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CHRONIAN

NEW YORK MEDICAL COLLEGE

2018

THE ROAD TO PROGRESS:

GIVING CARE IN THE
LEAST LIKELY PLACES



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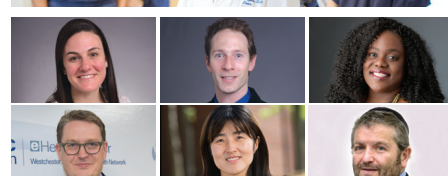
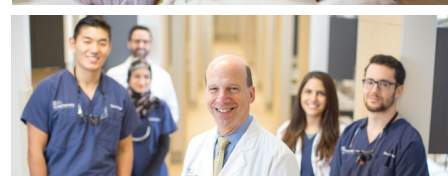
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Message from the Chancellor



When Winston Churchill gave his famous “Their Finest Hour” speech, he warned his listeners that if Hitler were to win the war, Western Civilization “would sink into the abyss of a new Dark Age made more sinister, and perhaps more protracted, by the lights of perverted science.”

A lot of what you and I take for granted as lynchpins of modern biomedical ethics, designed to prevent us from falling into the abyss of perverted science, are a result of the European Holocaust perpetrated by the Nazis and their collaborators. The horrific “medical experiments” carried out by German doctors on concentration camp victims, and the concepts articulated at the post World War II “Doctor’s Trials” at Nuremberg resulted in a change in ethical norms. It is now generally accepted that medical research on humans requires oversight by a properly constituted institutional review

board that evaluates both the scientific and ethical ramifications of the experiment. Most of us agree that adult patients must provide informed consent to participate in a medical experiment and children must have consent provided for them by a responsible adult. Insofar as German doctors joined the Nazi party more quickly and in larger percentages than any other professional group, it is now recognized that doctors must take care to remember that their primary obligation is to their patients, not to a third party such as the government, an insurance company, or the profitability of their employer such as a hospital or large group practice.

When doctors participate in government-sanctioned torture in the interrogation of alleged terrorists at Guantanamo and elsewhere, and when they make decisions about medical tests or procedures based on profitability (of the hospital, insurance company, or drug company) rather than serve the best interests of the patient, they are ignoring the ethical concept of “The Banality of Evil” as articulated by the philosopher Hannah Arendt. It was after the trial of Adolf Eichmann when Arendt wrote that evil is generally envisioned and articulated by sociopaths. For evil to succeed in the world, however, the average person has to treat it as a normal, everyday event.

Unfortunately, only 16 percent of U.S. and Canadian medical schools have part of their curriculum devoted to the biomedical ethical lessons of the Holocaust. This should change. I am proud that New York Medical College is leading the way. Our medical students learn about the role of doctors in promoting concepts of eugenics, murdering psychiatric patients and the mentally retarded, the creation of killing chambers in concentration camps, as well as the role of white physicians in aiding the American slave trade, the use of African American bodies in gross anatomy instruction in the 19th and early 20th centuries, and resisting hospital and medical society desegregation in the 1950s and 1960s, as well as the heroic exceptions who refused to go along with the prevailing mores of their time.

Each year New York Medical College hosts programs on topics such as the ethics of naming diseases after German and Austrian neuroscientists who conducted research on concentration camp victims, how German physicians rationalized their behavior, and the controversy surrounding the use of anatomical atlases created using the bodies of victims of the Holocaust.

At New York Medical College we embrace the idea that those who ignore history are doomed to repeat it. Holocaust education is an important tool for educating the next generation of health care providers.

A handwritten signature in black ink that reads "EC Halperin". The signature is fluid and cursive, with a prominent "E" and "C" at the beginning.

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

CHANCELLOR AND CHIEF EXECUTIVE OFFICER

Celebrating a Successful Collaboration: NYMC and Westchester Medical Center Health Network Enter Long-Term Academic Affiliation Agreement

The collaborative relationship between New York Medical College (NYMC) and Westchester Medical Center Health Network (WMCHealth) has long-served to strengthen both parties. In May, that mutually-productive partnership was strengthened during a special signing ceremony to commemorate the new 12-year, Academic Affiliation Agreement between the two institutions. The long-term agreement will strengthen the academic medicine programs as well as the clinical care and research practices of both NYMC and WMCHealth.

Under the agreement, hospitals on the Valhalla campus of WMCHealth—its flagship Westchester Medical Center, Maria Fareri Children's Hospital and Behavioral Health Center—will be the primary teaching sites for the clinical education of students of NYMC and Touro College affiliated programs. Additionally, NYMC will facilitate the expansion of that education to other hospitals in the WMCHealth Network, and NYMC and WMCHealth will collaborate to foster clinical research.

"After negotiations between the leadership of WMCHealth and NYMC, and upon the approvals of the Boards of both organizations, the parties have signed a long-term Academic Affiliation Agreement. This renews our commitment to a continued partnership with WMCHealth and its affiliated hospitals as our primary academic sites," said NYMC's Chancellor and CEO Edward C. Halperin, M.D., M.A. "On any given day, more than one-fourth of NYMC's third- and fourth-year medical students complete their clinical clerkships at WMCHealth hospitals, along with students in other clinical disciplines. With a shared faculty and jointly conducted research and educational activities, there is a great deal of partnership between our two organizations. This agreement codifies our already long-standing relationship. Contrary to prior, short-term agreements, this arrangement will allow for a continuous and synergistic relationship between both organizations." ■



Seated, from left: Michael D. Israel, president and CEO, Westchester Medical Center Health Network and Edward C. Halperin, M.D., M.A., chancellor and chief executive officer, New York Medical College. Standing from left: Herman Geist, Westchester County Healthcare Corporation board member; Julie Switzer, executive vice president, general counsel, Westchester Medical Center; Dr. Mark Hasten, chairman of the Board of Trustees, Touro College and University System and New York Medical College; Mitchell Hochberg, chair of the board of directors, Westchester County Healthcare Corporation; Alan Kadish, M.D., president, New York Medical College and Touro College and University System; and Robert P. Astorino, former Westchester County Executive.

NYMC Receives \$3 Million to Establish the Catherine and Ladislav P. Hinterbuchner Professorship and Chair



From left: Edward C. Halperin, M.D., M.A., chancellor and chief executive officer; Eduardo Lopez, M.D., the Inaugural Catherine and Ladislav P. Hinterbuchner Endowed Chair in Rehabilitation Medicine; Alina Moran, M.P.A., chief executive officer, NYC Health + Hospitals/Metropolitan; and Alan Kadish, M.D., president, New York Medical College and Touro College and University System.

New York Medical College (NYMC) is the recipient of a \$3 million endowment to support teaching and training of medical students and residents, as well as to foster research. This gift, from the estate of Catherine Hinterbuchner, M.D., establishes the Catherine and Ladislav P. Hinterbuchner Professorship and Chair in the Department of Rehabilitation Medicine at NYC Health + Hospitals/Metropolitan. Dr. Hinterbuchner led the Department of Rehabilitation Medicine—as the College’s first female chair—and was chief of rehabilitation medicine at both Metropolitan Hospital Center and Lincoln Hospital in New York City for nearly 40 years. She passed away in 2015 at the age of 88. The endowed chair, “The Catherine and Ladislav P. Hinterbuchner Endowed Chair in Rehabilitation Medicine,” is named after her and her late husband.

“I met Dr. Hinterbuchner in 2012,” said Edward C. Halperin, M.D., M.A., chancellor and chief executive officer, NYMC. “She was a force of nature and deeply devoted to assuring the long-term development of the medical specialty of rehabilitation medicine in order to improve the quality and quantity of the lives of future generations of patients.”

Eduardo Lopez, M.D., has been named the inaugural chair and a special dedication ceremony was held at NYC Health + Hospitals/Metropolitan in August to mark the occasion.

Dr. Hinterbuchner served as chair of NYMC’s Department of Rehabilitation Medicine from 1971 to 2004 and earned emeritus status in 2005. At Metropolitan, Dr. Hinterbuchner was the hospital’s first chief of rehabilitation medicine, and the College’s first residency program director in the specialty. She was also the

first woman elected to the American Board of Physical Medicine and Rehabilitation and the first appointed to the Residency Review Committee of the Accreditation Council for Graduate Medical Education. Dr. Hinterbuchner received her M.D. from the University of Athens.

Dr. Lopez, joined the faculty of NYMC and Metropolitan as chairman and chief of service of the Department Rehabilitation Medicine in 2012. A native of Puerto Rico, Dr. Lopez is a graduate of the Universidad Central del Caribe School of Medicine and completed his internship at Hurley Medical Center/Michigan State University, residency at SUNY Upstate Medical Center and a fellowship in neurorehabilitation at the Medical College of Virginia. He is double board certified in physical medicine and rehabilitation and brain injury medicine.

Prior to joining NYMC, Dr. Lopez served as medical director of the JFK-Johnson Rehabilitation Institute in Edison, New Jersey, and held a clinical faculty position at Albert Einstein College of Medicine in the Bronx.

“Dr. Lopez has admirably overseen a rehabilitation medicine department that serves our patients with disabilities on an inpatient and outpatient basis,” said Alina Moran, M.P.A., chief executive officer at NYC Health + Hospitals/Metropolitan. “Under his leadership, the Department of Rehabilitation Medicine also serves as the primary site of academic clinical training for the NYMC rehabilitation residency program and the NYMC School of Medicine students. We applaud Dr. Lopez’s appointment to the Hinterbuchner Chair.” ■

Well-Matched! School of Medicine Class of 2017 Earns Choice Residencies at Match Day

At high noon on the third Friday in March, otherwise known as Match Day, the Medical Education Center lobby was filled to capacity as the School of Medicine Class of 2017 tore open their envelopes from the National Resident Matching Program and learned where they will go for their residency training. True to tradition, the 200+ graduating doctors-to-be and their families and friends cheered, shed tears and embraced when they found out where they will complete the next phase of their medical education. This year's "Match" was a record-high with 35,969 U.S. and international medical school students and graduates vying for 31,757 positions, the most ever offered in the Match.

"You have developed into knowledgeable, altruistic, skillful caregivers. Your dedication and commitment to our School of Medicine, no doubt contributed to our amazingly successful reaccreditation," said Jennifer L. Koestler, M.D., senior associate dean for medical education, addressing the School of Medicine Class of 2017 at the Match Day Ceremony. "Your advocacy has helped make NYMC a better place, and one that is committed to its students and to the continued growth and development of a superior education program."

"First and foremost, be proud of yourselves. It is your hard work, dedication and perseverance to stick through it all that has made you very successful and it will continue to make you successful in the future. We are very proud of the impressive residencies secured by our fourth-year students and wish them the very best in this next chapter of their careers as medical professionals," said Gladys M. Ayala, M.D., M.P.H., interim vice dean, School of Medicine. "Whether you

are going to a community hospital, a university hospital, a major academic institution or one of the top NIH ranked institutions, there is no doubt you will be the best and make the NYMC School of Medicine very proud," she told the anxious group of students who were awaiting their Match Day results.

The top career choices for the Class of 2017 were internal medicine (20%), pediatrics (12%), and emergency medicine (12%). An NYMC record-breaking 47% of the class chose programs in primary care—internal medicine, pediatrics, family medicine or ob/gyn. The School of Medicine Class of 2017 is pursuing their graduate

medical education in 20 different specialties in 29 different states with 42 percent remaining in New York. ■

An NYMC
record-breaking
47%
of the class chose
programs in
primary care.



Members of the School of Medicine Class of 2017, from left: Cameron Moore, Lisa Brown, Shauna Trinh, Bradley Tun, Michael Light and Andrew Agostini.

Hyundai Hope On Wheels Presents NYMC with \$150,000 Award

The Hyundai Hope on Wheels nationwide campaign made a stop in Valhalla in September at the Maria Fareri Children's Hospital (MFCH) at Westchester Medical Center, to present New York Medical College (NYMC) with a \$150,000 check and to hold its signature handprint ceremony. NYMC was one of 40 recipients of the 2017 Hyundai Hope On Wheels Grants, which fund research projects with the greatest potential to improve the lives of children battling cancer.



From left: Allyson M. Flower, M.D.; Edward C. Halperin, M.D., M.A., chancellor and CEO; Mitchell Cairo, M.D., professor of pediatrics, medicine, pathology, microbiology and immunology and cell biology and anatomy, and chief of pediatric hematology, oncology, and stem cell transplantation; and Michael Gewitz, M.D., professor of pediatrics and vice chairman of the Department of Pediatrics.

The Hyundai Young Investigator Award is for the work of Allyson M. Flower, M.D., assistant professor of pediatrics and a fellow of the Division of Pediatric Hematology, Oncology, and Stem Cell Transplantation, on neuroblastoma, one of the most common cancers in childhood and one of the leading causes of cancer related deaths. Dr. Flower's study, "Overcoming Natural Killer (NK) Cell Resistance in Poor Risk Neuroblastoma (NB)," aims to develop immunotherapeutic agents to overcome resistance pathways to eradicate neuroblastoma.

Hyundai Hope On Wheels has funded more than 840 research projects totaling more than \$130 million for innovative treatments for childhood cancer. ■

President of Guatemala looks to NYMC as Model for Medical Excellence

INSPIRED BY THE NYMC'S INNOVATION AROUND BIOTECHNOLOGY AND STATE-OF-THE-ART MEDICAL EQUIPMENT, PRESIDENT JIMMY MORALES VISITED NYMC



From left: Minister of Defense Luis Miguel Romero; Minister of Foreign Affairs Sandra Jovel; Gladys M. Ayala, M.D., M.P.H., interim vice dean of the School of Medicine; President Jimmy Morales; Edward C. Halperin, M.D., M.A., chancellor and chief executive officer; Minister of Economy Acisclo Valladares Urruela; David Raab, executive vice president of Touro College and University System; Dee DelBello, member of the NYMC Board of Trustees; Ben Chouake, M.D., member of the NYMC Board of Trustees

Guatemala's President Jimmy Morales and a team of his most senior advisors, visited New York Medical College (NYMC) in February to learn about BioInc@NYMC, the Clinical Skills and Simulation Center and Touro College of Dental Medicine at NYMC. The purpose of this rare visit— to explore the possibility of collaborating with the College to bring medical innovation and economic development back to Guatemala. Edward C. Halperin, M.D., M.A., chancellor and chief executive officer, offered his views on the areas ripe for collaboration with Guatemala saying, "Latin America has a very rapidly growing biotechnology market. Health care expenditures in Latin America are growing at more than four percent a year and the pharmaceutical industry is growing at more than six percent per year. Other countries are already getting into the biotechnology. Why? Because these are high-wage, non-polluting jobs that can build a knowledge based economy to grow the economic sector."

Summing up the mutually beneficial visit, Gladys Ayala, M.D., M.P.H., interim vice dean of the School of Medicine, spoke to President Morales in his native language of Spanish, saying, "I believe the desire for health care providers to dispense the best medical care they can is the same throughout the world. This desire may be universal, but best practices are ever-changing. That's why global collaboration— coming together to share ideas across our distinct milieus—makes us all better." ■



New Nursing Program to Create a Pipeline of Nurses

TOURO COLLEGE LAUNCHES NURSING PROGRAM AT NYMC

Amidst a growing population of patients entering the health care system, and an ever increasing demand for highly skilled nurses across the nation, The Touro College School of Health Sciences will open a new registered nurse (R.N.) to Bachelor of Science (B.S.) degree program at New York Medical College (NYMC). Set to open in August 2018, the program is expected to enroll approximately 40 students and will include training in skills such as database research and telehealth and is intended to prepare nurses for modern health care environments. An articulation agreement was signed by Edward C. Halperin, M.D., M.A., chancellor and chief executive officer, New York Medical College, and Belinda S. Miles, Ed.D., president, Westchester Community College (WCC), State University of New York, at a signing ceremony in May. The agreement creates a nursing pipeline from the associate's degree to bachelor's degree studies in nursing.

The two-year program is designed for licensed registered nurses who have graduated from accredited associate degree or diploma nursing programs. Graduates of the WCC Associate of Applied Science or other schools' degree program are able to apply their credits

toward a B.S. degree in nursing at the Touro College School of Health Sciences at NYMC. The program focuses on professional nursing practice and builds on theories of community nursing and leadership.

“The collaboration between the new program and NYMC will foster professional education with other students in healthcare professions,”

– Sandra Russo

“The Touro R.N.-to-B.S. Nursing Program at NYMC will prepare registered nurses for enhanced roles in nursing. By bridging academia and practice, the curriculum is focused on interprofessional education. The collaboration between the new program and NYMC will foster professional education with other students in health care professions,” said Sandra Russo, R.N., M.S., chair and director of nursing at Touro College School of Health Sciences.

The new nursing program will be located at 19 Skyline Drive on the NYMC campus adjacent to the new Touro College of Dental Medicine. ■

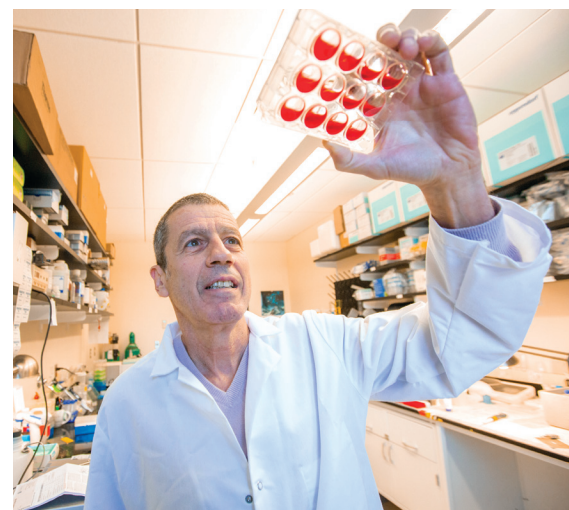
NYMC's Thriving Biotech Incubator Awarded Empire State Development Funding

BioInc@NYMC, New York Medical College's flourishing incubator, has been attracting lots of attention around the region as a stand-out biotech incubator. Most recently, BioInc@NYMC received \$1.25 million awarded by Empire State Development (ESD) and the Mid-Hudson Regional Development Council (REDC) to support the school's commitment to fostering innovation and prosperity in the Mid-Hudson region, and its operations as a New York State-designated Innovation Hot Spot. The award follows earlier ESD awards in which the REDC recognized BioInc@NYMC as a regional priority and is the second largest award in the region this year.

"This investment affirms the reputation of the flourishing BioInc@NYMC program

and supports our mission to spur economic growth in the Mid-Hudson region," said David Raab, executive vice president of Touro College and University System. "BioInc@NYMC will be able to continue offering entrepreneurs industry-grade equipment, space to develop their ideas, and a network of mentors to help navigate the competitive biopharmaceutical market. We thank Governor Cuomo for creating the REDC to prioritize job growth in the region and will use these funds to do just that."

"BioInc@NYMC has seen phenomenal growth and success in its short three-year history, and we appreciate the investment of ESD and the Mid-Hudson REDC in our vision," said Robert W. Amler, M.D., M.B.A., NYMC's vice president



for government affairs and dean of the School of Health Sciences and Practice. "Our diverse client firms have generated an environment of great energy and excitement, and we take much pleasure in their every success." ■



Leading the Future of Dental Education: Ronnie Myers, D.D.S., Appointed Dean of the Touro College of Dental Medicine at NYMC

As the Touro College of Dental Medicine (TCDM) at New York Medical College began its second year, Ronnie Myers, D.D.S., assumed the role of dean. Dr. Myers previously served as senior associate dean for academic and administrative affairs. TCDM Founding

Dean Jay P. Goldsmith, D.M.D., is now dean emeritus and continues to advise the dental school leadership and students.

Dr. Myers graduated from Columbia University College of Dental Medicine, trained as a pediatric dentist and completed a fellowship at the Albert Einstein College of Medicine.

Prior to joining TCDM, Dr. Myers served as vice dean for administration at Columbia

University College of Dental Medicine. In his new leadership position, he plans to develop a unique program that incorporates many aspects of primary health care into the oral health care environment and to distinguish TCDM by educating students on incorporating emerging technologies into the modern daily practice of dentistry. ■

Meet Mark J. Kittleson, Ph.D., Newly Appointed Chairman of the Department of Public Health in the School of Health Sciences and Practice



Mark J. Kittleson, Ph.D., has joined the faculty of the School of Health Sciences and Practice (SHSP) as professor and chair of the newly realigned Department of Public Health. The School of Health Sciences and Practice created the new Department of Public Health to integrate the public health areas of concentration, among them

behavioral health sciences, biostatistics, emergency preparedness, environmental health science, epidemiology, global health, health care administration, health education, health policy and management, and industrial hygiene. The Department also has become, for purposes of accreditation, New York Medical College's entire public health "program" that currently has full accreditation through 2022.

Dr. Kittleson most recently served as dean of the School of Health and Human Performance at SUNY Brockport, a school

with some of the largest majors at the college including nursing, kinesiology, sport studies, and physical education (KSSPE), public health and health education, healthcare studies and recreation and leisure studies.

Previously, Dr. Kittleson also served as the department head for public health at New Mexico State University (NMSU), where he oversaw both a CEPH-accredited program, a bachelor's in public health and a master's in public health, offered online and in traditional format. ■

Plates OVER Pills



SHARING RESOURCES HELPED NEW YORK MEDICAL COLLEGE DISCOVER A BETTER WAY THAN MEDICATION TO TREAT REFLUX—AND PROMOTE HOLISTIC HEALTH.

BY MELISSA F. PHETERSON

In January 2017, Cora Impenna, a pediatric speech-language pathologist and part-time vocalist, began having problems with her voice—a valuable asset to her career. After her pipes failed her completely at band practice, the 38-year-old Cortlandt, N.Y., resident consulted an ENT, who told her she likely had stomach acid that had backed up into her throat, a condition known as laryngopharyngeal reflux or LPR. Impenna's ENT prescribed a proton-pump inhibitor (PPI) and advised her to avoid a list of “trigger” foods.

“I didn’t love that answer: take pills and maybe they’ll fix you,” Impenna recalls. Researching the undesirable side effects of PPI—diarrhea, pneumonia, nausea, bone fractures—she hesitated to take them, but her symptoms didn’t improve with diet alone. She struggled with vocal roughness, a sore throat, and a new, discomfiting sensation of globus, the feeling of a lump in her throat.

Frustrated and losing patience after seeking additional treatment from a GI specialist who misdiagnosed her condition, Impenna finally found the path towards recovery when she turned to Craig Zalvan, M.D., associate professor of clinical otolaryngology at New York Medical College and medical director of the Institute for Voice and Swallowing Disorders at Phelps Hospital Northwell Health. “Right off, Dr. Zalvan said that he thought it was LPR,” Impenna says. “He wouldn’t hazard a guess as to what caused it, but he advised me to follow a 90 to 95 percent plant-based diet focused on whole foods, get an alkalizing water filter, and follow up with him after a month. He mentioned that he was doing a study to see the effects of this protocol for LPR, and that he’d like my feedback.”

That study, a collaboration across New York Medical College that analyzed data gathered in 2014 and 2015, grabbed major media attention in 2017—from ABC, *TIME*, *Good Morning America* and





The New York Times—for its findings that patients’ symptoms of LPR improved just as significantly with a plant-based diet as with PPIs.

“Many years ago, I realized that treating people with a drug for chronic disease doesn’t make sense, but it’s something everyone does,” Dr. Zalvan says. “We didn’t evolve to be on pills. I knew there had to be a better way.” Delving into the literature for the chronic diseases most common among “affluent” Americans, he found a wealth of information supporting diet’s key role in disease, for better and for worse. “Animal-based American diets are drivers for heart disease, stroke, diabetes, and cancer,” he says. “When you put people with chronic diseases on plant-based diets, you see rates go down remarkably; and people don’t need medication.” He reasoned that reflux, another chronic condition among the affluent, could also be addressed with modified eating regimens rather than medication plagued with side effects.

Research suggesting a significant link between PPI and heart attack, stroke, dementia and kidney damage quickened Dr. Zalvan’s resolve to question the so-called “gold standard” of PPI therapy for his patients.

CHANGING COURSE

“Many patients did get better with twice-daily doses of PPI, and still, many did not; most needed to use these medications for long periods of time,” says Dr. Zalvan. “As physicians, we are quick to prescribe; and patients often expect a prescription. But my patients are coming to me frustrated, having seen other physicians. By the time they come to me, they’re desperate for something different.”

The “95 percent plant-based, Mediterranean-style” diet that Dr. Zalvan began to prescribe patients in 2014 nearly eliminates animal protein, drastically reducing consumption of amino acids that trigger the body’s secretion of the digestive enzymes, such as pepsin, required to break them down. Dr. Zalvan says he avoids



the word “vegan,” because it has a negative connotation, and acknowledges that the term “Mediterranean” can mislead by evoking images of grilled salmon or Greek chicken-and-feta dishes.

“Red meat is not any better or worse than chicken,” he says. He allows his patients to have a few ounces of meat for two to three meals a week, and is happy to recommend vegan meal-delivery services. “These days, there are whole aisles of plant milk in the supermarket,” he says. He also recommends patients drink alkaline water, with a pH balance of 8 or above, to further neutralize acid that is consumed or refluxed (backed up) into the throat.

After asking two groups of patients—one treated with PPI and standard reflux precautions, the other treated with alkaline water and a plant-based, Mediterranean-style diet—to record and describe their symptoms, Dr. Zalvan brought in Shirly Hu, M.D. ’16, who was a medical student at the time, to collect the data, assigning symptoms a value on a scale called the Reflux Symptom Index (RSI). At that point, Dr. Zalvan turned to Jan Geliebter, Ph.D., professor of microbiology and immunology and of otolaryngology; and Barbara Greenberg, M.Sc., Ph.D., who previously served as chair of the Department of Epidemiology and Community Health in the School of Health Sciences and Practices, to study the raw data and see it was statistically significant, bearing out Dr. Zalvan’s findings in the template of a clinical trial.

“Dr. Zalvan does not just practice medicine; he moves and makes medicine,” says Dr. Geliebter. “He is never satisfied with his practice unless he can successfully treat all his patients.”

Once Hu had organized the data, it fell to Drs. Geliebter and Greenberg to structure the numbers into analyzable outcomes.

“We started thinking about this as a preliminary study, because a retrospective study can be problematic,” says Dr. Greenberg. “But the data was good, and Dr. Zalvan had kept very good



records.” She hopes the media attention sparked by the study will pave the way toward future research and funding to explore food’s role in overall health—something that resonates with her focus on public health nutrition.

“ This LPR project brought together a clinician, a medical student, a basic scientist and an epidemiologist/statistician. ”

— Dr. Geliebter

“I don’t think any of us realized the study would get this much publicity,” Dr. Greenberg says. “This could have huge implications for treatment of all chronic disease—such as diabetes and obesity—that is caused by poor diet. It’s an approach with fewer side effects than medication, and far easier to sustain.”

LIVING THE PLANT-BASED LIFESTYLE

As a testament to the role of diet in overall health, Dr. Zalvan’s patients who have gone plant-based report health benefits far beyond improved symptoms of reflux.

When asthma inhalers and Prilosec failed to suppress her chronic cough, Valerie Herman, 64, a reference librarian in Putnam County, N.Y., sought out Dr. Zalvan. He diagnosed her with LPR rather than asthma, and recommended she try the plant-based diet, supplemented with alkaline water, bottled for work and filtered for home.

“At first, I was skeptical,” she says. “But after coughing so hard for seven years, I was willing to try nearly anything.” She often vomited from the intensity of the cough, and it kept her up at night. She avoided concerts, dinners, and work events; and feared she was driving her co-workers mad.

Herman adjusted her diet into her new regimen: flax cereal with almond milk for breakfast, salad for lunch, and a vegetarian dinner. She snacks on carrots and roasted chickpeas. Besides half-and-half in her coffee, she cut out all dairy and eggs, as well as red meat and chicken.

“The frequency of my cough has drastically changed, and I no longer have reflux symptoms,” she says, adding that her plant-based

“diet” has evolved into a lifestyle change. “It was a big change for my husband and myself—we grew up with meat, potatoes or starch, and a vegetable for dinner. I feel better, and I think it is a healthier lifestyle.” And, she adds, her colleagues at the library are grateful.

SHIFTING ATTITUDES

For Samantha Calamera, 26, this study has changed not only her life, but her perceptions of “healthy food” as a professional singer and personal trainer.

“Lean meats with a side of veggies is what I’m trained to think is healthy,” she says. “When I heard the word ‘vegan’ I’d think: ‘weird, hippie, strange food, vitamin deficiencies, anemia.’ But everything changed when I began to change how I ate. Dr. Zalvan said, ‘No more eggs’ and I listened, even though I used to go through half a carton a day. I cut out eggs, meat and dairy; I cook quinoa, lentils and wild rice. I drink alkaline water and it tastes exactly the same.

“I’d been struggling with a cough for years,” she adds. “My boyfriend thought it was a nervous tic. I was always so tired that I thought I had Chronic Fatigue Syndrome. Now my symptoms are gone, my energy is up, my skin is bright and clear, and my career is back on track. Where would I be without Dr. Zalvan? Coughing for the rest of my life, struggling as a singer, too exhausted to train my clients. He’s literally the only doctor I’ve ever met who prescribed food as medicine, and not a pill.”

Dr. Zalvan sees his findings as an early indication of a paradigm shift. “This is now part of a growing group of studies that strongly suggest that a plant-based diet can stop, and even reverse, many of our chronic diseases.”

Dr. Geliebter, who has worked on projects examining the link between nutrition and thyroid disease, looks forward to collaborating further with Dr. Zalvan on larger-scale trials with broadened scope.

“This LPR project brought together a clinician, a medical student, a basic scientist and an epidemiologist/statistician,” Dr. Geliebter says. “We respect each other’s strengths and realize that by working together, we are much stronger than working separately. Drawing on our resources is a winning strategy.” ■

Hands-On Speech-Language Pathology Program Takes Aim at Pediatric Dysphagia

INNOVATIVE POST-GRADUATE CERTIFICATE PROGRAM IN PEDIATRIC DYSPHAGIA GIVES STUDENTS THE HANDS-ON TRAINING THEY NEED TO TREAT CHILDREN WITH COMPLEX SWALLOWING DISORDERS.

BY ANDREA KOTT, M.P.H.

Sarah* refused to eat. Born with a disorder that inflamed her esophagus and made swallowing excruciating, she required a gastrostomy feeding tube (G-tube) for the first several months of her life. Her condition, although resolved by the time she reached preschool, left her traumatized. She continued to associate swallowing with pain, reject all food and drink, and, therefore, rely solely on tube feeding. Tethered to the nurse who fed her in a separate room, she drew stares and whispers, unable to share snack time with classmates or attend birthday parties. While the G-tube nourished her, socially she starved.

“Her social anxiety was so significant, she didn’t speak to me for months,” says Krystal Romano, M.S. ’14, CCC-SLP, who spent almost a year treating Sarah to help her overcome her aversion to eating. “Initially, I didn’t know what to do with her,” Romano recalls. “I was confident in my basic skills as a speech-language pathologist, but I was lacking in the skills to work with such specialized needs.”

To fill this gap in education and training, and to prepare speech-language pathologists to treat the growing number



of infants and children with feeding and swallowing disorders, New York Medical College’s Department of Speech-Language Pathology, within the School of Health Sciences and Practice, launched a post-graduate Certificate Program in Pediatric Dysphagia. The three-semester program, which caters to working speech-language pathologists, combines classroom and online learning with clinical rotations in neonatal intensive care units (NICUs) and outpatient settings, to provide the hands-on experience that is essential to treat infants and children who present with pediatric dysphagia. The program graduated nine students in its first year. Now in its second year, it has 11 students.

Romano, who graduated from the program in July, says it gave her the knowledge, skills and confidence she needs to work with this population. “Because these children are often medically complex, it was important to get the educational

background that allows me to understand every child as a whole and treat them appropriately.” These children often present with behavioral feeding difficulties, as well as neurophysiological disorders that impact swallowing safety, and need be addressed as well.

WHAT IS PEDIATRIC DYSPHAGIA?

Dysphagia is the medical term for swallowing disorders. It impedes the delivery of food and liquid from the mouth to the stomach. It has a wide range of causes, including prematurity or low birth weight, anatomical, developmental or neurological abnormalities, illness, injury, and even stress, any of which can impair the coordinated muscular function of the swallow mechanism, along with the interruption in breathing that swallowing requires, says Luis F. Riquelme, Ph.D., CCC-SLP, BCS-S, associate professor of speech-language pathology, director of the Center



for Swallowing and Speech-Language Pathology at NewYork-Presbyterian Brooklyn Methodist Hospital, and of the new post-graduate certificate program. “All the same body systems that we need to produce speech must work together for successful swallowing,” Dr. Riquelme explains. “Some babies have trouble coordinating the ‘suck, swallow and breathe’ needed for oral intake. Others may have reflux, respiratory problems, muscle weakness or tremors. Some babies work so hard to suck that they fatigue and don’t obtain the nutrition they need.”

In older children, dysphagia may result from a seizure disorder that causes cognitive impairment, or from post-operative complications, such as the insertion or removal of a tracheostomy tube that may damage the larynx, says Hannah Tahhan, M.S. ’13, CCC-SLP, an adjunct professor in the program who helped to develop its curriculum. “Children on the autism spectrum, for example, may have feeding disorders due to their sensory integration difficulty with food and mealtime experiences,” Tahhan adds. All of these conditions may contribute to pediatric dysphagia, which can lead to malnutrition, aspiration pneumonia, weakened pulmonary function, dehydration, and oral food aversion, ultimately preventing infants and children from gaining weight, growing and thriving. “The goal for our post-graduate students is to develop a firm understanding of normal feeding and swallowing, the various disorders that can impair them, and how to best evaluate swallowing in a variety of clinical populations.”

A GROWING PROBLEM

In the United States, pediatric dysphagia is common, affecting 25 to 45 percent of typically developing children, and 30 to

80 percent of those with developmental disorders, according to the American Speech-Language-Hearing Association. Its prevalence stems, in part, from medical interventions, such as respirators and G-tubes, which, while increasing survival rates among premature, low birth weight or otherwise medically fragile babies, also inhibit the development of muscles that control and coordinate swallowing, Dr. Riquelme says. “These muscles are often weak or uncoordinated because they haven’t been used.”

For infants who begin life on a respirator or feeding tube and go home connected to them, the physical inability to swallow can take on a psychological dimension. “Children who can’t swallow because they’ve only been tube fed, or are still being tube fed, can’t go to birthday parties or eat potato chips like other kids. It can take them 45 minutes to eat ice cream. All of this affects behavior,” Dr. Riquelme adds.

This was the situation that Romano encountered with Sarah, whose esophageal inflammation, although cured, left her too afraid to eat. “Vomiting was her behavioral reaction to food,” she recalls. “I was vomited on every day for two months.”

Dr. Riquelme emphasizes that, “The sooner a child learns to feed by mouth, the better.” But there is a shortage of speech-language pathologists trained to treat pediatric dysphagia patients. “Many children are discharged from NICUs and scheduled to receive early intervention services for speech-language or swallowing disorders, yet a very small proportion of clinicians performing this service have any formal training in pediatric dysphagia,” he says. Indeed, fewer than ten of the country’s 268 graduate speech-language pathology programs offer a pediatric dysphagia course; thus, fewer than ten percent of speech-language pathologists working in this area have any training in feeding or swallowing disorders, he notes. “We’re the only speech-pathology program in the country offering knowledge, and hands-on experience and training, for clinicians who already have a masters degree in speech-language pathology and wish to work in this high-need area of practice.”

THE PROGRAM

In NYMC’s 18-credit program, students complete four courses and two externships: They spend one semester working in the NICU of either New York-Presbyterian Brooklyn Methodist Hospital in Brooklyn, N.Y., or Westchester Medical Center in Valhalla, N.Y., and another semester working in the Speech-Language Pathology Department’s outpatient clinic in Valhalla. In both settings, they work with expert clinical supervisors, alongside medical specialists, including pulmonologists,



gastroenterologists, neonatologists, nutritionists, nurses, occupational and physical therapists. “We’re training students to understand the NICU team, the tubes and monitors, how medically fragile babies are, as well as what the parents are going through,” Dr. Riquelme says.

Learning to educate families and help them manage their child’s dysphagia especially interests Alexa Rosas, M.S., CCC-SLP, a current student in the pediatric dysphagia

certificate program who works full time providing speech-language pathology services to adolescents and young adults with multiple disabilities, conducting early intervention for very young children with speech-language impairments, and helping adult patients recovering from stroke regain their ability to speak, and eat, and swallow. “Many of the 11–21 year-olds in the school where I work present with feeding difficulties and don’t know where to go for help,” Rosas says. “There are not many clinicians available, trained or willing to

their kids to different kinds of foods, textures and flavors. It’s also important to set a family routine for mealtime and to have everyone sit around the table without distractions.”

This was a challenge for Romano, whose food-averse patient came from a family that never ate together. “In order to give Sarah the social experience of eating, it was important for her to feel included in a meal,” Romano recalls. “As a therapy task, I had her family sit around and eat together, even if she wasn’t eating.”



practice in this specialty area.” Moreover, few clinicians are equipped to work with the families of pediatric patients with dysphagia, she says, stressing the importance of family involvement in treatment, since families’ approaches to eating informs their children’s relationship with food. “Different families have different understandings when it comes to food and feeding. It varies from culture to culture,” she says. “It’s important for parents to expose

It was equally important for Sarah to have input about what she ate. “In her family’s culture, parents tell children what to do,” Romano continues. “Her family ate a lot of spicy food but she couldn’t eat spicy food. Eventually, when she started eating, I had the family let her choose what she wanted to eat. Because she had this awful relationship with food, she needed to feel that she had some control.”

“We’re the only speech-pathology program in the country offering knowledge, and hands-on experience and training, for clinicians who already have a masters degree in speech-language pathology and wish to work in this high-need area of practice. – Dr. Riquelme”

SLOW AND STEADY PROGRESS

As Romano progressed through the certificate program, her skillset grew, and Sarah’s therapy improved. “The program opened my eyes to the reasons why she didn’t want to eat,” she says. “I learned about specific disorders and medical procedures that could lead to pediatric dysphagia, how to get an infant or child to be able to feed adequately, sustain nutrition, and expand their food variety.”

The program also taught Romano how to help Sarah feel more comfortable with food, first on the table, then in her mouth. She learned to introduce food in sequential order, beginning with things that required no chewing, like applesauce and yogurt, then slowly adding dissolvable foods, like veggie sticks and cheese puffs, and gradually moving onto soft chewables, like french fries. “It took ten months, and in that time she went from not eating anything by mouth to eating a variety of snacks throughout the day.”

By age three-and-a-half, Sarah was able to sit and eat with her peers, although she still needed the G-tube to supplement her caloric intake. “Being able to eat changed her whole personality,” Romano recounts. “She went from not speaking because of anxiety to making friends. She talked to other people. She became a chatterbox.”

Soon after graduating, Romano accepted a job at a hospital where she now treats swallowing disorders in adult patients post-stroke, and also works with babies in the NICU. “The only way I got the job in the NICU was because of my certificate from NYMC’s Pediatric Dysphagia Program,” she says. Still, she’ll never forget Sarah who, by the time they finished working together, was able to lick frosting off her birthday cupcake. ■

**Not her real name.*

The Road to Progress: GIVING CARE IN THE LEAST LIKELY PLACES

BY MELISSA F. PHETERSON



THE CENTER FOR DISASTER MEDICINE IS NOW A STATEWIDE CENTER OF EXCELLENCE IN PRECISION RESPONSES TO BIOTERRORISM AND DISASTERS, WITH GOVERNMENT SUPPORT IN TRAINING EVERYONE FROM FIRST-YEAR MEDICAL STUDENTS TO THE FBI; AND FROM PUBLIC-HEALTH EXPERTS TO THE POLICE.

Short of rigging a tank with explosives, predicting a mass shooting, or chasing a hurricane, going through the motions (and emotions) of disaster response can be challenging. Yet as current events have grimly confirmed, preparing for calamity is critical for each medical student, clinician and first responder who wants to save lives.

For 12 years, New York Medical College's Center for Disaster Medicine (CDM) has worked to prepare medical responders for disaster at a moment's notice. It is now an officially recognized Center of Excellence in Precision Responses to Bioterrorism and

Disasters under New York State's Empire State Development fund. As one of only 12 Centers of Excellence in New York State, the CDM receives state funding to develop and implement training, drills and simulations to prepare healthcare professionals and first responders to mobilize at a moment's notice.

"We are the only health care designated Center, the only Center in the Hudson Valley, the only Center at a medical school, and the only Center related to disaster," says Michael J. Reilly, Dr.P.H. '10, M.P.H., director of the Center, associate professor of environmental health science, and associate



professor of clinical emergency medicine. “Gaining the designation of Center of Excellence not only gives us an additional source of funding from New York State, it also legitimizes the disaster preparedness efforts that we have been doing.”

Robert W. Amler, M.D., M.B.A., vice president for government affairs and dean of the School of Health Sciences and Practice, says the College is uniquely positioned to establish a Center of Excellence due to its blended expertise in public health, clinical care, and biomedical research; and its emphasis on leadership, compassionate care and on-site services.

“The College has always taken a hands-on approach to medical education as well as to clinical practice: get involved and work with your patients, get engaged in their care, and remain a ‘boots-on-the-ground’ type of institution,” Dean Amler says. “We are always aware that here in New York we are in the cross-hairs of a target-rich environment. That target extends to the Hudson Valley, which brings most of New York’s water supply, electric supply and a good part of its working population.”

CASCADES OF EVENTS

While every disaster is unique, Amler adds, “most disasters follow similar and predictable cascades of events.” He cites as an example a chemical spill that releases toxins into the environment. Whether it happened by accident or because someone blew up a tank, he says, health providers and officials need to activate the same response and protocol: moving material and resources into place, assessing health threats, reviewing events and responses, designating spokespeople and learning from mistakes so they’re not repeated.

Dr. Reilly says the industry term is an all-hazards approach: emergency response drills, plans, and exercises “that are sufficiently generic to be applicable to all types of disasters. For example, if we are evacuating New York City because of a hurricane or because of a terrorist attack, we’re still evacuating a population out of a major metropolitan area. Above and beyond foundational parameters we also train for specific disasters such as chemicals, Ebola, pandemic, mass shootings and terrorism.”

Amler draws on his past leadership in the U.S. Department of Health and Human Services to integrate cutting-edge research and lessons gleaned from experience into coordinated, large-scale responses to disasters and threats. “Just as important as transportation, sheltering, or search and rescue is information,” he says. “Information

is the first casualty in a disaster. People don’t know exactly what’s going on, how extensive it is, or how to reach anyone.”

Dr. Reilly says he and Dean Amler approach the Center’s mission with two perspectives that complement each other. “Dean’s Amler’s time as a senior government official gives him insight into having a well-trained workforce respond to populations in need,” he says. “I spent almost 20 years as a paramedic, going on-site to respond to disasters of all shapes and sizes, and addressing what patients need directly in the moment. That makes our Center well-positioned to train responders on the best disaster-response techniques, grounded in evidence, just as we train clinicians in evidence-based medicine.”

HYPER-REALISTIC CONDITIONS

The Center has received pilot funding from the Department of Defense to create an “austere medical training center” that simulates disaster scenarios to create environmental immersion for first responders, police officers and firefighters, in addition to health care providers. Joint drills also bring together police officers, firefighters and paramedics to discover how each segment of the emergency-response force can optimize their resources.

The center has already trained members of the FBI, as well as the police departments of the City of White Plains and Westchester County in New York, and Bergen County and Jersey City in New Jersey.





“It’s one thing to say, ‘Imagine you’re in the middle of a mass shooting, and you need to care for a patient’ in a classroom. It’s another thing to introduce an environment where you can control the sensory stimulation, or create an inability to communicate with the patient,” he adds.

This kind of “hyper-realistic training,” as Dr. Reilly describes it, can simulate explosions, gunfire, thunder and lightning or traffic; induce total darkness or flash blinding lights; create intense heat or bitter cold; and even pump in theatrical smoke—creating sensory overload or sensory deprivation. The goal is to “stress” care providers to the point they adapt to and eventually overcome their surroundings, gaining confidence to perform the skill or procedure even in the most trying circumstances.

“There’s an old expression in disaster response: ‘The middle of a disaster is not the best time to be exchanging business cards,’” Dean Amler says. “Police, paramedics and firefighters should each know and understand what their strengths and limitations are. For example, the fire department often has expertise in decontamination. And after a chemical spill, victims need to be decontaminated before they’re admitted to the hospital or receive CPR. Otherwise, the person treating them becomes the very next victim.”

Even basic clinical skills present challenges in true disaster scenarios. Again, Dean Amler cites CPR as an example.

“Many CPR courses take place in a clean, carpeted conference room, climate-controlled for the season, with plenty of lighting and the mannequin on the table.

If you need to get water or coffee or wash your hands, everything is right there,” Dean Amler says. “Almost no disaster cooperates this way. We even have a mannequin inside an open metal cage which simulates a crushed vehicle where you can’t get the victim out, but you still have to reach in through the windows and perform CPR.”

“The College has always taken a hands-on approach to medical education as well as to clinical practice: get involved and work with your patients, get engaged in their care, and remain a ‘boots-on-the-ground’ type of institution.”

— Dean Amler

“Hyper-realistic sensory immersion is a cornerstone of the new Center,” Dr. Reilly says. “It’s a rare opportunity that we’re proud to provide at a private medical college.”

FROM THE CENTER TO THE EPICENTER

In September, Hurricane Maria thrust disaster preparedness outside the Center and into the real world. The storm’s assault

of Puerto Rico destroyed infrastructure—even the Internet—to create an atmosphere of confusion, dangerous travel conditions, unsanitary water, limited food, high winds and oppressive heat. Dean Amler, Dr. Reilly and New York State Senator Terrence Murphy pledged to help by applying the expertise honed at the Center. When Senator Murphy asked Dean Amler if he and Dr. Reilly could put together a team of clinicians and volunteers within three days, they knew the first step was to strategize.

“Like the expression, we had to look before we leaped,” says Dean Amler. “We had to think ahead to all of the major impediments we’d likely encounter; think about what we really need to accomplish; and gather details to work around impediments and accomplish what you need.” This due diligence began with asking Senator Murphy to reach out to his network of officials to assess the situation and yield a clear picture of pressing needs. The Senator learned that electricity had been restored to the island’s hospitals, and its roads had been opened; but that doctors’ offices and pharmacies remained shut.

Dean Amler factored this information, and key lessons from past disasters, into designing the Center’s response. Among other incidents, he recalled the Tokyo terrorist attack in 1995 that released nerve gas into the subway system. People with minor injuries thronged to hospitals, depriving those with more acute trauma of access to care.

“So if you’re a Puerto Rican resident with injury or illness, and you hear that the island’s roads and hospitals have opened, you’re going to jump into your car and drive



KEEPING THE MOMENTUM FOR MEDICAL STUDENTS

BY MELISSA F. PHETERSON

For students studying medicine in Puerto Rico, Hurricane Maria struck the island so early in the semester that many barely had the chance to unpack. "Another aspect of disaster response is mitigating the impact to higher education," Dean Amler says. "With the mutual aid and assistance among medical schools, we can help minimize disruption for students during their intensive course of study."

The Association of American Medical Colleges helped place third-year medical students at the island's accredited medical schools in rotations throughout the U.S. In October, New York Medical College welcomed students to spend four to six weeks completing clinical rotations at two of its affiliate hospitals: St. Joseph's University Medical Center in Paterson, N.J., and Westchester Medical Center (WMC) in Valhalla, N.Y.

"We are happy to uphold our tradition of helping communities in need. It is a tremendous opportunity and responsibility to help our sister medical school in Puerto Rico. Not only does this keep the displaced students on academic pace while not losing training time towards their medical degree, it more importantly provides them with optimism and emotional respite from a devastating natural disaster," said Gladys M. Ayala, M.D., M.P.H., interim vice dean, School of Medicine. "Although they will be returning to an island that will require years of rebuilding, the Puerto Rican medical schools and hospitals will need these young doctors in training as part of the health care team."



Rahul Krishnan returned to San Juan Bautista less than two days before Hurricane Maria struck. He scrambled to catch a flight home to Syracuse, leaving his belongings and car behind. "The first week after the storm hit, most of us from the mainland were busy trying to re-

establish contact with our classmates and set up fundraising efforts," he says. Five of his classmates began rotations at WMC; his surgical rotation was at St. Joseph's.

"My time at St. Joseph's has been amazing," he says. "I have been able to interact with so many different physicians and students from different backgrounds."

And it took a rotation close to home—not a Spanish-speaking commonwealth—to drive home the importance of medical Spanish. "I always assumed that skill would be useful only in places like downtown Miami or Los Angeles," he admits. "My experience in Paterson has proven otherwise, and motivated me to become more fluent." Krishnan plans to return to the island in January, helping to rebuild and assisting with clinics run by medical students as the island struggles to return to normalcy.

"As San Juan gets its power back, my friends have sent me videos of themselves rotating in the hospitals, bringing supplies to the towns deep in the mountains—which will likely be without power for months—and even going out for drinks," he says. "Slowly, life is returning to the island. I am very eager to return."



to the hospital,” Dean Amler explains. “As we saw in Tokyo, they would clog up hospitals with fever, cuts, and a need for diabetes medication. But people with appendicitis, severed limbs, strokes and heart attacks they’re the ones who really need a clear road to get to any available emergency room.” And as occurred with Hurricane Katrina, those who lacked access to their doctors or prescription medications saw a worsening of their chronic medical conditions, from diabetes to asthma to cardiac diseases.

PHASE TWO RELIEF

“After a disaster, the two major causes of injury and death are always trauma and infectious disease,” Dr. Reilly says. “Most trauma is either resolved, or causes death. Now the health system has to deal with a second wave of casualties that creep up because people can’t go to dialysis, fill their prescriptions or visit their doctor. Because Maria shared many traits with Katrina, we knew to expect the same.”

To manage chronic conditions, treat minor injuries and relieve the burden on hospitals, Dean Amler and Dr. Reilly decided to focus efforts on providing basic medical supplies and vaccinations against tetanus; because residents clearing trees, power lines and debris risked stepping on rusty nails or cutting themselves on fences, shards or broken glass. “We reasoned it was likely that a good percentage of adults would not have had a tetanus shot,” Dean Amler says. The team also wanted to provide vaccines for diphtheria and pertussis. Those with crushed limbs could receive treatment in a hospital; those with lacerations or minor cuts could turn to the medical mission team.

The next step was gathering supplies and assembling a team of clinicians, nurses, paramedics and Spanish-speaking volunteers in the space of a week. Ross Aviation secured a private plane; and the Greater New York Hospital Association donated 1,000 doses of vaccines.

Thinking of the team who agreed to join him for the 72-hour trip to Puerto Rico scheduled to leave in less than three days, Dean Amler explains, “On any given sunny day anyone says yes to volunteering, but when someday becomes now, you have to place a lot of calls.”

Between volunteers, clinicians and senatorial staff, the team numbered 16 people. Dr. Reilly emphasizes the importance of securing a coordinated, government-to-government response, including FEMA and Puerto Rican health officials, before dispatching a team that drew on the excellence of the College and Center. He and Dean Amler took pains to avoid the well-intentioned “disaster tourism,” detached from any coordinated medical response, that ends up taxing a country’s resources rather than enhancing them.

“We have an obligation as clinicians and experts in this area to make sure any assistance is part of a coordinated medical response,” he says. Puerto Rico’s Lieutenant Governor and Health Department officials greeted the team on the tarmac. They had government escorts throughout the weekend.

With basic medical equipment and supplies, such as cardiac monitors and respiratory medications, the team provided basic treatment and vaccinations, watching

carefully for adverse effects or allergic reactions. “For an individual with chronic lung problems,” says Dr. Reilly, “we were able to provide the same level of care as a U.S. emergency room.” For those with spiking blood sugar, San Juan police officers escorting the team went off-duty temporarily to take people to the nearest hospital or clinic.

“At least for the 500 patients we did see, we made a positive impact,” says Dr. Reilly.

“People were appreciative and treated us with great respect. They were flexible with us, and I feel we reciprocate in kind,” says Dean Amler. “I probably got more hugs over that weekend than ever before.”

Dean Amler says this mission yielded valuable lessons in building teams, maximizing resources, and addressing exacerbations in chronic disease. Despite the bumps, he says, “the show had to go on. We simply had to recover and go back into responding.”

Dr. Reilly says the medical mission will inform future training at the Center and the College. “We can talk about what worked well as far as getting there as a team with the challenges of no traffic lights or no clean water,” he says. “We can discuss what we decided to pack when each of us were limited to one bag. We can provide recommendations to those in a position to plan responses, or to physicians who are leading teams as part of a government response to a major event.”

“Each time this happens,” Dean Amler says, “we hope to be better prepared and have an even larger group of colleagues from whom we can draw to help us along the way.” ■

Mothers Milk for the Most Vulnerable

NYMC AND MARIA FARERI CHILDREN'S HOSPITAL AT WESTCHESTER MEDICAL CENTER JOIN FORCES TO ENSURE THAT THE MOST FRAGILE BABIES HAVE ACCESS TO BREAST MILK.



BY ANDREA KOTT, M.P.H.

In the regional neonatal intensive care unit (NICU) of Maria Fareri Children's Hospital (MFCH) at Westchester Medical Center, premature infants, the size of tiny birds, kick and squirm under incubator lights. Born too soon and too small, often with multiple medical complications, their survival is a feat of newborn medicine. An even greater feat is that all these babies have access to pasteurized human donor milk (PHDM), whose high cost has made it unaffordable for many, and whose use can make the difference between life and death.

Increasing preemies' access to PHDM has been a joint campaign of MFCH and New York Medical College, launched in response to mounting evidence of the potentially grave health risks associated with formula feeding. Determined to improve outcomes and survival rates among these fragile babies in the regional NICU, the hospital and the College, who share a mission of caring for the underserved, have achieved far-reaching changes in practice and policy: together, they have not only built a burgeoning donor milk program, but also fought for and won passage of legislation mandating statewide Medicaid coverage of PHDM.

Under the leadership of Boriana Parvez, M.D., associate professor of pediatrics and associate director of the Neonatal-Perinatal Fellowship Program, and Edmund F. La Gamma, M.D. '76, professor of pediatrics and biochemistry and molecular biology, chief of the Division of Newborn Medicine and director of the Neonatal-Perinatal Fellowship

Program, the NICU's donor milk program is becoming the first and only milk bank in North America—providing solely premature milk. Their advocacy, along with that of Shetal Shah, M.D., professor of clinical pediatrics, Heather Brumberg, M.D., M.P.H., associate professor of pediatrics and clinical public health, Julie Bouchet Horowitz, executive director of the New York Milk Bank, and the family of Nicholas Bell, a preemie who died from necrotizing enterocolitis (NEC) after exposure to formula, has made New York the sixth state in the country to guarantee full access to PHDM as a reimbursable treatment for all infants enrolled in Medicaid. "New York Medical College has always been a pioneer in efforts to improve the health of children," Dr. Shah said. Added Dr. La Gamma, "As a leader in maternal-child health in New York State, it was our duty to educate our elected officials on the benefits of breast milk as a therapy. So we wrote the bill, lobbied in Albany and got it passed. It was a landmark day for the rights of newborns."

BREAST IS BEST

Human milk is considered to be the best form of nutrition for all newborns. Rich in essential infection-fighting immunoglobulins, hormones, proteins and other factors, which promote gut colonization with healthy bacteria for optimal intestinal development, it is especially valuable for protecting against NEC. NEC is a devastating intestinal disease that is a leading cause of death among very premature or low birth weight babies. Those weighing less than 1,500

grams, whose intestines are too immature to digest formula and fight infection, are at particular risk for NEC, which develops when bacteria invades and perforates the bowel wall, causing infection and inflammation that can destroy the bowel.



According to Dr. Parvez, 30 percent of infants with NEC suffer a perforated bowel and require surgery. “These babies need transfusions and antibiotics, and often end up staying in the hospital for a long time,” she said. They may also develop liver dysfunction and long-term developmental deficits. “The long-term costs of NEC are enormous and 30 percent of babies with NEC die,” she added.

PHDM can be lifesaving for babies whose mothers have trouble producing milk, a common occurrence among women who deliver prematurely. “Premature babies are usually delivered by cesarean section and immediately taken to the NICU, leaving the mother stressed and worried,” Dr. Parvez explained. These factors, in addition to maternal health conditions that contribute to premature birth, can impede lactation, she said.

THE DONOR MILK PROGRAM SEES BOLD RESULTS

Of the preemie mothers in the MFCH NICU, only 30 percent are able to produce enough milk to fully nourish their babies, while 11 percent cannot produce any, Dr. Parvez said. In the recent past, preemies whose mothers could not produce enough milk automatically received formula. But with greater recognition of the association between formula and increased risk of acquiring NEC, donor milk, which has been widely used for full-term neonates, has become the enteral food of choice for premature newborns.

In 2014, Drs. Parvez and La Gamma began laying the groundwork for the NICU’s donor milk program. “Our primary goal was to reduce the incidence of NEC,” she said. The program they envisioned would unfold gradually and eventually culminate in the establishment of the NICU’s preemie milk bank.

Dr. Parvez began by raising \$400,000 in foundation and private funding to purchase, among other things, a supply of PHDM from the New York Milk Bank in Hastings, N.Y., the only donor milk bank in New York State and one of just 26 nonprofit milk banks in the United States and Canada with accreditation from the Human Milk Banking Association of North America.

After acquiring the donor milk, Dr. Parvez began eliminating formula from the diets of preemies younger than 30 weeks gestation and weighing less than 1,500 grams. Additionally, she started educating staff and new mothers about the need to replace formula

with PHDM. “We give donor milk to babies for about 10 to 12 weeks, after which their intestines are not as vulnerable, and the risk of NEC becomes negligible,” she explained. In the meantime, NICU staff began collecting colostrum—the early, protein-and-calorie-rich milk that new mothers produce to stimulate mothers’ lactation. Babies who did not gain enough weight received human milk fortifier in their donor milk.

“We dispensed our first drop of donor milk on February 21, 2015,” Dr. Parvez said. Since then, the program has dispensed 26,547 ounces of donor milk, free of charge, to more than 200 babies. Moreover, the NICU has seen a 75 percent reduction in NEC, and a 90 percent reduction in the number of related surgical cases.

PUSHING FOR MEDICAID COVERAGE

Around the time of the launching the donor milk program, Drs. La Gamma and Parvez, their colleagues Drs. Shah and Brumberg, and the New York Milk Bank were teaming up with state legislators to draft and lobby for a bill, named the “Nicholas Bill” for Nicholas Bell, that would mandate Medicaid coverage for PHDM.

Two to three times the cost of formula at \$4 per ounce, PHDM is unaffordable for many patients, including the 65 to 70 percent of newborns in New York State, and in the MFCH NICU, who are Medicaid recipients. What makes donor milk so expensive are the time and labor involved in screening donors, processing their milk, testing it to ensure its safety, analyzing its nutritional content, and recording every batch given to every baby who consumes it, so clinicians can trace specific batches to infants who do not gain enough weight. “Wealthy moms could buy donor milk and give it to their babies, while less fortunate moms couldn’t afford it,” said Dr. Shah, who is the legislative chair for the American Academy of Pediatrics’ (AAP) New York Chapter 2 and serves, among other things, on its state policy and advocacy committee.

“If you don’t have mother’s milk, then donor milk is the standard of care and every baby in New York should have the standard of care.”

— Dr. Brumberg

The unaffordability of PHDM increases the chances that mothers would seek less expensive, unregulated donor milk from profit-making sources or over the Internet. “When donor milk is for profit, it’s more likely to be altered,” said Dr. Parvez, referring to the bacteria, viruses, medications or other contaminants that such milk may contain if not rigorously screened and processed. In response to the growing procurement of Internet donor milk, the American Academy of Pediatrics passed a national resolution in January 2017, warning against its use and calling for Medicaid coverage of PHDM. “It was clear,” Dr. Shah said, “that if we were going to give the 3,000 premature babies weighing less than 1,500 grams each year in New York State the benefit of donor milk, we would have to make changes at the legislative level.”

Capitalizing on the AAP's momentum, Drs. Parvez, Brumberg and Shah approached Assemblyman Steve Englebright (D-Setauket), and, along with Assemblywoman Michaelle Solages (D-Elmont), they drafted a bill, which passed unanimously in the Senate and Assembly.

Although New York Governor Andrew Cuomo vetoed the bill, citing the duration and cost of providing PDHM, he directed its authors to propose its content as a budget item restricted to the highest-risk infants. They did, and continued lobbying vigorously for the measure. They maintained that covering donor milk through Medicaid promised to save the state money that it was spending on the critically ill, very low birth weight, and premature infants who constituted the majority of its total Medicaid budget for neonatal care, and whose greatest morbidities stemmed from NEC and its related problems, including feeding intolerance, dependence on intravenous nutrition, infections, prolonged hospital stays, potential lifelong intestinal problems and developmental disabilities.

"We consider breast milk a medicine," said Dr. Brumberg, who serves as president of the AAP's New York Chapter 3, which covers Manhattan, Bronx, Staten Island, Dutchess, Orange, Putnam, Rockland and Westchester counties. She is also the director of public health programs and medical director of the Lower Hudson Valley Perinatal Network Data System. "If you don't have mother's milk, then donor milk is the standard of care and every baby in New York should have the standard of care."

The budget measure, which passed in April 2017, mandates in-hospital Medicaid coverage for PHDM for infants who weigh less than 1,500 grams and have an elevated risk of developing necrotizing enterocolitis (NEC) or infection, or who have other serious health problems. "All managed care Medicaid insurance plans were mandated to cover PDHM during the entire NICU hospitalization effective July 1, 2017," Dr. Parvez said. "This is a major accomplishment, since 70 percent of preemies are on Medicaid." Added Dr. Shah, "Our NICU had already been providing access to donor milk, thanks to Drs. Parvez's and La Gamma's work. Once the bill passed, it gave license to other NICUs across the state to bring donor milk into their units."

THE LIQUID GOLD PREEMIE MILK BANK

With the donor milk program in its second year, Dr. Parvez is eagerly anticipating the opening of the "Liquid Gold Premie Milk Bank," the only milk bank in North America that will provide milk from mothers of preterm infants. In a gesture of overwhelming support for the milk bank, Westchester Medical Center has donated the location, Elmwood Hall on the Valhalla campus, and is helping to finance its renovation.

According to Dr. Parvez, most donor milk comes from mothers who deliver full-term but it is not as nutritious as preemie milk. "Preemie milk is richer in protein, calories, stem cells, immunoglobulins, cytokines and other anti-infective factors that protect the baby," she said.

Because women who deliver prematurely initially often have trouble lactating, preemie milk is hard to find and accessing it is labor intensive. Donors are rigorously screened and must complete an extensive questionnaire that collects personal information about

lifestyle, use of drugs, marijuana, or certain medications, and undergo blood tests for a variety of contagious illnesses such as HIV, syphilis and Hepatitis B and C. They must present a doctor's letter stating that they are in good health, plus a letter from a pediatrician certifying that they have enough milk to donate after nursing their own infant who thrives exclusively on their milk. Mothers must also be able to donate at least 150 ounces to justify all the expenses of testing, Dr. Parvez said. "Although finding willing donors is not difficult, it is difficult to find able mothers who are able to produce enough milk to feed their babies and share with others," she added. She estimates needing 10 donors a year to provide the necessary milk. She plans to solicit donors from the MFCH NICU, and eventually from NICUs throughout the state.



STUDENT RESEARCH PAYS OFF

In addition to her current staff, a key member of Dr. Parvez's team is Katherine Carome, a second-year medical student who came to the NICU last summer as a research intern. Her project entailed helping Dr. Parvez conduct a retrospective study that examined whether babies on an exclusive human milk diet had a lower incidence of severe, intraventricular hemorrhage (IVH) than babies on a diet of mother's milk and bovine derived fortifiers. The study found a significant reduction in severe IVH among babies on an exclusive breast milk diet. "It's clear that human milk is by far the best thing for these babies," Carome said.

The internship was a valuable learning opportunity for Carome, first author of the study. Although her internship has ended, she will continue working with Dr. Parvez in the new milk bank, analyzing the nutritional content of donor milk to make sure that babies are getting all the nutrients they need.

Once the preemie milk bank is up and running, Dr. Parvez plans to use preterm donor milk as newborns' primary source of nutrition and phase out the purchase of PHDM. Despite all the work required to establish the preemie milk bank, she hopes to someday phase it out too. "We've found that the presence of a milk bank in a community actually increases breastfeeding rates, perhaps because moms feel less stress and pressure to make those first drops of milk," she said. Even the presence of donor milk in the NICU has led to increased breastfeeding rates, she noted. "As rates of breastfeeding continue to rise, the need for donor milk should decrease, which would be a good thing." ■

Touro College of Dental Medicine Opens State-of-the-Art Oral Health Center at New York Medical College





**WHEN THE LATEST INNOVATIONS IN DENTAL EDUCATION
AND CLINICAL TRAINING MEET WITH CUTTING-EDGE DENTAL
TECHNOLOGY AT TOURO DENTAL HEALTH—BOTH STUDENTS
AND PATIENTS IN THE HUDSON VALLEY REAP THE REWARDS.**

BY ANDREA KOTT, M.P.H.

In 2016, the Touro College of Dental Medicine at New York Medical College (TouroCDM) opened with a vision: to provide students with the latest innovations in education and clinical training, and residents of the lower Hudson Valley, Westchester County, and the metropolitan New York City area with high-quality and affordable care. Less than two years later, this vision is taking shape, and raising the bar for dental education and care.

TouroCDM has transformed the third floor of New York Medical College's (NYMC) Skyline Drive building into 32,000 square feet of ultramodern, clinical education and treatment space, known as Touro Dental Health. Equipped with cutting edge technological capabilities, like digital impressions, digital treatment planning, cone beam 3D imaging, guided implant surgery and endodontic microscopy, the new oral health facility will serve as a training ground for third- and fourth-year dental students, as well as a center for

comprehensive services, from basic dental exams, to implant surgery, to cosmetic dentistry, to advanced dental reconstruction, to temporomandibular joint (TMJ) diagnosis and treatment for patients of all ages and income levels.

"Touro College of Dental Medicine is thrilled to be opening this state-of-the-art facility, which will serve as the advanced educational training platform for our students as they immerse themselves in clinical dentistry," said Alan Kadish, M.D., president of Touro College and University System. "The opening of Touro Dental Health is an important milestone for both the school and the community."

Touro Dental Health is vast, an expanse of tastefully appointed examination, treatment and surgery suites which, when operating at full capacity, will accommodate a total of 300 patients per day. Many of its 81 individual treatment stations has a picture window with a tree-filled view, and

an overhead computer screen on which patients can opt to watch the procedures they are undergoing in real time.

Treatment stations are grouped into several different clinical practice areas. In the main and largest area, which comprises four, 14-chair clinical practice units, students will perform general dentistry under the close supervision of professional faculty. Different color schemes—cool tones of blue and grey, warm reds, pale pinks or, as in the pediatric section, fluorescent shades of yellow and orange—distinguish the practices, as do their names: Westchester, Putnam, Rockland, Orange. “We named the practices after counties of the lower Hudson Valley to connect our students with the patients of the communities they’ll be treating,” said TouroCDM Dean Ronnie Myers, D.D.S.

Each adult general dentistry clinical practice unit will function like a private practice, where students will train throughout their third and fourth years, Dr. Myers said. “Students will be assigned to one unit and its patients for the remainder of their education. When they move on, their practice’s patients and supervising faculty will remain, just as if it were a real private practice. This makes for excellent continuity of care.” Two students will work together at each practice. “While one student provides care, the other student will be assisting,” Dr. Myers said. “When third-years become fourth-years they’ll be paired together, so the fourth-years can serve as mentors. In this way, the continuity will go even further.”

In addition to its main teaching area, Touro Dental Health features an



oral surgery practice, which contains two operating rooms where patients will receive sedation, according to Vice Dean Edward Farkas, D.D.S. “The oral surgery practice will be a center for implant insertion,” Dr. Farkas said. There is also an intake clinic, where students will learn to assess patients’ dental conditions.

Students will provide care throughout the facility, always under the watchful eyes of supervising faculty. “Because students will be supervised by so many people, the quality of care will be exceptional, while at the same time extremely affordable. Those are two things that usually don’t go together,” Dr. Farkas said. If a case is too complex for a student’s level of experience, then faculty will provide treatment in the oral health center’s faculty practice. “A faculty member would plan out a case, an oral surgeon or periodontist would execute it, and the student would learn by observing,” he said.



Until June, when the TouroCDM Class of 2020 officially becomes third-years, only faculty will be treating patients at Touro Dental Health, although students like Morgan Atanasio, Class of 2020, are enthusiastic about getting started. “There’s no other dental school that I’ve seen that looks as great as TouroCDM,” said Atanasio, a second-year and president of the TouroCDM Student

Government Association. “A lot of other schools have been around for so long and their equipment is not updated. My class will be the first to use the school’s state-of-the-art facilities.”

The entire facility is high-tech, including its systems for scheduling appointments, maintaining patient charts and billing, all of which run on SMART computer technology, said Jerome D’Imperio, vice president of real estate, construction, design and development. “The office will be very electronic,” D’Imperio said. “Office staff will have mobile carts and tablets that they’ll use to check in patients as they arrive.”

Technology will streamline every aspect of Touro Dental Health, from its administration to the care it provides, Dr. Farkas said. “The facility is beautiful and efficient, and dental schools are not known for seeing patients in an efficient manner,” he said.

“A filling in some schools can take three hours,” he continued. “We have designed Touro Dental Health with patients’ needs in mind, which means delivering care that is both exceptional and timely.”

Central to the mission of TouroCDM, the first dental school to open in New York State in 50 years, is to provide high quality and affordable care, particular-

ly to people from underserved communities who have been unable to access oral health services because of Medicaid and other insurance coverage limitations, a shortage of providers, or challenges with mobility or transportation. To bridge this access gap, Touro Dental Health charges 20 to 50 percent less than most dental practices, Dr. Farkas said. “Part of our mission is to teach students how they should practice dentistry, which means not turning anyone away,” he said, noting that the facility honors Medicaid and will eventually accept most dental plans. “It is stressful to have a child with a toothache and not have the financial means to have them treated by a dentist. We want to be able to help that parent and remove that stress.”

The chance to care for underserved populations is a major reason why Atanasio and her classmates chose TouroCDM. “A lot of us were driven to go into dentistry to learn more about how to serve populations that aren’t getting the care they need,” she said. “We understand our responsibility when it comes to taking care of people. It’s part of our culture, and will transfer to our lives as dentists.”

In the coming year, Touro Dental Health plans to increase its community service by reaching out to health commissioners throughout the Hudson Valley, and creating partnerships that will support students’ participation in community health education in schools and clinics, Dr.



Myers said. “Learning to interact in a community setting, and giving back to the community where you practice is incredibly important.”

windows to the soul, then the oral environment is a key to screening and anticipating other health conditions,” he

said. “We might screen a patient for diabetes and find that their HBA1C is elevated. Then, we’d link them to a medical group or call their doctor, and make an appointment for them. Our goal is to make our clinical faculty the link to our patients’ medical care.”

By educating and training its students to not only provide high quality care but also to care about the people who are their patients, TouroCDM is realizing the vision it had when it opened its doors one-and-a half years ago. This vision also includes meeting all the dental needs of the local NYMC community and their family members. Said Dr. Farkas, “We are realizing our commitment to the school’s mission to educate outstanding dental professionals who will return to their diverse communities and provide outstanding service with integrity, compassion, and empathy and for that, we are sincerely grateful.” ■

“Part of our mission is to teach students how they should practice dentistry, which means not turning anyone away,”

– Dr. Farkas

Also on the drawing board are plans to grow the facility to 50,000 square feet by adding two, 18-chair general dentistry practices by June 2019. The facility also intends to broaden its role in patient health by providing linkages to primary care,

its students to not only provide high quality care but also to care about the people who are their patients, TouroCDM is realizing the vision it had when it opened its doors one-and-a half years ago.



FACULTY SPOTLIGHT

BY ANDREA KOTT, M.P.H.

In this issue of *Chironian*, we introduce eight new members of the New York Medical College community. Recently the School of Medicine, Graduate School of Basic Medical Sciences, and the School of Health Sciences and Practice welcomed Allyson M. Flower, M.D., Corey Scurlock, M.D., M.B.A., Salomon Amar, D.D.S., Ph.D., Sangmi Chung, Ph.D., Adam E. Block, Ph.D., and Keosha T. Bond, Ed.D., M.P.H., CHES, to their ranks. As the following stories illustrate, these clinically, scientifically, and academically accomplished individuals bring the kind of experience, dedication and passion that makes them esteemed additions to their faculties, and for which NYMC is known.



Allyson M. Flower, M.D.

ALLYSON M. FLOWER, M.D., Finds Hope for Children with Cancer

From the moment she became a pediatric hematologist/oncologist, Allyson M. Flower, M.D., knew what she'd be up against. "Although advances in treatment strategies for patients with childhood cancers have resulted in improved outcomes over the years, cure rates remain unacceptably low in many cases," says the assistant professor of pediatrics. "The biggest challenge is developing therapies that will effectively eradicate malignant cells without

causing significant short or long term side effects," she says. Dr. Flower, a recent winner of a 2017 Hyundai Young Investigator Award for her research on neuroblastoma, has taken on that challenge, studying stem cell transplantation and other types of immunotherapies in her attempt to improve outcomes for this and other childhood cancers. "The best thing you can do for a patient is to provide a cure, and the best way to do that is to be involved in clinical and translational research."

Although she always knew she would be a doctor, it wasn't until her residency at New York Medical College (NYMC) that Dr. Flower decided to pursue pediatric oncology. She chose the College's residency program for its academic rigor and the exposure that she'd have to many different pediatric diseases. "There was also a strong focus on teaching, and a very friendly environment," she recalls. For these same reasons, she remained at NYMC to do her fellowship in pediatric hematology and oncology, through which she found her passion for stem cell transplantation and cell therapy. "The more I learned, the more interested I became."

It was only one year after joining the faculty that Dr. Flower received Hyundai's prestigious award for her study, "Overcoming Natural Killer (NK) Cell Resistance in Poor Risk Neuroblastoma (NB)," which explores ways to reengineer 'natural killer' or NK cells to target neuroblastoma, one of the most common causes of childhood cancer and among the

leading causes of cancer related deaths. The award is part of the Hyundai Hope on Wheels nationwide campaign, which funds research projects with the greatest potential to improve the lives of children battling cancer. "The next step is to manufacture a clinical grade product that will be safe to administer to patients. We're aiming to move this work into clinical trials within two years," Dr. Flower says of her study. "Our goal is to engineer safe and effective immunotherapy for neuroblastoma, and ultimately improve patient outcomes."

When she is not in her lab, Dr. Flower is seeing patients, which she finds deeply meaningful. "Among the things that I really enjoy about this specialty are the relationships I develop with patients and their families." Or, she is mentoring medical students and residents, an activity that she values especially because it underscores the commitment to constant learning that medicine requires. "It's important for everyone to realize that in medicine there is always more to learn."

Although her work can be emotionally trying, she finds comfort in knowing that through her research, she is helping to improve the lives of patients and their loved ones. "One of the most important things we do at NYMC is conduct translational research to develop therapies that will be curative in the long term and move the field forward." ■



Corey Scurlock, M.D., M.B.A.

COREY SCURLOCK, M.D., M.B.A., Brings Telemedicine to NYMC

Corey Scurlock M.D., M.B.A., feels no nostalgia for the days of life with less technology. Remembering when the only way to withdraw cash from the bank was to personally cash a check, New York Medical College's (NYMC) associate professor of anesthesiology and medicine asks, "Why would I spend time writing out a check to get \$40 when I can use an ATM?" His question is rhetorical, of course. Dr. Scurlock, who is also the medical director of Westchester Medical Center Health Network's (WMCHHealth) eHealth Center, is passionate about the powers of technology. "We're in a digital age whose benefits should apply to health care," he says. "Why not take technology to its maximum limit?"

WMCHHealth's eHealth Center conjures images of NASA: a dozen work stations, each with multiple computer screens, allow teams of doctors and nurses to remotely communicate with on- and off-site hospital staff and patients, and to monitor everything from vital signs to ventilator functions. Directing such a center is hardly what Dr. Scurlock imagined he'd be doing when he decided to become a doctor. Born and raised in rural east Texas, he'd only ever known family medicine physicians. "That's what I thought a doctor was," he says.

But his residency in anesthesiology, followed by a fellowship in critical care medicine, paved a different path. In 2005,

he began a six-year tenure as director of the cardiothoracic surgical intensive care unit (ICU) at the Icahn School of Medicine at Mount Sinai, while also earning a master's degree in business administration from Cornell University to sharpen his leadership skills. "I wanted my career to have a bigger impact on the health care system," he says.

Later, after five years as national medical director of Advanced ICU Care, the nation's largest teleICU company, Dr. Scurlock accepted NYMC's offer to bring telemedicine to its campus. "I had the opportunity to build telemedicine across a spectrum and throughout an organization," he says. Since his arrival in 2016, he has launched models not only in teleICU but also in teletrauma, telestroke, telepsychiatry and even teledermatology.

Telemedicine closes gaps in health care access, especially in rural areas where elderly patients, the main drivers of health care usage nationwide, outnumber providers, Dr. Scurlock says. "It takes care of the shortage of specialty physicians by allowing them to take care of patients in rural areas."

For example, telestroke allows doctors to remotely prescribe tissue plasminogen activator for patients in hospitals without an available neurologist. "Our telestroke average response time is 12 minutes," he says. Telepsychiatry enables psychiatrists to prescribe medication for patients who live in regions where psychiatrists are scarce. Meanwhile, at WMCHHealth's e-health center, medical staff remotely monitors EKG, pulse-oxygen, respiratory and blood pressure trends, as well as the delivery of treatments, such as deep vein thrombosis prophylaxis. "It's a win for the patients, the health care system, for everyone," Dr. Scurlock says. Plus, he adds, "It provides a great opportunity for research and quality improvement."

Dr. Scurlock, who recently instructed his first group of residents in telemedicine, predicts that it will become as ubiquitous as ATM machines. "In five to ten years, telemedicine will be one of the ways we

take care of patients," he says. Yet, he stresses, it will never replace the doctor-patient relationship. "We're not replacing anybody. We're simply adding on to what the medical team is already doing—24/7." ■



Salomon Amar, D.D.S., Ph.D.

SALOMON AMAR, D.D.S., PH.D., Challenges Himself, and the College, With Research

It was 2016 and Salomon Amar, D.D.S., Ph.D., was up for a challenge. The ideal opportunity arrived when New York Medical College (NYMC) and the Touro College and University System (TCUS) tapped him to wear several hats: one as provost for biomedical research, one as chief biomedical research officer, and others as professor of pharmacology and microbiology and immunology, and director of the Office of Research Administration at NYMC, and professor of dental medicine at the Touro College of Dental Medicine at NYMC. "It was an opportunity to create something," says Dr. Amar, a periodontist and scientist who is renowned for his widely published studies on the link

between chronic illnesses and inflammatory gum disease. “I saw an opportunity to make a real contribution to NYMC and Touro by boosting the research enterprises. I could have stayed static, comfortable and cozy, or I could contribute to the research environment of this college. I elected to challenge myself.”

And so, on a scorching July 4th weekend, Dr. Amar packed up his laboratory at Boston University—containing 25 years of research specimens and freezers full of rare cell lines preserved in liquid nitrogen at minus 80 degrees Celsius—into six trucks, which transported them to NYMC. Since then, he has been vigorously promoting research throughout the College, and developing new initiatives, which will target chronic conditions that he has studied closely as part of his decades-long research on inflammation.

According to Dr. Amar, poor oral hygiene aggravates inflammatory conditions such as arthritis and Crohn’s disease, as well as cardiovascular disease and diabetes. For example, he explains that inflamed gum tissue is a chronic source of bacteria, bacterial products and many inflammatory mediators that have been shown to affect lipid and glucose metabolism, and to be related to the insulin resistance that characterizes diabetes. “Dental disease doesn’t stop in the mouth,” Dr. Amar says. Moreover, he adds, the relationship between poor oral hygiene and diabetes goes two ways: so, while periodontal disease adversely affects glycemic control and diabetes-related complications, diabetes adversely affects periodontal health.

When it comes to studying inflammation and its potential transfer to distant organs in the body, the mouth is an ideal model, Dr. Amar says. “The mouth has a significant amount of bacteria-induced inflammation in a limited area that you can manipulate with various therapeutics,” he begins. “When you control bacteria, you maintain health. But when oral bacteria wreak havoc, local and systemic conditions ensue. Once you understand how molecular inflammation works in the mouth and

map out this basic concept, applying it to other systems is a natural development.”

In addition to continuing his own research, initiating research in departments throughout the College, and building new initiatives, Dr. Amar has launched a ‘bench-to-bedside’ seminar series on translational medicine in conjunction with Westchester Medical Center, and a Metabolism, Obesity, and Diabetes Initiative (MODI) in collaboration with TCUS. In all of his work, there is an imperative to improve public health, and to train the next generation of physicians, dentists and public health professionals. “My goal is to best prepare the next generation of scientists and improve the research enterprise of this university,” he says. “The only choice is to be great.” ■



Sangmi Chung, Ph.D.

SANGMI CHUNG, PH.D., **Translates Science into** **Therapies for Severe Brain** **Disorders**

From the time she first saw a cell divide, Sangmi Chung, Ph.D., knew that she would pursue a career in science. But the

associate professor of cell biology and anatomy in the Graduate School of Basic Medical Sciences wanted her work to reach beyond the laboratory. She wanted to be able to translate her findings into clinical care, to move them from bench to bedside. “I was fascinated by science and how we could use it to help people,” she says.

At New York Medical College, Dr. Chung is working to develop therapies for people with debilitating brain disorders such as schizophrenia, epilepsy and autism. She is doing this by using patient stem cells to produce inhibitory interneurons, special nerve cells that have a calming effect on other nerve cells, with the eventual goal of understanding and treating these brain disorders.

In people with schizophrenia and epilepsy, inhibitory interneurons are insufficient or abnormal. Thus, Dr. Chung explains, “They can’t properly inhibit other neurons’ excitability.” She has devised a way to make these inhibitory interneurons from stem cells that she derives from patients’ skin, hoping to create a better way to understand and treat schizophrenia and other brain disorders.

Dr. Chung began her career as a developmental biologist after graduating from Seoul National University in South Korea in 1993 with a degree in microbiology. Yet, it was neuroscience that really captivated her, inspiring her to earn her doctorate in 1998 from the Weill Cornell Graduate School of Medical Sciences. “I was fascinated by the brain,” she says.

As a postdoctoral fellow at McLean Hospital in Belmont, Massachusetts, Dr. Chung studied the brains of patients with Parkinson’s disease. Under the direction of her advisor, Kwang-Soo Kim, Ph.D., she studied how dopaminergic neurons, the main source of dopamine, are generated during development. Dopamine is a neurotransmitter that affects emotions, movement and feelings of pleasure. Dr. Chung cultivated dopaminergic neurons from embryonic stem cells and transplanted them into mice, effectively reducing motor symptoms of Parkinson’s disease.

While at McLean Hospital, she also transplanted inhibitory interneurons made from human stem cells into epileptic mice and observed reduced seizures. “These human interneurons, even in the adult brain environment, migrated extensively and integrated into adult brain circuitry, and effectively inhibited the hyper-excitable host neurons,” she says, adding, “We’re several years away from human clinical trials.”

Currently, Dr. Chung, who receives funding from the National Institutes of Mental Health, is conducting similar research at NYMC: using stem cell-derived interneurons to understand brain disorders, and develop treatments for epilepsy and schizophrenia that she hopes will be more effective than current medications. “The psychosis that results from schizophrenia can be controlled with anti-psychotic drugs but the associated cognitive deficits, which drugs don’t help, can be very debilitating,” she says. She adds, “anti-epilepsy drugs control seizures in many patients but in 30 percent of patients they don’t work.” She notes that one in 25 people experience an epileptic seizure at some point in their life. “Hopefully, the therapies that we’re working on will be more restorative.”

When she is not conducting her own experiments, Dr. Chung is teaching the College’s neuroscience course to first-year medical students, or training students and research fellows in scientific research. Indeed, NYMC’s vigorous support for her research, its welcoming environment, and the opportunity to teach and mentor budding scientists are what drew her here. “It is really rewarding when people learn enough so that they can make a contribution,” she says. “I want to help patients with limited options,” she continues, “but my generation cannot do it alone. We need people who will carry on the work.” ■



Adam E. Block, Ph.D.

ADAM E. BLOCK, PH.D., Makes Health Economics and Policy Accessible

Amidst the confusion and controversy engulfing the American health care system, Adam E. Block, Ph.D., is a voice of reason. That’s not to say that the health economist, an avowed non-partisan co-architect of Obamacare, aspires to fix the system. Rather, he dedicates himself to helping people make sense of it. “Hopefully, what I bring to New York Medical College is an ability to convey health policy in a simple manner.”

The complexity of health policy might make the idea of conveying it simply seem oxymoronic. But Dr. Block, who recently joined the School of Health Sciences and Practice as assistant professor of public health, has a gift for translating data into accessible information, with the goal of improving health care. “Understanding data can drive models, which can affect policy changes,” he says.

Although he started out on a pre-med track as an undergraduate neuroscience major at Amherst College, Dr. Block gradually learned that his greatest strength was his facility for economics and health policy. Upon earning his doctorate in health policy and economics from Harvard University in 2007, he landed a position on Capitol Hill as one of the authors of the Affordable Care Act (ACA). “I was lucky. People knew that health reform was coming. The Congressional Budget Office and other

organizations that hire economists were staffing up. I was in high demand,” says Dr. Block.

During his first two years in Washington, Dr. Block was a policy economist for the Congressional Joint Committee on Taxation, where he helped develop health legislation. “I tried to translate information in the academic literature into items that were useful for policy makers,” he recounts. Later, he became director of Health Plan Policy for the Centers for Medicare and Medicaid Services, where he wrote the ACA’s essential health benefits, as well as actuarial value policy regulations that established health benefit standards for more than 40 million Americans.

Despite his soaring career as a Washington health economist, the desire to be closer to his and his wife Lauren’s family as they raised their children, moved him to return home to New York in 2013. He shifted into the private health care sector, first to perform financial analysis and evaluation of medical management programs for a large Medicaid managed care plan, and later to develop contracting models for value based purchasing for a major hospital system.

His desire to work in an environment that supported both his love of teaching and his research on health care decision-making brought him to New York Medical College this past fall. “I’m interested in why patients select particular doctors and hospitals,” he says. “What’s important to them? If their insurance changes, do they change their doctor or their plan?” He is also studying the forces that drive physician referrals, and move some providers to adopt medical innovations, while others maintain their regular practice patterns. And, he is translating data into models that he hopes will improve health care. “Models can teach us to predict things before they happen,” he says, “and knowing what’s going to happen rather than guessing will allow for improved outcomes and better healthcare policy.” ■



Keosha T. Bond, Ed.D., M.P.H., CHES

KEOSHA T. BOND, ED.D., M.P.H., CHES, Uses Social Media to Deliver HIV Education and Interventions

The animated video shows three women of color chatting over coffee at a Starbucks. As they catch up on each other's lives, one of the women shocks her two friends by revealing her use of PrEP, the pre-exposure prophylaxis for HIV. "HIV prevention isn't about what you're doing wrong," she says when they question her need for PrEP, given her lack of high-risk behaviors. "It's about doing what's right for you."

The video, "Put Yourself First: PrEP for Women," is part of the L.O.V.E. (Learning Options through Video Education) Study, which is the brainchild of principal investigator Keosha T. Bond, Ed.D., M.P.H. CHES assistant professor of public health in the

School of Health Sciences and Practice, who is exploring the use of online technology and social media to deliver health education and interventions to African American women.

Dr. Bond's study is more than an academic pursuit. It is her way of giving back to the Bronx neighborhood where she grew up during the 1990s; a neighborhood which, like so many underserved communities of color, lacked the resources to protect and promote people's health at the height of the crack and HIV epidemics. "I grew up seeing how HIV and crack affected my community," says the certified health education specialist. "I saw African Americans become the face of HIV. It had a big impact on my decision to go into public health."

The opportunity to pursue her research, teach and empower students through health education brought Dr. Bond to New York Medical College in September. It is through her research, which focuses on the intersections of race, sexuality, social justice, and health disparities among marginalized populations that she aims to dismantle the stigma of HIV by emphasizing the social, economic, and cultural factors that put people at risk for the disease. "People think risk is an individual rather than a sociocultural dynamic," she says. "We need to understand not just the disease but also the people who are at risk, where they come from, and the system they have to survive in."

It is a system, she continues, where discrimination and stigma prevent racial, ethnic, sexual or gender minorities from getting the treatment they need. "African American women have the ability to negotiate condom use but they're not doing it because of the associated stereotype and stigma of being promiscuous, which hinder them when it comes to taking care of their sexual health," she explains. "As individuals we can't change the full system but

there are elements in the community that can bring change."

Such elements include social networks, which Dr. Bond exploits by inviting women to share their health concerns, experiences, and fears with her and each other on platforms, such as Facebook. "African American women rely on friends more than doctors. Those are the people they trust most." She also uses social media to post her educational videos, as well as articles about HIV that she hopes will move women to seek preventative care. Her next study, the L.O.V.E. Study II Project, expands her research, and use of online and mobile health technologies to deliver sexual health and HIV risk reduction interventions to transgender women of color. "I have so much access to information that it wouldn't be right for me to not bring it back to my community." ■

Treating Patients After Tragedy Strikes

BY MELISSA F. PHETERSON

Madeleine Koster, M.S. '16, CCC-SLP, fell asleep early the night of October 1, preparing for an early morning at University Medical Center in Las Vegas. As a hospital-based speech-language pathologist, Koster treats patients with dysphagia, or difficulty swallowing, including stroke victims and trauma patients whose windpipes have been intubated to help them breathe.

"My brother called me at 2:00 a.m. to make sure I was okay, saying there had been a shooting," Koster recalls. Groggy and unaware of the scope of the tragedy, she remembers thinking maybe it was a gang incident, remembers assuring her brother she was fine before drifting back to sleep. In the morning she realized it had been the deadliest shooting in modern history, with a gunman firing rifle rounds on concert goers gathered on the Las Vegas Strip. With 59 dead and more than 500 injured, the hospital went on lockdown to handle dozens of patients who were admitted, with conditions from trampled ankles to gunshot wounds.

"Gunshot wounds to the abdomen, chest, or head—those are the people we need to keep a close eye on, because the bullet tears through multiple layers of tissue," she says. "We have to keep their airways open."

Within the first few hours, she says about half of the 60 patients admitted—those with minor injuries—were discharged. Others were admitted to the ICU. As a Level 1 Trauma Center, UMC had protocol in place to respond to disaster and accommodate patients. And in the days after the shooting, an outpouring of support and donations—not just in Las Vegas, but across the country—buoyed UMC's efforts and impact.

"Our hospital became the face of this shooting, this massacre," she says. "The great thing and the horrible thing is, we deal with gunshot wounds and massive trauma on a daily basis."

Koster admits the aftermath was surreal, with President Donald Trump visiting UMC and Massachusetts General Hospital treating the staff to 500 pizzas. "We had the mentality of, 'I wish I'd been

here sooner, but I'm here, and we're going to take care of our people.' Every rehab specialist, trauma specialist, hospitalist, nurse and doctor worked together. It was amazing to see, even in the face of tragedy." The hospital received such vast amounts of food, water, blankets and toiletries that half the cafeteria had to be cordoned off to hold it all, she says.

Within a week, Koster was treating victims of the shooting to help them speak, swallow and eat on their own, critical steps toward recovery.

"Being a community hospital, we take everyone from all walks of life," she says. "Celebrities, the homeless, the transients who don't speak English. From motorcycle crashes to bites from a tiger, we see everything. I pride myself on treating everyone the same way." With trauma patients, she took pains to remain "extra-sensitive to what they were saying and feeling" without delaying their recovery. "My approach was: 'You've just gone through the worst thing in your entire life, and I respect that; my job is to help you move forward and then get home, get to rehab, get back to your life,'" she says.

For each patient, Koster outlined a plan with concrete goals for speech therapy, swallowing and cognitive issues—"Here's how we're going to fix this"—to restore a feeling of control and a sense of progress.

All patients from the shooting were discharged within three weeks, either to longer-term rehab or back home. But now, the challenge facing Koster is to address the invisible scars that linger in patients. "The emotional trauma and turmoil is difficult for me personally, because it's something I can't necessarily fix." Family friends of hers had been at the concert and witnessed the massacre. "The emotional toll of it all is just written all over their faces."

Koster credits the speech-language pathology program in the School of Health Sciences and Practice with preparing her to treat patients after tragedy strikes. "Our degree and program is so intensive, you have to be strong to get through it. It's not just the level of education and detail that I use every day, clinically. It's the mentality of: 'I can do this. We're just going to move forward.'" The speech-language pathology program also instilled the value of collaboration to optimize clinical care, no matter how daunting the situation.

"Working on a coordinated care team means I have to be up on the latest research," she says. "I need to say with authority, 'We're doing it this way, and this is why,' always keeping lines of communication open. My team respects and trusts my opinion in terms of patient care. All patients need an advocate, and I try to be that advocate." ■



ALUMNI and DONOR Events

Founder's Dinner

The NYMC community and friends assembled on a lovely September evening to celebrate at the annual Founder's Dinner held at the DoubleTree Hilton in Tarrytown, N.Y. The fundraising gala drew nearly 350 guests including faculty, hospital affiliates, alumni, students, friends, vendors, members of the business community and local government officials. The evening paid tribute to steadfast supporters of the College for their commitment to NYMC and the larger community including honorees: Dr. Mark Hasten, chairman of the Board of Trustees, who received the Alfred B. DelBello Distinguished Service Award; Ira Schwartz, Ph.D., professor and former chairman of the Department of Microbiology and Immunology, who was presented with the Jackson E. Spears Service Award; and Robert G. Lerner, M.D., professor of medicine and of pathology and vice chairman of the Department of Medicine, who was honored with the Golden Faculty Service Award. Not pictured: Alumnus Robert J. Lifton, M.D. '48, who was the recipient of the William Cullen Bryant Award.



School of Medicine Alumni Reunion

Old friends and classmates were reunited for a fun and festive weekend on November 18 and 19. The School of Medicine Alumni Reunion celebrated graduates from the Classes of 1952 to 2012 at an evening banquet at the DoubleTree Hilton in Tarrytown, N.Y. More than 200 alumni and guests gathered to reminisce while learning about the College's growth since their medical school days. Guests delighted in watching a slideshow of yearbook memories while making new memories of their own that evening. Special recognition was given to the Class of 1967 as they were presented with gold diplomas honoring their 50th anniversary of graduating from medical school. Stuart Green, M.D. '67, was honored with the School of Medicine Alumni Association Medal of Honor for his leadership and extraordinary contributions to medicine. The following day, alumni visited the NYMC campus and enjoyed brunch, tours and more camaraderie.



SHSP Alumni Leadership Council Hosts First Networking Event

School of Health Sciences and Practice alumni joined together in April for the first ever *Link Locally, Affect Globally Alumni Networking Event*. Alumni spent the evening networking with leaders, engaging with fellow alumni, and speaking one-on-one with the dean of the School of Health Sciences and Practice, Robert W. Amler, M.D., M.B.A., and special guest speaker Eli N. Avila, M.D., J.D., M.P.H., FCLM, former commissioner of Health for Orange County, N.Y. Save the date for the Second Annual SHSP Alumni Leadership Council Networking Event: Thursday, April 12, 2018.



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ALUMNI PROFILE

Elizabeth Marion Jaffee, M.D. '85

Fulfills a Lifelong Dream of Fighting Cancer

BY ANDREA KOTT, M.P.H.



Long before Elizabeth Marion Jaffee, M.D. '85, imagined becoming an internationally recognized expert in cancer immunology and pancreatic cancers, she wondered: why doesn't the immune system, which recognizes most infections as foreign and clears them from the body, respond similarly to cancer?

The question came to her at Brandeis University, where her undergraduate curiosity about the immune system led her to research B cell development. But it was actually during her elementary school years, following the death of her great uncle from lung cancer, when she first became interested in cancer. "I knew then that I wanted to be an oncologist," she recalls. In addition to becoming a clinical oncologist, Dr. Jaffee joined the ranks of the world's eminent scholars and scientists working on vaccines and immunotherapy for pancreatic and breast cancers, and has become a leading advocate for cancer research and prevention.

At the Johns Hopkins University School of Medicine, where she holds faculty positions in graduate programs in pharmacology, immunology, and cell and molecular medicine, and also serves as deputy director of the Sidney Kimmel Comprehensive Cancer

Center, Dr. Jaffee is working on vaccines that activate a T cell response against pancreatic tumors. The T cell, a type of white blood cell, plays a key role in the immune system's ability to fight specific types of infection.

A pioneer in the field of T cell research, Dr. Jaffee first encountered the infection-fighting lymphocytes during her days at New York Medical College (NYMC). "I began reading about T cells—a relatively new area in immunology at the time—and how they react to virally infected cells," she recounts. "I became convinced that if the immune system could recognize viruses, then it should also be able to recognize cancers."

Exposure to such groundbreaking concepts was among the reasons why Dr. Jaffee chose to attend NYMC. She also wanted the variety of clinical experiences that the College provided, plus the opportunity to practice primary and tertiary care in impoverished areas of New York City. "The doctors who served as my mentors taught me how to provide the best care to all people, and how to bridge racial, cultural and socioeconomic health disparities."

This commitment to health equity drives her cutting edge research, and her determination to develop the most widely accessible treatments for breast and pancreatic cancers. It also inspires her service to many National Cancer Institute committees and academic advisory boards, as well as the contributions she has made as co-chair of the Blue Ribbon Panel that advised Vice President Joseph Biden's Moonshot Initiative, to fast-track cancer research.

Dr. Jaffee holds six vaccine patents that are still in various stages of testing, however, she is optimistic that the FDA will approve immunotherapies for breast cancer and pancreatic cancer in the next few years. "Advances in science and technology have never been greater, and we have the potential to move these advances rapidly into real treatments and preventative strategies for patients with or at risk for cancer," she says. "I have significant experience in understanding and contributing to these advances, and believe I can communicate the message to government officials and the public about how important investing in research is to Americans and the world." ■

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The 10s

Faith Ajayi, M.P.H. '17, is a youth educator at the Lower Hudson Valley Perinatal Network and serves as a health (youth) educator under the Personal Responsibility Education Program (PREP) funded by the New York State Health Department, to reduce teen pregnancy rates through the use of evidence based programs.

David Herndon, M.P.H. '17, was commissioned in the U.S. Navy as Environmental Health Officer.

Gerald Loehr, D.P.T. '17, married his fiancée, Whitney, on August 19, 2017.

Randolph Schilke, M.P.H. '17, was recently hired as a clinical research programmer in the Transplant Institute at Henry Ford Hospital in Detroit. He oversees and manages numerous regional transplant datasets and conducts collaborative studies in the field of kidney, liver, and heart/lung transplant.

Carlos Hernandez Torres, M.D. (GME '16), is practicing full time inpatient palliative medicine and hospice in Albuquerque, New Mexico.

Anand Lakhkar, M.S. '10, Ph.D. '16, joined the German Multinational Pharmaceutical company, Fresenius Kabi, as manager, medical affairs and clinical research for India and South Asia.

John Rubin, M.D. '16, is a resident in anesthesiology at Weill Cornell Medical Center.

Britany Schram, D.P.T. '16, got married on September 23, 2017 in Bayville, N.Y., to Stephen La Rosa. They were both biology majors at Colgate University.

Matthew Hudkins, M.D. '15, is a third-year pediatric resident at UCSF Benioff Children's Hospital in Oakland and is applying for a pediatric critical care fellowship.

Christopher Rogers, M.P.H. '15, is a student in the Ph.D. health sciences program at Seton Hall University. He recently published an article, "An Early Look at the Association between State Medicaid Expansion and Disparities in Cardiovascular Diseases: A Comprehensive Population Health Management Approach."

Javier Baez, M.D. '14, was selected as a chief medical resident for the internal medicine residency program at the University of Cincinnati Medical Center for the 2017-18 academic year. After his chief year, he plans to pursue primary care in the Cincinnati area.

Jason Mandell, M.D. '14, began a fellowship in pediatric cardiology at Children's National Medical Center in Washington, D.C., in July 2017.

Raymond Pashun, M.D. '14, is completing a fellowship in cardiology.

Sarah Celia, M.S. '13, recently earned a B.S.N. degree and works as a registered nurse.

Matthew Decker, M.D. '13, M.P.H. '13, received the 2017 Resident Award from the Florida Neurosurgical Society.

Dennis Roarke, M.D. '13, started as an academic hospitalist at North Shore University Hospital/Northwell Health in July 2017.

Radhika Bhavsar, M.P.H. '12, completed a global health fellowship as a Global Health Corps Fellow in Rwanda in 2016-2017. (See profile at right). "I plan to pursue a career path in health care IT, articulating ways we can strengthen rural or low income resource settings/health systems through technology," she says.

Benjamin Moran, M.D. '12, specializes in trauma and surgical critical care and is an acute care surgery fellow.

Cindy Wang, M.D. '12, is finishing his last year of a cardiology fellowship.

Jayne Bird, M.D. '11, is a practicing dermatologist in Center City in Philadelphia and has a three-year-old daughter.

Sara Goldgraben, M.D. '11, M.P.H., M.B.A., moved to San Diego and is board certified in preventive medicine and public health. She earned a dual masters M.P.H./M.B.A. in August 2017.

John Farrelly, M.S. '10, D.V.M., published "Retrospective Analysis of Nonradiation Complications in Dogs Undergoing Radiation Rerapy in the January/February 2018 issue of *Veterinary Radiology & Ultrasound* in collaboration with Qiuhi Shi, M.S., M.S., Ph.D., professor of biostatistics in the School of Health Sciences and Practice. The paper was based on Dr. Farrelly's NYMC Master's thesis.

Eric Scofield, M.D. '10, M.P.H. '10, is a staff hematologist/oncologist at Tripler Army Medical Center in Honolulu.

Joshua Stanton, M.D. '10, is currently working as an independent contractor and as a travel physician for a group, USACS, splitting his time between a hospital in Spartanburg, S.C., and New Bern, N.C.

The 00s

Adebisi Adeyeye, M.P.H. '09, recently graduated from the University of Phoenix with a Doctorate in Health Administration.

Daniel Husney, M.D. '09, is pleased to announce he is building an ophthalmic practice but more importantly building a family.

Michael Ruisi, M.D. '09, is an interventional cardiologist at Florida Heart and Vascular.



Kira Geraci-Ciardullo M.D., M.P.H. '07, assumed the role of speaker of the House of Delegates the Medical Society of the State of New York.

Joshua Quick, M.D. '06, was inducted as a fellow of the American Society of Echocardiography and was selected for promotion to the rank of Commander in the United States Navy Reserve's Medical Corps.

Samuel Bartels, M.P.H. '06, joined the Ryan Network in April 2017 as executive director of the William F. Ryan Community Health Center.



Tamieka M.L. Howell, M.D. '05, was installed as president of the North Carolina Academy of Family Physicians, Inc. in December 2017, for a one-year term. Dr. Howell also serves patients at Novant Health Ironwood Family Medicine in Greensboro, N.C.

After completing her residency, **Alicea Wu (nee Wei), M.D. '05, M.B.A.**, practiced primary care and urgent care for six years. For the last few years, she transitioned out of clinical practice and is

ALUMNI PROFILE

Radhika Bhavsar, M.P.H. '12

Thinks Local, Acts Global and Finds Niche in Health Care Equality

BY VERONICA JAREK-PRINZ



Radhika Bhavsar, M.P.H. '12, is on a mission—working towards "a world where all of humanity has access to quality and affordable health care." Her interest in public health was awakened at Michigan State University (MSU), where she majored in health studies and physiology and had the opportunity to study abroad in Ghana to explore health care access at the community and government level. That experience sealed her fate and she resolved to continue her education in public health landing her in the Master of Public Health program in the School of Health Sciences and Practice focusing on behavioral sciences and health promotion and global health.

There she found a mentor in Padmini Murthy, M.D., M.P.H., M.S., FAMWA, FRSPH, professor of public health and global health director in the School of Health Sciences and Practice and clinical assistant professor of family and community medicine in the School of Medicine. "I was intrigued to learn about global health disparities and, more importantly, ideas and strategies for addressing them," says Ms. Bhavsar. She

got involved in Dr. Murthy's Motherhood in Malawi project, fundraising, collecting supplies, assembling and sending birthing kits with the most essential items for delivery and reducing infection in newborns, to health organizations working under the Presidential Safe Motherhood Initiative in Malawi to improve childbirth conditions in Africa.

Empowered by this experience, Ms. Bhavsar sought opportunities to make a difference in health care on a global scale. She found it as a 2016-2017 fellow of the Global Health Corps (GHC), an organization co-founded by Barbara Pierce Bush and others, to mobilize a global community of emerging leaders to build the movement for health equity.

Ms. Bhavsar began her 13-month fellowship with a two-week intensive Training Institute, hosted at Yale University before setting off for Rwanda working with the Ihangane Project as a monitoring and evaluation coordinator. The Ihangane Project is a nonprofit organization to empower Rwandan communities to develop integrated approaches to complex health challenges by increasing access to overall health care, improving health care quality and fostering long-term success through economic development.

"Living in a small village in the northern part of the country, I became part of a team working closely with health center nurses to understand and implement Ministry of Health protocols for the prevention of mother-to-child transmission of HIV and for malnutrition," says Ms. Bhavsar. "My work included ongoing trainings on how to accurately assess the health and nutrition status of infants and their mothers, and trainings on how to track and utilize data for continuous quality improvement," she explains. Ms. Bhavsar and her colleagues coached the nursing staff to become better health educators—helping them understand that teaching may be the most important aspect of their work.

"My role was monitoring and evaluation so I reviewed all Ihangane programs to examine their impact. I developed evaluation methods and tools to ensure return on investment of time and money, and helped both Ihangane workers and local health care providers understand their roles," she says. Her work helped her colleagues see and understand how their program fit into a larger infrastructure staff to improve efficiency, decrease cost, and increase revenue.

Now that she has completed her project and returned to the U.S., Ms. Bhavsar says she has learned what community really means. "It's important to give ideas and people time to see the value of change. The Ihangane Project believes that, given the opportunity, people will jump at the chance to make their community more economically sustainable. I saw this in action, time and again during my fellowship in Rwanda."

Reflecting on her work with GHC, Ms. Bhavsar says that, when it comes to global health, "Patience really IS a virtue" and "There's always another way." ■

now an associate director of drug safety and public health at Gilead Sciences, a global pharmaceutical company.

Daniel Barone, M.D. '06, just published his first book, *Let's Talk About Sleep*, published by Rowman & Littlefield.

Jared Schulman, M.D. '04, M.P.H. '04, is medical director at Hackensack Meridian Occupational Health and was named a 2017 New Jersey Top Doc.

Ronald D. Swanger, M.D. '04, was elected president-elect of the Washoe County (Nev.) Medical Society with automatic succession to president in 2018. Dr. Swanger practices at the Reno Diagnostic Center.

The Connecticut Hospital Association (CHA) named **Timothy McClung, M.P.H. '01**, director of quality informatics with CHA's ChimeData, which provides data products and analytic solutions for hospitals and health systems to gauge performance in quality improvement and patient safety.

The 90s

Alfonso Santos Jr., M.D. (GME '99), was promoted to associate professor of medicine at the University of Florida College of Medicine and works as a faculty transplant nephrologist.

Jay Pattumudi, M.S. '98, J.D., writes, "I am an experienced patent attorney working on expanding my patent practice and looking forward to seeking new work from start-ups and institutional clients." His article, "Inherent obviousness necessitates specific motivation to modify lead compound in pharma process due to surprising, unexpected results" was published on August 10, 2017 in IPWatchdog®, a leading intellectual property law blog.

William Collesano, M.S. '97, notes, "We are both enjoying retirement though we both do some consulting work, traveling the U.S., Europe and Caribbean Islands. We adopted a wonderful dog of Catahoula/Blue Heeler descent and are looking forward to the wedding of our son."



Randy A. Goldberg, M.D. '97, M.P.H. '13, assistant professor of medicine at NYMC, was inducted into Alpha Omega Alpha as a faculty inductee.

Scott T. LeRoy, M.S. '97, M.P.H., was appointed Caroline County's health officer in Maryland.

Arthur Blain, M.D. '96, M.B.A., was appointed chief medical officer and deputy health officer of the San Bernardino Public Health Department.



Barbara A. Kennedy, M.P.H. '96, LMSW, published her thoughts in the *Sun City Independent* about her experience meeting with Congressman Trent Franks in Washington, D.C. on June 4, 2017, the day of the shooting at the Congressional baseball practice.

Michael A. Sanford, M.D. '94, son of **Robert S. Sanford, M.D. '64**, just completed an M.B.A. degree at La Sierra University in Riverside, California.

Karen Davis Bruno, M.S., Ph.D. '91, was appointed director of pharmacology and toxicology in the Center for Drug Evaluation and Research, Office of New Drugs.

Mara Daidone, M.D. '90, retired from a multi-specialty group practice in southern Maryland in September 2015. She completed permaculture design certification and is now living on a 147-acre homestead, growing organic produce and raising pastured poultry. She travels and is still involved in medical missions.

The 80s



Anne McTiernan, M.D. '89, Ph.D., recently published her book, *Starved: A Nutrition Doctor's Journey from Empty to Full* (Central Recovery Press, November 2016), a coming-of-age memoir of a female physician. Dr. McTiernan is currently professor of public health and medicine at Fred Hutchinson Cancer Research Center and at the University of Washington.

Michael Tsapakos, M.D. '88, Ph.D., writes, "I've been practicing radiology at Dartmouth-Hitchcock Medical Center as chief of body imaging for 19 years. It's an academic practice and I enjoy all aspects of my work, which includes some teaching of residents and medical students."

Robert Yacynych, M.D. '88, was elected president of the medical staff at MedStar Harbor Hospital in Baltimore, Maryland. His son, Eddie, is a second-year student in the physical therapy program at University of Southern California.

Matthew Smolin, M.D. '84, was elected a fellow of the Society of Cardiac Angiography and Interventions and was promoted to Colonel in the U.S. Army Reserves and selected to command 2nd Medical Training Brigade in Salt Lake City, Utah.

Jay Polokoff, M.D. Fifth Pathway '82, was recognized as a Mom-Approved Pediatrician for 2017 in *Atlanta Parent* magazine.

The 70s

Susan Kroll (nee Tiermam), M.D. '79, is semi-retired and is a consultant to Silicon Valley companies in occupational health. She recently retired from Johnson & Johnson as their NA medical director.

James Maisel, M.D. '78, is chief executive officer of ZyDoc Medical Transcription and was an honoree at the JDRF Gala and served as program chair of the 2017 World Diabetic Congress.

David Andrews, M.D. '78, writes, "I have just started a glide path to retirement, working less and very few meetings. I am looking forward to more time for Jan and me after a very busy career with little time outside of profession."

Peter Lemis, M.D. '77, relocated from Pittsburgh Penn., to the Rocky Mountains in 2015 and is enjoying work again.

Stephen Marcus, '76, is the chief executive officer of Cantex Pharmaceuticals, a company developing oncology therapeutics.

Catherine Dunn, M.D. '75, retired from King County Jail Health Services in Seattle in 2015.

Neil Silber, M.D. '75A, retired from practice in 2011. He moved to Cape Coral, Fla., and is enjoying retirement.

John Stinson, M.D. '75, reports "I've been with the FDA for seven years, after clinical practice in greater Washington D.C. For the past two years, I've been with the FDA Center for Devices and Radiologic Health, working on spine surgery devices, my subspecialty in clinical practice."

Michael J. Lieberman, M.D. '74, has been practicing ophthalmology in Farmingdale, N.Y., for more than 38 years. He and his wife, Andrea, who worked to put him through NYMC, have been married for 47 years. They have three daughters and nine grandchildren.

Alan Sacerdote, M.D. '74, chaired the Autoimmunity 2017 - Where Are We Now? Conference held at Roulette Intermedium, Brooklyn, N.Y., in April 2017.

Bruce Gillers, M.D. '73, and **Mina Gillers, M.D. '73**, are proud to report their youngest son, Yosef, and daughter-in-law, Sara, had a baby girl, Zeva Florence last December. Dr. Bruce Gillers received the Distinguished Service Award from the Massachusetts Eye and Ear Infirmary.

ALUMNI PROFILE

Amal Rahmeh, Ph.D. '06

Looks to the Positive Power of Viruses

BY ANDREA KOTT, M.P.H.



In this age of viral scourges like HIV and Ebola, the notion that viruses could lead to medical therapies might seem far-fetched. But to biologist Amal Rahmeh, Ph.D. '06, viruses do more than produce illness. They hold medical promise and play a significant role in the evolution of life on earth.

"People used to study viruses mainly as pathogens, but we've entered a new era for biology in trying to understand the larger role that viruses play in human health," says Dr. Rahmeh, who earned her doctorate from the Graduate School of Basic Medical Sciences Department of Biochemistry and Molecular Biology and is now an assistant professor of biology at the American University of Beirut in Lebanon.

In her research, Dr. Rahmeh explores the protein structure and function of viruses with the goals of developing anti-viral drugs, and an in-depth understanding of viral-host interactions. Her research stems from the premise that viruses need a small number of proteins to multiply in cells throughout

the body. "Viruses use a minimal set of proteins to hijack the body's cellular machinery and replicate themselves," she says. For example, it takes only seven proteins for the Ebola virus to overtake the body and all of its defenses. "Understanding this principle will help us to find cures that target not only Ebola but also other viruses."

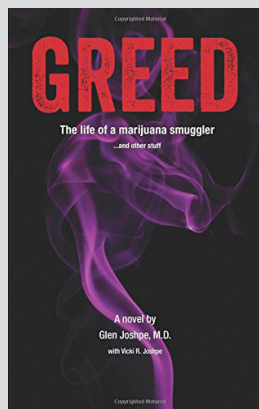
The positive power of viruses drives Dr. Rahmeh's research. For example, viruses infect ocean bacteria and have significant ecological influences on the oceans' food webs, and carbon and nitrogen cycles; researchers are developing viruses into cancer-fighting and gene therapy agents; viruses even contribute to the formation of the placenta. "The gene syncytin is derived from an old retrovirus, which belongs to the same family as HIV, infected us millions of years ago, became part of our genome and played a role in the development of placenta," she explains. "Infection by this virus has played a role in our own evolution."

Dr. Rahmeh grew up in a small village in southern Lebanon. After earning her bachelor's degree in biology and her master's degree in biochemistry, both at the American University of Beirut, she began her doctoral studies at New York Medical College (NYMC.) Although she initially chose the College to be with friends who were studying here, she knew as soon as she arrived that she would thrive academically. "NYMC is a small community, and everybody knows everybody," she says. "The professors have time to engage in their students' research. There is a good amount of collaboration and plenty of time for interaction."

Dr. Rahmeh credits the mentorship of Marietta Lee, Ph.D., professor of biochemistry and molecular biology, for guiding her as she learned about purifying proteins and developing biochemical assays. "I became a pretty good biochemist," she recalls. She also credits her postdoctoral investigations at Harvard University for leading her to study the structure of viruses like vesicular stomatitis virus (VSV), which belongs to the same family of viruses as Ebola. "I was trying to understand how VSV proteins work, because I knew it would produce insight into targeting deadly viruses like Ebola."

Back home in Lebanon, Dr. Rahmeh misses the United States, especially the sense of excitement and optimism she experienced during her years at NYMC. "People were always excited about new discoveries," she says. Still, she is eager to start building her new lab, mentoring students, and one day collaborate with researchers in Europe and the U.S., including NYMC. "I'm hoping to establish a research program that will make some small contribution to science." ■

The 60s



Glen Joshpe, M.D. '69, former president of the Delaware County Medical Society and medical director of the former community hospital of Stamford and Robinson Terrace in upstate New York, published his second novel, *Greed*, about "the life of a marijuana smuggler and other stuff."

Mark (Morris) Schwartz, M.D. '68, is happily retired and busy with courses at Yale, travel, gardening, biking, grandchildren and community service work.

Kathleen Barry (nee Perry), M.D. '67, is retired from her full time ob/gyn general practice.

Stephen Berger, M.D. '67, published a series of 427 e-books (125,000 pages, 2.9 million words, 211,000 linked references), all updated yearly. Individual titles explore the diseases of every country (Albania to Zimbabwe) and disease (Adenovirus to Zoster), with additional books on microbiology, antibiotics, etc.

Leonard Glaser, M.D. '67, is retired and enjoys skiing, golfing and spending time with his grandchildren.

Randolph Maloney, M.D. '67, is semi-retired from operative vascular surgery and call after 41 years and celebrated his tenth anniversary as medical director of Lahey/Beverly Hospital Wound and Hyperbaric Medicine Service in 2017.

Louis Lefkowitz, M.D. '64, retired from clinical practice in January 2017.

Rev. Phillip Goldfedder, M.D. '62, is involved with a healing and deliverance ministry, www.healingisyours.com.

Charles Jones, M.D. '62, is 88 years old and still practicing medicine full time. "I enjoy every minute of it!" he says.

Ira Glick, M.D. '61, writes "I can't help using a cliché, but it seems like just yesterday that Professor J.C. Haner was orienting us to Gross Anatomy. Now I see many classmates are "retiring," but I am trying a "second act," and am back on paid faculty at UCSF to help mentor faculty and residents for research and teach psychopharmacology. I'm also a visiting professor at NYU, Weill Cornell and UC San Diego. I'm medical director at a research company testing new medications for psychiatric disorders and, unexpectedly, the lead psychiatrist for the legal project to repeal the "death penalty" in the United States." He continues, "I'm still playing basketball. **Ana Glick's [M.D. '63]**, and my oldest daughter, Rachel, is chief of pathology at two Long Island hospitals. Please call or stop by if you are in San Francisco. I'd love to see classmates, retired or not!"

Robert Hirsch, M.D. '61, is retired and living in Longboat Key, Fla. He writes "I recently discovered that a friend and neighbor, **David VanEss, M.D. Fifth Pathway '80**, is a fellow alum—although two decades separate us!"



John Duffy, M.D. '60, was the recipient of the NYMC 2015 William Cullen Bryant Medal. He is a founding professor at the new medical school at Florida State University, in Orlando, Fla., and current professor assistant surgeon general (Ret), Military Medical School, in Washington, D.C.

The 50s

Thomas Halliday, M.D. '58, is still working, caring for nursing home and rehab patients. "My his health is good, knock wood," he writes.

IN MEMORIAM

Alumni

Kimberly A. Baer, D.P.T. '08, died on September 17, 2017. She was 34.

Richard Y. Kim, M.D. '02, died on November 19, 2016. He was 40.

Dr. James P. Jones, M.D. Fifth Pathway '00, died on December 26, 2016. He was 44.

Tushar M. Shah, M.D. (GME '00), died on December 30, 2016. He was 47.

Daniel Brietstein, M.D. Fifth Pathway '91, died on May 7, 2017. He was 62.

Hugh F. Reilly, M.D. '87, died on March 26, 2017. He was 66.

Grover K. Yamane, M.D. '85, died on December 6, 2016. He was 57.

Rebecca L. Steckel, M.D. '83, died on October 20, 2017. She was 59.

Robert L. Chironna, M.D. '77, died on December 14, 2017. He was 65.

Richard E. Blake, M.D. '75, died on December 20, 2017. He was 67.

Margaret M. Grimes, M.D. '75, died on May 15, 2017. She was 68.

Gary H. Albert, M.D. '72, died on December 1, 2016.

Ronald B. Koch, M.D. '71, died on May 30, 2017. He was 72.

Francis E. Cangemi, M.D. '69, died on September 29, 2017. He was 74.

Vincent M. D'Amico, M.D. '68, died on November 14, 2017. He was 75.

Joan Albin, M.D. '67, died on April 21, 2017. She was 75.

Norman S. Rosenthal, M.D. '67, died on September 9, 2017. He was 75.

Joseph R. Goggin, M.D. '66, died on September 4, 2017. He was 78.

John J. McGroarty, M.D. '65, died on December 22, 2017. He was 81.

Daniel F. Crowther, M.D. '64, died on November 28, 2016. He was 81.

Stephen K. Carter, M.D. '63, died on November 14, 2016. He was 79.

Bruce Hauptman, M.D. '63, died on November 11, 2017. He was 79.

Robert E. Haynie, M.D. '63, died on December 29, 2017. He was 80.

Christopher T. Maloney, M.D. '63, died on June 12, 2017. He was 79.

Irwin J. Miller, M.D. '63, died on November 11, 2016.

Charles E. Umhey, Jr., M.D. '63, died on February 27, 2017. He was 80.

Alan E. King, M.D. '62, died on April 3, 2017. He was 83.

Richard E. Perkins, M.D. '62, died on August 11, 2017. He was 81.

Lawrence S. Cohen, M.D. '61, died on September 27, 2017. He was 81.

Don V. Hellerman, M.D. '61, died on December 4, 2016. He was 87.

John P. O'Brien, M.D. '61, died on April 7, 2017. He was 82.

John J. Creamer, M.D. '60, died on February 15, 2017. He was 89.

Alan L. Heck, M.D. '59, died on July 25, 2017. He was 84.

Stephen J. Sopkia, M.D. '59, died on November 24, 2016. He was 91.

Howard J. Kline, M.D. '58, died on June 20, 2017. He was 85.

Burton Allyn, M.D. '57, died on February 10, 2017. He was 89.

Richard D. Baldwin, M.D. '57, died on February 28, 2017. He was 86.

Robert E. Martin, M.D. '57, died on September 17, 2017. He was 86.

John D. Tracy, M.D. '57, died on February 13, 2017.

George T. Hare, M.D. '56, died on June 17, 2017. He was 87.

William A. Stevens, M.D. '55, died on November 19, 2017. He was 93.

Chester M. Bernstein, M.D. '54, died on June 17, 2017. He was 92.

Matthew J. Ferguson, M.D. '54, died on August 26, 2017. He was 89.

Edward W. Weigers, M.D. '54, died on March 14, 2017. He was 91.

Constantin Cope, M.D. '51, died on November 6, 2016. He was 89.

Donald W. Delahanty, M.D. '51, died on November 4, 2017. He was 92.

William J. Jameson, M.D. '51, died on April 5, 2017. He was 93.

Alfred J. Casagrande, M.D. '50, died on January 26, 2017. He was 91.

Saverio S. Bentivegna, M.D. '50, died on November 9, 2017. He was 90. *See page 41.*

David Plotkin, M.D. '50, died on December 22, 2016. He was 93.

Edward O. Goodrich, M.D. '49, died on December 10, 2017. He was 92.

Joseph L. Horowitz, M.D. '49, died on June 14, 2017. He was 94.

John G. Loeffler, M.D. '49, died on January 13, 2017. He was 91.

Leo J. Nolan, M.D. '49, died on May 6, 2017. He was 92.

Anthony Vasilas, M.D. '48, died on April 7, 2017. He was 94.

Donald L. Gordon, M.D. '47, died on May 18, 2017. He was 94.

Joseph A. King, M.D. '47, died on January 27, 2017. He was 94.

Stanley J. Geller, M.D. '46, died on July 11, 2017. He was 95.

Bertram M. Winer, M.D. '46, died on December 3, 2016. He was 94.

Elliot C. Polinger, M.D. '43, died on June 11, 2017. He was 98.

Lucy D. Ozarin, M.D. '37, died on September 17, 2017. She was 103.

Administration

Harry C. Barrett, D.Min., M.P.H., former president and chief executive officer, died on August 25, 2017. He was 70. *See page 41.*

Faculty

Joan Albin, M.D. '67, former adjunct assistant professor of medicine, died April 21, 2017. She was 75.

Hrair Babikian, M.D., professor emeritus of psychiatry and behavioral sciences, died on March 16, 2017.

Saverio S. Bentivegna, M.D. '50, professor emeritus of surgery, died on November 9, 2017. He was 90. *See page 41.*

Khalid M.H. Butt, M.D., professor of surgery, died on June 12, 2017. He was 77.

Bernard N. Brodoff, M.D., former clinical professor of medicine, died on July 8, 2017. He was 93.

C. Clifford Conaway, Ph.D., former adjunct associate professor of pharmacology, died June 13, 2017. He was 78.

Vincent M. D'Amico, M.D. '68, former clinical assistant professor of obstetrics and gynecology, died November 14, 2017. He was 75.

Holly Etkind, Ph.D., adjunct associate professor of microbiology and immunology, died August 25, 2017.

Matthew J. Ferguson, M.D. '54, former clinical assistant professor of medicine, died on August 26, 2017. He was 89.

Robert Galton, Ph.D., former clinical assistant professor of community and preventive medicine, died on September 11, 2017. He was 90.

Alvin I. Goodman, M.D., professor emeritus of medicine, died on March 29, 2017. He was 88. *See page 42.*

Phyllis Harrison-Ross, M.D., professor emeritus of psychiatry and behavioral sciences, died on January 16, 2017. She was 80. *See page 42.*

Irving Rappaport, Ph.D., professor emeritus of microbiology and immunology, died on April 29, 2017. He was 94.

Norman Shachnow, M.D., former clinical associate professor of psychiatry and behavioral sciences, died on July 19, 2017. He was 97.

Tushar M. Shah, M.B.B.S., assistant professor of medicine, died on December 30, 2016. He was 47.

John D. Tracy, M.D. '57, former clinical instructor of medicine, died on February 13, 2017.

Joseph B. Walsh, M.D., professor emeritus of ophthalmology and former chairman of the Department of Ophthalmology, died on August 22, 2017. He was 76. *See page 43.*

Harry C. Barrett, D.Min., M.P.H.
Former President and Chief
Executive Officer



1947-2017

Respected and revered former president and chief executive officer of New York Medical College (NYMC), Harry C. Barrett, D.Min., M.P.H., died on August 25, 2017, at the age of 70. Dr. Barrett, who led NYMC from August 1992 through 2006, will be remembered fondly as the "reengineer" of the College, spearheading an institution-wide strategic planning effort and a top-to-bottom financial overhaul and introducing a breadth of ambitious goals and far-reaching initiatives.

At Dr. Barrett's inauguration on December 2, 1992, he rallied the entire NYMC community behind his lofty aspirations, proclaiming, "No longer can values and moral issues be seen as the work of some individuals or an institute, but will become the responsibility of all faculty, students and administration."

His tenure came at a time of seismic shifts in health care when NYMC's clinical affiliates were under tremendous financial pressures. Accordingly, Dr. Barrett recognized the necessity for NYMC to adapt its business model to withstand the financial headwinds that were stirring.

Dr. Barrett's vision led to dramatic transformations across campus during his 14 years as president and CEO. NYMC's reputation in academics, research and infrastructure improved significantly. Campus advancements included the construction of the Medical Education Center, the Alumni Gross Anatomy Laboratory and the Alumni Computer Learning Laboratory as well as the development of the Center for Disaster Medicine, the Hudson Valley Center for Health Sciences, Biotechnology and Public Health, the Institute for Bioethics, and the New Yorkers Caring for New

York program. He directed a number of ground-breaking regional health care initiatives addressing such topics as bioterrorism, the health of local immigrant populations, the treatment of post-traumatic stress syndrome in victims of mass trauma and the nation's need for more primary-care physicians. Under Dr. Barrett's leadership, the College realized increased research funding and fundraising, one of his major priorities, as well as improved student performance.

Dr. Barrett received an M.S. in education and counseling from St. John's University, and was awarded a Master of Divinity degree from St. Joseph's Seminary. He earned a Master of Public Health degree from Columbia University and a Doctor of Ministry/Pastoral Psychology degree from the New York Theological Seminary.

An avid hiker and outdoorsman, Dr. Barrett spent his free time enjoying the bounty of nature and the clarity of fresh air to restore his energies and provide an opportunity for reflection and inspiration as he pursued his "yeoman's work of running a college reinventing itself."

Prior to joining NYMC, Dr. Barrett was director of pastoral formation at St. Joseph's Seminary in Yonkers, N.Y., where he was also a professor of pastoral psychology at the Seminary. He served as the director of the Hospital Apostolate for the Archdiocese of New York, working closely with chaplains in all hospitals and nursing homes in the Archdiocese. Dr. Barrett served as acting supervisor of the Clinical Pastoral Education Department at Cabrini Medical Center in New York City. He was a faculty member at the St. John Neumann Residence in Riverdale, N.Y., and served as associate director of the Department of Health and Hospitals, Archdiocese of New York. Dr. Barrett was also involved with the Family Consultation Service of the Archdiocese of New York as Supervisor of Counselors, with prior experience as a counselor and psychometrician.

Dr. Barrett was a dedicated member of various professional associations including the Catholic Health Association, American Public Health Association, Greater New York Hospital Association, New York State Catholic Conference and the National Association of Catholic Chaplains and a fellow of the New York Academy of Medicine. He also served on the Board of Directors

of St. Joseph's Medical Center in Yonkers, N.Y., Rosary Hill Home in Hawthorne, N.Y., and the Westchester County Association in White Plains, N.Y.

After leaving NYMC, Dr. Barrett continued his work in health care and higher education initiatives at Fordham University and St. John's University.

Ronald Poe, a member of the NYMC Board of Trustees since 1996 and chairman of the Board of Trustees from 1999 to 2011, was a close colleague and friend of Dr. Barrett. Their synergy bloomed when Mr. Poe, then chairman of the Board of the Westchester County Association, asked Dr. Barrett to join their board and Dr. Barrett reciprocated the invitation, leading to a long, productive and cherished relationship. "He was a first class intellectual and administrator. He was warm, approachable and was always available, for matters large or small," said Mr. Poe of Dr. Barrett. "He did an outstanding job in tumultuous times and worked diligently to cause the College to adapt to the changing environment. Harry Barrett was the consummate dedicated, caring health sciences educator."

Saverio S. Bentivegna, M.D. '50
Professor Emeritus of Surgery
and Senior Associate Dean



1927-2017

Distinguished and devoted teacher, surgeon and administrator, Saverio S. Bentivegna, M.D. '50, professor emeritus of surgery who served as senior associate dean of the Pre-Internship Program and its predecessor the Fifth Pathway Program, died on November 9, 2017 at the age of 90. Familiarly known as "Sal" or "Dr. B.," his roots at New York Medical College (NYMC) were planted as a medical student and then a medical intern and general surgery resident at Flower and Fifth Avenue Hospital and Metropolitan Hospital, when it

was located on Welfare Island.

After military service as a captain in the U.S. Army Medical Corp from 1957 to 1959, Dr. Bentivegna returned to New York and joined the NYMC faculty in the Department of Surgery. He rose through the academic ranks and was appointed associate dean, responsible for medical student surgical education, the Fifth Pathway Program and the Office of Continuing Medical Education. He was instrumental in the College's move from New York City to Valhalla in 1971.

In 1974, Dr. Bentivegna shepherded in the Fifth Pathway Program, a post-graduate educational program for students who completed the requirements of a foreign medical school and were required to complete one year of supervised clinical training before beginning a residency program. Under his leadership, more than 3,000 graduates completed the program and went on to careers in medicine, principally in primary care.

Regina Damon, institutional administrator for the Graduate Medical and Dental Education Consortium, worked with Dr. Bentivegna and the Fifth Pathway and Pre-Internship programs for more than 15 years. "Dr. Bentivegna always challenged me and it was a blessing for me to work with him. He gave me the autonomy to work with the students, who, along with myself, benefited immensely from his wisdom and professionalism. He was tough when called for and compassionate when needed. His knowledge of the history of the College was incredible," she said.

As the College's longest-serving full-time faculty member and employee to date, Dr. Bentivegna was a familiar figure around campus, often seen wearing his white coat. His other endeavors included helping advance the breast surgery program at Westchester Medical Center and developing the Maria Fareri Children's Hospital at Westchester Medical Center. Dr. Bentivegna served as president of the School of Medicine Alumni Association from 1975 to 1977 and remained an active member after his term. He retired from practicing surgery at the age of 73 and his administrative duties at the age of 87.

Dr. Bentivegna's accomplishments were valued and he was recognized with the College's 2006 Distinguished Service Award for his in support of the College's mission

IN MEMORIAM

and the 2011 William Cullen Bryant Award for distinguished leadership.

Outside of work, Dr. Bentivegna was an avid model train enthusiast and was proud to show off his collection to visitors to his home. "It was a rite of passage to visit the Bentivegna home and see Sal's intricate train collection which filled his basement," recalled Henry Saphier, M.D. '61, a member of the NYMC Board of Trustees and immediate past president of the School of Medicine Alumni Association, who first met Dr. Bentivegna during his surgical rotation when he was a medical student.

Their relationship evolved for more than 50 years from teacher and student to colleagues as members of the Alumni Association Board of Governors to close friends. "Sal was a man of many talents and I truly enjoyed his unusually dry sense of humor. He was a role model for many graduates and guided countless students through the rigors of general surgery and specialty training. He was always available for advice and we all benefited from his wisdom and perspective," recalled Dr. Saphier. "He was a good friend, a good man and a good doctor."

Dr. Bentivegna's legacy continues with the Bentivegna Family Award and Scholarship that he established in memory of his parents and is awarded to a graduating medical student with honors in surgery entering the surgical field.

The School of Medicine Alumni Association will hold a celebration of Dr. Bentivegna's life at the Alumni House in the spring.

Alvin I. Goodman, M.D. Professor Emeritus of Medicine



1929–2017

Renowned nephrologist and distinguished longtime faculty member, Alvin I. Goodman, M.D., professor emeritus of medicine, died on March 29, 2017, at the age of 88. He will be remembered for his remarkable achievements in developing one of the most highly regarded centers for treatment and research in kidney diseases in the nation at New York Medical College (NYMC) and Westchester Medical Center. His legacy will be his dedication to his patients with chronic kidney disease and the betterment of their lives, and to gaining Congressional approval of Medicaid-funded dialysis treatment for those individuals.

He earned his A.B. degree from New York University College of Arts and Sciences and his M.D. from the University of Geneva, Switzerland. He completed his internship, residency and postgraduate training at the Jewish Hospital of Brooklyn and was a fellow at the National Heart Institute and the Yale University School of Medicine. He served as a captain in the United States Army and spent time at the Medical Research Division of the Army Chemical Center investigating neuropharmacology of chemical warfare agents.

Dr. Goodman joined the College faculty in 1970, and later added the titles of chief of nephrology and vice chairman of the Department of Medicine to his portfolio. He laid the groundwork for nephrology at the Valhalla Campus with support that included a \$2.4 million grant from the U.S. Public Health Service. He was the first medical director of the Westchester Artificial Kidney Center (WAKC), which he helped found in 1973, and he served as

medical director of the Westchester Artificial Kidney Foundation, Inc. He held the title Chair of Nephrology in Department of Medicine, established with a gift of \$1.25 million from WAKC.

Dr. Goodman retired in 2000 from his posts of WAKC medical director, director of the Division of Nephrology at Westchester Medical Center and chief of the College's Division of Nephrology, but continued his research and teaching responsibilities. As a farewell gesture, he developed a continuing medical education conference, "Fifty Years of Nephrology and Beyond," held at the Harvard Club in New York City. "I didn't want to end my career in academic and clinical medicine with just another party in a hotel," said Dr. Goodman. Instead, he chose to invite some of his oldest and most respected friends and colleagues, pathfinders like himself in a field that began to burgeon in the 1960s with the advent of kidney dialysis and transplantation. They were called upon to share insights derived from their experiences throughout a half century of medicine and research in nephrology.

NYMC recognized Dr. Goodman's contributions with the Terence Cardinal Cooke Award Distinguished Service in Health Care in 1987 and the Distinguished Service Award in 2002.

In 2005 Dr. Goodman's 35-year tenure at the College was celebrated with a symposium, "Healthcare Reform: Lessons and Models from a Global Perspective," held in his honor. It also commemorated the changing of leadership of the Division of Nephrology in the Department of Medicine from Dr. Goodman, to Michael S. Goligorsky, M.D., Ph.D., professor of medicine and pharmacology, who now holds the title of the Alvin I. Goodman Chair in Nephrology.

"Dr. Goodman was an incurable optimist and a visionary. No obstacles existed when he undertook to accomplish certain goals. And accomplish them he did, from creating one of the first chronic hemodialysis centers, to establishing a Division of Nephrology at the time when even the spelling of the subspecialty was barely known, to recruiting a group of young, bright nephrologists from the best training centers in the country, to establishing and funding

Renal Research Institute, of which I happen to be a beneficiary," said Dr. Goligorsky. "On a personal level, Alvin was an enchanting speaker, a witty conversationalist and a warm and thoughtful counselor. He was also an ardent supporter of New York Medical College. Even in his last days he would ask me, 'What is new in the College, in the Division, in the Research Institute?' The demise of this most remarkable professional and person leaves a void which will be difficult to fill."

William H. Frishman, M.D., the Barbara and William Rosenthal Professor and Chairman of the Department of Medicine and professor of pharmacology, reflected on his dear colleague. "Alvin was a remarkable individual and one of the founders of both academic and clinical nephrology in the United States. When I came to New York Medical College in 1997 to become chairman of the Department of Medicine, I relied a great deal on Alvin's wisdom and counsel. He was an avid reader and had an interest in everything and everybody. He did not suffer fools lightly and set high standards for himself and those around him," said Dr. Frishman. "Alvin Goodman was a true Renaissance man, a man for all seasons."

Phyllis Harrison-Ross, M.D. Professor Emeritus of Psychiatry and Behavioral Sciences



1936–2017

A pioneer in psychiatry and pediatrics, Phyllis Harrison-Ross, M.D., professor emerita of psychiatry and behavioral sciences, died on January 16, 2017 at the age of 80. She served on the NYMC faculty for more than 25 years.

Widely regarded as an innovator in the community mental health profession, Dr. Harrison-Ross had a remarkably diverse career as a

hospital clinical administrator, researcher, academician, public health consultant, forensic and child psychiatrist and public educator. She focused her administrative and clinical talents on serving diverse, hard-to-reach and underserved populations, including the incarcerated. She was an early leader in designing rehabilitation and therapy for children with developmental, emotional and physical disabilities.

As director and chief of service of the Department of Psychiatry and the Comprehensive Community Mental Health Center at Metropolitan Hospital Center in New York City, Dr. Harrison-Ross led a multidisciplinary staff of 600, and oversaw adolescent and child inpatient and outpatient services, day treatment programs, community outreach, mobile crisis and emergency services, and drug and alcoholism counseling. The hospital's mental health center served an estimated one million patients each year during her tenure.

A forensic psychiatrist, Dr. Harrison-Ross was appointed by then New York Governor Hugh Carey to investigate deaths in the State's detention and correctional facilities, and later made recommendations for improving the delivery of health care for confined, pre-trial detainees and sentenced offenders.

Dr. Harrison-Ross was one of the early pioneers of telepsychiatry, and considered the technology "revolutionary" for African Americans living in areas where no or few African American psychiatrists practiced. She also used telepsychiatry with hard-to-reach populations such as inmates and armed services personnel stationed in remote locations.

A distinguished Life Fellow of the American Psychiatric Association (APA), Dr. Harrison-Ross was also an elected member of the Governing Council of the American Hospital Association. She served as chairperson of the Manhattan Mental Health Council, chairperson of what is now known as the Multicultural Advisory Committee to the New York State Office of Mental Health, a member of the Health Brain Trust of the Congressional Black Caucus, the President's National Advisory Council on Drug Abuse Prevention, and as the first president of Black Psychiatrists of America. She received the APA Solomon Carter

Fuller Award for distinguished service to improve the lives of African American people in 2004.

Dr. Harrison-Ross's development of a curriculum and an Academy of Issues in Psychiatry for Black Populations, initially created for use with her students at NYMC, went on to be used in APA medical education workshops. She authored several books, including *Getting it Together*, a psychology high school textbook, and *The Black Child: A Parent's Guide*; and served as a moderator of the television show, *All About Parents*.

Joseph B. Walsh, M.D. Professor Emeritus of Ophthalmology



1941–2017

Esteemed medical and surgical retinal specialist, Joseph B. Walsh, M.D., who served as professor and chairman of the Department of Ophthalmology from 1988 to 2012, died on August 22, 2017, at the age of 76. He led the academic programs and clinical departments at the New York Eye and Ear Infirmary (NYEEI), when it was a New York Medical College affiliate. He was chairman at NYEEI, directing its stand-alone residency program. Under his leadership, NYEEI became an internationally-recognized center of excellence for advanced ophthalmology diagnosis and treatment, a preeminent center for residents, fellows and medical students, and a distinguished research center. He also led the affiliated ophthalmology teaching hospitals and residency programs at Lincoln Hospital, Metropolitan Hospital Center, Our Lady of Mercy Medical Center and Westchester Medical Center.

Dr. Walsh graduated from Georgetown University and Georgetown University School of Medicine and

completed his residency at the New York Eye and Ear Infirmary and a retinal fellowship at Montefiore Medical Center. He served in the United States Air Force as a battalion surgeon. Prior to joining the New York Medical College community, Dr. Walsh held faculty appointments at the Albert Einstein College of Medicine at Yeshiva University.

Dr. Walsh was a member of the Most Venerable Order of the Hospital of St. John of Jerusalem and spent many vacations traveling to Jerusalem with medical supplies and volunteering his services at the Order of St. John of Jerusalem Eye Hospital. He worked with the Hospital's ophthalmic outreach teams in the Gaza Strip clinics and the West Bank refugee camps. He was knighted by the Order of St. John for his efforts in providing quality ophthalmic care to underserved populations.

In 2002, he was honored with the Blenda B. and Gerald T. Pierce distinguished chair of ophthalmology at NYEEI. That same year he was named the John Kearney Rodges Physician of the Year at NYEEI.

In 2012, the NYEEI Annual Dinner and Awards Ceremony, paid tribute to Dr. Walsh's excellence as a physician, teacher, mentor and humanitarian, raising money for the Joseph B. Walsh, M.D., Ophthalmology Research and Education Fund at the NYEEI to enhance retinal research and education through the support of fellowships, and research and education programs.

Throughout his distinguished career, Dr. Walsh boasted an impressive array of publications, presentations and memberships in professional societies. He served as president of The New York Society for Clinical Ophthalmology and was honored as the Society's 45th Mark J. Schoenberg Memorial Lecturer. He also received the Senior Honor Award from the American Academy of Ophthalmology. He was a member of the National Association for the Visually Handicapped, the New York Academy of Sciences, the New York Academy of Medicine and the American Academy of Ophthalmology.

Sansar Sharma, Ph.D., professor of ophthalmology, worked with Dr. Walsh for nearly a quarter of a century. "Joseph Walsh left an undeniable impression on young residents

and other ophthalmologists by setting standards of excellence in the patient care. Morning didactic lectures were legendary as Joe was always present to not only quiz the speakers but the residents as well," Dr. Sharma recalled. "People were always in awe of him as his easy going manners were deceptive. He ran one of the best ophthalmology departments in the country. Always at ease with his position, he demanded the best from his colleagues and was well respected for it."

Danny Hirsch-Kauffmann Jokl, M.D., professor emeritus of ophthalmology, knew Dr. Walsh since 1976. Dr. Jokl recalls when attendings from all the affiliate institutions met each Wednesday morning after Grand Rounds at Our Lady of Mercy. "Dr. Walsh always summarized the latest news and problems for us and solicited responses keeping his own views often unspoken. His demeanor could be summarized in one word—humility. His obligation to resident teaching always was primary and he encouraged residents who wished to continue fellowship training by quietly offering written support but also by tapping into his far flung network of colleagues worldwide to plead their cause," he said. "If anyone could be called an academic physician's doctor's doctor in terms of advocating and promoting teaching, and dedication to patient welfare, even in the budget restricted inner city New York City hospitals, where we served with him, it was Joe Walsh."

STUDENT PROFILE

Edgewood R. Warner II, M.D., M.P.H., Candidate Class of 2019

Inspired by a doctor to become one himself.

BY MELISSA F. PHETERSON

For Edgewood R. Warner II, M.D., M.P.H. candidate Class of 2019, the onset of Crohn's Disease in eighth grade brought frequent hospitalizations, absences from school, and something unexpected: the drive to become a doctor. The Bronx native says his pediatric gastroenterologist, Philip Kazlow, M.D., "was a second father to me; and not only a doctor but also a teacher." With genuine concern and good will—"elements that were therapeutic in themselves"—Dr. Kazlow would patiently explain the chronic bowel disease, treatment options and other aspects of life with Crohn's to Warner and his family.

"It was a valuable life and learning experience that ignited my passion to pursue medicine as a career," he says.

Warner graduated Cornell University in 2010, then pursued several field experiences in health care: working as an EMT in the Bronx, volunteering for the Red Cross in Manhattan, and becoming certified in electrocardiography and phlebotomy—following the footsteps of his father, a retired phlebotomist. He served as a teaching assistant in biochemistry and chemistry tutor at Hunter College in Manhattan. When he decided to apply to medical school, he knew he'd need financial assistance. "I don't come from a family of means," he says. He interviewed at New York Medical College (NYMC) because he'd heard that it was more than just a medical school: it was a family, a community.

"When you think of medical school, you think of students who go to class, follow a curriculum and take tests," he says. "At NYMC, there's the added element of interconnectedness among students, faculty and administration. When I interviewed I saw students sitting in the lounge and noticed how close they seemed with one another. I also became aware of how the faculty is so accessible at any time.

"The curriculum and facilities were great," he continues. "But it's the sense of community and support I saw that truly drew me to the school."

Upon acceptance, Warner became a peer advisor at Hunter to help others with medical school applications. He also visited Dr. Kazlow to thank him for setting the example that shaped his future. "He's very pleased with how far I've come along." Warner's parents are also "extremely proud and supportive," he says.

Warner says he's wanted to pursue a joint-degree program since he was in college. "In medical school we're taught how to deliver the care; but in the public health program we're taught to look at ourselves as a single component in a process that we can analyze and try to improve," he says.



"When I first started medical school, my two biggest concerns were the coursework and the cost," he says. "The scholarship I received allowed me to focus on my coursework. It takes a lot of determination and drive to get through it; but going into the third year and actually applying that knowledge to a patient in a hospital—I finally see myself in the role I've envisioned for such a long time," he says. "It's a novel feeling, a little scary, but gratifying. Each day I become more confident in filling that role; meeting the expectations of my instructors, my peers, and most importantly, myself; to become the absolute best doctor I can be." ■

Robert G. Lerner, M.D., and Helen Lerner, Ph.D., Endow a Scholarship to Increase Access to Medical School

BY ANDREA KOTT, M.P.H.

What do you do when good fortune falls into your lap? If you're like Robert G. Lerner, M.D., and his wife Helen Lerner, Ph.D., you share it. You might even use your good fortune to help somebody afford medical school.

Which is why the Lerner's have established the Drs. Helen and Robert Lerner Endowed Scholarship Fund at New York Medical College (NYMC). By reducing the financial burden of becoming a physician, the couple wants to make medical school more accessible, particularly for students who aspire to practice primary care, the field most in need of new doctors.

"Students are struggling, especially those going into primary care," says Dr. Robert Lerner, professor of medicine and of pathology, vice chairman of the Department of Medicine. "Indeed, the typical medical school debt is in the neighborhood of \$300,000," adds Dr. Lerner, who also serves as chief of hematology at Westchester Medical Center.

Having grown up poor in the Brownsville section of Brooklyn during World War II, Dr. Lerner says he never would have been able to attend college, let alone medical school, without a scholarship. "I owe my good fortune to going to medical school on a full scholarship and to my long association with NYMC," says Dr. Lerner, who joined the faculty as an instructor of medicine in 1967, became professor of medicine and chief, hematology/hemostasis in 1980, and also directs the hematology/oncology training program.

Of course, much has changed since Dr. Lerner's undergraduate and medical school days at NYU during the mid-1950s, when a year's tuition was less than \$1,000. "I don't remember people talking about their debts when I was in medical school," he says. "Of course, we didn't get paid much either." As an intern at Bellevue Hospital where he worked from 1960 to 1961, he says he earned \$70 a month, in addition to room and board and a stipend for laundry.

Today's high costs make medical school unattainable for many. Even those who do manage to cover tuition commonly graduate with debt that can take years to settle, especially as medical reimbursement rates dwindle. "Nobody goes into private practice anymore," he notes. Rather, large medical groups have become typical destinations for emerging physicians.

Even his own specialty of hematology is disappearing, says Dr. Lerner, whose hectic schedule includes patient care at least two days a week, hematology consults at the hospital and ongoing research on two Phase 3 clinical trials: one that is exploring the prevention of deep vein thrombosis after hospitalization and



the other, the use of an antithrombotic agent to treat thrombotic thrombocytopenic purpura.

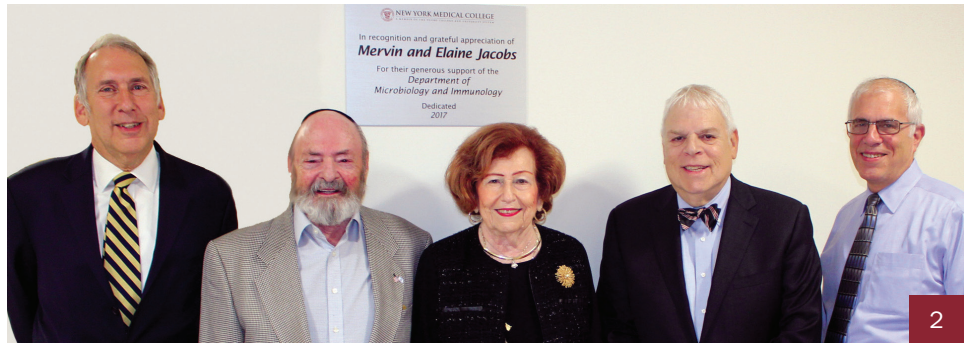
Rather than retire, however, both Dr. Lerner and his wife, who works part-time as a pediatric nurse practitioner, have continued working and accrued enough assets to fund the endowed scholarship. "I hope this will make the difference for someone who wants to go to medical school but thought they couldn't afford it."

Dr. Lerner, who recently celebrated his 50th anniversary as a full-time member of the NYMC faculty, has prevailed through many transitions at NYMC and will long be remembered for being an outstanding clinician, and a well-respected mentor and teacher. His crowning achievements and longevity at NYMC were venerated with the Golden Faculty Service Award at the College's 2017 Annual Founder's Dinner. ■

GREAT THINGS ARE HAPPENING HERE



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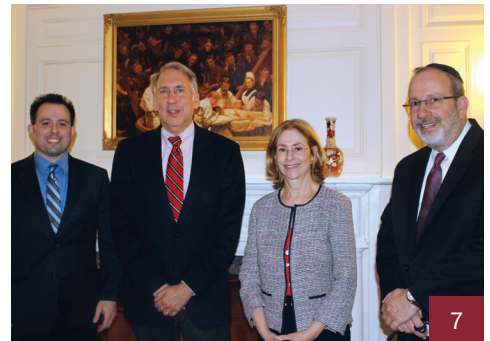
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1 One hundred and thirty-four participants, including 25 Achilles International athletes, traversed the NYMC campus at the 19th Annual Race for Rehab in October. Organized and hosted by Doctor of Physical Therapy students in the School of Health Sciences and Practice, the race raised more than \$6,600 for Achilles International, a not-for-profit organization which provides athletes with disabilities with a community of support.

2 The Department of Microbiology and Immunology was the recipient of a generous donation by Mervin and Elaine Jacobs, longtime supporters of the Touro College and University System.

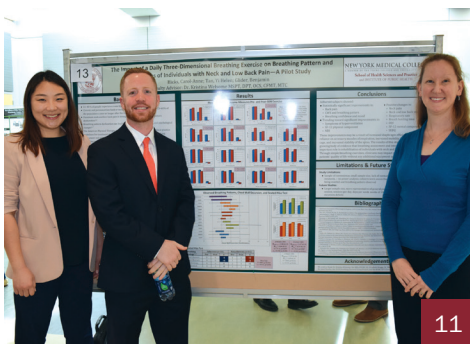
3 Lasker award winning virologist Charles M. Rice, Ph.D., was the keynote speaker at the Graduate School of Basic Medical Sciences 29th Annual Graduate Student Research Forum, sponsored by the Graduate Student Association.

4 The Health Sciences Library hosted the 24th annual Faculty Author Recognition event to formally acknowledge faculty who published during the calendar year 2016. The event honored 383 published faculty members representing 605 journal articles, 3 books authored, 10 books edited, 61 book chapters and more.

5 The Fourth Annual Drs. Gabor and Harriette Kaley Endowed Lectureship hosted esteemed researcher, Fabio A. Recchia, M.D., Ph.D., professor of physiology, Scuola Superiore Sant'Anna, Pisa, Italy, adjunct professor of physiology, Temple University School of Medicine and a former post-doctoral research fellow and faculty member at NYMC.

6 NYMC hosted the first A cappella Invitational, an American Idol style evening of musical performances by the School of Medicine's Borborygmi Bells and Arrhythmias, and the Touro College of Dental Medicine's Chromatic Scales.

7 NYMC observed Yom Hashoah, Holocaust Remembrance Day, welcoming guest speaker, Lawrence A. Zeidman, M.D., associate professor, University of Illinois College of Medicine at Chicago, who spoke on "The Central Role of Neuroscientists under National Socialism: Links to the Holocaust and Medical Ethics."



8 The NYMC community showed heart and their support for the fight against heart disease in women on National Wear Red Day in February.

9 Continuing in the tradition of Student-Physician Awareness Day (SPAD), the School of Medicine Class of 2020 hosted NYMedTalks, an interdisciplinary, interprofessional conference to expose students to topics outside of the traditional academic curriculum. This year's forum covered the hot topics of human rights, opioid addiction, artificial intelligence, and technologic advances in spinal cord injuries.

10 The School of Medicine Class of 2021 officially donned their white coats for the first time at the White Coat Ceremony in October. More than 1,000 guests witnessed the rite of passage as 216 members of the Class of 2021 were cloaked in their new white coats by "investors," respected faculty leaders.

11 The School of Health Sciences and Practice, in collaboration with Alpha Eta and Delta Omega Honor Societies, hosted its Fifth Annual Research and Scholarship Day with a record-breaking number of posters of research and scholarly activities.

12 The School of Medicine Class of 2020 honored the anatomical donors whom they fondly refer to as their first patients through personal reflections, poetry, music, song and dance at the 29th Annual Convocation of Thanks.

13 Melodies and tunes rang out at NYC Health + Hospitals/Metropolitan in the form of a string quartet from the Manhattan School of Music at the Music and Medicine: The Genius of Mozart event. The event featured a lecture on the musical gift of Wolfgang Amadeus Mozart, by Stephen E. Moshman, M.D., professor of medicine, who is also the conductor and music director of the Albert Einstein Symphony Orchestra.

14 The Doctor of Physical Therapy Class of 2019 in the School of Health Sciences and Practice donned their white coats for the first time in front of their families and friends at the White Coat Ceremony, marking their entrance into the clinical years of their education and their commitment to the profession of physical therapy and future patients.

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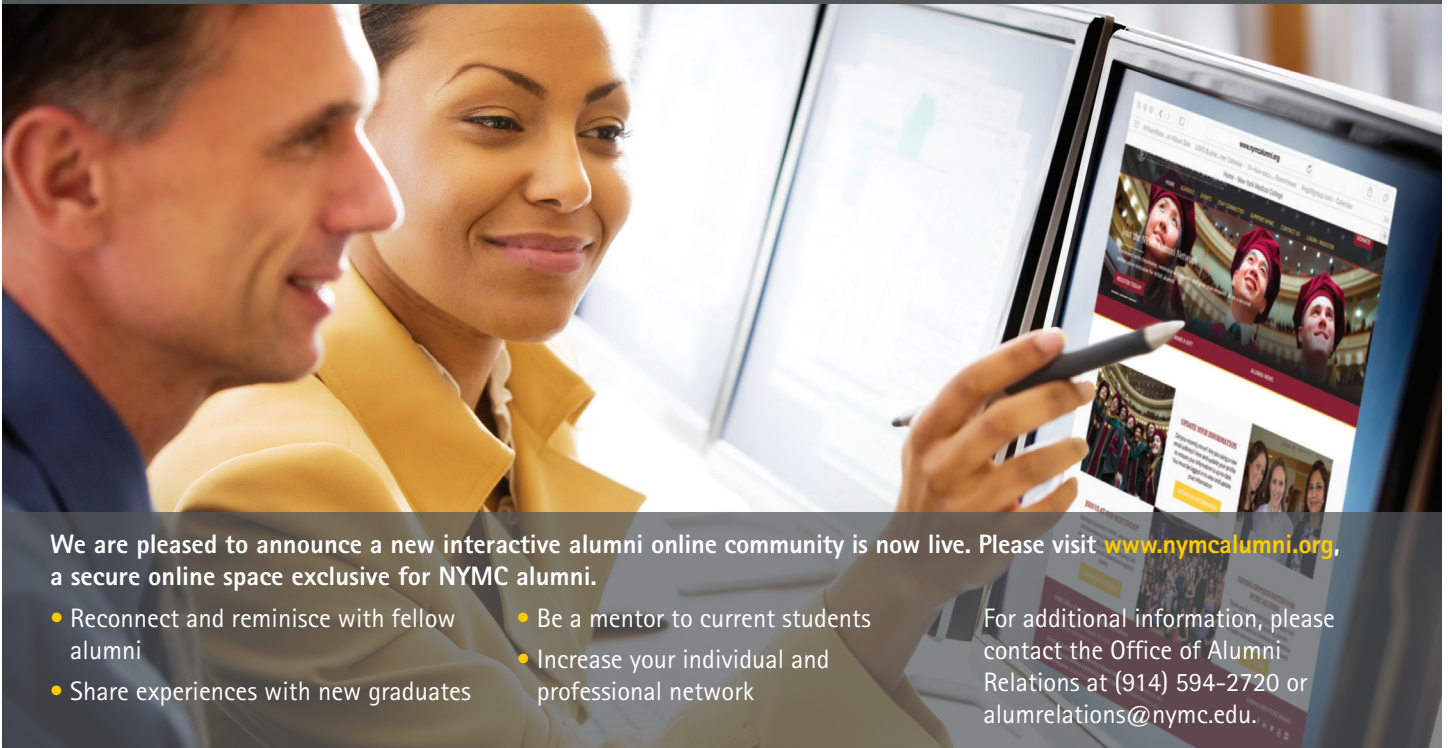
NEW YORK MEDICAL COLLEGE

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COMMENCEMENT 2017



Commencement speaker Robert M. Califf, M.D., right, former commissioner of the U.S. Food and Drug Administration, gathered with members of the stage party before the ceremony. From left: Alan Kadish, M.D., president; Dr. Mark Hasten, chairman of the Board of Trustees; and Edward C. Halperin, M.D., M.A., chancellor and chief executive officer.



The School of Medicine Class of 2017 couldn't be prouder of their moment in the spotlight.



Alumni representatives from each of the schools were on hand to welcome the graduates to their ranks. From left: Edward J. Messina, Ph.D. '73, Charles W. Episalla, M.D. '88, and Jason Tenzer, M.P.H. '04.



Mace bearer Yvonne S. Thornton, M.D., M.P.H., clinical professor of obstetrics and gynecology, led the academic procession into Carnegie Hall.



M.S. and Ph.D. candidates from the Graduate School of Basic Medical Sciences gathered for one last time before crossing the great stage to receive their diplomas.



Members of the School of Medicine Class of 2017 and their alumni and faculty parents, gathered at the hooding ceremony held prior to Commencement. From left: John M. Garofalo, M.D. '79, Matthew F. Garofalo, M.D. '17, David L. Dresner, M.D. '82, Samuel Dresner, M.D. '17, Carey S. Goltzman, M.D. Pre-internship '83, associate professor of pediatrics, Michael Goltzman, M.D. '17, Hussein Matari, M.D., professor of radiology, Nichill Matari, M.D. '17, Richard Lucariello MD '84 and Richard Lucariello, M.D. '17.



M.P.H. candidates in the School of Health Sciences and Practice, await with excitement for the processional to begin.



The stage party was in place and the audience seated, ready for the 158th Commencement exercises to get underway on May 24, 2017.



NYMC's own student A cappella group, *The Arrhythmias*, led the singing of *The Star Spangled Banner*.

New York Medical College
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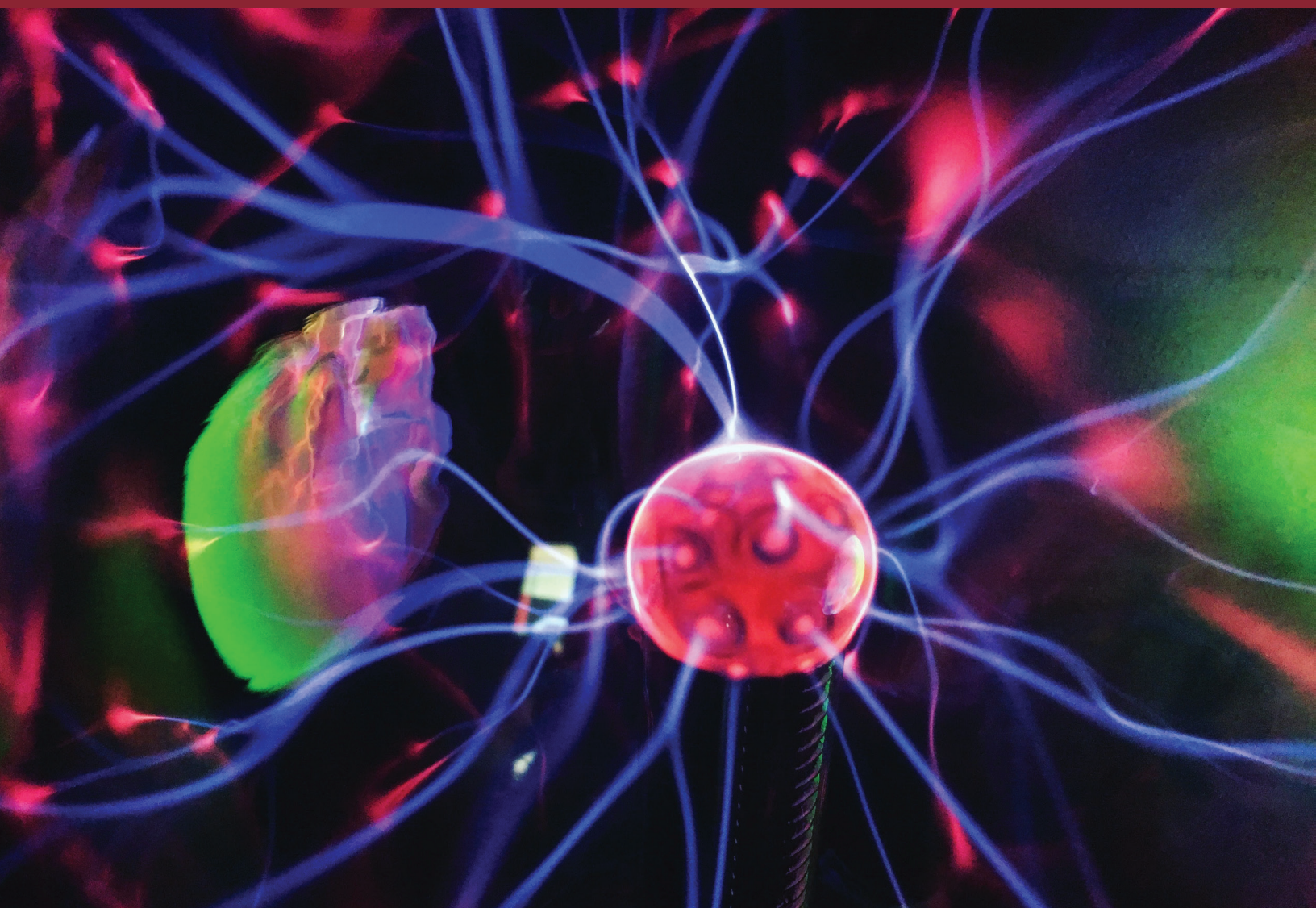


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Where Knowledge and Values Meet



New York Medical College honors the memory of Lisa Qian, a member of the School of Medicine Class of 2018, by sharing her artistic talent with the readers of *Chironian*. She passed away on September 5, 2017, at the age of 24. She will be remembered for her creative spirit and inspirational dedication to caring for others.