touched all three schools of the College, students and faculty alike. She served as course director for the histology and cell biology course for the School of Medicine, course director of histology and graduate program director of cell biology for the Graduate School of Basic Medical Sciences and she taught histology to physical therapy students in what is now the School of Health Sciences and Practice. A classical histologist, Dr. Drakontides also mentored and trained numerous faculty members in histology.

Dr. Drakontides had a special rapport with students and served as a powerful role model for them. She was demanding of her students, yet very compassionate and sensitive to their needs. Students had a deep respect and devotion to her that remained long after they graduated from New York Medical College. Students fondly referred to her as "the dragon lady," the literal translation of her last name from Greek, even naming one of their Powder Puff football teams after her.

"Anna was the consummate educator. She held her students to the highest standards and showed by her own hard work what was expected of a professional. She also had genuine concern for her students and their welfare. She was warm and funny but tough whenever it was needed. She was a won-

derful colleague and friend with so much wisdom to share," said Doris J. Bucher, Ph.D., associate professor of microbiology and immunology.

Dr. Drakontides always had time for her students despite her other service and leadership commitments at the College. She was elected to the Faculty Senate and its Executive Committee and served as secretary of the Faculty Senate for two terms. She was a member of the Curriculum Committee, the Benefits and Compensation Committee, the SOM Admissions Committee and others, and she chaired the Academic Standards Committee. She was honored by medical students with several Excellence in Teaching Awards and she was inducted into Alpha Omega Alpha, the honor medical society.

"Anna leaves an enduring impact on thousands of medical and graduate students who benefited from her exemplary teaching and guidance. She was a perfectionist who also cared deeply about everything she did," said Joseph D. Etlinger, Ph.D., professor and chairman of the Department of Cell Biology and Anatomy.

Sansar Sharma, Ph.D., professor of ophthalmology and of cell biology and anatomy, reflected on his friend and colleague, "One would be very hard pressed to find any faculty member who combined love of teaching and a rigorous, demanding curriculum with more exuberance than Anna. Her standards undoubtedly inspired multitudes of students, who carry her principles and practice throughout their careers in medicine and beyond."

Geraldine Branch, M.D. '36, Lived a Lifelong Dream of Becoming a Doctor



*Geraldine Branch, M.D. '36
(1908 – 2016)*

At a time when few women imagined—or attempted—careers in medicine, Geraldine Branch, M.D. '36, pursued and achieved her lifelong dream of becoming a doctor.

Dr. Branch, who was among New York Medical College's oldest living alumni when she died on July 22, 2016 at the age of 107, scoffed at the discouragement of people (including her mother) who argued that an African-American woman could never become a physician. What she didn't scoff at was the high cost of medical school. Instead, she found a way around it.

She persuaded benefactor Walter Gray Crump Sr., M.D., an alumnus of the Class of 1895, who in 1928 had established the first scholarship program in the United States for minority medical students at the College, to select recipients according to their passion and academic merit, regardless of gender. Then, she earned the highest score of everyone who took the Medical Aptitude Test and won her scholarship, along with her place in the Class of 1936.

Dr. Branch believed that female physicians were the best health care providers for pregnant women. She dedicated her career to obstetrics and gynecology, family planning, public health and preventive medicine. In addition to her medical degree, she earned a Master's in Public Health from UCLA and, from 1941 to 2001, worked in New York and California not only as a physician but also as a medical examiner, district health officer, medical director, faculty member and medical-public health consultant. Devoted to public health, Dr. Branch played a major role in the founding of the Watts Health Center in Los Angeles, following the city's 1965 riots, and the Watts Health Foundation.

Disproving those who warned that her professional aspirations would compromise her personal life, Dr. Branch married and had two children: a son who became a dentist and a daughter who became a teacher. An ardent believer in perpetuating the generosity that allowed her to attend medical school, Dr. Branch funded a four-year scholarship through the College's Adopt-A-Scholar program. "I feel like God helped me and I should pass it on. I just hope that the person who gets the scholarship will pass it on after they become successful," she said in a 2007 interview with NYMC.

Outgoing School of Medicine Alumni Association President Henry I. Saphier, M.D. '61, Passes the Baton to His Successor, Charles W. Episalla, M.D. '88

BY ANDREA KOTT, M.P.H.

As Henry I. Saphier, M.D. '61, passes the baton to the new president of the Alumni Association Board of Governors, he offers this wisdom: keep the Association's purpose front and center. "Our mission is and always has been to aid the medical students of New York Medical College and the school as an entity," says Dr. Saphier, who served as president for two terms, from 2012 to 2016.

The Alumni Association's mission is the beacon that guided Dr. Saphier during the early days of the Touro College and University System's tenure as NYMC's new sponsor. "The largest hurdle that the Alumni Association had to clear in those days was changing from the old guard to the new guard," says the noted obstetrician-gynecologist. "When you change anything, whether it's a spouse or a sponsorship, it creates uncertainty."

But with its mission clearly defined, the Alumni Association supported activities that benefited students, alumni and the College. "We sponsored student cruises, parties, fundraisers and gatherings to unify the School of Medicine with the other schools on campus," he says, referring to the School of Health Sciences and Practice and the Graduate School of Basic Medical Sciences. "It was a trying time but we were able to transition smoothly by staying our course," he reflects. "Our greatest achievement was to promote a feeling of unity. The new president must continue the great strides of the Alumni Association."

Charles W. Episalla, M.D. '88, whose term began on July 1, plans to do just that. He has wanted to give back to NYMC ever since he finished his residency here. He began by joining the Board of Governors as archivist in 2000, and then serving as vice president from 2008 to 2009. Now, he intends to do more, starting by collaborating with D. Douglas Miller, M.D., C.M., M.B.A., dean, of the School of Medicine, and Edward C. Halperin, M.D., M.A., chancellor and CEO. "I plan to support what we've done so far—building the Dean's White Coat Fund (see page 56), expanding endowed scholarships, supporting student activities and building closer relationships between the alumni and the new administration," he says.

Dr. Episalla is especially eager to smooth students' transition from residency to real-world practice by enhancing activities like NYMed Talks, the event formerly known as Student Physician Awareness Day. "We want to mentor students and give them an opportunity to shadow working physicians, and to ask them about medicine, managed care and what it's like to go into private practice."

In this era of rising medical school costs, Dr. Episalla is also keenly interested in the Association's ability to relieve students'



financial burdens by providing endowed scholarships. "One of the biggest challenges facing medical schools and their graduates is debt," he notes. He is equally committed to raising funds for the Association, whose membership totals approximately 18,000. "As people graduate there's not a lot of disposable income," he acknowledges, "but that does change over time. Every Association member is a physician who has dealt with medical school debt. As we seek donations for scholarships for medical students, we are in the unique position to be able to say, 'I know what you're going through and we want to help you.'"

Dr. Episalla, an orthopedic surgeon, says he needed such support when he began private practice 30 years ago. "You come out of residency, you're not making a lot of money, you have medical school debt and now you have to set up an office." Today, he runs three Catskill area offices where he sees 200 patients a week. He also is the director of orthopedic surgery for the Catskill Regional Medical Center, team physician for the Sullivan County Community College Athletic Programs and police surgeon for the New York State Police and Monticello Police Departments. "When I graduated from NYMC, I didn't know the Alumni Association was out there, or that there was a Board of Governors that helps students," he says. "I want our students and graduates to know that there are people they can reach out to. I want them to know we're here."

This is exactly the kind of dedication that the Association's mission espouses. Says Dr. Saphier, "Our loyalty to the students and alumni is our way of giving back." ■

Building Bridges and Reconnecting SHSP Alumni

The new Alumni Leadership Council helps the School of Health Sciences and Practice leverage its most valuable assets: its graduates.

BY MELISSA F. PHETERSON

At last year's Commencement ceremony, Jason Tenzer, M.P.H. '04, took his place on stage at Carnegie Hall to help the School of Health Sciences and Practice (SHSP) extend an official welcome to graduates upon starting a new chapter in their New York Medical College career: that of alumni. As founding chairman of SHSP's Alumni Leadership Council, Tenzer wants to ensure that alumni remain connected and engaged with each other, with faculty and with current students—to develop their careers, network with leaders and mentor the next generation of care providers and policy makers. The Council also seeks to cultivate a culture of leadership that will further the mission of the School, and the College.

"We're trying to make sure their relationship with the school doesn't end with graduation," Tenzer says. "In fact, graduation is just the start. They've now evolved into, and will always be, alumni." Tenzer credits Robert W. Amler, M.D., M.B.A., dean of SHSP and vice president for government affairs, and Edward C. Halperin, M.D., M.A., chancellor and CEO of NYMC, for their support in "helping us leverage, and stay connected with, the greatest resources our School has—the graduates."

BUILDING A BRIDGE

The Council's 12 members meet quarterly to cultivate ties with alumni and develop programs that meet their needs and interests, encourage them to share resources and expertise and return them to campus. Tenzer favors events like career panels, which he considers "the best way to demonstrate to students what you can achieve with a degree from this School." He likens the Alumni Leadership Council's first formalized year to "building a bridge" that strengthens bonds on campus and beyond.

"This is by alumni, for alumni. My promise as chairman of the Council is that we will provide everything we can to engage and re-engage alumni, as well as the student body," says Tenzer. "We think downstream."

Carolyn (Kirkup) DeGoria, D.P.T. '13, has helped Tenzer define and promote the Council—having observed firsthand the benefit of working with another alumna, her supervisor at NewYork-Presbyterian/Columbia University Medical Center, Catherine MacCartney, D.P.T. '06, clinical instructor of physical therapy in the SHSP.



"It's a nice relationship to have at work, to bond over; and it allows us to be supportive of each other," she says.

"Our ultimate goal is to provide a great opportunity for current and future alumni to maintain the ties they've made on campus and to further those relationships," Dr. DeGoria adds. "From social gatherings to professional collaboration, we want our alumni to network for jobs, for guidance and for fun."

REAL-WORLD CONNECTIONS

"An alumni organization is critical to the strength of any program, especially one with professional training," says Sheila Conklin, M.P.H. '00, who studied health policy and management and now works at Hudson River Health Care. Over the years, she has repeatedly seen the value of having mentors and preceptors within an alumni network, to guide development and extend support in real working environments.

"The College has always been wonderfully connected with the working world," she says. "Having alumni partake in that connection, visit campus and talk to students is very important."

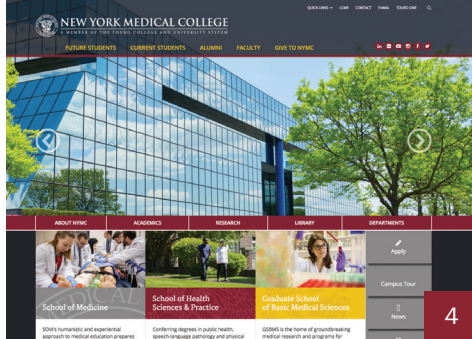
And opportunities for growth extend both ways. "We have wonderful energy with newer graduates of the program; they will be a real asset," Conklin says.

Jaclyn Offitto, M.S. '10, has reached out to alumni via Facebook for clinical questions and career advice in her field of speech-language pathology. As the Alumni Leadership Council grows beyond its first year, she looks forward to more frequent opportunities to connect, especially with panels that place her in close proximity to faculty and students. "There are so many options in the field of speech," she says. "It's very helpful to reach out to your network. My vision is to see the Council grow to include all alumni and current students."

Tenzer agrees, hoping the Council will re-engage a network that is concentrated regionally, but extends around the world. "Our school's reputation is growing," he says. "I want to excite people about being alumni again."

Alumni who wish to become involved in the Council are encouraged to send an email to shspalumni@nymc.edu or call the NYMC Office of Development and Alumni Relations at (914) 594-4550. ■

GREAT THINGS ARE HAPPENING HERE



1 NYMC was honored at the Westchester County Association's Annual Fall Leadership Dinner with the 2015 Leadership Award for offering innovative curricula and advanced technological developments in the community and contributing to Westchester's growing biotech industry.

2 The School of Medicine hosted a workshop to announce plans to inaugurate a Children's Health Translational Science Institute at NYMC.

3 On March 22, the NYMC community took a step back in time and spent an evening getting better acquainted with the life and achievements of NYMC founder, William Cullen Bryant. While Bryant died in 1878 at the age of 83, the event—which featured presentations and guided tours of the Bryant exhibit in the Health Sciences Library—made it abundantly clear that Bryant's legacy remains alive and well today at NYMC.

4 A new nymc.edu website, a collaborative effort of the Office of Public Relations, administration, faculty, students and staff of each of the three schools was launched.

5 NYMC observed Yom Hashoah, Holocaust Remembrance Day, with two reflective and thought-provoking events: an evening of interviews and perspectives with psychiatrist, author and notable NYMC alumnus, Robert Jay Lifton, M.D. '48 and Mel Urbach, Esq., a lawyer who has devoted his career to helping Holocaust survivors and their heirs recover funds, art and artifacts stolen during the years of Nazi terror, spoke on the significance of this unique occupation.

6 The Mastronardi Information Center in the Health Sciences Library was renovated into a newly configured multi-function space featuring workstations with seating for 11, standing workspace, a class whiteboard and a 3-D printer, which was donated by Mark A. Novitch, M.D. '58.

7 NYMC is home to a new display of five antique, prize microscopes—originally awarded in the late 1800s to top students at New York Homeopathic Medical College (NYHMC), NYMC's predecessor. Some are part of NYMC's permanent collection, a donation from Deborah and Jay Tartell, M.D. '82, and others are on loan from Allan Wissner, Ph.D., a longtime collector and expert on the topic.

8 NYMC unveiled the new Radiology Suite and Anatomege Table, featuring multiple interactive screens allowing for independent and group study and a cutting-edge Anatomege Table, which displays human gross anatomy in real-life size using data from actual patient scans or cadavers and will serve as a complementary tool for cadaver-based dissection courses.

9 The School of Medicine's Office of Diversity and Inclusion hosted its Second Annual Diversity and Inclusion Conference in September. This year's theme was "Considering Diversity in Equitable Health Care."



10 NYMC lit it up gold as members of the College community donned the brilliant color to show their support of Childhood Cancer Awareness Month in September.

11 Scientific acumen, poise and enthusiasm were the hallmarks of the Fifth Annual Summer Trainees in Academic Research (STAR) Student Research Forum hosted by the Graduate School of Basic Medical Sciences in August. Twenty-one high school and undergraduate participants seemed wise beyond their years as they presented their research at the forum after completing their summer projects under the mentorship of an NYMC faculty member and attending special lectures and seminars.

12 The NYMC community stepped out for the American Heart Association Westchester County Heart Walk in October and raised more than \$6,000 to fight heart disease. D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine served as executive champion of the walk. The event was kicked off by the Arrhythmias, the School of Medicine a cappella group, singing the National Anthem and Doctor of Physical Therapy (D.P.T.) students led a dynamic warm-up for the crowd before they embarked on the three-mile walk.

13 The Health Sciences Library hosted the 23rd Annual NYMC Faculty Author Celebration, recognizing the collective works of faculty authors and celebrating the inherent importance and satisfaction of scientific publication.

14 Doctor of Physical Therapy (D.P.T.) students hosted a very successful 18th Annual Race for Rehab, raising nearly \$7,000 for Achilles International, a not-for-profit organization which provides a community of support for athletes with disabilities. This year's contribution brings NYMC's lifetime donation to Achilles to more than \$123,000 since the race's inception in 1999.

15 The life and virtuosity of Wolfgang Amadeus Mozart (1756-1791) was celebrated at the NYMC Music and Medicine event in November. The program, which included a lecture by Stephen Moshman, M.D., SOM professor of clinical medicine, was complemented by musical selections performed by a string quartet from the Manhattan School of Music.

16 More than 900 guests witnessed the School of Medicine Class of 2020 don their white coats for the first time. The White Coat Ceremony, a rite of passage for medical students, took place in October at the Performing Arts Center in Purchase, N.Y. Proud families and friends from across the country beamed as 213 first-year medical students received words of encouragement and sage advice and were cloaked in their coats by "investors," distinguished members of the School's faculty who trust in the students' ability to carry on the noble tradition of the practice of medicine.

17 A reflective ceremony was held on November 7 at Metropolitan Hospital Center in New York City to honor the legacy of Mathew F. Olstein, M.D., a physician and World War I hero who transcended an anti-Semitic attack at Kings County Hospital in 1916 to then become an intern and senior physician at Metropolitan Hospital. College and hospital leadership led the dedication ceremony and unveiled a plaque honoring Dr. Olstein during the week of Veterans Day and one week after Dr. Olstein's memorial anniversary.

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In memory of Paul E. Krochmal, M.D. '75

M. Sheila Desmond, M.D. '75

In honor of Rabbi Moshe Krupka

Scott Schulman M.D.

In honor of Roselie and Louis Kurtzman

Neil A. Kurtzman, M.D. '61

In honor of Mr. and Mrs. Ernest Kussmaul

Annette E. Kussmaul, M.D. '93

In honor of Alexander Ladenheim, SOM Class of 2019

Dr. and Mrs. Eric D. Ladenheim

In memory of Kathryn and Frank LaRusso

Nicholas F. LaRusso, M.D. '69

In memory of Sigmund E. Lasker, Ph.D., honoring his service to New York Medical College

Richard H. Levine, M.D. '80

In celebration of Joan Liman's zest for life

Iлона W. Figura, M.D. '83

In memory of Kind and Generous, Marie and Joseph Lopes

Mark A. Perazella, M.D. '88

In memory of Isabel Gormley Lynch, R.N. '55

John J. Lynch, M.D. '58

In celebration of my medical education and career

Frederick MacDowell, Jr., M.D. '53

In honor of Norman L. Maron, M.D. '70 and Peter H. Berglas, M.D. '70

Michael R. Berman, M.D. '70

In memory of John C. McGiff, M.D.

Elizabeth D. Drugge, Ph.D., M.P.H. '12
Maria F. Capparelli, M.D. '07

In celebration of Medical Educational Excellence

Dr. Daniel A. Cohen

In memory of Rita Medoff

Alan S. Medoff, M.D. '48

In memory of Robert Darcy Miningham

Roy Christopher Monsour, M.D.

In memory of Parthasarathy Narasimhan

Sudha Narasimhan, M.D., M.P.H. '99

In memory of Sheila and Emil Neibart

Steven I. Neibart, M.D. '81

In honor of Nicolette Norgaard

Albert C. Goldberg, M.D. '63

In honor of NYMC Department of Emergency Medicine Class of 2015

Dr. Selamawit Yemane-Merriwether

In celebration of the birth of Amelia Mei O'Donnell

Sophia G. O'Donnell, M.D. '08 and Seth W. O'Donnell, M.D. '08

In memory of Thomas F. Oliver

Michael T. Oliver, M.D. '76

In honor of Naomi O. Oyemwense, SOM '17

Ms. Roberta St. Clair

In memory of Betty Polaschik

Mr. and Mrs. Michael R. Williams

In memory of Mitchell C. Pollack, M.D. '77

Marilyn L. Temkin, M.D.

In honor of Harvey Reback, M.D. '61 on the occasion of his 80th birthday

Mr. and Mrs. Norman Bolski

In memory of Frank Richard Romano, M.D. '39

Patricia M. Raciti, M.D. '11

In honor of Dr. Samuel H. Rubin

Adam D. Rubin, M.D. '00

In honor of Henry I. Saphier, M.D. '61 and Marieanna Saphier, R.N. '60

Robert D. Green, M.D. '61

In memory of Kalma and Mala Seidman

David A. Seidman, M.D. '86

In honor of B. Seiter's 85th birthday

Mrs. Kathryn T. Egan

In celebration of SHSP Students and Faculty

Ms. Annette Choolfaian, R.N.

In honor of Taylor E. Smith, M.D. '14

Mr. and Mrs. Robert S. Faircloth

In celebration of the SOM Class of 1956

Sanford Sherman, M.D. '56

In honor of the SOM Class of 1969

Francis J. Pizzi, M.D. '69

In celebration of the SOM Class of 1972

Michael Chavez Chase, M.D. '72

In honor of the SOM Class of 1973

David H. Fields, M.D. '73

In honor of the SOM Class of 2000

Earl A. Bueno, M.D. '00

In memory of Jerome S. Spivack

Carolyn A. Martin, M.D. '77

In memory of Pincus A. Stahl, M.D. '21

Martin B. Stahl, M.D. '53

In honor of Drs. Alyssa and Michelle Stram

Richard A. Stram, M.D. '78

In memory of Kitty Stram

Richard A. Stram, M.D. '78

In honor of Luisa Temple SOM '16

David Werdegart, M.D. '56

In honor of Dr. and Mrs. Seymour Tobin, M.D. '52

Keith S. Tobin, M.D. '85

In celebration of Drs. Michelle and Marco Tomassi, M.D. '03

Mrs. Patricia M. Tomassi

In celebration of Peter V. Tumminelli "2016"

Mr. and Mrs. Peter V. Tumminelli

In memory of John A. Vosburgh, M.D. '52 and Barbara C. Vosburgh, M.D. '52

William A. Eddy, M.D. '52

In memory of Herbert and Lila Wanderman

Steven M. Wanderman, M.D. '80

In celebration of the marriage of Carolyn M. Wassong, M.D. '08, M.P.H. '08 and Ryan Malone

Mr. and Mrs. Louis J. Wassong

In memory of Ivy Wohl

John M. Feder, M.D. '87

In honor of James J. Y. Wong, M.D. '76

James J. Y. Wong, M.D. '76

In memory of Paul K. Woolf, M.D.

Ashokkumar C. Jain, M.D.

In memory of Maxine Young

Bradley J. Gordon, M.D.

In honor of Robert M. Zbeda, M.D. '15

Mr. and Mrs. George Zbeda

In memory of Dr. Dorothea Zucker-Franklin

Toni G. Novick, M.D. '56

Dean's White Coat Campaign Eases Medical Student Debt

In an ideal world, the cost of a medical school education would not deter a single qualified candidate from entering the profession. But in the real world, money matters. And as the New York Medical College School of Medicine Office of Admissions works diligently and thoughtfully to identify the best candidates to become future physicians at NYMC, the Dean's White Coat Campaign works to ensure that these exceptional candidates have the financial support they need to pursue their dreams.

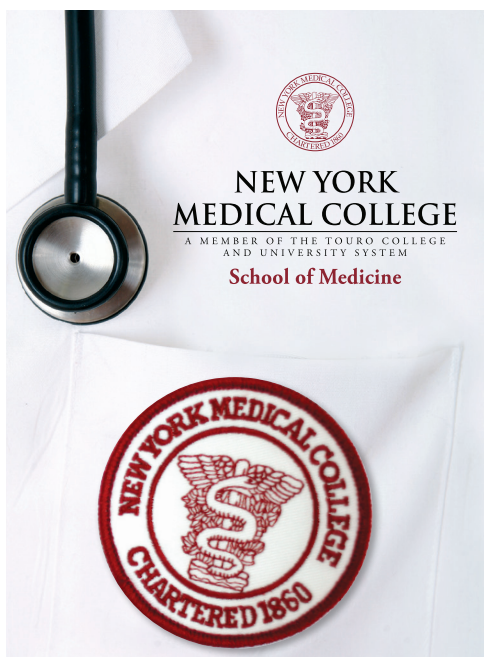
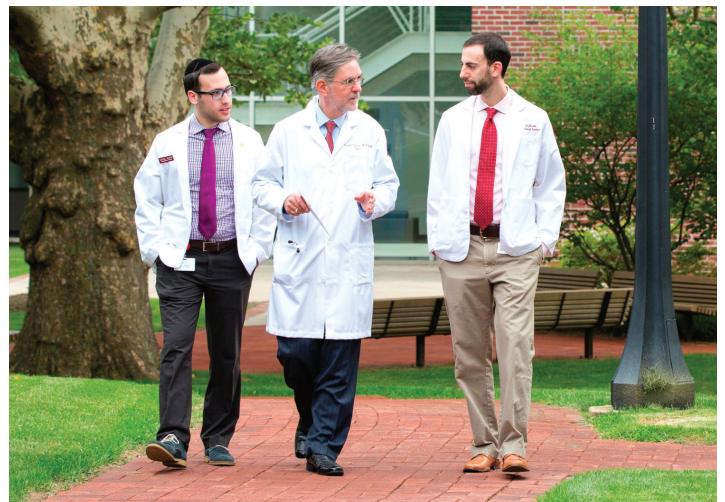
The Dean's White Coat Campaign was established in 2015 by D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine, in collaboration with the Office of Development and Alumni Relations and the Office of Student Financial Planning. The Campaign—named for the traditional white coat donned by medical students as they accept the responsibilities of their new role as a future physician—provides a way for alumni and other interested donors to contribute funds to relieve some of the financial strain that today's medical students experience.

"Medical school is challenging enough without the added pressure of financial concerns," says Dr. Miller. "Through the White Coat Campaign, our donors ease some of the monetary stress and allow students to focus on their learnings. Helping a student become a physician is an extraordinary gift, both to the student as well as their future patients."

Since its launch last spring, the Dean's White Coat Campaign has received almost \$500,000 from more than 530 donors, and includes endowed scholarships, scholarships designated toward a specific specialty, and general contributions designated for medical student scholarships.

This October, White Coat Campaign contributors were recognized at the 2016 NYMC White Coat Ceremony where they also had the opportunity to meet the beneficiaries of their generosity. "The White Coat Ceremony is a profoundly meaningful event in the lives of all medical students," says Gladys M. Ayala, M.D., M.P.H., vice chancellor of student affairs and senior associate dean for student affairs, School of Medicine. "It is remarkably touching for our White Coat contributors to witness the ceremony and see first-hand the impact of their generosity on a student's life."

To learn more, or to participate in the Dean's White Coat Campaign, please contact the NYMC Office of Development at 914-594-4550 or development@nymc.edu. ■



SAVE THE DATES 2017 ALUMNI REUNION

Celebrating the Classes of

• 1937 • 1947 • 1957 • 1967 • 1977 • 1987 • 1997 • 2007
• 1942 • 1952 • 1962 • 1972 • 1982 • 1992 • 2002 • 2012



NOVEMBER 18, 2017

DoubleTree Hilton Tarrytown

7:00 PM Cocktail Reception

8:00 PM Dinner and Program

NOVEMBER 19, 2017

New York Medical College Campus

10:00 AM CME

11:30 AM Brunch and Tours

For more information visit www.nymc.edu/alumni/school-of-medicinesom-reunion

COMMENCEMENT 2016



At the 157th Commencement exercises on May 23 in Carnegie Hall, the stage party gathered before the ceremony. Front from left: Alan Kadish, M.D., president; Robert W. Amler, M.D., dean of the School of Health Sciences and Practice and vice president for government affairs; Dr. Mark Hasten, chairman of the Board of Trustees; and Francis L. Belloni, Ph.D., dean of the Graduate School of Basic Medical Sciences. Back from left: Edward C. Halperin, M.D., M.A., chancellor and chief executive officer; D. Douglas Miller, M.D., C.M., M.B.A., dean of the School of Medicine; Stanley Boylan, Ph.D., vice president of undergraduate education and dean of faculties of the Touro College and University System; Jay P. Goldsmith, D.M.D., founding dean of the Touro College of Dental Medicine at New York Medical College; and Rabbi Moshe Krupka, executive vice president of the Touro College and University System.



Steven A. Wartman, M.D., Ph.D., president and chief executive officer of the Association of Academic Health Centers and the Association of Academic Health Centers International, delivered the Commencement address and was bestowed an honorary doctor of science degree.



Henry I. Saphier, M.D. '61, front right, immediate past president of the School of Medicine Alumni Association, joined proud alumni parents, siblings and spouses of the Class of 2016.



Mace bearer Ira Schwartz, Ph.D., at table, professor and chairman of the Department of Microbiology and Immunology, led the vibrant processional of academic leaders, faculty and distinguished guests into the grand hall and on stage.



Nassau County Health Commissioner Lawrence Eisenstein, M.D., Fifth Pathway '01, at podium, who received his M.P.H. in health policy and management from the School of Health Sciences and Practice, gave the student address.



The School of Medicine Class of 2016 takes in the moment at Carnegie Hall.



Ph.D. candidates in the Graduate School of Basic Medical Sciences await the processional.



M.P.H. candidates in the School of Health Sciences and Practice beamed big smiles before the ceremony.



Six members of the School of Medicine Class of 2016 were commissioned as medical officers of the U.S. Army and Air Force.

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Artwork by Michael Shen, School of Medicine Class of 2018